

NEEDS ASSESSMENT

GENDER-BASED VIOLENCE IN JERUSALEM AFTER 07 OCTOBER 2023

December 2025 | Prepared by Manal Jubeh Abu Helou

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Palestinian Family Planning and Protection Association
A Member Association of IPPF International Planned Parenthood Federation
Arab World Region

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1. EXECUTIVE SUMMARY

This assessment shows that gender-based violence (GBV) in East Jerusalem is one of the most urgent protection concerns. The combined effects of occupation, legal insecurity, economic decline, and entrenched social norms create a high-risk environment for women and girls. Since October 2023, political escalation, movement restrictions, and worsening living conditions have further weakened protection systems, increasing exposure to violence at home, in public spaces, and online.

Drawing on 265 surveys, 4 FGDs, and 10 KIIs, the findings reveal a multidimensional protection crisis shaped by political, social, and economic pressures. Most women reported high levels of stress, fear, and surveillance. One participant noted: **"***Even strong women have become fragile***."**

Findings

1. **Political and structural violence:** Raids, arrests, settler attacks, and military checkpoints are among the most common sources of fear. This structural violence increases household tension and domestic violence. Women—especially those married to West Bank ID holders—face severe legal and mobility barriers that limit access to services.
2. **Domestic and economic violence:** Most participants reported psychological, verbal, and economic abuse, including control over resources, threats to custody, and emotional neglect. These patterns intensify in households facing economic pressure and daily political risks.
3. **Digital violence:** Online extortion, harassment, hacking, and misuse of images are rising, especially among adolescent girls. Fear of stigma prevents many from seeking help.
4. **Community violence and insecurity:** Shu'fat Camp, Kufor 'Aqab, and areas behind the Wall are high-risk zones with community violence, weapons, and weak law enforcement. Schools, streets, and checkpoints are daily danger points for girls.
5. **Most at-risk groups:** Women married to West Bank ID holders (72%), female-headed households (68%), young women 18–29 (61%), divorced women (54%), low-income women (47%), women with disabilities (38%), children/adolescents (56%), and older women (33%).
6. **High-risk areas:** The Old City, Silwan, Issawiya, Shu'fat Camp, Kufor 'Aqab, Jabal al-Mukabber, At-Tur, and Sur Baher show concentrated political and social violence. Behind-the-Wall communities face extreme isolation and poor service access.
7. **Help-seeking patterns:** Family networks remain the primary support system (≈42–50%). Only **17%** reported to the police, **19%** approached women's organizations, and **16%** disclosed to no one.
8. **Barriers to reporting:** Lack of family support (35%), fear of losing custody (33%), fear of retaliation (20–25%), distrust of institutions (17%), lack of awareness (14%), and economic dependence (8%). Additional barriers include fear of residency loss, stigma, mobility restrictions, and harassment at checkpoints.

9. **Access to services:** About **40–45%** have never accessed any service. Among those who did: psychosocial support (42%) and legal aid (24%) were most common. Shelters, economic support, and health services remain extremely limited. Providers highlighted critical gaps: no shelters inside Jerusalem, weak referrals, limited capacity, and lack of disability-inclusive services.
10. **Daily safety and mobility: 85–90%** feel less safe since October 2023. Only **29%** feel safe at night. Main daytime threats: settlers, soldiers, and checkpoints (53.9%). Night-time threats: settler and military violence (36%), insecurity (12%), harassment/theft (8%). Women stressed the need for safe pathways, better lighting, and secure transport.
11. **Overall pattern:** GBV in East Jerusalem is multidimensional—political, domestic, community-level, and digital. Improving protection requires a comprehensive, multi-level response that expands services and ensures equitable access, especially in high-risk areas.

Recommendations

1. **Strengthen households and resilience:** Regular economic support, transportation assistance, and child-friendly programming.
2. **Expand community-based services:** Multi-sectoral centers in high-risk areas, mobile teams, safe digital platforms, shelters, and safe spaces for women and girls.
3. **Improve service quality and coordination:** Unified referral pathways, survivor-centered and trauma-informed training, disability-inclusive approaches, and expanded legal aid (custody, divorce, residency).
4. **Reduce stigma and raise awareness:** Culturally sensitive campaigns, peer networks, women's groups, and youth leadership initiatives.
5. **Address structural barriers through policy and advocacy:** Stronger legal protections on digital and domestic violence, sustainable funding for GBV services, and addressing movement restrictions to ensure safe mobility.

GBV in East Jerusalem is not only a household or social issue but a structural one, rooted in political violence, systemic insecurity, and economic marginalization. Addressing it requires holistic, survivor-centered, and context-sensitive interventions that combine service expansion, community empowerment, policy advocacy, and stronger institutional coordination

الملخّص التنفيذي

يشير هذا التقييم إلى أنّ العنف القائم على النوع الاجتماعي في القدس الشرقية يشكّل إحدى أبرز قضايا الحماية إلحاحاً، حيث تتقاطع آثار الاحتلال، والهشاشة القانونية، والتدهور الاقتصادي، والأعراف الاجتماعية المتجذّرة لتنتج بيئة عالية الخطورة للنساء والفتيات. وقد أدّت التطورات السياسية والأمنية منذ أكتوبر 2023—بما في ذلك التصعيد العسكري وتقييد الحركة وتراجع الوضع المعيشي—إلى إضعاف منظومات الحماية وزيادة التعرّض للعنف داخل المنازل، وفي الفضاء العام، وعبر الإنترنت.

يعتمد التقييم على 265 استبياناً، و4 مجموعات بؤرية، و10 مقابلات مع مقدّمي الخدمات، ويكشف عن أزمة حماية متعددة الأبعاد تتداخل فيها العوامل السياسية والاجتماعية والاقتصادية. عبّرت غالبية النساء عن مستويات عالية من التوتر والخوف والمراقبة، وقالت إحدى المشاركات: *"حتى النساء القويات أصبحن هشّات."*

أبرز النتائج

1. العنف السياسي والبنيوي: تُعد الاقتحامات، والاعتقالات، هجمات المستوطنين، والحواجز العسكرية من أكثر مصادر الخوف انتشاراً. ويؤدي هذا العنف البنيوي إلى توتّر داخل الأسرة وزيادة العنف المنزلي. كما تواجه النساء—خصوصاً المتزوجات من حاملي هوية الضفة—صعوبات قانونية وحركية تحدّ من قدرتهن على الوصول إلى الخدمات.
2. العنف الأسري والاقتصادي: أبلغت غالبية المشاركات عن التعرّض للعنف النفسي واللفظي والاقتصادي، بما يشمل السيطرة على الموارد، التهديد بسحب الحضانة، والحرمان من الدعم العاطفي. ترتفع هذه الأنماط بشكل خاص في الأسر التي تعاني من ضغوط اقتصادية ومخاطر سياسية يومية.
3. العنف الرقمي: يتزايد العنف الرقمي بين الشابات والفتيات، بما يشمل الابتزاز، اختراق الحسابات، نشر الصور، والتحرّش الإلكتروني. ويؤدي الخوف من الوصمة إلى إحجام العديد من الناجيات عن طلب المساعدة.
4. العنف المجتمعي وانعدام الأمن العام: تُعد مناطق شعفاط وكفر عقب والمناطق "خلف الجدار" فضاءات عالية الخطورة نظراً لانتشار السلاح والعنف المجتمعي وانعدام سيادة القانون. كما تشكّل المدارس، الشوارع، والحواجز نقاط خطر يومية للفتيات.
5. الفئات الأكثر هشاشة: 72% من المشاركات اعتبرن أن النساء من حملة هوية الضفة المتزوجات في القدس هن الأكثر عرضة للعنف، ثم الأسر التي تعيلها نساء بنسبة 68%، يليهن الشابات (18–29 عاماً) بنسبة

61%، ثم المطلقات بنسبة 54%، والنساء منخفضات الدخل 47%، ثم النساء ذوات الإعاقة 38%، والأطفال والفتيات 56%، وكبيرات السن بنسبة 33%.

6. المناطق عالية الخطورة: تتراكم مظاهر العنف السياسي والاجتماعي في البلدة القديمة، سلوان، العيسوية، ومخيم شعفاط، كفر عقب، جبل المكبّر، الطور، وصور باهر. وتعاني مناطق خلف الجدار من عزلة شديدة تحدّ من وصول النساء إلى الخدمات.
7. طلب المساعدة: لا تزال الشبكات العائلية المصدر الأول للدعم (≈ 42–50%)، فيما تتوجّه 17% فقط إلى الشرطة، 19% إلى المؤسسات النسوية، 16% لا يُبلغن أي جهة.
8. معيقات الوصول إلى المساعدة: أبرز المعيقات: غياب دعم الأسرة بنسبة 35%، الخوف من فقدان الحضانة 33%، الخوف من الانتقام 20-25%، انعدام الثقة بالمؤسسات 17%، عدم معرفة أماكن الخدمات 14%، التبعية الاقتصادية 8%، بالإضافة إلى الخوف من فقدان الإقامة، الوصمة، القيود على الحركة، ومضايقات الاحتلال عند محاولة الوصول إلى الخدمات.
9. الوصول إلى الخدمات: حوالي 40-45% لم يسبق لهنّ الوصول لأي خدمة. وعند الوصول تتركّز الخدمات في: الدعم النفسي الاجتماعي بنسبة 42%، المساعدة القانونية بنسبة 24%، بينما تبقى خدمات المأوى، الدعم الاقتصادي، والصحة المرتبطة بالعنف محدودة للغاية. وأشار مقدّمو الخدمات إلى فجوات حرجة في: غياب الملاجئ داخل القدس، ضعف الإحالة والتنسيق، نقص القدرات، وعدم ملاءمة الخدمات للنساء ذوات الإعاقة.
10. الأمن اليومي والتنقّل: تشعر 85-90% من النساء بانعدام أمن أكبر منذ أكتوبر 2023. فقط 29% يشعرن بالأمان ليلاً. تشمل أبرز التهديدات خلال النهار: الاحتلال بنسبة (53.9%)، ليلاً: المستوطنون والقوات الإسرائيلية بنسبة (36%)، انعدام الأمن العام (12%)، التحرش والسرقة (8%).
11. تؤكد النساء الحاجة الملحّة لمسارات آمنة، إضاءة أفضل، ومواصلات آمنة.

العنف القائم على النوع الاجتماعي في القدس الشرقية ظاهرة متعددة الأبعاد تجمع بين العنف البنيوي والسياسي والعنف الأسري والمجتمعي والرقمي. ويتطلب تحسين الاستجابة نهجاً شاملاً يعالج المستويات المختلفة: الفردية، الأسرية، المجتمعية، والبنيوية، مع توسعة الخدمات وضمان الوصول العادل إليها، خاصة في المناطق عالية الخطورة.

التوصيات:

1. دعم الأسر وبناء الصمود: دعم اقتصادي منتظم، ومخصصات للمواصلات، وبرامج صديقة للأطفال.
2. توسيع الخدمات المجتمعية: مراكز متعددة القطاعات في المناطق عالية الخطورة، فرق متنقلة ومنصّات رقمية آمنة، تطوير ملاجئ ومساحات آمنة للنساء والفتيات.
3. تحسين جودة الخدمات والتنسيق: توحيد مسارات الإحالة ضمن شبكة حماية، تدريب على النهج المتمحور حول الناجيات وحساسية الصدمات والإعاقة، توسيع المساعدة القانونية.
4. الحد من الوصمة: حملات توعية ثقافية حسّاسة، دعم شبكات الأقران والمجموعات النسوية.
5. السياسات والمناصرة: تشريعات تحمي من العنف الرقمي والأسري، تمويل مستدام للخدمات، معالجة قيود الحركة وضمان تنقّل آمن للناجيات.

إنّ العنف القائم على النوع الاجتماعي في القدس الشرقية ليس مسألة أسرية أو اجتماعية فحسب، بل هو قضية بنيوية متجذّرة في العنف السياسي، وانعدام الأمن المنهجي، والتهميش الاقتصادي. ويتطلّب التعامل معه تدخّلات شمولية، متمحورة حول الناجيات، وحسّاسة للسياق، تجمع بين توسيع الخدمات، وتمكين المجتمع، والمناصرة الحقوقية، وتعزيز التنسيق المؤسسي

2.

2. INTRODUCTION

Gender-based violence (GBV) remains one of the most pressing protection challenges in the Palestinian context, where political, social, and economic pressures intersect to create high-risk environments for women and girls. Data from the Palestinian Central Bureau of Statistics indicate that over one-third of Palestinian women have experienced some form of violence, with prevalence particularly high in Gaza (UNFPA, n.d.). Persistent occupation, combined with entrenched patriarchal norms, continues to perpetuate discrimination and constrain women's access to protection and essential services.

East Jerusalem presents a uniquely complex context, where political, social, and cultural factors converge under the realities of occupation. Since October 2023, heightened political violence, mobility restrictions, and economic pressures have intensified the vulnerability of women and marginalized groups, further limiting access to services and protection.

This report draws on in-depth interviews with survivors and service providers to examine GBV in East Jerusalem. It explores the intersection of household, institutional, and structural forms of violence, including physical, psychological, and economic abuse, as well as harassment, online extortion, and discrimination linked to legal status or disability. Certain neighborhoods, including Kufor 'Aqab, Silwan, Sur Baher, and the Old City, are identified as particularly high-risk areas, where overcrowding, poverty, and lack of legal protection exacerbate vulnerability. Structural and cultural barriers, such as restrictions based on residency status, social stigma, and limited trust in institutions, hinder reporting and access to services.

While community-based initiatives provide critical psychosocial, legal, and economic support, gaps remain due to limited resources, weak coordination, and shortages of trained staff. This report concludes with recommendations aimed at strengthening protection and response mechanisms in East Jerusalem, emphasizing inclusive program design, reinforced community networks, improved inter-institutional coordination, and advocacy for women's rights and service access.

Conceptual Framework

This report is grounded in a conceptual framework that links the structural political violence associated with the Israeli occupation to GBV within families and communities, particularly intimate partner violence. This perspective builds on the seminal study conducted by Clark et al. (2010), which demonstrated that exposure to collective political violence in the occupied Palestinian territory correlates with increased likelihood of intimate partner violence.

Evidence suggests that political violence extends beyond direct harm such as arrests, killings, or home demolitions; it also encompasses policies that restrict movement, exacerbate economic marginalization, and perpetuate chronic insecurity at psychological and social levels. These conditions heighten household and community stress, leading to elevated rates of violence

against women. Within a traditional patriarchal context, some men may resort to violence as a means of compensating for the erosion of their traditional roles as providers and protectors.

Accordingly, the report assumes that the continuation of political violence and repressive practices, including raids, arrests, home demolitions, discriminatory policies, and impoverishment, creates an enabling environment for the escalation of GBV in East Jerusalem. Political violence reshapes the psychological and social structures of individuals and increases the likelihood of control and violence within families, especially in the absence of economic alternatives and robust protection systems.

Thus, GBV in Jerusalem cannot be analyzed or addressed in isolation from the broader context of occupation and its structural impacts. It must be understood as a multidimensional phenomenon shaped by intersecting political, economic, social, and cultural factors that heighten the vulnerability of women and girls. This analytical lens provides the foundation for interpreting the patterns of violence documented in the report and for explaining their escalation in the aftermath of major political and security events, such as the October 2023 war.

Objectives of the Assessment

Since October 7, 2023, deteriorating security, economic hardship, and humanitarian pressures have sharply increased the vulnerabilities of Palestinian women and girls in East Jerusalem. Overlapping crises—political violence, demolitions, evictions, movement restrictions, and legal discrimination—have created a highly complex protection landscape in which GBV survivors face growing obstacles to safety, justice, and essential services.

Marginalized groups are disproportionately affected, particularly given East Jerusalem's dual legal systems, fragmented judicial frameworks, institutional gaps, and the limited presence and operational capacity of Palestinian service providers.

The 2024 Humanitarian Needs Overview highlights the urgent need to scale up GBV risk mitigation, expand multi-sectoral services, and adopt innovative, rights-based approaches. Building on earlier assessments, including the 2021 GBV Needs Assessment and UNFPA's 2023 midterm evaluation, this assessment aims to strengthen survivor-centered, context-specific programming in East Jerusalem.

The assessment focuses on three core objectives:

1. **Assessment:** Track changes in GBV risks since October 2023 and evaluate the availability, inclusiveness, quality, and accessibility of services.
2. **Identifying gaps and needs:** Examine prevention and response challenges, barriers faced by vulnerable groups, and opportunities to strengthen women's organizations and the Hemaya Network.
3. **Strategic recommendations:** Provide evidence-based, practical, and innovative measures to enhance GBV prevention and response, tailored to East Jerusalem's socio-political context.

Target Groups and Geographic Scope

The assessment focuses on women and girls (aged 18 and above) who have accessed GBV and/or other related services since October 2023, with particular attention to the most vulnerable groups, including women with disabilities, young women (18–24 years old), women without full residency rights (e.g., West Bank ID holders), survivors or women at heightened risk, and female-headed households.

The geographic scope includes five key areas of East Jerusalem: The Old City, Eastern neighborhoods (Sewwaneh and al-'Issaweyeh), Kufor 'Aqab, and Shu'fat Refugee Camp.

Key Questions

The assessment is guided by the following questions:

- How have GBV risks and patterns evolved since October 2023?
- To what extent are services available, inclusive, and of adequate quality for survivors?
- What barriers hinder vulnerable groups from accessing services?
- What referral pathways and coordination mechanisms exist?
- How can GBV response be improved through strategic and innovative recommendations adapted to the specific context of East Jerusalem?

3. METHODOLOGY

Approach

This assessment adopts a mixed-methods, participatory, and gender-sensitive approach to ensure a holistic understanding of GBV risks, barriers faced by women and girls, and gaps in service provision. Annex (1) presents the data collection tools by objectives and target groups, while Annexes (2) and (3) illustrate the linkages between tools and expected outputs, ensuring coherence of results and alignment with the report's final objectives.

Data Collection Tools

Literature Review and Secondary Data
A systematic desk review was conducted, covering reports published by UN agencies, NGOs, and governmental institutions between 2022 and 2025. The review provided contextual analysis, identified knowledge gaps, and examined historical trends, with focus on service availability and quality, barriers and risks, service provider capacities, legal frameworks, and community perceptions.

Focus Group Discussions (FGDs)
In collaboration with local partners through the Hemaya Network, four focus group discussions were conducted with 32 women who had previously accessed support through safe spaces or community-based organizations in the targeted areas. The sessions took place in Issawiyah, the Old City, Kufor Aqab, and Silwan, and included diverse participants such as young women, women with disabilities, economically vulnerable women, West Bank ID holders, and female heads of households. Local partners supported outreach and provided safe venues, while the researcher facilitated all sessions using trauma-informed approaches that ensured confidentiality and a secure psychological environment.

Key Informant Interviews (KIIs)
Ten semi-structured interviews were carried out with service providers and staff from partner organizations to assess changes in GBV patterns in Jerusalem after October 2023, evaluate service provision, and identify institutional barriers, referral pathways, and emerging challenges. Interviewed stakeholders included members of the Hemaya Network, the Palestinian Family Planning and Protection Association, the Palestinian Counseling Center, al-Saraya Association, the Women's Studies Center, the Women's Center for Legal Aid and Counseling, the Community Action Center, and Juzoor for Health and Social Development.

Household Survey with Women Beneficiaries
A survey was designed to generate quantitative data complementing qualitative findings, targeting women from the defined groups within the beneficiaries of the partner CSOs. The survey was developed using Google Forms and disseminated electronically through partner organizations by sharing the link in women's WhatsApp groups. This approach enabled rapid and

direct access to beneficiaries, facilitated participation, and ensured the inclusion of a diverse sample of women across different areas. 265 women from different areas filled the questionnaire.

Ethical Considerations

Ethical standards were prioritized throughout the assessment, with adherence to the following principles:

- **Informed consent:** Participants were briefed on the purpose of the assessment, their rights, and confidentiality, with full emphasis on voluntary participation.
- **Confidentiality:** No identifying information was recorded, and measures were taken to ensure privacy and data protection.
- **Do no harm:** Sensitive and safe language was used; participants were informed that they could skip any question or withdraw at any time without consequences.

Limitations and Mitigation Measures

- **Geographic and security access challenges:** Partner organizations facilitated safe venues and ensured participant safety.

- **Cultural and political sensitivity:** Appropriate language was employed, and discussions were conducted by the culturally and linguistically competent researcher, in coordination with trusted local institutions.

Participant Demographics

The total sample of the survey consisted of 265 participants, representing a diverse range of ages, marital statuses, educational backgrounds, disability statuses, and residency types.

Geographical Distribution of Participants

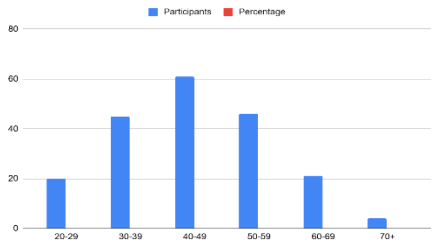


Figure 1: Age Distribution of Participants

The survey sample reflects a broad geographic spread across Jerusalem and its surrounding areas, as shown in Table 1. Participants represent diverse neighborhoods, including the Old City and adjacent quarters, northern and northeastern areas, and communities located behind the Separation Wall, where access to services is often limited. The distribution also includes central, southeast, and south Jerusalem neighborhoods, several northwest suburban villages, and nearby periphery areas such as Abu Dis and Al-'Eizariya. A smaller portion of participants came from outside Jerusalem, mainly Ramallah and nearby localities. This wide coverage ensures that the assessment captures varied lived experiences and reflects the socio-political diversity of Jerusalem's communities.

Age Distribution: Among respondents who reported their age, participants were predominantly concentrated within the 30–59 years age range. Specifically, 20 participants (7.5%) were aged 20–29 years, 45 participants (17.0%) were 30–39 years, 61 participants (23.0%) were 40–49 years, and 46 participants (17.4%) were 50–59 years.

Marital Status: Among those who reported their marital status, the majority were married (104 participants, 39.2%), followed by divorced (48 participants, 18.1%), widowed (34 participants, 12.8%), single/never married (22 participants, 8.3%), and separated (23 participants, 8.7%). A small number reported unique circumstances, such as having a spouse in prison or being estranged ("other"). This distribution reflects varied life experiences and family responsibilities among participants.

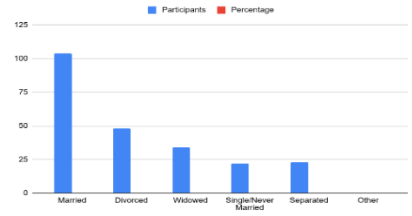


Figure 2: Marital Status of Participants

Education: Of those who answered the education question, the majority had a high school education or below (133 participants, 50.2%). Bachelor's degree holders accounted for 31 participants (11.7%), diploma holders numbered 26 participants (9.8%), and participants with a master's degree or higher totaled 7 (2.6%).

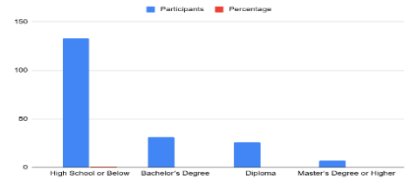


Figure 3: Level of Education of participants

Disability Status: Among respondents, most participants did not report a disability (181 participants, 68.3%), 18 participants (6.8%) reported having a disability, and 16 participants (6.0%) preferred not to disclose their status. This shows that most participants do not identify as living with a disability, though a minority does.

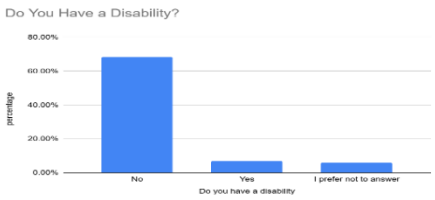


Figure 4: Disability Status of Participants

Residency / ID Type: Among participants who reported their ID type, the majority hold a West Bank ID (181 participants, 68.3%), while 119 participants (44.9%) hold a Jerusalem ID. A small number reported having no ID, a Gaza ID, or a withdrawn/invalid Jerusalem ID, reflecting less common identification statuses within the sample.

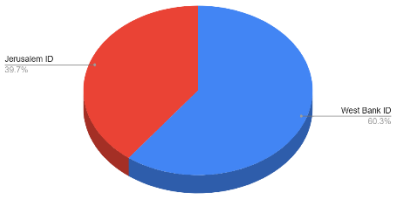


Figure 5: Residency/ ID Type of Participants

4. FINDINGS

4.1. Safety and Risks – Contextual and Pattern Analysis

Gender-based violence (GBV) in Jerusalem has sharply intensified following the October 2023 escalation. Across all neighborhoods, women and service providers described overlapping layers of insecurity - political, economic, and domestic - that shape every aspect of daily life. The combined impact of occupation-related stress, movement restrictions, and economic deprivation has heightened family tensions and increased exposure to multiple forms of violence. *"The number of women coming to safe spaces has increased dramatically since October 2023, especially from different areas of Jerusalem." (Key Informant, Local NGO)*

Across FGDs, women especially in the Old City, Issawiya, Kufor 'Aqab, and Shu'fat Camp said they feel significantly less safe, echoing survey results showing 85–90% experienced reduced safety. External threats frequently spill into homes, driving rises in domestic and psychological violence.

Key emerging patterns include:

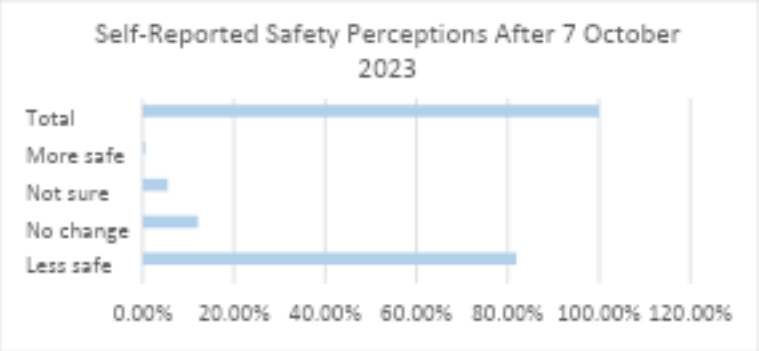


Figure 6: Self-Reported Safety Perceptions After 7 October 2023

- Sharp rise in digital violence and online extortion, particularly against adolescent girls in "behind-the-wall" areas. *"Many girls face online blackmail... they stay silent out of fear of punishment."*
- Increase in early and pressured marriage in economically distressed neighborhoods.
- Night-time spikes in community violence, especially in Shu'fat Camp. "*Incidents like quarrels and beating women have become frequent... especially late at night." (FGD – Shu'fat Camp)*
- Political and security violence entering households, intensifying fear and conflict. "*When there is a raid or clashes, everyone becomes angry at home; men shout, children cry, and women take the blame." (FGD – Old City)*
- Severe impact on children, with constant armed presence, raids, and clashes causing sleep disturbances and anxiety. "*The sound of bullets and the chaos outside affect our children; they can't sleep, and they become scared of everything." (FGD – Shu'fat Camp)*

Overall, women describe a pervasive collapse of safety both in public spaces and inside the home since October 2023.

4.1.1. Rising Violence and Shifts in Its Patterns in Jerusalem

Across KIIs and FGDs in the Old City, women in Issawiya, Kufor ‘Aqab, and Shu’fat Camp, linked the deterioration in safety since October 2023, to tighter security measures, visible settler/police presence, sudden raids, and the daily strain of checkpoints and closures. Women repeatedly said they *“feel less safe now,”* mirroring the survey finding that 85–90% reported reduced safety. Participants emphasized that violence is now overlapping and mutually reinforcing: political and community threats outside the home feed stress and conflict inside it. Evolving pattern. Taken together, accounts point to a shift toward an interlocking mix of political, economic, domestic, and community-based violence, with digital violence and early marriage as notable emerging risks. *“We’re seeing entire families affected by violence—mothers and daughters receiving psychosocial services together.” (Key Informant, Local NGO)*

- **Shu’fat Camp:** Daily life is marked by fear, clashes, drug use, and rising internal violence, including assaults on women. Night-time insecurity, panic after violent incidents, and frequent arrests deepen stress. Mobility, education, and work are heavily disrupted, especially for low-income and elderly residents.
- **Old City:** Political and settler violence overlap with domestic stress. Women face raids, arrests, harassment near Al-Aqsa, and assaults in crowded alleys. Checkpoint humiliation and job instability experienced by men fuel household violence. Overcrowding, demolitions, and weak school psychosocial support intensify insecurity.
- **al-Sewaneh:** Violence is mainly intra-family: physical, psychological, and economic. Divorced women face custody threats and isolation. The post-October 2023 context worsened disputes under economic strain and limited services, though younger women show greater awareness of their rights.
- **Kufor ‘Aqab:** Early marriage is widespread due to economic pressure, with girls as young as 14–15 marrying and facing severe health and psychological risks. Digital violence, online extortion and image hacking, is increasing. Women call for stronger laws, confidential reporting, and digital-safety awareness, emphasizing that education is key to delaying early marriage.

4.1.2. Structural and Social Drivers Behind Rising Violence

Since October 2023, war-related pressures, movement restrictions, job losses, and rising costs of living have intensified domestic and community violence. Discussions consistently pointed to three interlinked drivers: (i) political/structural violence, (ii) economic pressure, and (iii) entrenched social norms, all of which mutually reinforce GBV, including non-physical forms that harm mental health.

4.1.2.1. Political Factors

Political violence is embedded in daily life. Women and girls reported harassment and assaults by police and settlers, humiliating searches, and threats in roads, schools, and homes. These are not isolated incidents but part of a broader system of discrimination, surveillance, and control that entrenches fear and insecurity. “*Every step has to be thought through carefully, as suspicion*

and danger surround us." (Old City FGD); "One night… the police came and took me… they didn't even let me check on my child." (Old City FGD)

This external pressure often spills into households: men's stress from checkpoints and job insecurity translates into conflict at home. "*With closures and heavy army presence… even women with stories were afraid to report, unsure what might happen*." KIIs confirmed that raids, arrests, and settler attacks trigger fear and secondary domestic stress, with security measures and checkpoints becoming daily triggers of family conflict, especially where unemployment and humiliation are high. In the Old City, political and domestic violence often intersect: men's stress from checkpoints and job insecurity frequently translates into family tension. In mixed neighborhoods, veiled women and young girls experience repeated harassment and assaults. Service providers confirmed that the psychological impact of occupation-related violence translates into aggression and withdrawal inside households. One KII emphasized that security measures and checkpoints have become daily triggers of family conflict, especially where men face unemployment and humiliation.

4.1.2.2. Economic Factors

Across KIIs and FGDs, economic decline, unemployment, and loss of breadwinners (including after arrests) were identified as central drivers of escalating domestic violence. Women described overcrowded housing, lack of privacy, and the absence of social safety nets as conditions that heighten risk for women and children.

- **Old City & Al-Sewaneh:** financial pressure fuels domestic disputes; psychological abuse (belittling, threats, emotional neglect) is widespread and as damaging as physical assaults. Participants spoke of "suffocation and isolation" from rising costs and daily strain, harming family mental health.
- **Al-Sewaneh**: mothers shoulder disproportionate childcare without support; some divorced women reported threats to child custody as a prominent form of psychological/social violence.
- **Kufor 'Aqab & Issawiya**: overcrowding, lack of privacy, and limited jobs are key triggers—especially for young couples/low-income households.

4.1.2.3. Social and Cultural Factors

Norms that tolerate control and verbal/economic abuse as "family matters" continue to enable GBV. In al-Sewaneh, women described psychological abuse, neglect, and emotional harm as more common than physical violence, with serious impacts on women's and children's mental health. Children are often direct victims or witnesses, normalizing violence early in life. *"Men believe shouting or controlling is not violence…it's their right." (FGD – Issawiya)*

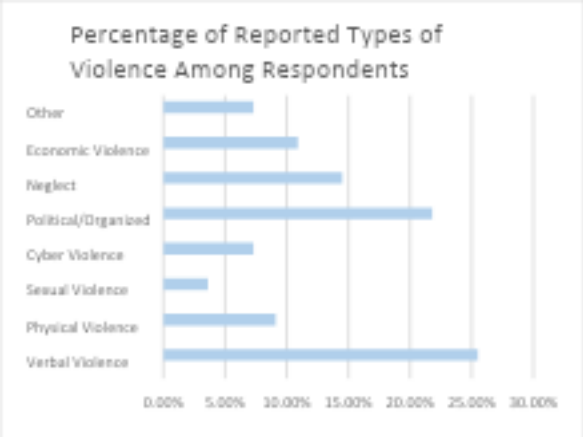


Figure7: Reported Types of Violence Among Respondents

Participants also pointed to community-level aggression, especially among youth exposed to weapons and drugs, that feeds a wider culture of violence.

4.1.3. Patterns of Gendered Risk and Overlapping Exposure

Survey results show multiple, intersecting forms of violence. Most common were verbal/psychological abuse (25.5%) and political/organized violence (21.8%), reflecting how the security context shapes daily life. Neglect (14.5%), economic violence (10.9%), physical violence (9.1%), digital violence (7.3%), and sexual violence (3.6%) follow.

Violence spans both public and private spaces, driven by occupation-related pressures and patriarchal norms. Women described feeling "*ignored, silenced, or blamed for everything*." (FGD – Kufor 'Aqab)

Six recurring patterns emerged:

1. **Political & security violence:** Harassment, raids, arrests, and movement restrictions—especially in the Old City and Issawiya—feed household fear and tension. "*We live in constant fear... every step must be carefully thought out." / "They didn't even let me check on my child."*
2. **Domestic & economic violence:** Income loss and restrictions increase household conflict. "*After October, it became much harder... domestic violence increased.*" Families face "extreme psychological and economic pressure."
3. **Psychological violence:** Persistent fear, anxiety, and insomnia, especially in Shu'fat Camp after repeated clashes. "*Psychological violence has risen... social violence has become more visible."*
4. **Community violence:** Overcrowded neighborhoods face rising fights, drug use, instability, and family breakdown, especially at night.
5. **Digital violence:** Rising online blackmail and hacking, particularly affecting adolescent girls. *"Many girls face online blackmail... they stay silent out of fear of punishment."*; **"***Online extortion is spreading—perpetrators demand money or sensitive information about families and neighborhoods."* (Key Informant, Local NGO)
6. **Early marriage:** Increasing in Kufor 'Aqab and peripheral areas due to economic pressure, with girls as young as 14–15 facing severe health and psychological risks and high divorce rates.

The prevalence of verbal/psychological and political/institutional violence underscores a protection environment where public-sphere repression and private-sphere control are intertwined.

Programming should therefore combine context-aware protection (safe mobility, legal aid, confidential reporting) with household-level psychosocial and economic support, and adolescent-focused digital-safety and early-marriage prevention—with tailored outreach in behind-the-wall and overcrowded areas.

4.2 Groups, Areas, and Drivers: A Risk Map

The risk map overlays socio-economic status, age, disability, legal/residency status, and location. Risks are most acute where vulnerabilities converge, for example, a young woman in Shu'fat Camp who holds a West Bank ID may simultaneously face political harassment, economic hardship, domestic violence, and poor service access. The map also points to high-impact entry points (e.g., safe transportation for women with disabilities in Beit Iksa; legal assistance for West Bank ID holders in Issawiya).

4.2.1. High-Risk Locations

High-risk areas in East Jerusalem are characterized by dense population, weak services, heavy policing, and mobility constraints—conditions that compound community- and household-level violence, especially since October 2023. Core hotspots include the Old City, Silwan, Jabal al-Mukabber, al-Tur, Kufor 'Aqab, Sur Baher, Issawiya, and Shu'fat Camp; communities behind the Separation Wall (e.g., Beit Iksa, Nabi Samuel) face severe access barriers.

Common risk drivers across hotspots

- Overcrowding, poor infrastructure, and limited GBV/mental-health/legal services
- Frequent raids/clashes and surveillance; fear of retaliation and stigma suppress reporting
- Costly, checkpoint-laden travel to reach support; long waits and fragmented services

Location snapshots

- **Old City**: Constant surveillance, sudden raids, and settler/police harassment heighten daily stress and spill over into homes. *Women noted constant surveillance and fear of sudden raids.*
- **Kufor 'Aqab**: Extreme overcrowding, fragmented services, and weak protection mechanisms. *"There are no safe spaces here; even walking to the store feels dangerous" (FGD – Kufor 'Aqab).*
- **Issawiya**: Recurrent clashes and movement restrictions confine women at home; access to services is sporadic.
- **Silwan; Jabal al-Mukabber; al-Tur; Sur Baher**: Dense, under-served neighborhoods where economic strain and policing intensify family stress; reliance on informal mediation is common.
- **Shu'fat Camp**: Persistent clashes, drug use, and late-night fights; intersection of political and community violence. *Participants emphasized that "no woman or girl feels safe, day or night,"* with risks in streets, schools, and around checkpoints (FGD – Shu'fat Camp).
- **Behind the Separation Wall (Beit Iksa, Nabi Samuel)**: Severe mobility constraints; women face long, checkpoint-laden journeys to reach help and often abandon attempts due to risk and cost.

4.2.2. Vulnerable Groups and Challenges in Accessing Services

Vulnerability in Jerusalem is intersectional, shaped by marital/residency status, age, disability, income, and caregiving roles. Survey and qualitative data highlight:

- Women holding West Bank ID (72%): restricted mobility and services due to lack of Jerusalem residency; risk of residency revocation and loss of basic rights, particularly acute in the Old City.
- Female-headed households (68%) and women with limited/disrupted income (47%): heightened risk in Issawiya and Kufor ‘Aqab, where structural barriers impede access to help.
- Divorced women (54%) and elderly women (33%): compounded social and economic pressures elevate exposure to violence.
- Young women 18–29 (61%) and children under 18 (56%): overlapping risks of domestic violence, harassment, and psychological stress in occupation-affected environments.
- Women with disabilities (38%): inaccessibility and isolation are pronounced in behind-the-wall areas; tailored services are scarce.
- Survivors of GBV: face inadequate psychosocial support and limited, fragmented protection pathways.

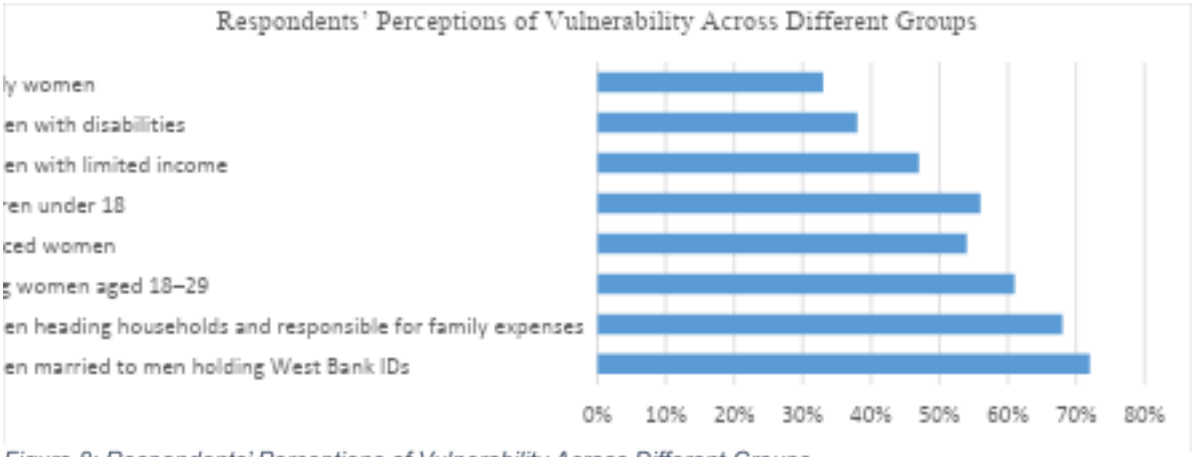


Figure 8: Respondents' Perceptions of Vulnerability Across Different Groups

Implication for programming:

- *Prioritize decentralized, mobile, and after-hours services in these hotspots;*
- *fund transport/childcare vouchers; expand confidential, low-stigma entry points (hotlines, home visits, safe rooms in community facilities);*
- *and ensure rapid referral pathways that do not require multiple cross-city trips.*

4.3 Perceived Safety and Daily Insecurity

4.3.1. Perceived Safety at Home

The majority of respondents (approximately 76%) reported feeling safe in their homes, indicating a generally high level of perceived domestic security. However, nearly a quarter (24%) of



Figure 9: Drivers of (Un)Safety at Home

respondents reported feeling unsafe at home, highlighting that a significant minority experience concerns about their personal safety even in private spaces. This suggests that while most households provide a sense of security, there are vulnerabilities that may be linked to environmental, social, or family factors requiring further exploration.

Drivers of (Un)Safety at Home - Thematic Breakdown

Women identified a wide range of threats affecting their sense of safety at home. Occupation-related threats were most common (23.1%), including fear of raids, soldiers, settlers, and political violence entering the household. Domestic and family-related threats (17.3%)—intimate partner violence, psychological abuse, and family conflict—were equally significant. Another 17.3% reported overlapping or unclear concerns, showing how multiple stressors intersect.

Psychological fears (13.5%), ongoing anxiety and trauma, were frequently mentioned even without a direct trigger. Community-level threats (11.5%) included neighbor harassment and general tension. Smaller shares cited economic/material insecurity (5.8%) and structural hazards (3.8%) inside the home.

A minority (7.7%) said they feel safe at home, viewing it as more secure than public spaces. Overall, responses reveal a complex mix of political, domestic, economic, and psychological drivers shaping household safety perceptions.

Home safety is not only about physical protection; it hinges on emotional stability, social trust, decent housing, and access to services. Programming should pair survivor-centred case management with mental health and psychosocial support (MHPSS), housing upgrades/repairs where feasible, and community-level risk reduction.

4.3.2. Perceived Safety: Day Vs. Night

Women's safety shifts sharply between day and night. By day, most women move around cautiously, with occupation-related threats dominating (53.9%)—settlers, soldiers, and checkpoints. Community and social harassment (17.1%), environmental risks (14.5%), and smaller personal or cultural concerns were also noted. While 58% feel somewhat safe during daylight, 42% still feel anxious due to raids and harassment.

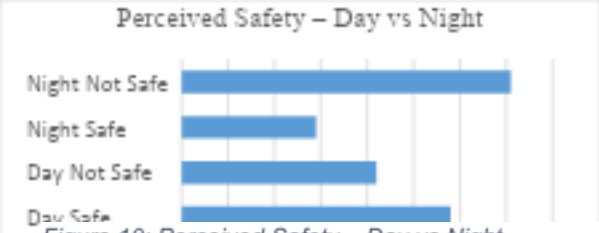


Figure 10: Perceived Safety – Day vs Night

At night, safety collapses. Only 29% feel safe, with most women staying indoors. Fear centers on settlers and occupation forces (36%), followed by general political insecurity (12%), harassment or assault (8%), police/men/youth (8%), and stray animals (8%). Additional concerns include random attacks (7%) and drug-related threats (5%). Only 6% feel safe after dark.

FGDs described intense nightly fear:

- "*I sleep with my clothes on in case we have to run" (FGD – Old City).*
- *"We avoid looking out the window after 8 p.m. because settlers throw stones if they see us" (FGD – Old City).*

Women cited fear of settlers, police, and local gangs, as well as poor street lighting and lack of public transportation, as factors that confine them indoors after sunset.

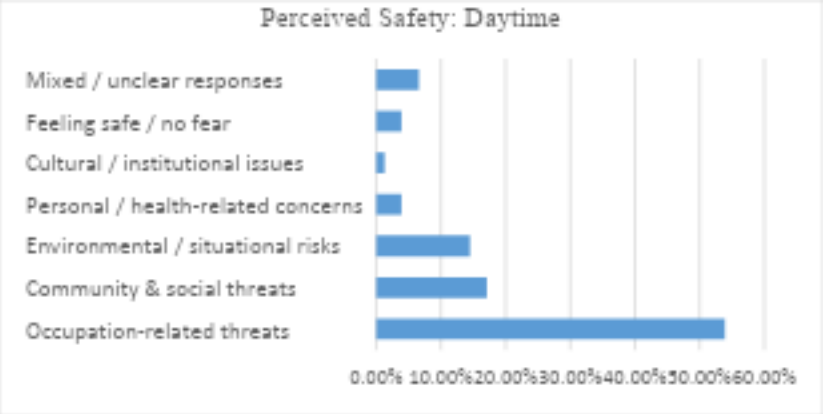


Figure 11: Perceived Safety: Daytime

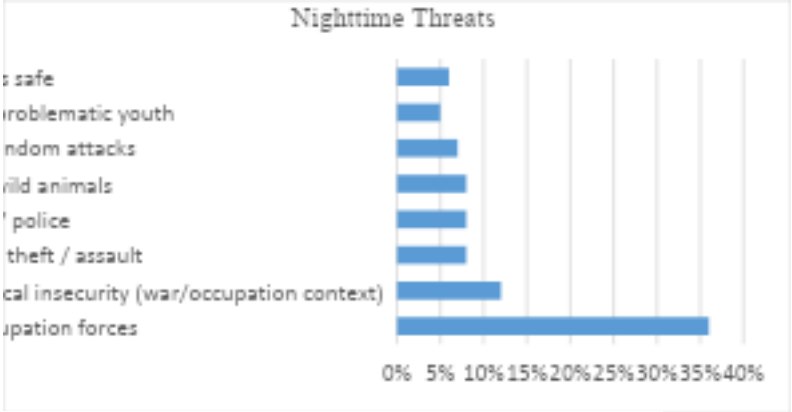


Figure 12: Nighttime Threats

Programming implications:

Area-based safety upgrades: *street lighting, safe transit after dark, safe-route mapping, and community watch mechanisms that are survivor-centred and do no harm.*

MHPSS and case management: *scale trauma-informed services for women, adolescents, and caregivers; integrate legal aid where occupation-related harms intersect with domestic risk.*

Protective community spaces: *women- and girl-friendly spaces with confidential referral; tailored outreach in high-risk zones.*

Evidence and feedback loops: *regular safety audits (day/night), anonymous reporting channels, and participatory monitoring to track shifts in risk patterns.*

4.4. Help-Seeking and Reporting Dynamics

Women's access to protection in Jerusalem is constrained by mobility restrictions, dual legal systems, slow court procedures, and limited psychosocial services. These structural barriers intersect with strong social stigma and low trust in institutions, making help-seeking risky and highly context-dependent. Most respondents said reporting is "acceptable depending on the case," reflecting how community norms and family pressures shape every decision. "*Some don't*

even know where to go or how to ask for help... socially, it's not acceptable." "A woman might endure everything just not to lose her home or her children."

4.4.1. How Women Navigate Violence

Women balance personal safety against family honor, social standing, and legal risk. Decisions are situational, informed by stigma, economic dependence, and the political-security context that limits safe options. Social and cultural barriers are the single strongest deterrent: ≈95% reported fear of stigma, gossip, shame, or negative family/community reaction.

Key barriers to accessing services:

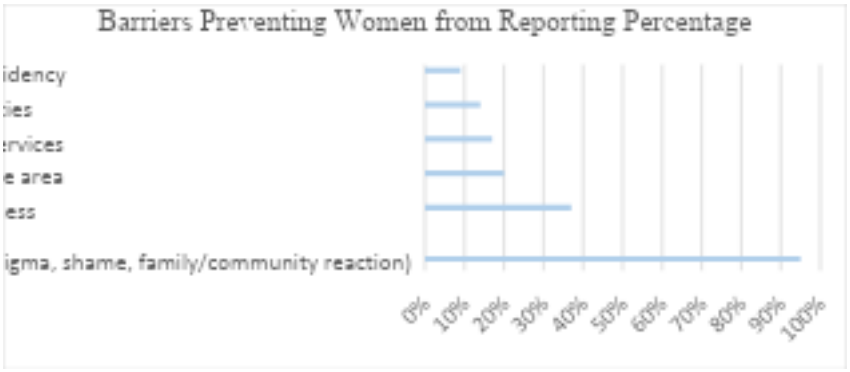


Figure 13: Barriers Preventing Women from Reporting Percentage

- **Social/cultural stigma (≈95%)**: The data makes clear that social and cultural barriers are the single most powerful obstacle to women and girls seeking protection services in East Jerusalem. Nearly every respondent (95%) reported fear of stigma, gossip, shame, or negative family/community reactions as reasons to remain silent. This indicates that seeking help is seen not only as risky but also as socially unacceptable, with women often forced to weigh personal safety against family honor and community standing. "*It's a family matter; I cannot involve outsiders.*"; *"If anyone finds out, my family will be ashamed."; "People will gossip and blame me for what happened."*
- **Information gaps (37%), Service unavailability (20%)** and **distrust/discrimination (17%):** By contrast, structural barriers, such as lack of awareness (37%), unavailability of services in the area (20%), and distrust or discrimination within services (17%), are significant but secondary. They highlight gaps in service delivery and communication but pale compared to the weight of community-driven restrictions. *"I didn't know such services existed."; "I don't know who to contact or what help I can get."*
- **Fear of police/authorities (14%)** and **risk to legal status/residency (9%):** Political and legal barriers, though less frequently cited, remain critical. Around 14% of respondents expressed fear of police or Israeli authorities, and 9% noted risks of losing their legal status or residency if they sought support. These barriers are unique to the East Jerusalem context, where occupation-related risks intersect with gendered vulnerabilities, further constraining women's choices. *"If I go to the authorities, they might arrest me or my family."; "I cannot report this because of the occupation forces."*
- Women also described significant gaps in service availability, with many noting that support simply does not exist in their neighborhoods or is too difficult to reach. As one explained, *"There is no center nearby, and transportation is difficult."* Others said that even when

services exist, *"The service hours do not fit my schedule."* These barriers leave many unable to access timely or consistent help.

- Distrust and perceived discrimination also prevent women from seeking support. Some feared they would not be taken seriously, *"I am afraid they won't take me seriously"*—while others noted that stigma attached to certain neighborhoods shaped their experiences: *"I heard they treat people from my neighborhood differently."*
- A further layer of fear stems from legal and residency insecurity. Women worried that seeking help could jeopardize their status: *"I might lose my residency if I complain*," one said, while another expressed concern that reporting abuse *"could affect my papers or my children's future."*

In short, while gaps in services and political/legal threats do matter, **t**he overwhelming finding is that women's silence is enforced by powerful social and cultural norms that punish disclosure.

4.4.2. Help-Seeking Patterns

Survey results show that women overwhelmingly rely on informal support when facing violence. Family and friends are the first point of help for 42.2% of respondents, reflecting both trust in close networks and limited confidence in formal institutions. Women's centers were consulted by 18.5%, indicating moderate but still limited engagement due to stigma, access barriers, and mistrust.

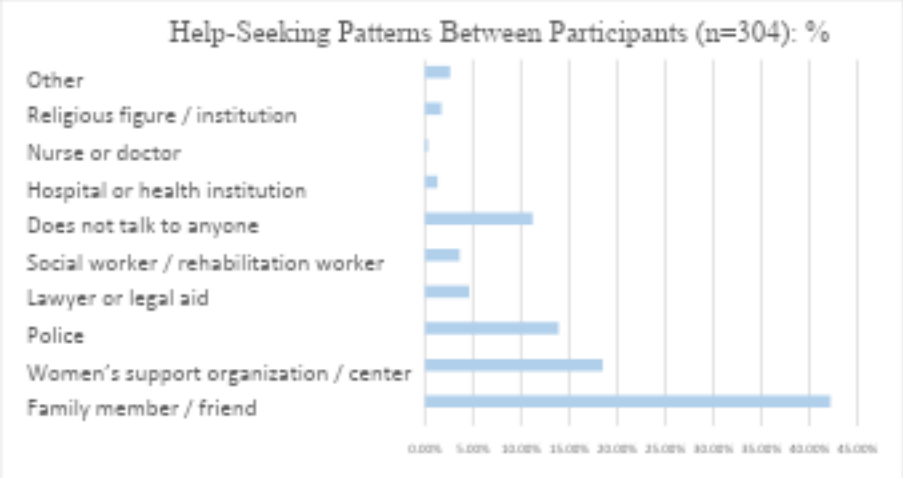
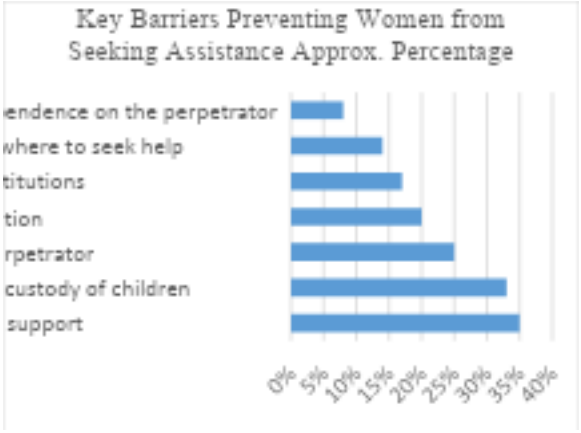


*Figure SEQ Figure * ARABIC 14: Help-seeking Patterns between Participants*

Use of formal institutions remains very low:

- Police: 13.9%
- Legal aid: 4.6%
- Social/rehabilitation services: 3.6%
- Health services: 1.6% combined

A significant 11.2% said they "do not speak to anyone," representing a highly vulnerable and invisible group.



Women explained their hesitation through multiple barriers:


Figure 15: Key Barriers Preventing Women from Seeking Assistance

- Lack of family support (~35%)
- Fear of losing custody (~33%)
- Fear of the perpetrator (~25%) or retaliation (~20%)
- Distrust of institutions (~17%)
- Not knowing where to seek help (~14%)
- Economic dependence (~8%)

Additional concerns included fear of Israeli institutions, residency issues, and movement restrictions.

Overall, findings show strong dependence on informal networks, low trust in formal mechanisms, and a silent group that seeks no help at all. Women highlighted being "ignored" or blamed, and facing stigma and fear that keep them from accessing services. Strengthening trust in institutions, reducing stigma, and expanding safe, anonymous support channels are essential to ensuring women can seek help.

Implications:
Build bridges from trusted informal networks to confidential, survivor-centred services (hotlines, mobile/outreach teams, one-stop models). Proactive outreach is critical for the 11.2% who speak to no one.

4.4.3. Weak Trust in Official Institutions

Distrust cuts through every layer of the protection system in East Jerusalem. Israeli police and courts are widely seen not as sources of safety but as instruments of control. As women explained: "*We never go to the police; they are the enemy*." Reporting is viewed as ineffective, "*Three-quarters of women who go to the police don't get their rights; some are even exploited*"—and often futile: "*Even if my daughter were in danger… the police usually don't intervene… settlers continue unchecked*." It is also socially risky; "*if she goes to Israeli protection systems, she might end up divorced."*

Customary or clan-based mediation offers speed but rarely justice. Women described these mechanisms as symbolic, designed to protect family honor rather than survivors: "*The tribe settles it with a cup of coffee.*" Such agreements silence women and return them to unsafe conditions.

Between these two systems, Palestinian institutions and local NGOs are often the only actors women feel will "listen with empathy," but they face limited authority, movement restrictions, and concerns around privacy or infiltration. Confusion over jurisdiction: *Who is responsible? Which pathway is safe?* further discourages reporting.

The result is a dangerous protection gap. Women must navigate violence largely alone or rely on fragile informal networks that may ease immediate crises but offer no long-term safety or accountability. In this climate, silence becomes a survival strategy, while reporting becomes a gamble that can cost a woman "her reputation, her children, or her residency."

4.4.4. Factors Influencing the Decision to Report

Family and social fears are the strongest deterrents preventing women from seeking help. Lack of family support (35%) and fear of losing child custody (33%) are the top barriers, reflecting deep social pressure and legal vulnerability. Many women fear shame, ostracism, or losing their children if they disclose violence. Fear of the abuser (25%) and fear of retaliation **(20%),** including backlash from family or the community, further silence survivors.

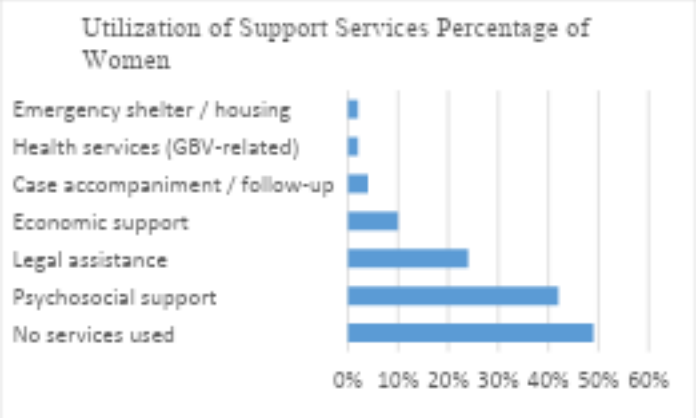


Figure 17: Utilization of Support Services Percentage of Women

Institutional distrust remains high: 17% cite lack of trust in police or services, "*Three-quarters of women who go to the police don't get their rights; some are even exploited.*" Limited awareness is also a barrier, with 14% not knowing where to seek help, while 8% are constrained by economic dependence on the perpetrator.

Women facing multiple layers of marginalization—those without Jerusalem IDs, women with disabilities, unmarried young women, experience even greater exclusion and uncertainty. As participants explained: "*Social pressure... if she goes to Israeli protection systems, she might end up divorced,*" and "*Women here try to rely on themselves because there's no one to protect them*."

What This Means for Programming

- **Trust-building & confidentiality:** Survivor-centred protocols, privacy safeguards, and trauma-informed training across police, courts, health, and social services.
- **Bridging informal to formal:** Engage family/friends, respected community women, teachers, and local mediators as **safe referral conduits** (with do-no-harm oversight).
- **Access under restrictions: Mobile teams, hotlines, discreet digital channels**, and flexible hours to overcome mobility and stigma barriers.
- **One-stop services & legal aid:** Co-located MHPSS, legal, and medical support; clear referral SOPs to reduce delays and jurisdictional gaps.
- **Targeted outreach to the unseen 11.2%:** Peer mentors, community health workers, and area-based mapping of isolation pockets.
- **Equity focus:** Tailored pathways for women without Jerusalem IDs, women with disabilities, adolescents, and divorced or female-headed households.

4.5. Structural and Social Barriers to Help-Seeking

Access to GBV services in Jerusalem is constrained by overlapping political, legal, economic, and social barriers. Despite the presence of support institutions, 49% of surveyed women reported not using any services. Among those who did, uptake clustered around psychosocial (42%) and legal assistance (24%), with economic support (10%), case accompaniment (4%), and health services or emergency shelters (2%) far less accessed. This mismatch is most acute in marginalized neighborhoods and camps where infrastructure and outreach are weakest. "*High living costs prevent some women from joining programs."; "Many women simply don't know where to go for legal, psychological, or social help*."

4.5.1. Lack of Awareness of Services

Out of 265 participants, 217 women responded to the question regarding service utilization. Among these respondents, 49% reported that they had not used any services, while 51% indicated having accessed at least one type of service in the past. This shows that service uptake among women is relatively balanced, with nearly half relying on some form of support while the other half remain disengaged.

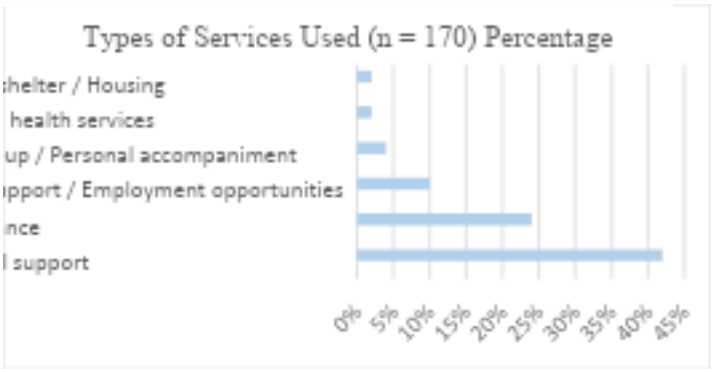
In terms of awareness, a smaller subset of 170 participants answered the question regarding knowledge of institutions or organizations in Jerusalem that support women and survivors of violence. Within this group, 49% reported being aware of such services, while 51% stated they were not aware.

The similarity in proportions between service utilization (49% vs. 51%) and awareness (49% vs. 51%) suggests that lack of awareness may be a central barrier to service use. However, the fact that not all women who are aware of services actually use them indicates that other factors, such as accessibility, trust, stigma, or perceived relevance, also play a role in limiting engagement.

In terms of the types of services used (n = 170), the distribution reveals clear patterns:

- Psychosocial support was by far the most utilized, with (42%) reporting that they had accessed it.
- Legal assistance was the second most common service, used by (24%).
- Economic support and employment opportunities were reported (10%).
- Case follow-up and personal accompaniment were accessed by (4%).

Figure 18: Types of Services Used (n = 170) Percentage



- Health services related to gender-based violence were used by only (2%).
- Emergency shelter or housing was the least utilized, with just (2%) reporting access.

Awareness of GBV services is relatively high, about half of women know of organisations that offer support, but utilisation is low. 60% of surveyed women had never contacted any service provider, even though many had experienced violence.

These findings underscore that psychosocial and legal services dominate the service landscape, while other critical areas, such as economic empowerment, health interventions, and emergency shelter, remain significantly underutilized. The fact that nearly half of respondents did not access any services despite high levels of need suggests potential barriers, including limited awareness, accessibility challenges, stigma, or lack of trust in existing institutions.

Community-based mechanisms are often the first, and sometimes only, door to safety. In neighborhoods where distrust of formal institutions is high and mobility is restricted, women's protection groups create trusted spaces, conduct discreet outreach, and surface risks that rarely reach hotlines or police reports. Their local credibility, peer-to-peer model, and survivor-centered approach make them essential early-warning and referral actors. *"Women's protection groups help uncover hidden cases."*

The low uptake of formal services is attributed to several factors:

- **Self-reliance.** Many women perceive their struggles as private and are reluctant to involve outsiders. One participant remarked that *"a woman should be able to endure and solve things with her family"*.
- **Information gaps.** The majority of women in Kufor 'Aqab, Assewaneh and Issawiya repeatedly emphasised that they do not know where to go for legal aid or psychological counseling:
- **Fear of labels.** Participants worried that seeking help from a women's centre would result in being labeled as "problematic" or "weak", potentially damaging their reputation or marriage prospects.
- **Mixed experiences.** Some women who visited centres described positive encounters, feeling heard and supported, while others felt judged or dismissed. These mixed experiences shape community perceptions of service quality.

4.5.2. Security and Movement Restrictions

Movement restrictions and legal complexities create major physical and psychological barriers for women seeking protection in East Jerusalem. Military checkpoints, permit regimes, and residency fears sharply limit access to legal, health, and social services, especially for women living behind the Separation Wall or without Jerusalem IDs. Crossing checkpoints exposes them to harassment, detention, or the risk of losing residency if they approach Israeli courts.

Women described movement as a daily struggle: "*Since the war began, they haven't given any permits… it's so difficult, every detail of life.*" They face constant threats "*There are so many obstacles—from constant shelling to settlers in the streets.*"

These restrictions also isolate survivors from protection centers and delay critical legal processes such as custody and divorce. Even service providers struggle: home visits, documentation, and follow-up are often disrupted. As one NGO staff member noted, "*Women without permits are suffering the most—movement has become extremely difficult… even emergencies are out of reach.*" Another added: "*Reaching services is a daily challenge with checkpoints and transport costs.*"

Checkpoints, permit requirements, and high transportation costs do not simply slow access, they reshape it, turning urgent protection needs into logistical crises. Mobility fears deter women from seeking help, fracture case continuity, and weaken confidentiality.

These intersecting political, legal, economic, and social barriers narrow women's pathways to safety and justice, producing a systemic denial of protection, where reaching services becomes a risk in itself.

4.5.3. Legal Barriers

Jurisdictional complexity between Israeli and Palestinian systems, combined with identity/residency constraints, delays justice and deters reporting, especially for non-Jerusalemite women and those married to West Bank ID holders. "*The slowness of Israeli court procedures causes women to lose their rights… some end up turning to Jordanian or Palestinian courts."; "If you compare, East Jerusalem has a fraction of the social service offices available in West Jerusalem—if not less."; "If I go to the authorities, they might arrest me or go after my family."*

About 9% explicitly feared losing legal status/residency if they reported: *"I could lose my residency if I file a complaint."; "It might affect my papers or my children's future."*

4.5.4. Economic Barriers

Unemployment, transport and healthcare costs, and financial dependence deter reporting and service use, and limit the ability to leave abusive environments. Even small costs (fare to a center, phone credit to call a hotline) are prohibitive for many.

Poverty and unemployment hinder women's ability to pursue legal cases, pay for transportation, or even buy phone credit to call a hotline. In Shu'fat Camp, one woman explained that she could not afford bus fare to visit the organizations' offices inside the Wall. Women who depend financially on their abusers are reluctant to jeopardise their limited income, especially when no alternative sources of support exist.

4.5.5. Social and Cultural Barriers

Stigma and fear of retaliation strongly deter women from disclosing abuse. Many fear being blamed, disbelieved, or cut off from their families. Fear of losing child custody, reinforced by legal frameworks that often favor fathers or male relatives, further silences survivors. Honour norms and patriarchal expectations deepen this pressure.

Operational priorities:

- **Targeted outreach & risk-informed communication** (Arabic, multi-channel) in camps/behind-the-Wall areas; partner with schools, health posts, community women leaders.
- **Low-barrier access**: mobile teams, flexible hours, transport stipends, childcare, and discreet digital/hotline entry points.
- **Legal navigation & status-sensitive casework** to mitigate residency/custody risks; expedite documentation and referrals across systems.
- **Economic enablers**: cash/vouchers and livelihood links to reduce dependence on abusers and cover protection-related costs.
- **Quality and trust**: survivor-centred protocols, confidentiality, complaint mechanisms, and staff training to address mixed experiences and perceived discrimination.

Survey results show lack of family support (~35%) and fear of losing custody (~33%) as major barriers. Women described how reporting could lead to blame, financial withdrawal, or social isolation. Fear of gossip was widespread across all FGDs: "*The label of a woman who complains stays with her forever."*

What the Evidence Implies

- **Information alone is insufficient.** Awareness and use are both ~50/50; uptake lags because **access, trust, cost, and safety** are unresolved.
- **Mobility, legal status, and poverty** interact to block pathways to protection, especially behind the Wall and among women without Jerusalem IDs.
- **Social sanctions** remain the strongest brake on disclosure; traditional mechanisms rarely ensure safety or accountability.

4.6. Access to Services and System Response

In Jerusalem, service availability and quality for survivors of violence vary widely, shaped by political complexity, security pressures, limited resources, and weak coordination among official, civil, and international actors. Despite rising awareness, 40–45% of women still do not use any formal services. Psychosocial support is the most commonly accessed, while legal, economic, and vocational services remain severely under-utilized. As one participant noted: "*Palestinian institutions are weak, few in number, and unable to meet the needs of all women in Jerusalem.*"

This gap reflects a fragile institutional landscape, constrained by geography, politics, staffing shortages, low trust, and fears of stigma or retaliation.

4.6.1. Experiences of women accessing available services

Women's testimonies reveal mixed experiences, ranging from genuine relief to disappointment. 60–65 %described the services as helpful, while 10–15 %expressed dissatisfaction, mainly about confidentiality and staff behavior. Positive: "*The counselor was respectful and helped me a lot; I felt safe for the first time*."; Negative: "*They prescribed strong medication that worsened my mental state—I regretted going.*"

A common frustration was the length of procedures, leaving women without support during urgent moments. Limited service availability in remote areas or camps further restricted timely access.

Key barriers repeatedly mentioned included:

- Fear of family or partner retaliation
- Concerns about confidentiality
- Distrust or discrimination by providers
- High financial and transportation costs
- Mobility restrictions
- Fear of losing residency or identity documents

Experiences with staff varied widely, some women felt genuinely supported, while others described poor professionalism, lack of empathy, or stigmatizing attitudes.

Women also emphasized unmet needs, requesting more psychological support workshops and highlighting that without financial or material assistance, counseling alone was insufficient.

4.6.2. Limited Coverage and Field Capacities

The Hemaya Network (PFPPA/UNFPA; 11 partners) offers PSS, legal aid, case management, and referrals. Yet ~40–45% reported never using services, and many who did found them fragmented.

Informants identified several gaps

- **Geographic disparities.** Services are largely centralised in **the Old City**, leaving peripheral and behind-the-Wall communities, such as **Issawiya**, **Kufor 'Aqab**, **Sur Baher**, **Shu'fat Camp**, **Beit Iksa**, and **Nabi Samuel**, underserved. Women repeatedly described the physical and financial hardship of travelling to these centres.
- **Lack of shelters.** There are no formal safe shelters within Jerusalem's municipal boundaries for Palestinian women. In cases of acute danger, survivors either remain in abusive homes or leave the city entirely, which threatens their residency status and employment.
- **Short-term or single-service provision.** Most organisations offer either psychosocial counseling or legal aid, but rarely integrated services. Women often need ongoing legal representation, secure housing, economic support, and childcare assistance in combination. One service provider lamented: *"We can listen, but we don't have the resources to provide the practical help they need" (KII – service provider).*
- **Staff shortages and burnout.** Social workers and counsellors manage large caseloads, covering multiple neighbourhoods without sufficient training or supervision. High turnover and funding insecurities interrupt continuity of care.
- **Weak referral systems.** There is no unified database or standardised forms; referrals rely on personal relationships and WhatsApp messages. Cases are sometimes kept in-house rather than transferred to specialised services, out of fear of "losing" the beneficiary to another organisation. *"Accessing services is complicated by political restrictions and the absence of a secure electronic referral system." (Key Informant, Local NGO)*

What this means for programming:

- Prioritize core capacity (staffing, supervision, trauma-informed training) and service integration (legal + PSS + economic assistance).
- Establish clear, shared referral protocols and a simple joint case-tracking tool to reduce duplication and loss-to-follow-up.
- Expand safe accommodation options and mobile/outreach services in underserved and behind-the-Wall areas.
- Fund transport subsidies and secure privacy-by-design digital channels to mitigate mobility and safety barriers.
- Incentivize collaboration over competition (pooled funding windows, joint outcomes) to shift from siloed delivery to networked protection.

Service availability remains uneven and inadequate. Participants consistently highlighted the scarcity of mental-health and legal services, particularly in marginalized neighborhoods beyond the Separation Wall. Women in Kufor ‘Aqab and Shu’fat Camp reported that they must cross checkpoints to reach support centers, an impossible task during closures. In contrast, residents of the Old City and As-Sawaneh acknowledged the presence of a few centers such as Saraya and the Women’s Counseling and Legal Aid Center, but with long waiting lists and limited capacity.

4.6.3. Limited Field Expertise of Service Providers

Providers report hesitancy to escalate/report high-risk cases due to survivor safety risks and lack of institutional backing**;** Israeli permit restrictions limit staff mobility. *“We work in many areas—offering safe identification and referral for cases.”; “Palestinian services are extremely limited… and there are no safe houses inside Jerusalem.”; “Before the war, there was cooperation with Israeli hospital staff—now even hospital visits have become frightening.”*

Israeli institutions are technically resourced but socially/culturally inaccessible; Palestinian organizations are trusted but under-resourced.

4.6.4. Institutional and Organizational Constraints

Organizations in Jerusalem operate under heavy structural and political strain. Under-funding, staff shortages, and weak internal coordination limit service quality and continuity. As one provider noted, “*Honestly, none of us stick strictly to our job description, there just aren’t enough staff*.” Competition for beneficiaries further fragments response efforts: “*Some institutions prefer to deliver the service themselves instead of referring cases.”*

Protection outcomes depend not only on more services but on how well systems connect. Fragmented referrals, paper files, and ad-hoc follow-up force survivors to repeat their stories and fall through service gaps. Stakeholders emphasized the need for interoperable, secure tools: “*Institutions need better coordination and a safe, digital Palestinian protection network.”*

Low trust in official institutions and police pushes communities toward local mediation instead of justice. As women reported, “*Three-quarters of women who go to the police don’t find their rights protected—and some are exploited.”* In practice, “*the community committee intervenes before the police are even called.”* This results in long, circular pathways to protection shaped by staffing shortages, overlapping legal systems, and limited funding.

Despite these constraints, frontline workers and community initiatives offer a foundation to strengthen services. Importantly,

What will move the needle:

- Establish **confidential, survivor-centered complaint pathways** with guaranteed follow-up.
- Standardize **case-tracking and referral** tools across agencies; audit for data protection.
- Invest in **staff training/supervision** (trauma-informed care, GBV fundamentals, legal navigation, disability inclusion).
- Pair services with **economic enablers** (transport stipends, cash/vouchers, childcare).
- Scale **integrated one-stop and mobile models** to peripheral/behind-the-Wall areas.

60–65% of women who accessed services found them helpful, showing real potential if quality and access improve.

Key systemic bottlenecks include:

- Limited PSS capacity and long waits
- Referral gaps and too few confidential safe spaces
- Post-Oct 2023 funding cuts and program freezes
- Shortage of trained social workers and psychologists
- Lack of shelters inside the Wall; weak infrastructure and high mobility barriers
- Reliance on digital tools (WhatsApp/Zoom) that raise confidentiality risks

4.6.5. Gaps in Coordination and Institutional Response

Service providers highlighted fragmentation, duplication, and data gaps as major weaknesses. Each organisation uses its own forms and databases, and there is no shared protocol for case registration, follow-up, or closure. As a result:

- **Survivors repeat their story** multiple times, which can be re-traumatising. Women expressed frustration at having to tell their story to different counsellors without seeing progress.
- **Cases get lost** when staff members leave or shift roles. Without central documentation, a survivor can "disappear" from the system if her caseworker stops working.
- **Referrals depend on personal relationships.** Many organisations rely on WhatsApp or phone calls between individual staff members. This ad hoc approach can be efficient in emergencies but lacks accountability and continuity.

"Institutions in Jerusalem are totally different from those in the West Bank… coordination must improve."; "The Protection Network should be strengthened—it's the main backbone for comprehensive services."

Systemic priorities:

1. Unified referral and data system (privacy-compliant),
2. Joint protocols/monitoring,
3. Targeted coverage expansion in high-need geographies.
4. Disability-inclusive access and status-sensitive legal navigation.

The current system shows commitment and partial effectiveness but is fragmented, under-funded, and hard to reach. Focused investments in coordination, coverage, confidentiality, and economic enablers—with status-sensitive legal aid—can rapidly improve protection outcomes for women and girls in Jerusalem.

4.7. Protection, Services, and Community Coping Strategies

Women and girls in Jerusalem navigate violence and constrained services through layered coping strategies that operate at individual, family, and community levels. Survey data indicate that ~50% turn first to family and friends, while engagement with formal institutions remains limited—reflecting stigma, mobility/legal barriers, and trust deficits discussed earlier. Collective coping strategies are equally important. Group therapy sessions and women's councils provide critical spaces for sharing experiences, emotional support, and mutual empowerment. Family- and clan-based mediation continues to play a major role in conflict resolution. *"Group support sessions helped us talk and realize we're not alone."; "Our group meetings help us breathe again and realize we are not alone."*

4.7.1. Individual and Collective Coping Strategies

Women use a mix of individual and collective strategies to cope with violence and insecurity. Individually, they focus on maintaining household stability, reducing mobility, avoiding high-risk areas, leaning on trusted networks, or managing abuse privately to preserve family unity. Many seek psychosocial support when available.

Collectively, women's circles, peer groups, and local councils offer low-stigma spaces for sharing, basic safety planning, and emotional support. In places like Sur Bahir and Issawiya, these groups even act as informal early-warning systems when violence escalates.

Language matters: organizations increasingly label activities as *"family empowerment"* or *"mental health"* rather than *"violence response,"* which increases participation and protects survivors from stigma.

Community mediation by teachers, nurses, faith leaders, and respected older women can calm tensions but often prioritizes family cohesion over survivor safety and may discourage legal action.

Economic self-help, small home-based income activities such as sewing or baking, helps reduce isolation and strengthens women's bargaining power when paired with coaching or micro-grants.

Finally, religious and cultural practices provide psychological comfort for some women, though they do not replace formal protection.

4.7.2. Political, Legal, and Social Constraints (What Shapes Coping)

Coping choices are bounded by the political-security context, overlapping legal regimes, and social Women's coping strategies are shaped, and constrained, by political-security pressures, overlapping legal regimes, and strong social controls.

Political and legal pressures limit safe disclosure: mobility restrictions, fear of residency loss, and the complexity of Israeli, Palestinian, and Jordanian legal systems restrict access to justice. Distrust of Israeli police and multi-jurisdictional confusion further weaken protection. Palestinian institutions, meanwhile, face resource shortages and pressure from Israeli authorities, while

some Israeli service providers offer simplified interventions that may unintentionally harm family integrity.

Social stigma and retaliation strongly deter help-seeking. Family-honor norms, fear of gossip, and fear of losing child custody push survivors toward silence or informal solutions; one-third of women cited lack of family support or custody fears as major barriers. Economic dependence and uncertainty about where to seek help deepen vulnerability, especially for those hesitant to approach Israeli institutions.

Service asymmetries shape coping choices. Psychosocial support is relatively easier to access, but legal, economic, vocational, health, and shelter options are scarce, forcing women to rely on families and community networks. Gaps between East and West Jerusalem are stark: social welfare offices in East Jerusalem are overwhelmed, under-resourced, and provide limited follow-up, weakening trust.

Coordination challenges persist. Despite some collaboration, the lack of a unified electronic case-tracking system, fragmented referrals, and incomplete follow-up compromise service continuity. As a result, communities often turn to mediation and informal networks, which, while familiar, rarely prioritize women's rights or safety.

4.7.3. Opportunities and Strategic Priorities

To convert coping from survival to safety and recovery, programming should:

1. Strengthen specialist capacity (psychotherapy, GBV case management, disability inclusion, legal navigation) and provide supervision to curb burnout. *"If we don't prioritize psychological debriefing, you can't expect survivors to move toward a safe life."*
2. Institutionalize coordination through unified, privacy-safe case management and referrals, standardized protocols, and predictable follow-up. *"Institutions need better coordination and a safe, digital Palestinian protection network."*
3. Expand safe, accessible spaces—including mobile/outreach and disability-friendly facilities—in the Old City and behind-the-Wall areas.
4. Reduce mobility and cost barriers (transport stipends, childcare, cash/vouchers) and develop secure digital pathways for PSS/legal advice. *"During home visits, women said they appreciated that someone knocked on their door and sat with them in a supportive social visit." (Key Informant, Local NGO);* "*Some invited their children and husbands into the discussions, creating a more supportive family atmosphere." (Key Informant, Local NGO)*

Programming Implications

- **Do not replace** community coping; **upgrade and connect it**. Train mediators and peer groups in **safe referral**, confidentiality, and basic PFA—then **anchor** them to strengthened formal services.
- Pair PSS with **legal aid + economic enablers** (transport/cash/childcare) to translate coping into **real options** for safety.
- Prioritize **trust-building** (confidentiality guarantees, survivor-centered complaints, timely follow-up) and **neighborhood-specific designs**.
- Protect gains with **multi-year financing** for outreach/home-visit teams and **shared digital systems** that safeguard data while enabling continuity.

5. Engage communities: equip mediators and women's groups with do-no-harm referral skills, while running stigma-reduction campaigns tailored to neighborhood norms.
6. Local tailoring: neighborhood-specific packages for Sur Baher, Jabal al-Mukabber, the Old City, Kufor 'Aqab, and Issawiya that reflect infrastructure limits and social attitudes.

4.7.4. Community Perceptions and Geographic Variations

Patterns of perception and coping vary by area:

- Old City. Traditional leadership structures have weakened; CSOs fill gaps with group sessions and home-based outreach. Many women opt for patience/endurance alongside informal support. *"Women leaders even intervened in broader social issues, like visiting a sick man with no health insurance and mobilizing community support…this strengthened trust in women's roles in the neighborhood." (Key Informant, Local NGO)*
- As-Sawaneh. Growing youth awareness coexists with pressure to keep issues "in the family," sustaining reliance on tribal or informal fixes.
- Kufor 'Aqab. High female labor-force participation (driven by economic pressure) reshapes gender roles and can increase household tension.
- Issawiya. Rising rights awareness; working women face stigma yet build support networks and pursue economic independence.
- Shu'fat Camp. Heavy reliance on local councils/centers for protection where cooperation with official security is limited, producing forms of self-protection but few durable justice pathways.

4.7.5. The Role of Civil Society and Community Initiatives

Civil society acts as a bridge between survivors and constrained formal systems, especially in behind-the-Wall communities:

- Community organizations act as key social mediators and awareness-raising actors, often emphasizing family cohesion while navigating sensitive issues cautiously. Volunteers and unpaid women leaders play a vital role in bridging institutional gaps, particularly in marginalized communities and areas beyond the separation wall. Some organizations have adopted innovative outreach strategies, including informal gatherings and home visits, to enhance accessibility. In the Old City, home visits by the Al-Saraya Center have proven especially effective in reaching isolated women, fostering trust, and encouraging disclosure. Women's leadership committees have also emerged as important community mechanisms, addressing complex social challenges, while group activities provide psychosocial relief and strengthen mutual support networks among women. Survey findings indicate that awareness of women's support services exists but utilization remains limited, highlighting the need for trusted, confidential, and locally accessible support.

- Innovation under constraint. Informal gatherings, door-to-door visits, and flexible scheduling lower stigma and improve continuity—yet depend on short-term funding and are vulnerable

Coping strategies in Jerusalem are adaptive and resilient, but they are not a substitute for accountable, accessible protection. With targeted investment in capacity, coordination, mobility support, and community bridges, these existing coping mechanisms can become safer, faster pathways to protection and recovery.

to political disruptions. "*Home visits from the Sarrayah Center really made a difference, women open up when someone they trust comes to them*."

5. INFORMATION GAPS AND DATA NEEDS

Field discussions and interviews revealed structural weaknesses in data collection and documentation systems related to GBV and protection services in East Jerusalem. These gaps undermine evidence-based program design and hinder adequate responses to the needs of women and vulnerable groups.

Key gaps include:

1. **Absence of unified monitoring and referral systems:** Transfers between institutions are often handled informally, through personal networks or WhatsApp, leading to case loss and lack of comprehensive follow-up.

2. **Limited data on marginalized groups:** Available datasets insufficiently cover high-risk categories such as women with disabilities, widows and divorcees, West Bank women residing in Jerusalem, mothers of children without IDs, and children exposed to political and social violence. Lack of data impedes tailored interventions.

3. **Weak tools for service quality assessment:** There are no systematic mechanisms for evaluating service quality or measuring beneficiary satisfaction. Cultural reluctance to file formal complaints also suppresses key data.

4. **Need for updated field data:** Participants emphasized the importance of collecting fresh information from local providers to capture post-October 2023 dynamics. Current studies do not adequately reflect Jerusalem's unique socio-psychological complexity.

5. **Lack of data on economic empowerment outcomes:** Few studies document how economic programs reduce GBV risks, despite anecdotal success stories.

6. **Gaps in legal data:** There is no transparent documentation of the length and complexity of Israeli court procedures or their effects on Palestinian women. Weak legal documentation deprives advocacy groups of tools for pressure and change.

7. **Additional gaps:** Missing data on unreported cases due to political barriers, women resorting to tribal systems instead of institutions, sustainability of women's programs, and the effectiveness of family mediation in preventing harmful practices such as forced marriage.

8. **Shu'fat refugee camp context:** Although not systematically studied, participants highlighted urgent need for updated data on violence prevalence -especially against women- and the impact of drugs on community safety. Data is also lacking on access to legal services for women married outside the West Bank and on the effectiveness of community centers amid limited formal support.

6. NEEDS AND RECOMMENDATIONS

Women and families in East Jerusalem are asking for support that is both protective and practical, help that keeps households functioning, children in school, and stress manageable under tightening constraints. Alongside safety and legal remedies, participants prioritized every day, low-cost measures that ease the burden on families and build resilience. "*We are seeing concrete needs: a woman who has a printing machine but lacks the skills to use it; families needing home repairs, needs extend beyond protection into livelihoods."; "Right now, mothers and their children lack adequate support, especially at the start of the school year."; "Families need practical assistance: school bags, uniforms, and supplies; what's provided is often too basic and doesn't meet real needs as prices rise."; "Large families struggle to cover education costs; assistance is sporadic and insufficient, affecting children's ability to study normally."; "Programs should include activities for children, like Qur'an memorization for the younger ones, to motivate attendance and help mothers stay engaged. These activities have a positive psychosocial impact and strengthen family cohesion."*

6.1. Practical Pathways to Safety: Services that Strengthen Homes, Skills, and Belonging

- **Provision of practical, day-to-day support** should go beyond protection to keep households stable and children in school. This includes predictable, seasonally appropriate assistance, such as back-to-school kits, uniforms, and transport top-ups, so children can continue their education and mothers can keep attending programs. Livelihoods and skills support should offer short, hands-on trainings tied to immediate income (e.g., operating home equipment, basic bookkeeping and marketing), complemented by micro-grants or toolkits and light home-repair assistance to reduce safety risks and stress. To sustain mothers' participation and strengthen family cohesion, programs should also provide safe, low-cost child-friendly time blocks during women's sessions, including reading clubs, tutoring, sports, and faith-based memorization for younger children.
- **Psychosocial and Recreational Outlets:** Across focus groups, women consistently called for playgrounds, parks, day trips, awareness centers, and other safe communal spaces where children can play and families can decompress. While not GBV-specific, these outlets help mitigate GBV's effects by lowering stress, restoring healthy routines, and rebuilding social ties. Requests were practical and concrete, "*a playground for the boys,"; "an awareness center for boys", "A park, a quiet place, a coffee shop," and "a trip to the sea",* underscoring the need for accessible, restorative spaces that support everyday coping and family wellbeing.
- **Participation-Linked Support:** Participants recommended linking practical assistance to regular engagement with local institutions so that support reaches those most involved and, in turn, sustains their participation. Attendance-based vouchers for school supplies or family outings were cited as examples that both ease immediate household costs and reinforce continued involvement in psychosocial, legal, and protection services. This approach rewards

consistency, strengthens program retention, and builds trust between women and service providers.

- **Integrated Protection and Access:** Interventions should marry emergency response with longer-term strategies to ensure continuity of care. This means guaranteeing safe access to health, legal, and social services despite mobility restrictions, through transport stipends, escorted referrals, and decentralized or mobile delivery, while expanding trauma-sensitive psychosocial support tailored to conflict-related stressors within families. Economic protection, including cash for protection and livelihoods bridging for households that have lost income or breadwinners, should be layered alongside safe spaces where women and girls can participate, exercise agency, and access coordinated services under one roof.

6.2. Programmatic and Service Recommendations

Building on both field research and survey findings, several interconnected programmatic priorities emerge to address the multifaceted protection needs of women and girls in Jerusalem.

- **Expand and integrate psychosocial support and legal aid:** Survey results indicate that 30% of respondents prioritize psychosocial support, while 22% emphasize legal protections. To respond effectively, psychosocial services should be expanded by increasing the number of trained psychologists and social workers in Jerusalem and surrounding areas. Services must be continuous, accessible, and delivered in safe, confidential spaces. Group support sessions and home-visit programs are recommended, especially for women with restricted mobility or in areas with limited service access. These interventions should be linked with specialized legal aid, including assigning trained female lawyers to accompany women in custody, divorce, and family violence cases. Integration ensures survivor-centered support, addressing both psychological needs and legal protections simultaneously. This approach reduces the risk of women disengaging from services due to procedural or mobility barriers.
- **Develop shelters and safe housing linked with community-based mediation:** Survey results highlight that 25% of respondents view safe spaces for children and women as a priority. Establishing safe housing options, ranging from formal shelters to community-based alternatives like temporary host families or neighborhood safe spaces, provides immediate protection. These shelters should operate alongside strengthened community-based mediation programs that engage trusted local leaders. This combination ensures that women and girls receive protection in both private and public spheres, while mediation mechanisms reinforce rights-respecting dispute resolution and reduce reliance on harmful informal practices.
- **Promote economic empowerment through integrated programming:** Financial insecurity is a top concern, with 50–55% of respondents prioritizing economic assistance. Creating income-generating programs, vocational training, small business grants, and skills development initiatives, especially targeting women with disabilities, widows, and divorcees, can foster independence and resilience. Economic empowerment can be integrated with psychosocial support and digital platforms (e.g., confidential hotlines, mobile apps) to create

multi-dimensional programs that simultaneously address mental health, financial security, and protection from GBV.

- **Leverage digital and mobile platforms:** About 12% of respondents identified digital tools as key for accessing services. Expanding secure mobile applications (like the Tamkeen app) and confidential digital communication channels (WhatsApp, Zoom, chatbots) allows women to report abuse, receive counseling, and follow up on services while overcoming mobility or legal restrictions. Digital integration also supports awareness campaigns, linking economic, psychosocial, and legal programs into a cohesive network.

6.3. Community Participation Recommendations

Community participation is essential to reduce stigma, increase help-seeking, and sustain long-term change.

- **Awareness campaigns and male engagement:** Survey results show that 18% of women prioritize awareness campaigns. Multi-media initiatives tailored to cultural sensitivities should target marginalized areas such as Kufor ‘Aqab and Shu‘fat, using survivor stories and trusted local figures to reduce stigma. Engaging men as allies strengthens family support for women’s empowerment and reduces community resistance to interventions.

- **Empower marginalized youth and women:** Programs should include youth and survivors in the design of services, ensuring their voices inform priorities and approaches. Digital platforms and social media can amplify these voices, especially for women with disabilities or those living in marginalized neighborhoods.

- **Strengthen complaint mechanisms and women’s networks:** Accessible, confidential hotlines and digital support channels (12%) can empower women to report violence safely. Encouraging women-led networks to provide legal, psychosocial, and social support strengthens community resilience, while engaging local leaders in mediation ensures culturally appropriate protection measures. Combining complaint mechanisms with awareness campaigns (18%) builds trust in institutions and encourages reporting.

6.4. Advocacy and Policy Recommendations

Structural barriers and discriminatory practices require sustained advocacy and policy reforms.

- **Strengthen legal frameworks and protection laws:** Survey data indicate 22% of respondents prioritize stronger legal protections. Policies should address digital harassment, early marriage, family violence, and custody and divorce inequities. Advocacy should aim for simplified procedures, context-sensitive protections that consider mobility restrictions, and integration of legal education for youth and women on safe technology practices.

- **Ensure sustainable funding for long-term impact:** Continuous funding guarantees that interventions, particularly those supporting the most vulnerable groups, are not disrupted. Multi-year grants should target integrated service delivery centers, enabling combined legal,

psychosocial, and economic support in line with survey priorities (20–25% for integrated community centers).

- **Foster cultural and social change:** Awareness programs, youth engagement, and community-led initiatives can reduce stigma, strengthen family cohesion, and reinforce women's rights. Policy and programmatic efforts must be mutually reinforcing, combining legal, social, and economic strategies to tackle root causes of GBV.

6.5. Coordination and Capacity Building

- **Strengthen multi-sector coordination:** Survey findings show multiple overlapping needs: psychosocial (40–45%), financial (50–55%), legal (15%), child-focused (15–20%), health (20–25%), and protection (10%). Reactivating networks like Hemaya, adopting unified referral protocols, and activating beneficiary feedback mechanisms ensures coordinated responses across sectors.
- **Enhance professional capacities:** Continuous training for social workers, lawyers, and mediators is crucial to strengthen referral systems, follow-up, and case management, while also preventing staff burnout. Specialized field teams should be recruited to reach women in highly vulnerable areas, ensuring consistent service quality.
- **Integrate technology for service delivery and monitoring:** Secure databases, safe digital communication applications, and mobile platforms improve referrals, follow-up, and awareness campaigns. This also facilitates monitoring of program effectiveness and ensures confidentiality, particularly for sensitive cases.
- **Support marginalized communities and institutions:** Strengthening local organizations in refugee camps and underserved neighborhoods ensures equitable access. Streamlining registration and service procedures can reduce psychological and administrative barriers, fostering dignity and trust among beneficiaries.

By integrating programmatic, community, policy, and coordination recommendations, interventions become multi-dimensional—addressing immediate protection needs, long-term empowerment, and systemic barriers simultaneously. This holistic approach is evidence-driven, culturally appropriate, and responsive to survey-identified priorities.

7. CONCLUSION

The findings from both field research and survey data underscore the multifaceted nature of protection needs for women and girls in Jerusalem and surrounding areas. Persistent socio-economic pressures, compounded by mobility restrictions, entrenched social norms, and limited access to legal and psychosocial services, create an environment where vulnerabilities are amplified and help-seeking is often constrained. The data highlight clear gaps in access to economic support (35–55%), psychosocial care (30–45%), safe spaces for children (25%), and legal assistance (15–22%), while also emphasizing the importance of digital tools, awareness campaigns, and trusted community networks in bridging these gaps.

Addressing these challenges requires a holistic and integrated approach. Programmatic interventions must combine psychosocial, legal, economic, and digital services, while community engagement and awareness efforts should target both men and youth to foster supportive environments and reduce stigma. Strengthening local institutions, enhancing professional capacities, and promoting coordination across sectors are essential to ensure continuity, quality, and inclusivity of services. Advocacy efforts and policy reforms should complement these interventions, ensuring sustainable protection frameworks that reflect the lived realities of women and girls in marginalized communities.

Ultimately, the evidence points to the need for survivor-centered, accessible, and context-sensitive interventions. By linking services, empowering communities, and reinforcing accountability mechanisms, stakeholders can work toward a more protective and enabling environment, where women and girls are supported to exercise their rights safely and with dignity.