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TWO YEARS LATER: THE GENDERED IMPACT OF THE GREAT MARCH OF RETURN IN THE GAZA STRIP



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This publication was commissioned and produced by UN Women Palestine Country Office through the generous support of the Occupied Palestinian Territory (oPt) Humanitarian Fund and the Government of Japan as part of the projects:

- “Multisectoral Responses to Women Victims and Survivors of Gender Based Violence in the Gaza Strip”
- “Protecting and Strengthening the Resilience of Women and Girls Affected by the Great March of Return in Gaza

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May 2020

TABLE OF CONTENTS

Acronyms	4
List of boxes	5
Introduction	6
Overall approach	6
Methodology	7
Background and Context	8
Background	8
Context and causes	9
Impact on services	11
Analysis of Results	14
Participants in this assessment:	15
Background and victimization	
Roles and responsibilities	17
Gender-based violence	19
Persons with disabilities	20
Resources	24
Participation and power	25
Capacities and vulnerabilities	27
Assistance and services	30
Conclusions and recommendations	33
Conclusions	33
Recommendations	34
Annexes	36
Annex 1: References	36
Annex 2: List of key informant interview participants	38
Annex 3: List of focus group discussions	38
Annex 4: List of in-depth interview participants	39
Endnote	40

ACRONYMS

AI	Amnesty International
FGDs	Focus group discussions
GBV	Gender-based violence
GMR	Great March of Return
IDI	In-depth interviews
ISF	Israeli Security Forces
KIIs	Key informant interviews
MoSD	Ministry of Social Development
MSF	Médecins Sans Frontières
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
oPt	Occupied Palestinian Territory
PA	Palestinian Authority
PCBS	Palestinian Central Bureau of Statistics
PCDCR	Palestinian Center for Democracy and Conflict Resolution
PTSD	Post-traumatic stress disorder
PwDs	Persons with Disabilities
UN	United Nations
UNFPA	United Nations Population Fund
UNHRC	United Nations Human Rights Council
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East

LIST OF BOXES

- Box 1 : Victimization through their lens
- Box 2 : Living conditions through their lens
- Box 3 : Coping with new realities
- Box 4 : Disability and compounded vulnerabilities
- Box 5 : Accessibility, decision-making, and income
- Box 6 : Women on the participation of women/girls in the GMR
- Box 7 : Participation and power in Great March of Return
- Box 8 : Strength, weakness, and new experiences with vulnerability
- Box 9 : New realities with new vulnerabilities
- Box 10 : Reaching services and assistance

INTRODUCTION

The “Great March of Return and the Breaking of the Siege” is a Palestinian grassroots movement that began on 30 March 2018. The Great March of Return (GMR) demands the lifting of the now 13-year-long Israeli-military-imposed blockade on the Gaza Strip. The GMR makes reference to UN resolution 194 that stipulates the “right of return” of Palestinian refugees to the homes from which they were expelled during the establishment of the State of Israel in 1948. Close to 40,000–50,000 Palestinian men, women and children, members of civil society and political activists gathered on Land Day,¹ commemorated yearly on 30 March. A popular protest, they demonstrated near the “buffer zone” that separates the Gaza Strip from the West Bank and Israel. While the demonstrations were initially scheduled to last until 15 May 2018, the 70th anniversary of the 1948 Palestinian Nakba (Catastrophe), the demonstrations persisted on a weekly basis after Friday prayers across five locations along the buffer zone until the end of 2019 when Hamas authorities suspended the activities (UNISPAL, 2020). There would also be “occasional demonstrations on the beach next to the perimeter fence in northern Gaza and other night activities near the fence” (OCHA 2019a).

This paper provides an assessment of the gendered impact of the Great March of Return, with a particular focus on the direct and indirect impact on women and girls and their access to services two years after the GMR had started. This assessment also provides qualitative insight by using the key quantitative findings of the “Humanitarian Needs Assessment Study of the Great March of Return’s Injured Persons” produced by the Palestinian Center for Democracy and Conflict Resolution (PCDCR) in 2019. The content of this assessment focuses on the following gender dimensions: types and impacts of victimization; gender roles and responsibilities; resources, including assets and income; participation and power; capacities and vulnerabilities, and assistance and services. The assessment also provides a list of rec-

ommendations directed at governmental institutions, non-governmental organizations and international actors.

Overall approach

The approach and methodology employed by the research team was broadly underpinned by local and international experiences in conducting research and projects that focus on gender analysis and women’s empowerment.

Gender-based research, distinguished by a focus on women’s experiences, aims to “make women visible, raise their voice, consciousness and empower them” (Holloway and Wheeler 2013). Cook and Fonow (1986) identify five basic epistemological principles in feminist or gender-based methodology:

- 1)** women and gender are the focus of analysis;
- 2)** importance of consciousness raising;
- 3)** rejection of subject and object relation between the researcher and the participant, which requires dealing with the participant as an informed expert in terms of the knowledge and analysis being provided;
- 4)** a high focus on ethics in the full spectrum of the research process; and
- 5)** a focus on empowering women and changing power relations (action research).

Fonow and Cook (2005) further indicate not only the need for a strategic shift in a development orientation, but also assert that gender mainstreaming is a critical component of the process of transformation. Such a transformation requires the acquisition of extensive knowledge of context-specific, gender-based vulnerabilities and the integration of a gendered perspective in programming operations. Sex specificity should be integrated into research design in order to include those whose voices have been marginalized or largely ignored or who possess limited access to resources. Women must not be witnessed as helpless victims, however, as has been the case in previous international and local gender analyses. Like any study on gender, this assessment must

instead attempt to determine women's level of agency and participation in the emancipation process from war and post-war impacts. Gender-focused approaches are crucial in cementing partnerships with local women's organizations when assessing needs, implementing interventions, and measuring both intended and unintended impacts. This assessment considers experiences, lived realities, roles, needs, perspectives and rights through a gendered analysis of women, girls, boys and men within the overall unbalanced familial and social contexts in both private and public spheres.

Methodology

The research team utilized existing quantitative data (from previous studies and national censuses such as those of the Palestinian Central Bureau of Statistics, PCBS), but especially from PCDCR (2019) to support the primary qualitative data collection, which was the main constituent in informing the analysis.² A review of existing documents revealed that their primary interest was reporting on the Great March of Return (GMR) and casualties. A limited number of reports focused on the idiosyncrasies and relational dynamics of lived experiences and how they interlock to forge new forms of lived experiences, especially pertaining to women, girls, boys and men. One report did provide additional insights on the implications of the GMR on women, though no gender-based analysis was performed and no qualitative data was collected or analyzed to elucidate the impact of the GMR on the real lives, roles, relations and needs of women, men, girls, and boys within the household and in the public sphere.

The assessment in this report primarily draws on qualitative data collected from women and men with consideration of their specific surroundings, while taking into account a literature review of available relevant reports undertaken regarding the GMR. Qualitative data was

derived through the following tools:

1) In-depth interviews (IDIs) with women: The study undertook 24 in-depth interviews with women who were directly or indirectly impacted by either their own victimization, or the victimization of other family members. In addition, some women were affected collectively with their families and communities by pollution, deprivation of economic resources, prevention of access to land, or other factors. The selection of women to be included was based on information provided by specialized organizations that work with victims.³ The criteria for selection took into consideration age, disability, marital status, refugee status, and family economic conditions. The women that participated in the interviews came from various areas of the Gaza Strip that were affected by the GMR including: Khuza'a, Al Shokat, Shujaiya, Beit Hanun, Wadi as Salqa, East Jabalya, Bureij, and Al Maghazi.⁴

2) Key informant interviews (KIIs): The research team interviewed 15 key informants who have direct experience with the impact of the GMR and the implications on gender relations, women's empowerment, and the added burdens that women must endure. The informants come from various backgrounds, having worked with women's organizations, human rights organizations, humanitarian assistance agencies, service-provision institutions and NGOs. Others were community leaders.

3) Focus group discussions (FGDs): The research team organized three FGDs, two FGDs with women who were impacted by the attacks on the GMR⁵ and one FGD with men. One FGD with women was held in Khuza'a (near the Camp of Return). Two total FGDs were held in Tal Al-Akhdar (east of Bureij), one FGD with women and one FGD with men.⁶ In total, 34 women and men participated in the three FGDs (21 women and 13 men).

BACKGROUND AND CONTEXT

Background

Various reports, including media and reports issued by UN agencies working in the Gaza Strip have all confirmed the largely non-violent nature of GMR protests and activities that lasted until the end of 2019. Jihad Abusalim, a Palestinian from Gaza and a Palestine-Israel associate at the American Service Committee, explained in an interview with Al-Jazeera English that the “Great March of Return has been a grassroots social movement that included the various and diverse components of the Palestinian civil society... Political factions, NGOs, people from all across the political spectrum participated in the March” (Huthaifa, 2019). In a report published on the first anniversary of the GMR by the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), it was stated that “while protests have continued to be largely non-violent and the vast majority of those in attendance are unarmed, there are often reported incidents of stone throwing as well as tire burning, attempts to damage the fence and, since April, some demonstrators flew kites or balloons towards Israel that carried burning rags and damaged Israeli property, including agricultural land. Israeli Security Forces (ISF) have, throughout the past twelve months, responded to these civilian demonstrations with the use of tear gas, rubber-coated bullets and live ammunition” (UNRWA, 2019a, p. 6).

Demonstrators were unarmed, however, and did not represent a real threat to Israeli soldiers on the other side of the fence. “Under international law all Palestinians, including children, have the right to freedom of expression and demonstration” (OCHA, 2019a). Thus, the Israeli response to the weekly protests has “generated another source of humanitarian emergency in the Gaza Strip” injuring for over 31,214 people, 16,556 of whom required hospital transfers and treatment. There were 277 deaths during the

first year, including 41 children (WHO, 2019a). Also, as of December 2018, three healthcare providers were killed and 560 injured during attacks on healthcare workers and facilities (Mills et al., 2019). In the same context, Mills (2019) notes: “the GMR has taken a particular toll on children. Twenty per cent (533) of persons treated for GMR-related injuries in UNRWA health clinics were children below 18 years of age, the vast majority of them were boys (95 per cent). Almost 10 per cent of cases involving children have been classified as ‘severe’ and have required hospital admissions. Eighty per cent of all children treated by UNRWA were injured with gunshot wounds.” Defense for Children International-Palestine (DCIP) has independently documented the killing and injury of children, noting that in the majority of cases, they did not pose an imminent or direct threat to the lives of Israeli soldiers (DCIP, 2020).

The excessive use of force by the Israeli military during the GMR, including lethal force such as the employment of Israeli snipers, led the United Nations Human Rights Council (UNHRC) to form an independent commission (Glazer, 2020). The commission report, issued from Geneva on 28 February 2019, noted concern of possible crimes against humanity for targeting and killing Palestinian protesters posing no imminent threat of death or serious injury (UNISPAL, 2019b). The report further explained that “the Israeli Security Forces injured 6,106 Palestinians with live ammunition at the protest sites during this period [the first 11 months]. Another 3,098 Palestinians were injured by bullet fragmentation, rubber-coated metal bullets or by hits from tear gas canisters. Four Israeli soldiers were injured at the demonstrations. One Israeli soldier was killed on a protest day but outside the protest sites.” The report concluded that the “Commission found reasonable grounds to believe that Israeli snipers shot at

journalists, health workers, children and persons with disabilities, knowing they were clearly recognizable as such.” Santiago Canton of Argentina, the Chair of the Commission, noted that there are “reasonable grounds to believe that during the Great March of Return, Israeli soldiers committed violations of international human rights and humanitarian law. Some of those violations may constitute war crimes or crimes against humanity and must be immediately investigated by Israel” (UNISPAL, 2019b).

As the GMR protests continued during the months of April to December 2019, the number of Palestinian casualties increased. On 20 December 2019, statistics issued by Al-Mezan Center for Human Rights (2019) showed that since the start of the GMR on 30 March 2018, Israeli forces killed 364 Palestinians in the Gaza Strip. On 26 December 2019, the Supreme Committee of the GMR decided to stop the protests for three months: from the last Friday of December until Land Day on 30 March 2020. Thereafter, protests were to take place on a monthly rather than weekly basis and on “notable national occasions” as announced by the Higher National Committee which consists of a coalition of Gaza-based factions and civil-society organizations (Al Jazeera English, 2019).

Context and Causes

An analytical report by Fanack, an independent online media organization based in the Netherlands, included interviews with GMR organizers and captured the causes of the GMR and the context in which the GMR of March 2018 arose: “Tensions have grown in the Israeli-Palestinian conflict since December 2017, when American President Donald Trump announced that his country would recognize Jerusalem as the capital of Israel and move its embassy there” (Fanack, 2018). The report implicitly draws causal relations between the eruption of the GMR and the aforementioned period of US interventions. Other contextual factors are also important: the perpetual dual blockade on the Gaza Strip for over a decade by Israel and Egypt; the failure of the October 2017 attempt to reach a reconciliation deal for improving the humanitarian crisis in the Gaza Strip; and continued intra-Palestinian strife between the



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Islamic movement Hamas (the de-facto governing authority of the Gaza Strip since 2007) and the Fatah-led Palestinian Authority in the West Bank. In consultation with other sources, the same report concludes that, according to organizers, “it is now indisputable that [Palestinians] cannot achieve their national aims through mediation by the US or the international community” (Fanack, 2018). It continues to note that “the march is an attempt by Palestinians to take matters into their own hands and shape their fate, as they attempted to do during the First and Second Intifadas [Uprisings]” (Fanack, 2018).

Basem Naim, a former health minister with the de facto government in Gaza and former adviser to the prime minister in Gaza on international relations, told Fanack that non-violent protests are not “an alternative to all other tracks”, but rather one tactic to bring attention to the plight of the people in Gaza in hopes of spurring international action. “This is one of the tools that can put Israel under pressure, that they can show peacefully the region or the international community the injustice that they are living in Gaza and in Palestine in general.” Usama Antar, a politics lecturer at the University of Gaza who took part in discussions around organizing the protest, was cited in the report regarding the inability of GMR organizers to control the crowd and ensure that the protests did not result in any fatalities. “It was planned that the cost of this demonstration should be zero – no killed people, no injuries... all protesters were meant to remain 700 meters from the fence, with the distance gradually decreasing at subsequent demonstrations until finally a decision would be made regarding an attempt-

ed crossing. But the organizers underestimated the degree of frustration of the young people in the crowd” (Fanack, 2018).

A report issued six months after the start of the GMR by Amnesty International (2018) highlights the suffering of the Palestinians in the Gaza Strip due to the Israeli blockade, while also linking the continuation of the Israeli blockade and the eruption of the GMR. The report noted: “[t]his year has marked 11 years since Israel imposed a land, air, and sea blockade on the Gaza Strip...Under Israel’s illegal blockade, movement of people and goods is severely restricted and the majority of exports and imports of raw materials have been banned. Travel through the Erez Crossing, Gaza’s passenger crossing to Israel, the West Bank, and the outside world, is limited to what the Israeli military calls ‘exceptional humanitarian cases,’ meaning mainly those with significant health issues and their companions, and prominent businesspeople. Meanwhile, since 2013, Egypt has imposed tight restrictions on the Rafah crossing, keeping it closed most of this time” (Amnesty International, 2018).

The report also statistically summarizes the palpable negative impact of the Israeli blockade and simultaneous wars on the Gaza Strip regarding the economy and the population: “Gaza’s economy has sharply declined, leaving its population almost entirely dependent on international aid. Gaza now has one of the highest unemployment rates in the world at 44%.⁷ Four years after the 2014 conflict, some 22,000 people remain internally displaced, and thousands suffer from significant health problems that require urgent medical treatment outside the Gaza Strip. However, Israel often denies or delays issuing permits to those seeking medical care outside Gaza, while hospitals inside the Strip lack adequate resources, and face chronic shortage of fuel, electricity and medical supplies caused mainly by Israel’s illegal blockade” (Amnesty International, 2018).

Another pivotal cause and objective of the GMR that must be noted is demanding the “right of return” for Palestinian refugees, recalling that the GMR coincided with the 70th anniversary (1948-2018) of the Nakba. On 31 August



2018, less than six months after the start of the GMR, and as a first step to put an end to the Palestinian refugee question by denying their right of return, the US Trump administration completely cut off American financial assistance to UNRWA, disrupting and destabilizing the refugee agency.⁸ As such, if the first major decision by President Trump—moving the embassy and recognizing Jerusalem as the capital of Israel—was one of the triggers for GMR, cutting off UNRWA aid would add more fuel to the demonstrations and play a role in keeping them going for 21 months (March 2018-December 2019). Such a move would not only impact the vital services and assistance the agency provides to the Strip’s refugee population (constituting 70 per cent of Gaza), but also impose a real threat and challenge demands for the “right of return” enshrined in international law.

Finally, it is important to consider the decision by the Supreme Committee of the GMR on 26 December 2019 to stop the protests for three months, or at least reduce them to once a month in 2020. According to political analysts and observers, the reasons for this decision included: 1) the increased efforts and attempts to reach a deal between Hamas and Israel that could result in the reduction of the 12-year Israeli blockade on the Gaza Strip, meaning the GMR would have achieved – even if only partially – one of its two main objectives; 2) the strong negative impact of the GMR on the people of the Gaza Strip (inter alia, the high number of Palestinian casualties, deterioration of economic conditions, strong negative impact on provision of services); 3) Arab and international support for the GMR had been limited or less than expected; and 4) concerns among Palestinian political leaders and factions in

the Gaza Strip towards weekly GMR protests without clear achievements could result in a state of disenchantment amongst the masses, affecting their level of participation in future confrontations with Israeli forces, especially if there are future Israeli-Palestinian escalations (Monte Carlo, 2019).

In contextualizing the GMR, including its nature, causes, demands, and political context, the following sections explicate its impact on the Strip's population, especially women, including the services provided or available to them.

Impact on services

The GMR had a tangible negative impact on Palestinians in the Gaza Strip, especially refugees who rely on UNRWA as their main service provider. This is especially pertinent to health and education services. A report issued by UNRWA in 2019 explains that:

“the health system in Gaza was already under enormous strain as a result of years of Israeli blockade and recurrent hostilities. The GMR has added to the pressure and brought health services to the brink of collapse. UNRWA already provides approximately four million medical consultations per annum to over 1.4 million registered Palestine refugees in Gaza. UNRWA has responded to the GMR violence as part of its provision of primary health care services through its 22 health clinics in Gaza. While not equipped to undertake emergency surgical procedures for injuries resulting from the use of live ammunition, in view of the overwhelming demand and lack of capacity from the Ministry of Health, UNRWA health clinics have received and given some treatment to patients who should ordinarily be treated in hospitals. Sixty-four per cent of all injuries treated at UNRWA health clinics have been classified as “moderate or severe”, many of which would, under normal circumstance, have been referred to hospitals” (UNRWA, 2019a, p. 13). Indeed, the agency's Commissioner-General Pierre Krähenbühl noted that the “direct consequence...has brought the health-care system in Gaza to a breaking point.”⁹

In addition to the physical impact, the harsh

Israeli reaction to GMR had a significant effect on the psychosocial well-being and mental health of Palestinians in the Gaza Strip, particularly those who witnessed the violence, and the families that suffered casualties as a result. According to services provided by the UNRWA health clinics, psychosocial aid was provided to those seeking help and 1,263 of those were found in need of individual psychosocial support with 73 patients suffering from serious mental health conditions. Two people attempted suicide following injuries sustained during the GMR (UNRWA, 2019a, pp. 10-11).

According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) the casualties among health workers and the damage inflicted on ambulances and health facilities due to Israeli actions during GMR protests between 30 March 2018 and 28 February 2019 include: the killing of three health workers and the injury of 633 others in 420 separate recorded incidents against health staff and facilities, and the damage of three health facilities, 98 ambulances and five other health transport services. According to the OCHA report, the extent of trauma injuries suffered as a result of the GMR and its impact on the general capacity of the health sector to deliver essential services would mean a “suspension of elective surgeries, reallocation of hospital beds to serve surgical patients, diversion of health staff and ambulances, and a strain on even auxiliary health services such as laundry and hospital cleaning. Trauma injuries and exposure to violence have increased the need for physical and mental health rehabilitation services.” Moreover, medical referrals for persons injured during the GMR meant increased barriers in accessing health-care outside of the Strip. Indeed, “less than a fifth (18 per cent) of the 499 applications to exit from 30 March 2018 to 28 February 2019 [were] approved” (OCHA, 2019a).

Finally, the UNRWA (2019) report also aptly summarizes some of the GMR impact on the educational sector in the Gaza Strip. Among the casualties of the first year were 227 UNRWA students who were injured and 13 who were killed by Israeli forces. “Most of the injured students were children aged between 13 and 15 years, but some were as young as 7 years old.

Most students have missed at least two weeks of school as a result of their injuries, with some students requiring much longer absences” (UNRWA, 2019, pp. 11). The report also explains UNRWA teachers’ concerns on abilities to provide support for injured students in regard to keeping up with their studies even after recovery. The additional stresses and new life changes from GMR injuries on top of the absences make teachers worry that students may increasingly drop out of school altogether. In response, UNRWA doubled its support groups for the families and persons injured within the GMR with UNRWA’s 276 school counsellors specifically confronting the psychosocial impact of GMR violence on school children and providing group and individual counselling to them.

Gender-based impacts

The impact of the GMR on women, girls, boys and men in the Gaza Strip, whether direct or indirect, has been strong. While research and reports that centralize a gender focus are limited, a consultation with available resources allows for a brief analysis. The analysis of the impact of the GMR on women and girls must also recognize an interlinked relationship with the impact the GMR has had on boys and men as well.

A. Direct impact

As indicated in available reports, including media reports, UN updates,¹⁰ organizations’ project updates,¹¹ and available statistics on GMR casualties, Palestinian women and girls have participated in the GMR demonstrations side-by-side with men and boys as well as in other ways.

“They have been at the forefront of the Gaza protests, taking on many roles as demonstrators, medical volunteers and cooks... Medical university students set up tents along the border to provide help to those wounded by Israeli forces... Young Palestinian girls gathered rocks to give them to the men throwing stones at Israeli soldiers on the other side of the fortified fence separating the Gaza Strip from Israel... older women cooked the traditional Arab flatbread, known as Taboon in Arabic, for their families and the protesters...” (Salem, 2018).



Despite the various forms of participation in the GMR protests by the different groups of Palestinian females (girls, women, elderly, educated, professionals, etc.), direct participation in the GMR was comparatively lower among females than among their male counterparts. The percentages showcasing female/male casualties during direct confrontations with Israeli forces supports this conclusion. However, it is important to note that boys and men are more likely to be targeted by ISF during confrontations in the oPt generally. This is underpinned by patriarchal and sexist conceptualizations that boys and men are observed as more of a threat than girls and women.¹²

A report by OCHA, focusing exclusively on the impact of the GMR on women, covers the first eight months of protests (30 March–30 November 2018) noting that “Women and girls account for about one per cent of all deaths and eight per cent of all injuries in this context. Of the female injuries, including those treated in the field, 68 per cent were due to tear gas inhalation and ten per cent to live fire” (OCHA, 2018). A report issued by UNRWA on the first anniversary of the GMR also estimated that 5 per cent of the total children injured were girls (UNRWA, 2019a, p. 6). Al Mezan Center for Human Rights (2019) also documented that 156 women were injured by live ammunition or shrapnel, and 1.5 percent of fatalities were female.

Notwithstanding the comparatively lower numbers of injuries, “the consequences of an injury are often harsher for women and for the rest of the family, particularly when the injured female is a mother,” according to a United Nations Population Fund (UNFPA) rapid assess-

ment on the impact of the GMR on Palestinian females conducted in mid-2018 (UNFPA, 2019).¹³ In conducting five FGDs and ten in-depth structured interviews with women who participated in or were directly affected by the demonstrations, along with female representatives of institutions providing social services to women, the assessment notes that some participants “indicated that women are expected to continue fulfilling their home duties despite an injury.

Others highlighted that injured women rely on other family members to access medical treatment because of the norm that women should not leave their homes unaccompanied. Some women also pointed out that a girl or young woman with a serious injury may find their chances of marrying impaired. Several participants reported that they refrained from receiving medical treatment following severe tear gas inhalation during a demonstration to avoid possible tension with their husbands” (OCHA, 2018).

The relatively low level of female participation in the GMR demonstration, however, was not due to lack of enthusiasm or motivation from Palestinian females, but rather a combination of conservative social norms and the overarching patriarchal culture that prevails in the Gaza Strip and that is further reinforced by the military-imposed Israeli occupation. According to the UNFPA rapid assessment: “Virtually all participants expressed a high level of support for the GMR and its underlying motives, namely to reaffirm the right of return for Palestine refugees, and to protest the longstanding Israeli blockade on Gaza with its adverse impact on the life and livelihoods of Gazans.”

The assessment continues to note that most of the “women indicated that consent for them to participate in the demonstrations had to be given by the male figure considered the head of the family: their husband or father. Despite the conservative social and cultural norms prevailing in Gaza, when such consent is given, women’s participation does not generate fear of negative repercussions.” However, in light of gender roles, FGD participants also indicate that “women attend demonstrations more fre-

quently on days other than Friday, when women traditionally have home duties as it is the weekend and a day for family activities. There is also a perception that demonstrations on Fridays are more violent than during the rest of the week” (OCHA, 2018).

B. Indirect impact

In addition to the direct impact of the GMR on Palestinian females who participated in the protests first-hand – emphasizing the harsher consequences endured by females compared with their male counterparts – females also suffer more emotional, psychological, and social consequences than males if family members are killed, injured, or affected by the GMR in some way.

The UNFPA assessment further captures the different aspects of these sufferings and consequences. “The enormous number of protestors injured, compounded by the shortages of electricity, drugs and equipment, have forced hospitals to prematurely release patients, putting additional pressure on female family members who are primarily responsible for the treatment of house-bound family members. Mothers with injured children (around 15.6 per cent of the total hospitalized injured) have reported increased gender-based violence, especially psychological/emotional violence, as mothers were often blamed by their families for ‘allowing’ their children to participate in the demonstrations” (OCHA, 2019a).

In addition to the suffering of tens of thousands of females in Gaza who belong to families with injured members due to GMR-related violence, there are also hundreds of females who suffer even more when their male family members got killed during the demonstrations, especially if they were the primary breadwinners. The same assessment stipulates that “Given the socio-economic situation in Gaza, the opportunities for women to fill the income gap are minimal. In the third quarter of 2018, less than 26 per cent of women in Gaza were participating in the labour force (i.e., working or looking for a job) and 78 per cent of women in Gaza were unemployed (versus 46 per cent of men)” (OCHA, 2018, p.12).

ANALYSIS OF RESULTS

With the chronic and protracted exposure to violence, and the systemically deteriorating living standards in Gaza as a whole, the effects of the GMR have brought with them cultural and political associations that are buttressed by the historical trajectory of the Palestinian struggle as well as contemporary prevailing social norms, available coping mechanisms, access to services and resources, and the overarching 13 year-old Israeli imposed siege. The effects of the GMR have shifted the roles of women in the household, as well as their own self-perceptions. Roles, perceptions of identity, household duties and obligations, the layers of newly added burdens, and general harshness of the socio-economic and political conditions have all had an impact on households generally. However, a gendered perspective of the GMR showcases that even when empowered, women and girls are increasingly more vulnerable to the adversity of the consequences and they usually lack protection and tools to accede to positive coping mechanisms. The following section provides an analysis of the key gender dimensions of the GMR. The analysis in this report complements other research on this topic, such as the needs assessment report for GMR injured persons conducted by the PCDCR (2019).

Box 1

Victimization through their lens

"I have become the mother of a martyr."

–F. 49, lost her son during the GMR. Khuzaa', Khan Younis

"My husband's injuries affected his health as well as his psychological state. It affected us all, especially emotionally. The injury forces him to walk on crutches which limit his ability to

move, and this has increased our shocks and arguments. His staying home is causing me depression and driving me insane. He started nit-picking on the small and the big. His aggression increased and all of this is deflected on the kids from his end and mine. I'm more violent, I've hit them, raised my voice at them. He started being more rampant in his actions towards them. We weren't like this before the injury. He was going out more; he wasn't at home as much."

– F. 23, mother of two, husband was injured twice during the GMR. Al- Shuka, Rafah

"Certainly seeing my son without a leg is catastrophic. My heart breaks for him as I watch him weakened like this. He only goes out for necessary trips. He goes inside when people come to visit because he feels like they're coming to look at him as he is disabled. Like a broken record, he keeps saying: I am disabled, disabled."

– U. 55, son lost a leg after being injured during GMR protest. Azba Abed Rabu

"He used to have a strong personality and would face people. Now he stays at home, doing nothing and doesn't help his father because he is on crutches. He is introverted and wants to get married but no one would agree because he is injured."

– J. 43, mother of 9 whose son was injured in the legs during GMR protest. Beit Hanoun

While the findings and analysis of this report focus on the context of the Great March of Return in Gaza and subsequent injuries suffered, it is important to recognize that all the consequences are not to be observed in isolation but as components defined by the idiosyncratic realities in the Gaza Strip. Services, the economy, health and education sectors, and access to resources were already substandard in the Strip as a whole. The rapidly occurring and high

quantity of injuries that happened throughout the GMR only expedited the pre-existing de-development in the region. The social ecology that defines the Strip through its political, economic, social, and cultural elements must be seen as a whole and as mutually reinforcing factors. In this regard, the impact of the GMR appears to be largely negative on the lives of Palestinians in Gaza, especially for women and children. However, the realities that families, organizations, and authorities must necessarily navigate in light of the GMR emphasize the role of socio-political strife on the most intimate spaces and community relations. The contents of this report, therefore, should approach the GMR and the gender dimension as part of a larger intersectional and relational reality that even transcends the boundaries of the Gaza Strip.

Participants in this assessment: Background and victimization

For the purposes of this research, a total of 24 in-depth interviews (IDIs) were conducted with women in Gaza. The group included a combination of younger and older generations. IDI participant ages ranged between 19 and 62 years of age in an attempt to capture the various experiences of women. The majority of interviewed women had not completed their high school education, while some possess a form of higher education. The interviewees were mothers, daughters, sisters, and wives that either directly or indirectly experienced the impact of the GMR. While most are dependent on other family members for income generation and financial security, others are heads of households ranging from widowed mothers and divorced single mothers to young single girls and women. Most of the women live in sub-standard household conditions. Some are close enough to witness the GMR protests from their homes, while others reside further away from the areas of confrontation. Most of the women live with an average of 6 to 13 members within the household with hardly any access to basic infrastructure such as water, electricity, or other basic needs for survival. The women have either been injured as a result of the Israeli response to the GMR protests or have had a family member (usually a child or

partner) injured or killed. Injuries have resulted in physical disability, added health issues to the individual, and/or increased emotional and financial burdens on families and households. For others, the impact of the GMR protests, such as the loss of a family member, brought with it a psychosocial impact on the family as a whole, changing familial day-to-day dynamics and relations.

A total of three (3) FGDs were conducted in Gaza between 4 and 7 April 2020. Similar to the in-depth interviews, FGD participants came from impoverished communities and low socio-economic backgrounds. Female participants were between the ages of 21 to 50, while male participants were between the ages of 19 to 43. Participants, albeit to varying degrees, describe their household conditions as sub-standard and not fit for living. Most participant households rely on aid in the form of UNRWA assistance (whether it is service provision, food packages, or cash assistance), international assistance, or monetary assistance from the Ministry of Social Development (MoSD, formerly the Ministry of Social Affairs). This also aligns with the findings of the PCDCR report that found that most assistance received by injured persons was in the form of cash (95.3% of participants). This may also be due to the fact that 74.5% of those injured were refugees who already rely on monetary assistance in order to meet basic daily needs.

Most of the women that participated in this assessment are housewives with low education levels, while some were heads of households and the main income generators through informal work. Female participants were primarily mothers, daughters, or wives of injured or killed persons, with few being injured themselves. According to PCDCR, 11% of those injured were females, compared to 89% who were males. Similarly, in this study, most male participants were the ones injured in their respective households. Injuries sustained were caused by live ammunition, teargas inhalation, and direct impact of teargas canisters. Many of the injured have been left with long-term disabilities and health complications, especially those who suffered amputations or platinum reconstruction surgeries.

Perceptions on involvement in GMR protests vary across participants. While some respondents noted that family members joined as part of their national duty, they also emphasized the general state of Gaza that prompts youth, namely young men, to join the protests as a form of recreational activity, considering that “they have nothing else to do.” Given the dire conditions under which they live, participants collectively note the impulsiveness of youth to join the protests even after sustaining initial injuries, pointing to the role of the media and respective political parties in rallying the public to participate. However, participants contextualize this phenomenon within their broader reality, including high unemployment rates, lack of access to resources and services, and the high rate of abject poverty that the population endures collectively. Moreover, incentives such as transportation coverage by political parties and GMR organizers act as a motivation for participation. Other reasons include alleviating pressures from daily life. Some people from households suffering from abject poverty saw the GMR as an opportunity to have a meal or just the chance to travel outside their respective communities.

The GMR is thus either perceived as part of the political drive embedded in the Palestinian reality, or a wasted activity that was not only futile, but also added new tragic layers to the already devastating living conditions in the Strip. For the most part, women and their families have been left feeling increasingly resentful and cynical.

Box 2

Living conditions through their lens

“The economic situation is below zero. When your son comes and asks for 1 NIS (0.28 USD\$) and he sees others able to get it, what am I to do? Sometimes I lie and say tomorrow. What do you do? You have to keep things going.”

Female, son injured in GMR, Khuza’a

“I live in a home that is not even fit for animals.”

Female, son and daughter injured in GMR, East Bureij

“I used to work in livestock, but after my injury I don’t work and I am constantly thinking about providing for the family. All of the increased irritability, anxiety, social, economic, and psychological pressures are all affecting me and my family.”

Male, 36, injured in GMR, East Bureij

“With or without reason [my injured son] is yelling. There is no quiet, if we are not hearing problems in the house, then something is off.”

Female, son injured in GMR, Khuza’a

In addition to consequences on physical health, the main impacts on households are the resultant and protracted psychosocial effects that come mired with the new burdens of seeking medical care. This is especially given the dominant financial and food insecurities already suffered, coupled with a defunct health-care sector, largely due to the military-imposed Israeli siege. For example, according to the study conducted by PCDCR, the overwhelming majority of male and female adults prioritize the provision of food and nutrition as a first need.

With the majority of support for injured persons being contained within the nuclear family, (according to PCDCR almost 80% of injured persons live in nuclear families), the brunt of GMR-related consequences is therefore dealt with by members within the household itself. Given the pre-existing dynamics of relegating exclusive domestic responsibility to women in the Gaza Strip, the GMR further heightened burdens on them.

In the same study, PCDCR found that of injured children in the GMR, 98.7% live with both of their parents. Yet, even the male participants in this study explicate that the majority of household burdens, including the meeting of financial, emotional, and nutritional needs, are being placed on women and girls.

The following sections further unpack and analyze gender roles and responsibilities, resources including assets and income, participation and power, capacities and vulnerabilities, and assistance and services.

Roles and responsibilities

The direct participation of women in the GMR protests was also overshadowed by the patriarchal norms enforced on girls and women in Gaza, especially in respect to the roles, forms of engagement, and social attitudes imposed on them. Any active participation of women and girls in the GMR would not only confront Israeli forces, but also act as a form of protest to cultural norms and restrictions on women's mobility. More relevantly, rationalization of women's participation in the protests would largely revolve around the emblem of "national duty," while the participation of boys and men would be relegated to boredom, peer pressure, or a 'boys-will-be-boys' discourse. The impact of injuries on the individual level, as it pertains to trauma, navigating new health problems, social alienation, and fear, was similar for women, men, boys, and girls. However, inequity is observed on the household and familial level, where women are most likely the ones responsible for the mental and physical well-being of both the injured member and other household members affected (given that the woman or girl did not sustain an injury/fatality).

For women, regardless of whether they themselves were injured or if it was a child or a partner, the emotional burdens, feelings of shame, social stigmatization, and navigation of new disabilities (due to injuries) are consistent. With most of the injuries sustained during the GMR protests being in the legs, thousands of Palestinians were left to navigate unfamiliar disabilities in a region that lacks proper health-care facilities and supplies to respond to the needs of patients (MSF, 2019). While most injuries occurred amongst the boys and men in the household, the brunt of meeting medical needs and coping with traumatic conditions is imposed on households and families collectively. Whether consciously or by way of necessarily addressing newly rising needs as part of their duties, women (and in some instances male household members) are adopting the roles of nurses and psychologists.

According to the assessment in PCDCR (2019), 90% of injured women report a negative impact, while 80% of men and 75% of children

report the same. However, the PCDCR assessment also showcases that the negative impact faced by women specifically is not solely in regard to suffering physical injuries. For instance, the overarching narratives of female participants explain that their family and household situations have been transformed from bad to worse, emphasising that the military-imposed Israeli siege further impedes and complicates seeking better living conditions and any opportunities for positive coping mechanisms.

Fulfilling the expected and stereotypical domestic role as caregivers, women are finding themselves with decreased time for themselves while simultaneously facing more aggression from family members. There are two main recurring themes amongst women.

The first is the psychosocial toll inflicted on individuals and families. Second are the financial burdens that are felt even more acutely given the general economic insecurity of the population. Some of the added responsibilities and new roles that women must undertake have increased the emotional toll they have to manage. With already over-stretched resources, budgeting for household finances, ensuring food and clothing, as well as caring for members of the family have visibly become more difficult. The changes within the household, including new responsibilities and roles, were not gradual, but abrupt.

This fact further shrinks the space for families to cope as a whole, but especially for women as they lack protection mechanisms and support. The discrepancy of prioritizing needs according to the PCDCR study further supports this. The study conducted by PCDCR found that injured females report that after securing food and nutrition, their second priority is to have the ability to maintain personal safety and security. In contrast, injured men report their second priority is accessing income-generating opportunities and employment.

This further reflects the nature of roles, responsibilities, and gendered variations of the GMR impact on women, men, boys, and girls.

Box 3:

Coping with new realities

“After the injury of my son, I stopped going out or seeing anyone. I can barely get to the housework, the baking and feeding. I do not go out and my son does not go out. He is home all the time. The burdens have increased on all of us.”

J. 43, mother of 9 whose son was injured in the legs during GMR protest. Beit Hanun

“My life was affected. I am more fearful. I have no friends. I dropped out of school, and I only go out with my mother.”

R. 19, was injured on her way home from school at the age of 14. East Bureij

His injury affected my life in that it requires more time and attention. The burdens on me increased because I am now also responsible for his wife and daughters as well as his family's expenses. Every week he needs his own expenses, for his food and treatment. He needs nutrition, fruits, and vegetables. And of course, there is the toll of being a mother watching her son be with one leg for the rest of his life. It all changed so quickly.”

U. 55, son lost a leg after being injured during GMR protest. Ezbet Abed-Rabu

“It is my youngest son that was injured. He was the spoiled one in the family and despite excelling in school he dropped out to work with his older brother in tiles. It was his third injury that resulted in his legs being amputated. His physical and psychological health is much worse. For me, my health couldn't handle it. I still cry daily and pray for him to be healed. I wished he was killed than be in this state. His brothers and father didn't leave his side. Their lives and time were spent at the hospital with him. Out of fear to hurt his feelings, my husband treats him like a child. It is [our daughters] that relieve pressures and feelings of exhaustion in the family.”

S. 62, son was injured three times during the GMR protests. Khuza'a, Khan Yunis

Male participants explicitly recognized the added burdens women must face. At the same

time, this perspective was justified by the idea that managing the domestic sphere, and the way it encapsulates caregiving, is still part of a woman's role. Male participants also recognize their own increasingly aggressive and violent behaviours in the home as a result of frustration, shame, and social stigmatization due to their sustained injuries. For those that previously worked and had generated income, their role as breadwinners and income generators in the household diminished and their own feelings of insecurity and ineptitude augmented. With males unable to find new roles for themselves (also due to the generally accepted social norms in the Gaza Strip), the burden of managing household needs (with decreased economic resources) is placed on the women in the house. Although it is an imposed reality, women also note that they willingly undertake the new responsibilities due to the fact that the only alternative is a fragmented and even more insecure household.

There is a disparity in coping mechanisms between women and men. On the household level, all members, whether directly or indirectly, suffer from psychosocial issues such as depression, anxiety, aggression, irritability, and social alienation. However, women are more likely – and expected – to prioritize the mental and physical well-being of other household members, sometimes at the expense of their own. Collectively, women are facing increased violence in the household, either from immediate family members or extended family, including physical, verbal, emotional, and psychological abuse. In regard to parenthood, women report increased disrespect from children and comparatively less authority than men in their family. While both men and women are experiencing increased social isolation, men are more likely to withdraw from duties (especially if their main role was to financially provide for the family), while women are adding new duties and roles in order to meet the basic needs in the home. This means women are also losing personal time that was formerly dedicated to nurturing hobbies, skills, taking on work, or caring for their own needs.

As it pertains to roles and responsibilities, the injuries and loss of family members dur-

ing the GMR meant that boys and girls were also tasked to undertake new burdens. With most households in the Strip being multi-generational, women necessarily relegate some of their chores to the children in the family (mostly girls) in order to take on new roles and responsibilities. Young girls are expected to provide support for the older women in the family by tending to the needs of family members, and carrying out household chores, or providing care for elderly members in the family. Boys would also have added responsibilities. As males, this would often mean taking acting as chaperone with injured siblings or family members on hospital and medical centre visits.

Once more, it is pivotal to emphasize that the changes in roles and responsibilities is directly intertwined with pre-existing patriarchal norms and gender-role expectations. How families navigate the new changes amid persistent social context is also dictated by the economic and political realities in the Gaza Strip, reinforcing negative coping mechanisms in society as a whole. The impact of the GMR on roles and responsibilities is straining family relations and capacities for resilience building, especially amid shrinking resources.

Gender-based violence

Violence, whether it is psychological, socio-economic, physical, or emotional appears to largely be directed towards women, girls and boys (UNHCR, 2010). According to the PCDCR report, those who report the highest negative impact resulting from their injuries are those who suffered amputation (93.3%).

Through interviews with injured persons, PCDCR found that 47.5% of women and 43.8% of children experience some form of violence due to their injuries. This often took place in the form of verbal harassment (89.1%) or physical harassment (10.3%). However, experiencing violence, especially for women, is not exclusive to those who are injured. On the contrary, injury may increase the odds of facing social stigma from the community, increasing vulnerability to physical and sexual abuse, or they may feel like a burden.

What is observed in this assessment, however, is that gender-based violence is also a relational

and interactive reality that is not limited to experiencing injury. Some examples include the recognition that some women interviewed for this assessment faced verbal assault, and emotional exploitation by children (mostly sons) when they refused to accept their child's participation in the GMR. Patriarchal perceptions meant that some women were subjugated to emotional, verbal, and sometimes physical attacks in their rejection of their children's participation. Moreover, female participants who had lost a husband were likely to face gender-based violence (GBV) from other extended family members (mostly males and in some instances other women) as a way of exploiting their vulnerability and lack of protection mechanisms – a general condition in the Strip. Moreover, women who are already in dire economic conditions and who have either suffered the loss of a partner (the main income generator) or have increased economic burdens due to the overarching political climate, which mean less access to resources, would be exploited by employers or even denied employment due to their gender, age, and patriarchal community perceptions. In this regard, GBV for women and girls is not reduced to the experience within the GMR but is more relational. This means that it is necessarily associated with patriarchal perceptions and lack of protection/accountability measures which preceded the GMR and which were further exacerbated with the consequences of the GMR.

A reoccurring relational dynamic of GMR impact on families (whether or not they directly participated) has been family fragmentation. For women and girls, the manner in which this manifests itself depends upon the conditions that they lived in prior to the impact. For women who were the primary domestic caretakers, injuries that limited the accomplishment of their expected household duties would result in abandonment by their partners. If children were in the household, mothers would forfeit their child-caring responsibilities to other family members, usually the husband. On the other hand, if women's male partners were injured, the woman would not only take on added burdens, but endure increased violence and aggression not only in the household but also from the community.

The research undertaken by PCDCR disaggregated injuries according to marital status: 45% of those who suffered injuries were married, while 54% were single. At the same time, almost 59% of those injured were between the ages of 12-25; ages at which individuals are more likely to be single. These percentages may indicate why organizations and experts reported increased domestic violence, depression, and aggressive behaviours in the household. The political climate of Gaza may be correlated to the increase in GBV and in specific domestic violence and intimate partner violence. For example, a study conducted for UN Women (Hamami & Shehadah, 2017) showed that between 2005 (prior to the siege and the explicit Palestinian factional rift between Hamas and the PA) and 2010 (after the beginning of the siege and the two Israeli military assaults dubbed 'Operation Cast Lead' and 'Pillar of Cloud') domestic violence increased. Interestingly, it was psychological domestic violence that rose the most, with women experiencing a 23% increase in this type of violence.

According to the interviews conducted for this assessment, males injured during the GMR were more likely to engage in physical, psychological, and emotional abuse of female members in the household. All participants in the male FGD stated that they engage in different forms of aggression towards their family members (including children and female partners). This is often due to feeling incompetent and unable to fulfil their role as the breadwinning patriarch. However, they also recognize that while physical violence may not be an option (either, inter alia, due to disability or the recognition that women are out of the household more often in order to secure funds for the family), but psychological violence remains persistent. This includes avoidant behaviour, isolation, aggression, and emotional manipulation by casting blame, shame, or guilt against women in the household.

In a similar fashion, when children and youth are injured in the household, depression, anxiety, frustration, and anger are reportedly also directed towards women and girls in the household. All women with injured children who were interviewed in depth or through FGDs for this assessment stated that they become



Photo: WHO

direct targets of children's aggression. Some also report that this results in their own infliction of aggressive behaviour and even physical violence towards other vulnerable members in the house, such as the youngest children. A report by OCHA also noted that women are likely to be blamed by husbands for the injuries sustained by the children in the family (OCHA, 2018). Since a large portion of those injured are children and youth, women are more likely to endure and rationalize verbal and physical violence due to the chronic exposure to the pain suffered by the injured persons in their family.

In addition to the above and in having to navigate new material burdens and insecurities, women are also struggling with social dynamics that are shaped by predisposed assumptions of patriarchal masculinity. According to participants in the female FGDs and some of the in-depth interviews, when their male partner was killed during the GMR, they reported experiencing violence by other male members from the extended family directed either at the woman herself, or the children in the family. In this regard, boys and girls also bear the brunt of household dynamics becoming increasingly violent, which promotes cyclical relations of violence. As such, women report being abused by older sons and male family members, and in return they practice violence against the younger children in the household.

Persons with disabilities

As pertains to disabilities in the Gaza Strip, Persons with Disabilities (PwDs) had already been disproportionately affected by the deteriorating living conditions even prior to the eruption of the GMR activities. In 2017, PwDs constituted almost 22% of Palestinians below the age of 18



in the Gaza Strip (PCBS, 2019b). According to a report published by UK Aid's Disability Inclusion Helpdesk (Lee et al., 2019), there are contextual, environmental, attitudinal, and institutional key barriers which affect PwDs realizing their rights in Gaza (Lee et al., 2019). Generally, the impact of conflict, poverty, and lack of services is compounded for PwDs in the Gaza Strip. This means that social isolation, barriers towards achieving economic security, and accessing services related to mental and physical health, nutrition, support, and employment opportunities are more likely. The same report also suggests that woman and girls (as well as other marginalized groups) are more likely to face lack of consideration of their lived experiences. Moreover, services and interventions are more likely to be primarily targeted at an individual level rather than at community-based stigma, discrimination, and lack of awareness on disability rights. Moreover, national bodies possess outdated and vague legislation pertaining to PwDs with little ministerial oversight on policy, operational procedures and monitoring (Lee et al., 2019).

Notwithstanding the harsh realities and the roles that institutions, organizations, and governing authorities play in perpetuating the challenges faced by PwDs, the participants in this assessment as well as expert opinion emphasize that the general humanitarian crisis means an incessantly shrinking space to address such realities. Experts note that due to the compounded crisis in the Strip, the realization of PwDs rights is seen as secondary while social norms continue to fall further towards stigmatization and social isolation. PwDs are thus increasingly seen with more psychosocial challenges and the continued inability to seek

economic security. In a similar fashion to an increase in GBV linked and its entanglement with the general political climate that stymies the ability to address these issues in light of economic and nutritional scarcity, the case of PwDs also mutually reinforces shrinking spaces for upholding PwDs' rights.

During this assessment, it was observed that women are more vulnerable to experiencing the violence subsequent to and prompted by the challenges that come with disabilities resulting from GMR-related injuries (Lee, et al., 2019). For injured girls and women, their disability is often addressed through mechanisms of blame, in which the women or girls are blamed for attending the GMR and placing themselves in a position of vulnerability to injury. This perspective leads to a lack of psychosocial support, increased economic burdens, frustration, resentment, social isolation, and lack of opportunities and avenues for transformative positive coping. Males (including youth) may be impacted differently as they are more likely to experience the socio-economic violence and psychosocial burdens directly if they themselves have been injured.

This is partly due to the patriarchal masculinity that imposes patriarchal roles on men to be the providers of economic security, obliging men to be emotionally resilient. Women's and girls' emotional well-being, on the other hand, is more likely to be addressed directly due to the patriarchal gender conceptualizations of women as being 'naturally emotional' (Flicker, Ayoub & Guynn, 2019).

Women are more likely to experience at least one form of GBV regardless of whether or not they are the ones suffering from an injury-related disability. The same pattern appears to be true for GMR-related widows compared to widowers. For example, both male and female participants appear to unanimously agree that cultural norms dictate that it is more permissible for men to re-marry if their female partner is injured or killed, while women are expected to manage a household on their own. As such, one consequence of these conceptualizations towards women and girls who experience dis-

ability due to GMR-injuries is that they are more likely to be expected to emotionally support themselves, while boys and men require the emotional resilience of their female partners/daughters or other family members. Some participants who suffered injuries that resulted in either temporary or permanent disabilities noted that they felt increased social isolation and loneliness as they had to navigate their social spaces while convincing themselves to not be economic or emotional burdens on their family and friends.

With employment opportunities already limited for women and girls in the Gaza Strip, women are likely to lose their jobs due to their need to provide care for a respective family member who has been injured. According to expert interviews, employed women in the Strip are less likely to be provided with paid time off or personal time off from their jobs. This further strains economic conditions and increases expenses for which families must be responsible. Women are the ones who must navigate the institutional, governmental and non-governmental system in order to seek available services, aid, or assistance when someone suffers a job loss or when the main income generator in the family has been injured.

This need to pursue opportunities to sustain caregiving and meet household basic needs can lead to women finding themselves exploited, sexually harassed, or blackmailed by different community actors. The likelihood of exploitation appears to be higher amongst women and girls. Moreover, when injured people suffer from physical disabilities that limit mobility, other males in the household (often male children and youth) are usually the ones to assist in movement needs. Women who require assistance due to sustained physical disabilities would often be more limited in the available support due to social stigma against physical contact with unrelated males. Both male and female participants, referred to such reasoning to support why women and girls shouldn't participate in the GMR in the first place. Experts opinions supported this view. Boys and men cannot medically assist injured women due to traditional perceptions of respect for social

norms that discourage and frown upon physical male contact with females who are not immediate biological relatives.

Box 4

Disability and compounded vulnerabilities

"Social factors play a major role [in employment]. Women do not get opportunities as men do, because the general culture is focused on employing young men, since that would ensure securing an entire family, in contrast to women that will only secure herself. More than this, the jobs available to women are also confined to specific fields (secretary, nurse, hairstylist.)

Key Informant Expert, Ibrahim Shatali, Handicap International

For households, family members that experienced physical disabilities as a result of their injuries would result in dealing not only with chronic physical pain due to the inefficiency in healthcare in the Strip, but also unhealthy behavioral changes: "My husband wasn't working before his injury, but he was good. After his injury he can't even stand himself."

Female, husband injured during GMR, Khuza'a

"I am injured in my leg. I used to work as a carpenter and spend on my family and siblings. After my injury, I was psychologically impacted, and no longer working and I closed my workshop. I have platinum in my leg, and I am always feeling frustrated, choked, and I pity myself. I travelled to do seven surgeries on my leg. My relationship with society has been reduced. I feel isolated and alone."

Male, 35. injured in the leg during GMR, East Bureij

As such, gender-related impacts on PwDs are not exclusive to the post-GMR context but are also due to pre-existing social dynamics that have merely been emphasized and compounded with the increase of injuries and disabilities in the Gaza Strip during and after the GMR.

Almost 51% of disabilities in the oPt impact mobility, which means further restrictions on women and girls specifically in terms of restrictions on movement (when coupled with patriarchal notions of protection and safeguarding female bodies).

The lack of services that focus on raising community awareness and reducing social stigma/discrimination related to disability prior to the GMR, means that the increase in disability cases has further exacerbated the burdens on those working in this sector. One could even say that the current situation re-affirms social norms that marginalize women and emphasize the reproductive role of women and notions of “purity” and “chastity”.

On the economic level, for women and girls who have experienced an injury (and a resultant disability), the negative socio-economic impact appears to be compounded. Suffering an injury as a woman or a girl can mean losing any financial independence that they possessed when they were able to work prior to their injury (especially young unmarried women).

This also results in a loss of decision-making abilities in the household and on a community level. Women who have become disabled are also more likely to experience psychological violence by their male partners. In the oPt, more than half of women with disabilities who are married or have been married reported psychological violence from their intimate partners (PCBS, 2019b).¹⁴ In the Gaza Strip, a recent survey (PCBS, 2019a) shows that 42% of women with disabilities who have been or are married experienced violence by their husbands. Moreover, 35% of Palestinians in the Strip between 18–64 years of age who have a disability and have never been married also report experiencing violence, mostly in the form of psychological violence (33%) and physical violence (20%) (PCBS, 2019b).

The social ecology for single women dictates a different form of social violence when they experience a disability. This is largely due to the already present gender disparities between men and boys compared to girls and women.



The response of community members to women and girls with disabilities compared with boys and men with disabilities is dictated by the intersections of their socio-economic background, levels of awareness on disability and gender rights, family and community conceptualizations towards gender and disability, and access to resources.

As such, even if girls and women find support in their immediate familial relations, the surrounding community will further impact their ability to recover and positively cope. For instance, as some participants in this assessment note, injured single women and girls are more often perceived as burdens on the family and as sources of shame and pity. With societal views on reproductive roles and expectations for marriage, single women and girls are thus further stigmatized and alienated alongside with other members of their families who also experience social isolation by association.

Moreover, according to FGDs and key expert interviews, there has been an increase in divorce rates amongst households that have members experiencing an injury-related disability (the research team maintains however that no empirical data or studies have been undertaken in order to substantiate this claim).

Experts and participants attribute their witnessing of higher divorce cases to heightened aggressive behaviour, emotional abuse, and psychological violence in households as a whole. While an albeit less visible impact of GMR victimization on women, one should note that the social stigma of being a female divorcee is also a taxing experience that must

be endured by women and girls. Women who are divorced are further isolated, leaving them more vulnerable for exploitation either by family or community members that could include risks of sexual exploitation and economic and/or physical violence. Such risks of GBV are further compounded for women who sustained a disability or have custody of children that have sustained a GMR-related injury.

The gender impact on PwDs, specifically on women and girls, should thus not be separated from the entirety of the context in Gaza. Opportunities for economic, social, and political development and the capacity to challenge negative social perceptions hinge on making the space available to unpack and make these multi-layered consequences visible. This means not reducing the understanding of gender inequalities to the direct impact sustained, but to also take into account the dynamics that have facilitated the gradual deterioration of living conditions and rights in the Gaza Strip. Such dynamics include contextual, institutional, environmental, and attitudinal factors as well as funding and intervention designs that may not be inclusive.

Resources

The gender-related impact of GMR victimization is multi-dimensional and mired with pre-existing realities that were navigated under the duress of a worsening humanitarian crisis. Women participants in this assessment note that they are accustomed to navigating domestic duties while also budgeting and managing financial matters in order to provide for the needs of the family. The injury of family members who are or were primary breadwinners has meant that women's management of household needs would not only include increased duties on the care-giving front, but also that these increased obligations would take place within a context of strained material resources.

For women who were generating income through mostly informal work, the urgency of supervising household and family needs meant that many had to quit such work and rely on aid, often through the form of UNRWA assistance and monetary compensation for injured family members. However, participants report



an inconsistency in aid services, and note the burdens of seeking aid. Moreover, most women may have already been relying on assistance for meeting daily needs, or they were generating income through small businesses, such as crafts or embroidery, due to the restrictions on employment. Not having enough time available, meant that they could no longer sustainably pursue this activity.

Moreover, due to the overarching number of injuries having been sustained by those from Gaza's more urban areas (North of Gaza, Middle Gaza or Gaza city), involvement of those having worked in agricultural lands was less likely. Those women and girls that were participating in agricultural labour, were often working on family lands and, as such, they did not have employee rights or independent income generation. In this regard, the GMR economically impacted families as a whole in relation to access to agricultural zones near the seam zone, rather than women and girls specifically.

Although women's decision-making power across households varies, with some women and girls having more power (often due to their advanced age), the final call remains in the hands of the male head of household. Women lack power in decision-making processes unless they are income generators. For the women and girls that were injured and could no longer generate their own income, they were more likely to feel disempowered and as if they were added burdens on their families. For women who have more decision-making power in the household prior to family members sustaining an injury, they would likely be in charge of budgeting financial matters.

However, due to the severe economic insecurity families face, managing finances becomes an increased responsibility and burden rather than a form of agency and independence. Adding to this, the additional financial obligations for medical expenses or nutritional needs for injured persons means that resources become scarcer. For households that suffered the fatality of a male member who was the main provider for the family, resource access may even become more difficult, given that the control of owned assets are often taken over by male members of the extended family. In this regard, women find themselves enduring a hostile household environment because they lack access to alternative living conditions, access to land, or material assets. Due to the overarching financial insecurity suffered by the Palestinian population in the Strip, women who have lost their primary male breadwinner are not likely to return to their respective families for support and help, which leaves women and their children more vulnerable to the consequences of injuries and fatalities suffered in the GMR.

Due to resource scarcity, limited possessions and financial assets generally benefit all household members because resource management and allocation necessarily prioritize basic needs such as food, medical expenses, and other bills. Moreover, due to the state of urgency and the already existing poverty and vulnerability of families in the Strip, owned assets, savings, and employment opportunities are not available. As such, coping mechanisms primarily rely on aid or a system of borrowing from the community that increases debt and burdens on families as a whole, but especially on women and children.

Finally, decision-making power in the household continues to be intertwined with community perceptions. Women with decision-making power in regard to assets, resources, and funds are usually either widows, single working women providing for the households of their families or divorced women. Equality in the household remains unlikely as male figures have ‘the final say’. Even among households that showcase a semblance of intra-familial equality in decision making, there is hesitation to explicitly note this due to the overarching notions of hyper masculinity to which community members, including the extended family, are subject.

Box 5:

Accessibility, decision-making, and income

“[My husband and I] share some of the decisions, but the final call goes to the husband.”

R. 21, used to participate in GMR and husband was injured. Wadi as Salqa

“My son sometimes doesn’t let me go to organizations and get assistance. He tells me we don’t chase after institutions.”

A. 53. Son was injured during GMR. Beit Hanun

Participation and power

The impact of the GMR on women is not limited to their direct and explicit participation in the activities. Impacts are also indirect when they result from the participation of other family members, namely boys and men. The GMR impact on women and children is thus also due to the current socio-economic fabric in Gaza.

Regardless of the avenue (direct or indirect) by which the GMR impacts families and individuals, the resulting socio-economic realities are more negative. The negative impact influences both household and community dynamics.

The direct presence of women in GMR activities and protests not only confronted the Israeli-imposed siege, but also defied social norms and cultural perceptions towards the role of women within the community.

They challenged the relegation of women to the domestic and private sphere. The stories and images of women such as Razzan Najjar, a field nurse who was killed by Israeli snipers in June 2018 (Halbfinger, 2018) not only resonated with the Palestinian population as a symbol of inflicted injustice, but also made visible the presence of women in the GMR (Salem, 2018).

Box 6:

Women on the participation of women/girls in the GMR

“Women’s presence in the protests doesn’t add value. The girl must stay home because if she

is injured or becomes disabled no one would marry her. Boys have a bigger role to fight for the homeland, and if they were injured they can still build a home and society sees him as a hero.”

U. 55, son lost a leg after being injured during GMR protest. Azba Abed Rabu

“There are people that reject the participation of girls and women in the GMR as though it’s taboo or a crime. It could be traditions and norms, where families even try to hide the girl’s participation or obstruct her participation. In some instances, they may support and encourage her in order to have a more effective role but there truly are some burdens that may influence women’s participation. Things like being away from her home and household duties for too long, coming home late, or the dangers of being injured or martyred, or the fact that she may have kids. These all may impede a woman from participating.”

I. 30, divorced and single mother that was injured during GMR which she joined as a medic. Azba Abed Rabu

“Women were the supporting hand for the young men in the battlefield...Before the woman did not have a voice and was not valued, but now her value increased so did her position within the community and family. Now she is the mother of the martyr, the detainee, the injured and she is participating in activities and protests which uplifts society.”

H. 34, injured twice during GMR. Al-Maghazi”

“In my opinion, GMR protests are for men only.”

R. 21, married and husband was injured in the leg during GMR protests. Wadi El-Salqa

The perceptions of the women interviewed for this assessment varied. The older generation was more likely to encourage the participation of women in the GMR activities, perhaps due to their awareness of the prominent role women played during the First Intifada in 1987.¹⁵ However, the younger generation of women in the Strip were more likely to affirm the role of women in the household even if they personal-

ly participated in GMR activities at some point.

As such, even for those that support the participation of girls and women in the GMR there would be a simultaneous emphasis on the role of women in the domestic sphere as well as concerns over women’s reputations being tainted in the community. The concept of honour, reputation, and purity continues to be embedded in Palestinian social structures (Ghosh & Samour, 2010). Patriarchal conditioning and social norms continue to hold significant weight in personal considerations of joining GMR activities, and the injury of women can further emphasize and reinforce patriarchal rationalizations on ownership of women’s bodies and choices. This is seen in the extent to which male members influence and dominate the choices of women and girls in their respective families, which becomes a considerable factor in the choices and actions of women and girls in the Gaza Strip. This form of dual consciousness has women and girls acting and behaving in accordance to assumed perceptions or explicit attitudes of male members in the family and/or the immediate community.

Male participants in this assessment also noted that the participation of women and girls in the GMR added burdens to their lives as it is difficult to ensure the safety of women and girls given the patriarchal dynamics that define Palestinian society. This can lead to hesitation in providing medical aid when necessary as to not have males touch the bodies of women and risk societal reprimand. This attitude links women’s bodies with notions of chastity. Moreover, male participants note that the role of women and how they are perceived in the community did not experience tangible changes after the GMR, and remains instead confined to traditional cultural norms and gender roles. Adding to the aforementioned participants, there was collective agreement that boys and men were more likely to join the GMR, because girls and women are more easily controlled, especially within the patriarchal narratives that emphasize social expectations on gender roles and forbid “taboos”.

When a male head of household has been killed during the GMR protests, the younger

males in the household are often forced to internalize masculine conceptualizations of male guardianship through taking over the role of “the man of the house” regardless of how young they may be. This further burdens young boys and may result in more domestic violence and GBV as boys are influenced by concepts underpinned by hyper-masculinity. With the multi-layered burdens that are being added to families’ already difficult situations, young girls and boys are also having to embody adult roles such as caregiving and managing household needs. The constant care that injured persons require also means that they feel deeply that they are a burden on the family, which can result in increased aggression. At the same time, other members of the household can feel increasingly neglected, which results in more social isolation and withdrawal.

Box 7:

Participation and power in the Great March of Return

“The participation of women in the GMR protests did not add to their social value, their roles remain traditional as outlined by men. They are not decision-makers, and we don’t find representation for them in the higher committee for the GMR.”

Male FGD, East Bureij

“I wish I can continue my education and succeed in my high school exams, but it’s hard to go alone. I’m afraid I’ll faint.”

Female participant, injured in GMR, FGD, East Bureij

“My daughter is studying, and her father didn’t have money so we started seeking money from here and there. Her father has no source of income, and I did not stay quiet. I went and got money from here and there, collecting money for her transportation. The important thing was that she doesn’t stop university. Her father said he was no longer able to support her and she had to withdraw a semester. I told him no, she will keep going and I registered her. If I stayed quiet, my daughter wouldn’t have read a single day.”

Female participant, FGD, Khuza’a



In decision-making and participation, KII participants elaborated on age-power relations. For example, for older women who have lost their husbands and have no children in their households, they are likely to begin exploring avenues for their empowerment and resilience building if the husband was an obstacle to their growth. However, the same does not apply to younger women who lost their husbands and have younger children in the household, because the children require more duties from the new (female) head of household. For single women and girls that were injured, decision-making power likely degenerated compared to before their injury. This is due to a variety of factors, namely an emphasis on patriarchal notions of patronizing female abilities in relation to males. Adding to this, the consequences and the inability to seek positive change in their living conditions compound their feelings of despair and defeat on a general level, even for those (women, men, boys and girls) who felt empowered in confronting the occupation through the GMR.

Capacities and vulnerabilities

In almost every interview, women explained that the new realities of family members being injured have caused a deterioration on the economic, social, and psychological fronts. They find themselves further pushed to reliance on aid, as at the same time they are unable to find ways of generating income for general household expenses as well as the added burden of meeting medical needs.

The general stigma within Palestinian society towards Persons with Disabilities affects households’ abilities to engage with commu-

nity members including friends and family. For families, this means that they must endure the negative perception and sentiments of community members towards injured family members, which often equates to pity. As such, women in this study described their gradual withdrawal from the community and a shift in their focus to providing for the needs of those in the home. Social isolation is a reoccurring theme across all interviewee experiences. For mothers, daughters, and wives, the burden of coping with members who suffer from physical disabilities means that they become the support systems and sources of strength for the family. This results in sacrificing personal time that they formerly used for leisure or developing personal skills and hobbies.

Moreover, even those women who had previously felt a sense of power and strength within the household and community, but who are now caring for injured family members, have been made more vulnerable to rationalizing the abusive and violent behaviours of family members as well as the community. This means attempting to situate their respective reality in the context of the Gaza Strip where such problems are prevalent and a military-imposed siege persists. Coupled with the fact that women specifically and the population generally are mistrustful of institutions and authorities, this means that women are less likely to seek protection and support.

This increases their risk of enduring chronic violence. According to PCDCR (2019), the top three reasons for not seeking support and protection amongst injured peoples specifically are first, lack of trust in service providers; second, lacking knowledge of available services; and third, the distance between home and the service provider's location. In addition, 96.3% of injured persons targeted by the PCDCR note that it is an immediate family that tends to their needs rather than public services or other community members. This further emphasizes the impact of injury on household members other than the injured person, as this study showcases.

A majority of respondents prioritize education as a need. However, due to injuries and losses



sustained throughout the GMR (coupled with the dire conditions in Gaza generally), youth are dropping out. This is in part due to the inability to move about freely (i.e. due to disabilities), causing those who were students to feel more like burdens. Additionally, psychosocial issues such as depression, stigma, anxiety, and augmented irritability and aggression further hinder families and students from pursuing education. Between 2018 and August 2019, a total of 44 children were killed in the Gaza Strip and 7,000 more were injured through participation in the GMR, with almost 25,000 children requiring mental health and psychosocial support (OCHA, 2019c). At the same time, since 2018, child labour in Gaza has been increasing in light of the perpetual state of economic collapse (OCHA, 2019b).

Due to limited resources, women in the household are most likely to become tutors and educators for their injured children. However, women are not equipped with the necessary tools in order to provide this service. Moreover, this duty also increases their vulnerability to being emotionally and psychologically abused by the injured children who are experiencing their own psychosocial challenges after injury. Education and the provision of related services are not fully operational in the Strip. As such, the capacity of household guardians, namely mothers, to ensure that children remain at the same educational level as their peers is obstructed. Moreover, according to the interviews undertaken with women in the Strip, their increased focus on their injured children, including their education, has resulted in feelings of resentment and isolation amongst other children in the family. This is further compounded for girls whose education is impacted by the

need to support the family in caregiving duties and responsibilities. This may further take away from the quality of young girls' education in the long-term.

This reality, according to the qualitative data, is concerning not only for the present, but also for the future, whereby the destiny of the current generation of children will be a defining factor in how the social fabric and capacities of the Strip will be shaped.

Box 8:

Strengths, weaknesses, and new experiences with vulnerability

"I never felt weak; I was a source of strength for myself and my family. After the injury I felt very weak and there was a sort of collective social violence, but I re-adjusted and my family's support continued. As it is known in our society, if you have money you are the commander in the house and community. Before being injured, I would have the chance to work...and dream bigger. Now all my dreams are to stand on my legs because even if I get a chance to work, they will prefer someone that is not injured. I am simply disabled in the viewpoint of the community. All my time is empty."

D. 36, single. Injured in the legs during participation in the GMR. East Jabalya

"I don't feel weak, but I feel marginalized and with no institution to help me. Before the injury, my son had confidence and I would show my kids with pride. After the injury, my son began feeling like he's weak and incompetent. Like him, I would feel the weakness inside me, but I wouldn't show it and only give support. I used to have time to practice my skills in cooking and sewing, but now all my time goes to caring for my husband and kids."

A. 53. Son was injured during GMR. Beit Hanun

While women recognize the increased burdens and responsibilities placed on them, they continue to feel confined to patriarchal standards and norms. Male participants noted that while women sometimes must oblige their husband's demands, women are deemed "strong"

when they are aware of their rights and are financially and socially capable. At the same time, women who were impacted by GMR (whether by being injured themselves or having family members injured or killed) have less time to seek work, and if they are injured they are at a double disadvantage—first for being a woman and second for being challenged physically. In this regard, capacity building, development, and growth are obstructed for women, which adds to the cycles of abuse, violence, and lack of agency in the household and community.

Regarding vulnerability, the FGD participants implied that men's patriarchal expectations of women, men, girls and boys mutually reinforce one another. Due to attitudes towards boys and men that expect their participation in activities for the national struggle, women found it difficult to dissuade male members in the household from participating. In contrast, women and girls who wanted to participate would often do so in defiance of cultural norms, risking not only injury but also social exclusion. Some of the women that participated in the GMR often had a child or husband joining the GMR protests, and as a result they would join out of concern for their family members. This has meant that women adopt a new role of safeguarding their family members from danger, further adding to their vulnerability. First, not only could they themselves get injured or killed, but they can also be blamed for injuries of other family members by community members, or sometimes they blame themselves.

The capacity of households to minimize the consequences of the GMR in their homes is described as 'below zero'. Men who are injured as a result of their joining the GMR express feelings of incapability, depression, and increased vulnerability to economic deterioration. Unable to fulfil the expected role of breadwinners, they not only withdraw, but also feel increased levels of aggression. Additionally, men were more explicit in noting the lack of services, support, and aid. These realities have further added to acts of violence towards women and children in the household, as acknowledged by participants in the male FGD. As for networks,

skills, and strengths, male participants rely on social contacts that they acquired prior to their injuries, while any skills and strengths have decayed as a result of psychosocial and physical health issues.

Box 9:

New realities with new vulnerabilities

“The new reality that was a result of our participation in the GMR meant that we are no longer actors in the production process. We are only consumers. Re-adjusting to the new reality is difficult, because we are meant to produce and not just consume. We lean towards isolation, disengagement, and staying at home. This adds to the frustration and fights in the family, and it is the woman that endures all of this. She is taking on the role of producing, home and child care, and caring for us as injured and disabled people, and they care for those that are elderly. The woman is searching for ways to cope and meet the fundamental needs of the family with little support, and this is creating a re-prioritization of family needs that are depressing.”

Male FGD participant, East Bureij

Increased psychosocial issues within the household are a recurring and dominant factor in the heightened emotional vulnerabilities across the various participants. The emotional toll of recovering from injuries and the pain that accompanies this, coupled with negative community perceptions and dwindling resources despite added expenses have all contributed to the fracturing of relationships within the household. The added responsibilities involved in ensuring that the home continues to survive on a daily basis become largely imposed on women, while men are perceived as incompetent and unable to fulfil expected gender roles. For instance, qualitative interviews showed that adopting patriarchal conceptualizations of the roles of men and boys as breadwinners, and acceptance of aggression and anger as part of the male character rather than a psychosocial challenge, shrinks the recognition of men’s emotional well-being. Due to severe poverty, the sustained disabilities or experiences of PTSD by adult males in the household, their de-

pression and stunted state, social isolation, and the measuring of themselves against societal expectations as heads of households deepens the vulnerabilities of families. This contributes creating or exacerbating existing familial fragmentation. In this regard, the entire household becomes vulnerable to de-development and the adoption of negative coping mechanisms.

Assistance and services

On the matter of assistance and services, it is noteworthy that of those who were present around or participated in the GMR were largely from the 18-45 age group that plays an important role in the community’s labour force. The high rates of injuries and fatalities would subsequently impact the general capacity of community members to forge sustainable avenues for survival. As such, the impact of the GMR may even have a ripple effect on a general decline in community-based services and productive roles.

This reality combined with neglect by national and governing authorities to provide assistance and support has created a state of general frustration and defeat amongst Palestinians in the Gaza Strip. In reference to an incident of self-immolation, one KII participant noted: “unsatisfied with the state he found himself in, an injured man set himself on fire in Jabalya refugee camp.” The fact that governing authorities and implemented policies do not prioritize PwDs means that all those who are injured (and their families) have no avenues to seek relevant and proper support either on a psychosocial level or as it relates to employment opportunities and service access.

Moreover, the internal factional strife between Hamas and the Palestinian Authority has even caused further economic decay for families in the Strip. This is largely due to the PA policies of cutting salaries of employees, as well as punitive measures against the Strip since 2017.

For the most part, in the Gaza Strip, there is relatively free movement in order to seek assistance and services for the household as a whole. However, if we are to consider those who are injured and subsequently disabled, access is close to non-existent in the Strip as it relates to proper infrastructure. For example, in the PCDCR study, almost 87% of those who

suffered from amputations prioritize the need for the removal of logistical and material restrictions that impact their ability to move. In this regard, access to assistance and services is resultantly often relegated to other family members who can move about. An even more prevalent obstacle is directly attributed to the financial burdens of transportation as well as the inability to find the time to do so. This is especially true for men and boys (given that most injuries sustained were amongst the male population).

Additionally, there is an increased need to prioritize the services that revolve around the provision of medical supplies and nutritional needs for all boys, men, women and girls. For those facing some form of physical disability, access to services necessitates that they seek support from other family members, (to accompany them, care for children left behind, etc.). This is especially difficult for females who require help, but also becomes an obstacle for men who often require the assistance of another male in the family (due to patriarchal masculinity, or physical size and strength considerations).

This may, albeit for different reasons, dissuade men and women from seeking the help needed. Despite these reservations, in the dire need for any assistance, they may nevertheless find themselves doing so. It is noteworthy that participants, regardless of sex or age, emphasize a deficiency in assistance and services. This is due to the general deteriorating state that Palestinians in Gaza live under.

More than this, access to proper services is also stymied by a looming system of cronyism that further marginalizes those who do not have the proper social networks and avenues for knowing about and acquiring assistance. Cronyism appears to be one of the main challenges in seeking and finding services, support, and help. This is further supported from the key informant expert interviews.

For women, access to services is also dictated by their residential areas. For instance, if they are in communities that are already marginalized by international organizations and where members adhere to patriarchal notions of

limiting female movement across cities and towns, access to proper avenues is less likely. This leaves them more vulnerable to socioeconomic and psychological abuse. At the same time, they lack the protection services they need in order to leave their abusive environments. This reality is further compounded for women who experience disabilities, as they become perceived as increased burdens within the community.

Box 10:

Reaching services and assistance

“For me, whenever they tell me there is some form of community organization I go and run from my husband. We want to change our scene; all the problems are in the house.”

Female participant, FGD, Khuza’a

“My son asks me why I go to social organizations. I tell him if I don’t go to the organization I would have killed you a long time ago. Thank your God that I go to the organization.”

Female participant, FGD, Khuza’a

“I wish I never took him to get psychological help. He’s worse now than he was. I blame myself for taking him”

Female participant, FGD, Khuza’a

One major discrepancy between women, girls, men and boys as it pertains to services is the provision of psychosocial help. While women note that they join organizations and institutions that provide some form of emotional wellness services, men note that no organizations tend to their respective mental health needs.

While this study does not adopt a narrow focus on those injured, but those who also have injured family members, the findings of the PCDCR study on injured persons shows a similar pattern. For instance, almost 73% of injured males studied by the PCDCR state that they did not participate in any psychosocial support activities compared with 65% of women. However, based on the IDIs, KIs, and FGDs in this assessment, it is observed that even for those who did receive support, there is dissatisfac-

tion with the psychosocial services provided when no positive change is observed after seeking psychological support. This may be underpinned by the reality that while women are provided with tools to address their own psychosocial state, they are less equipped to address the emotional needs of others (often aggressive children, partners, or family members).

The added value of psychosocial support services for women largely revolves around perceiving them as opportunities for recreational activities. Moreover, although women are more likely to seek institutions and organizations that help them address some of their emotional needs, men are less likely to have access to similar options in the community. This may also be due to the higher levels of stigma imposed on men and boys as it pertains to strength, masculinity, and emotional endurance.

Improved family relations in the household occur through better communication mechanisms and concepts of understanding, but also by removing the burdens of economic and food insecurities. Adding to this, on the immediate level of care, those who are injured in the



GMR are not receiving proper healthcare. Instead, the immediate response from medical personnel appears to be amputation and then releasing the patient from the hospital as soon as possible. This must be viewed within Gaza's defunct and unsustainable health sector generally. The main needs are (in order of urgency):

1. Healthcare (emphasizing emotional and psychosocial wellbeing in conjunction with physical health);
2. Employment or income-generating opportunities;
3. Education services.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

With most households already suffering from substandard socio-economic conditions, limited assets, and inconsistent income generation, the added socio-economic difficulties due to GMR-related injuries and fatalities mean increased vulnerability to social isolation, economic insecurity, deterioration of psychosocial well-being, as well as gender-based violence.

This assessment, coupled with the literature review of existing documents and research—and the 2019 PCDCR report in particular—also revealed that those who were especially vulnerable to the economic impact of the GMR are not only participants that travelled to join the GMR, but also families that live near the Seam Zone and protest areas. This fact had consequences on families who owned agricultural lands in those areas that were destroyed and, as a result, their families were heavily impacted if they relied on those lands for income generation.

While there is an overarching negative perception on the impact of the GMR on families and households on a micro level, there is also support and recognition of the role of women in the GMR as symbols of pride and contributors to the national struggle on a macro level. Notwithstanding this fact, the general discourse still situates women in supportive roles rather than as primary drivers and leaders, further emphasizing that the power of women in decision-making processes remains limited. Moreover, injured women and girls further buttressed patriarchal conceptualizations of their reproductive roles in society, ensuring their stigmatization.

These women and girls are perceived as increased burdens on the family, which makes them more vulnerable to losing power, agency, and accessibility, as they can be stripped away from them. This danger is heightened if the

woman is unmarried, as injured women are viewed as unable to perform their domestic and child-bearing duties.

Most aid and assistance as described by women are the same that they already received prior to the GMR-related incidents. This was noted as being due to the fact that most families in the Gaza Strip, especially refugees, were already surviving on aid packages. There were additional monetary services provided for injured family members, but these were irregular, inconsistent and insufficient to meet household needs on top of new and old expenses. Most decisions in terms of assistance and services are taken by women in the household, largely due to the fact that resources are already limited and they are expected to care for their respective families. In instances where resources and services allow for investment opportunities, it is often the men that manage and take final decisions.

In sum, the changes brought forth by GMR-related victimization include the following:

- Dwindling of resources amid increased medical expenses and needs;
- Initial scarcity of assets further exacerbated and an even more reduced ability to invest in matters that are not deemed basic daily needs;
- Injuries sustained by younger women and girls mean that employment opportunities are even more curtailed for women and girls (noting that female participation in the labour force in Gaza was already at a mere 26%) (PCBS, 2019b);
- Reinforcement of patriarchal norms and rationalization of decision-making power of women;
- Added burdens and loss of personal time for

women and girls;

- Increased gender-based violence and domestic violence in the household against women, boys and girls;
- Social alienation and stigma on a community level; and
- Further strain on services and assistance amid increased needs within the population.

Recommendations

According to all of the FGDs, KIIs, and IDIs with women there are several needs for families and the community, of which several were prioritized as urgent, including:

Services

- 1) Provision of proper psychosocial support to all family members to address anxiety, aggression, irritability, and coping with pain but also on how to overcome defeatism and to nurture communication and understanding amongst household members and empower family members to participate in collective processes of decision-making.
- 2) Prioritization of right to health and access to proper healthcare. This means addressing the barriers on the entry of medical supplies required for patients, namely the military-imposed occupation, as well as addressing the restrictions imposed on injured persons regarding medical referrals to the West Bank, Jerusalem, or Israel.
- 3) Development of education services to also include vocational training opportunities, as well as provide tools and mechanisms for better caregiving within the household. The danger of residing in areas that are exposed to high levels of violence leads families to prioritize the education of male children over female children. Future interventions must call upon education service providers and donors to either build schools in conflict areas or provide proper and secure transportation for all children.
- 4) Harmonization and coordination of as-

sistance is urgent, as some families reported higher access to multiple services, while others were not able to access these services for lack of information and means to reach service providers.

5) WASH is another priority for the majority of the families under study, where the additional burden on family members in general and women and girls in particular are compounded by substandard WASH services. Women and persons with disabilities are not viewed as a priority in this regard.

Awareness

6) Awareness-raising activities on the negative impact of domestic violence and GBV on families and communities, especially among the most marginalized communities and hard-to-reach areas. This should be in conjunction with the provision of protection mechanisms for those already suffering GBV and domestic violence.

7) Awareness, advocacy, and psychosocial support for community members in equipping them to address issues of stigma and social violence.

8) Raising awareness on psychosocial support for men and boys in order to challenge social restrictions on seeking help. Provision of psychosocial support that specifically targets aggression and violence expressed by injured persons. Programmes and activities can adopt transformative and rehabilitative approaches in coping with a newly acquired disability.

9) Education also includes raising awareness amongst community members on gender dynamics and disparities, as well as short-term and long-term causes and effects.

Livelihoods

10) provide income-generating projects, or community-based programmes for ensuring that minimum access to daily nutritional needs are met. Small businesses that empower women and target vulnerable female-headed households in combatting financial insecurities and allowing for capacity building and the development of more equitable relations amongst women, men, boys and girls.

11) Develop education programmes in collaboration with relevant partners and government agencies in ensuring equitable access to all children, male and female. This includes school programmes and services for injured children, or children in need of psychosocial help.

12) Housing was among the noted priorities, as families already resided in substandard housing. Yet, the level of injuries leading to disability requires urgent work on the adaptation of homes for the needs of persons with disabilities in the family.

ANNEXES

Annex 1:

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Annex 2:

List of key informant interview participants

Name	Institution
Safa' Farahat	Al Tadamon Society
Ibrahim Shatali	Handicap International
Sulieyman Al Behdari	Maan Development Center
Hanaa' Farahat	Maan Development Center
Hanaa' Al Zant	Women Affairs Center
Mariam Abu Alata	Aisha Association for Women and Child Protection
Sami Nabahin	Ministry of Social Development
Abdelme'em Al Tahrawi	Centre for Democracy and Conflict Resolution
Hedaya Shamoun	Independent Commission for Human Rights
Majeda Al Saqa	The Culture and Free Thought Association (CFTA)
Fidaa Al Araj	Gender and Protection Officer - Oxfam
Andaleeb Idwan	Community Media Center
Muna Shawa	Palestinian Center for Human Rights
Wesam Joudah	Women Affairs Center
Samir Al Maqadmah	Centre for Democracy and Conflict Resolution

Annex 3:

List of focus group discussions

Focus Group Discussions: Overview			
Location	Sex	Age	Number of Participants
Khuza'a	Females	21-50	11
Tal al-Akhdar	Females		10
Tal al-Akhdar	Males	19-43	13
			Total: 34

Annex 4:

List of in-depth interview participants

Location	Age	Education level	Marital status	Household members	Living conditions	Skills and profession
Khan Yunis-Khuza'a	62	High school degree	Married	11	Family-owned house	Private tutor
	49	Primary school	Married	8	Apartment owned by father-in-law	Unemployed
	44	Middle School	Married	6	Partially destroyed house ¹⁶	Sewing, embroidery
East Jabalya	53	High school	Married	6	House	Former clerical employee ¹⁷
	36	High school	Single	5	Family-owned house	Former hairdresser
Beit Hanun	28	Psychology counselor diploma	Separated	4	Apartment owned by husband	NGO employee (part time)
	43	High School	Married	11	House	Unemployed
Wadi as Salqa	50	None (illiterate)	Married	8	House	Unemployed
	56	None	Married	9	House	Unemployed
	21	High School	Married	4	House	Unemployed
Al Maghazi	34	Middle School	Divorced	5	Grandfather's house	Unemployed
	35	Junior High	Married	8	Government-owned apartment	Unemployed
	39	University degree	Married	7		Education-Private sector
Rafah, Al Shokat	63	None	Married	3	Barracks	Farmer
	33	None	Widow	6	Barracks/surrounded land owned by father-in-law	Farmer
	23	University degree	Married	4	Owned apartment	Unemployed
Ezbet Abed-Rabu	30	Nursing School	Divorced	4	In parent's house	Unemployed
	55	None	Married	9>	House	Unemployed
East Bureij	19	Middle School	Engaged	8	Family house	Unemployed
	24	High School	Single	13	Mother's house (deceased father)	Unemployed
Bureij refugee camp	64	None	Married	7	House	Unemployed
	56	None	Married	5	House	Unemployed
Shujaiya	53	Primary school	Married	10	(House burned down two weeks before in-depth interview) currently in tent	Unemployed
	48	Primary school	Married	7	One bedroom	Unemployed
Total	24					

ENDNOTES

1. Land Day commemorates the 1976 killing of six unarmed Palestinians during a protest against land expropriation
2. Data collection was conducted between 4 and 7 April 2020.
3. Organizations include: Al Tadamon Society, Handicap International, Maan Development Center, Women Affairs Center, Aisha Society, Ministry of Social Development, Palestinian Center for Human Rights, Women Affairs Center.
4. Transliterations of cities are borrowed from the following PCBS document: <http://www.pcbs.gov.ps/Downloads/book2383.pdf>
5. The FGDs with women took place in Tal al-Akhdar (10 participants) and Khuza'a (11 participants). Participant ages ranged from 21 to 50 years. More information is provided in "Participants of this assessment: Background and victimization".
6. The FGD with men was comprised of 13 male participants between the ages of 19 and 43 in Tal al-Akhdar, Gaza Strip. More information is provided in "Participants of this assessment: Background and victimization".
7. In 2019, the unemployment rate rose to 45%, PCBS 2019: <http://www.pcbs.gov.ps/post.aspx?lang=en&itemID=3595#>
8. U.S support to UNRWA used to constitute about one third of the 1.24 billion US dollars or the total annual budget of the agency.
9. Statement by UNRWA Commissioner-General Pierre Krähenbühl, The Gaza Strip, 31 May 2018: <https://www.unrwa.org/newsroom/official-statements/statement-unrwa-commissioner-general-pierre-kr%C3%A4henb%C3%BChl-gaza-strip>
10. This includes but is not limited to OCHA bi-weekly updates, The Monthly Humanitarian Bulletin, and Protection of Civilian reports.
11. Such as project updates and fieldwork briefs from MSF: <https://www.msf.org/great-march-return-or-Gisha-Legal-Center>: <https://features.gisha.org/gaza-up-close/>
12. For example, in the West Bank, detention rates amongst the male Palestinian population are much higher than that of the female population. For more see Hawari (2019) and Addameer (2018).
13. Please note that the OCHA report (2018) contains information from a rapid assessment that was conducted by a sub-cluster of the UNFPA as noted in UNFPA (2019): "The situational report is based on a rapid assessment conducted by the GBV Sub-Cluster through Women's Affairs center and UNFPA. The information was captured through focus group interviews as well as in-depth interviews with women. To access the full report, please contact either Amira Mohana, mohana@unfpa.org or Nishan Krishnapalan, krishnapalan@unfpa.org.
14. For more on women and girls and disability in oPt see: https://palestine.unfpa.org/sites/default/files/pub-pdf/Women%20and%20Girls%20with%20Disabilities_0.PDF)
15. The first intifada took place between the years 1987-1993, where Palestinians took up a mass-scale protest against the Israeli occupation. When reflecting on women's role during the first intifada the narrative often emphasizes its value and importance within Palestinian society.
16. House was partially destroyed by Israeli military strikes.
17. Quit her job after the injury of her son in 2014