

REGIONAL REPORT ON GENDER-BASED VIOLENCE DURING COVID-19



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Index

Brief Introduction on SALMA Network	5
Tunisia	7
Violence against women during the COVID-19 pandemic. Violence kills... just like pandemic does	
Lebanon	21
A report on the situation of Lebanese women in the Corona pandemic	
Palestine	29
Compound Threats: How COVID-19, occupation and patriarchy affect Palestinian women in 2020	
The 1948 lands	49
Performance and methods of crisis management and its impact on the status of Palestinian women in The 1948 lands	
Morocco	75
Violence against women and girls during the quarantine period	

Brief Introduction on **SALMA Network**



SALMA Network was established by a group of women nongovernmental organizations in the Arab region aims at eliminating all forms of violence against women. This Network realizes that the absence of democracy in the Arab world, especially the absence of freedom speech and assembly further discriminate against women. Women in the Arab region are still suffering from limited representation and participation in the decision making process. The discriminatory laws, patriarchal norms and absence of political will to create change hamper their fundamental liberties.

SALMA Network understands that limited solidarity and collective works of women and feminists' organizations in the Arab region can further exacerbate women's marginalization and weaken their leverage to influence their governments and legal systems.

SALMA Network Vision:

Salma's vision is to ensure a decent life for women in the Arab region free from gender based discrimination and gender-based violence where all women can fulfill their ambitions and aspirations. We are aware that we cannot achieve all that without attaining independence, democracy, equality and social justice in the Arab countries, whereby all citizens can feel secure, enjoy freedom, democracy, equality, social and gender justice, regardless of religion, gender, color, belief, or social status. We aim at achieving this based on standards of where the state is separated from religion. All that is a basic condition for eliminating all forms of violence against women.

SALMA's Strategic Objectives:

1. Developing specific legislation for protecting women from violence pursuant to the International Declaration on the Elimination of Violence against Women, in order to cancel State's reservations on some articles in the Convention on the Elimination of All Forms of Discrimination against Women, and enacting new national laws in compliance with the Convention's principles.

2. Creating solidarity among feminist organizations and the civil society organizations in the Arab world, with the aim of combating violence against women, and being able to protect the Network's members, mobilize solidarity and exchange of expertise to better support women in the Arab Region.
3. Expanding and diversifying the civil society organizations that reject violence against women, and developing programs to combat such violence.
4. Influence policy and decision making process and advocate for the developing national plans and strategies to eliminate violence against women, and bring about a change in the prevailing patriarchal culture in the Arab world.
5. Raising the voice of the Network and the partner organizations at regional and international levels, especially within the working committee at the Arab League and the UN; and utilizing international mechanisms to protect women from violence, including shadow reports and submission to the Special Rapporteur on VAW.
6. The network seeks to change the patterns of thought and the prevailing patriarchal culture in our communities, regarding violence against women.

SALMA Network Partner organizations:

1. Women's Center for Legal Aid and Counselling - Palestine
2. The Lebanese Council to Resist Violence against woman - Lebanon
3. Sisterhood of Global Institute - Jordan
4. Moroccan Association for Defending the Rights of Women - Morocco
5. Center for the Rescue of Women in Distress - Algeria
6. Women against Violence - Palestine
7. Sisters Arab Forum - Yemen
8. El Nadim Center for Rehabilitation and Therapy - Egypt
9. Tunisian Association of Democratic Women - Tunis

Tunis

Violence against women during the covid-19 pandemic

Violence kills just like pandemic does



الجمعية التونسية للنساء الديمقراطيات
Association Tunisienne des Femmes Démocrates

Tunis

Violence against women during the covid-19 pandemic

Violence kills just like pandemic does

An international campaign against violence against women

This report that comes in a prevailing health crisis, deals with the structural and institutional imbalances that contributed to the high level of violence during the quarantine times, which has deepened today because of the political, economic and social crisis. The report concludes with a number of recommendations to decision-makers to assume their responsibility to protect and take care of women, especially in crisis times.

As in every crises, and contrary to allegations that everyone is equal during the crisis, the impact of the Covid-19 pandemic was particularly severe on women and impoverished groups, deepening discrimination and differences based on gender, religion, race, class affiliation, civil status and nationality. Women who suffered violence more broadly are those who, due to the policies of poverty and marginalization, are already suffering from economic vulnerability, as 57% of them are unemployed, 4.6% domestic assistants and 11.6% are employed, not to mention violence against women who work in structured labor.

Violence did not exclude women of all ages, especially adult women. Those aged between 18 and 30 years old made 98.33%, while those aged between 31 and 60 had the largest share of it, with 57.26%, and a percentage of 6.9% for those over the age of sixty, underage girls also have a share.

Analyses also indicate that, contrary to what is expected, most of the women exposed to violence are educated women, at the secondary level (40.29%) and university (28.46%), which may sound alert to the profound transformations that the Tunisian society has experienced and is experiencing since the quarantine period. Educated women who have gained a minimum awareness of their rights, they are targeted more, perhaps for expressing their rejection of traditional patterns, with violence after they were forced to confine back into private space.

As for the types of violence, the report shows that domestic violence is the most common, at a percentage of 67%, which confirms what the Tunisian Association of Democratic Women had warned of since the early days of lockdown. The Tunisian Association of Democratic Women had warned that the domestic and family space is the most dangerous for women and the most dangerous threat to their safety. Additionally, despite the prohibition of movement in the public space, the latter was not free from sexual violence (7% and sexual harassment).

This report provides data on the victims and forms of violence affecting them,. It also gives an overview of the challenges they faced during the lockdown, which deprived them of protection, all of which are structural reasons mainly related to the lack of foresight by the government, as it did not link the measures to face the Covid-19 pandemic with the latter's impact on women, in a society governed by patriarchal laws.

Legal gaps and their impact on women during the Covid-19 crisis

The Covid-19 crisis revealed an older crisis related first to the failure to implement Law No. 58 and the failure to harness the necessary budgets, over three years, to provide mechanisms, direct protection, and public care institutions to serve the victims. Secondly, comes the lack of foresight and the state's failure to respond appropriately to respond to the exceptional moment that the country is passing through, to be able to address the issue of violence in the work priorities, within the strategy to respond to the pandemic.

The lack of actual application of the law and the integrated strategy manifested in the difficulties that victims faced, during the drafting of this report. This includes cases of lack of seriousness in dealing with the complaints of victims of violence and sometimes the double violence that they encountered at the hands of security agents, who tried to prevent victims from submitting a complaint or even completely refused to receive their complaints on the pretext that they were not part of their priorities. This has prompted the Tunisian Association of Democratic Women to intervene with the security institutions, including the units specialized in receiving complaints of violence, created under Law No. 58, in order to push them to do their work. The difficulties are evident in the authorities' failure to take exceptional measures, especially for victims of violence, during the period, when almost all state structures suffered disruption, as at the health level, for example, there was no focus of all health sector efforts on combating Covid-19, with special tracks for victims of violence. This made it difficult

for the victims to access hospitals, whether to obtain the most basic rights, including treatment or also obtain a medical certificate that enables them to initiate litigation procedures.

The government did not offer any alternative when prohibited travel and the movement of women victims of violence, such as exceptional permits to leave the marital home. This made them forced to live with their abusers and imposed isolation and real control on them.

Access justice: At a time when the victims needed to implement protective measures, such as removing the abuser from the victim's place of residence and preventing him from contacting her, the abused women had to wait for the gradual return to the courts. This is because the relevant authorities delayed the return the family judges to work, including requesting for protection orders, as urgent measures to protect the victim from the occurrence of violence or its increasing risk when sensing it. The crisis also revealed the weakness of the judicial institution's resources and the backwardness of its means of work, as at a time when most state institutions' remote functioning and using modern means of communication. It was not possible for victims of violence to submit complaints to public prosecutors or requests for protection to family judges remotely.

Even after gradually returning to the normal functioning of the courts, we witnessed reluctance of republic's agents, especially in taking urgent measures. This is mainly in authorizing the removal of the aggressor, which is mainly due to the patriarchal mentality of some judges, who consider that committing aggression and violence cannot lead to "depriving the head of the family at the marital home." Even if he poses a danger to the wife and children.

The fragility of the infrastructure of protecting women victims of violence was one of the biggest obstacles. Most centers closed their doors for fear of infection. This rendered the victims unable to listen, receive counselling and awareness, especially shelter, except for what the associations involved in this field and the orphan center, temporarily set up by the Ministry of Women, provided. The absence of infrastructure was clear, as the state relied almost entirely on civil society intervention; a clear example of this is the percentage of abused women referred by state institutions to the centers of the Tunisian Association of Democratic Women, which exceeded 70%.

Cases of violence against women of all kinds in Tunisia have alarmingly increased during the lockdown period. The Minister of Women, Family, Childhood and the Elderly stated that the cases of assault on women have multiplied five times compared to March 2019. On May 3, more than 7,000 cases of violence, as reported through the Green Line, set by the Ministry, in light of the shortage of employees in the health and security sectors and

inability of local support groups or lack of resources. Moreover, some shelters for victims had to close their doors, while the accommodation capacity of others reached its peak.

I. A brief overview of the measures taken by the Tunisian Association of Democratic Women in the period of the Corona virus:

- Publishing a statement on March 16, 2020 calling on the authorities to take the necessary measures to confront the high rates of violence during the quarantine period and to provide access to victims' grievances, within the framework of the national action plan to address the Covid-19 virus.
- Launching a national media and prevention campaign against violence and the risks that women faced during lockdown, by producing a number of videos and publishing them on social networks, followed by thousands of people.
- Making a national donation of 20,000 dinars, through the Line 1818 to consolidate national solidarity and support for the health sector during the crisis time.
- Setting up an emergency fund for 80 vulnerable women and victims of violence.
- Publishing a statement condemning the Gender Decree, issued by the government during the night between 2 and 3 May 2020, which provides for the comprehensive lockdown for several groups of society, including mothers who have children under 15 years old, while the resumption of economic activity, with 50% of the labor force in most sectors. This included nurseries, primary, middle and secondary schools, which remained closed. Prior to the issuance of this decree, the Tunisian Association of Democratic Women expressed concern that the lockdown had contributed to "the spread of reactionary ideas, forcing women to return to the private space and subjecting them to constant surveillance and, in most cases, violence."
- Sending a letter to the Head of the Higher Judicial Council to demand taking the necessary measures to confront the phenomenon of the sharp rise in cases of violence against women during the lockdown period and to demand the reopening of the family cases specialized courts.

The recommended measures include allowing for the removal of abusers from the marital or family home. This can enable women victims of violence to file complaints with the Public Prosecution directly without going through the specialized units of the security forces. It also enables for setting up mechanisms that enable victims and witnesses to report cases of abuse directly to the public prosecutor through remote means of communication due to travel difficulty that victims of violence have and for the implementation of urgent and temporary measures authorized by the family judge, such as alimony.

This call urged the High Judicial Council to issue 2 memorandums on this issue, on April 28 and 29. These two memorandums call on family judges to take the necessary measures to protect victims, ensure their rights to access justice, and address violence against women and children, as they are among the most vulnerable social groups during the pandemic.

II- The activities of the association's listening and counselling centers for women victims of violence during the lockdown period

Under these circumstances, the Tunisian Association of Democratic Women adapted its services to remain as close as possible to women victims of violence and developed a new strategy to enter its centers for listening and guidance for women victims of violence, remotely (in Tunis, Sousse, Sfax and Kairouan), and a plan for the continuity and maintenance of remote services. Thus, the Tunisian Association of Democratic Women continued to provide services of receiving, listening, counselling, legal guidance, psychological support, and social counselling over the phone.

In addition, the association launched a media campaign on social networks that encourages women to report cases of violence to our listening centers over the phone, which provides them with psychological support services and legal support if necessary.

During the lockdown period that extended from March 16 to April 30, 2020, the various listening centers, of the Tunisian Association of Democratic Women, for women victims of violence of the received 206 women victims of violence.

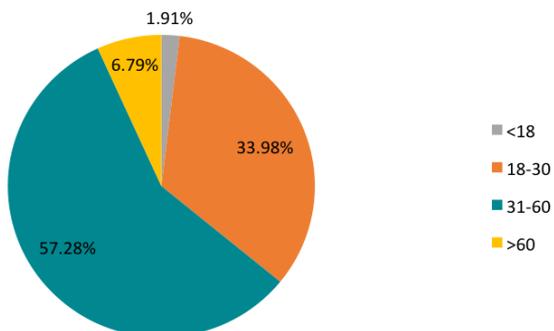
The high rate of violence against women coincided with the decision issued by the High Judicial Council on March 23, 2020; to postpone all sessions of civil cases, which impeded women's access to judicial services, including courts specialized in family issues or cases of violence against women. These obstacles to the enjoyment of a constitutional right during the pandemic undermine the physical and psychological integrity of women victims of violence.

III- Some data about the files that are processed in the association's listening and counselling centers for women victims of violence

From March 16 to April 30, 2020, the association's centers received 206 women victims of violence, as follows:

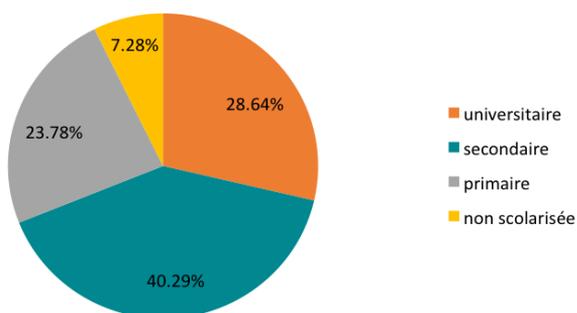
- Listening Center in Tunis: 118
- Sfax Listening Center: 42
- Listening Center in Sousse: 11
- Kairouan Listening Center: 35

Age groups of women victims of violence

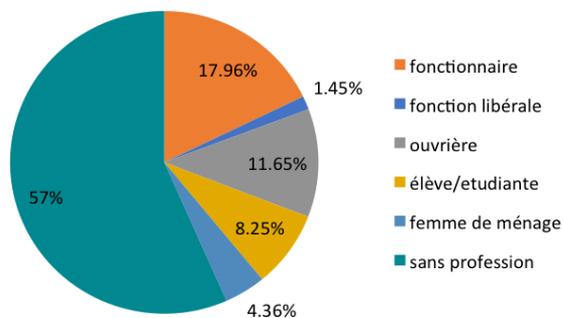


- Women between 18 and 60 years old are the most affected

Education level

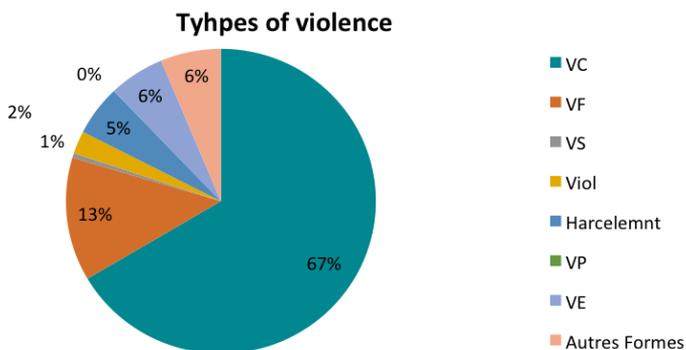


- Most of the victims have a high school or university level



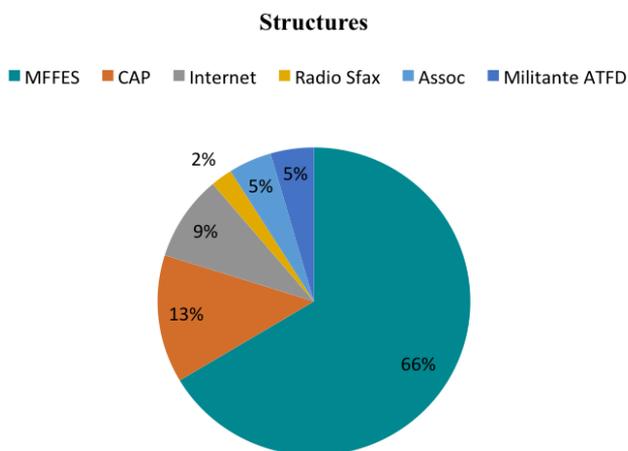
Occupation

- The most affected women are in a precarious economic situation.



- Domestic violence is the most common

Who counsels women victims of violence?



- Public institutions counsel 79% of women

Services provided by the centers of the Tunisian Association of Democratic Women

Number of women	Services
206	Welcoming new women
121	listening
56	Psychological support
82	Legal guidance

2	Intervention in health institutions
18	Intervention with the relevant teams
7	Intervention with the Child Protection Representative

Challenges faced by the victims during the quarantine period:

- Indifference or violent treatment on the part of security personnel who try to prevent victims from submitting a complaint or completely refuse to receive their complaints, on the grounds that it is not among their priorities.
- Restrictive measures that prevent women from accessing hospitals, making it impossible for the victim to obtain an initial medical certificate.
- Interruption of services within the structures of care for women victims of violence.
- The lack of a clear path to care for women victims of violence and the authorities' failure to respond to the repercussions of lockdown on women and children victims of violence.
- The small number of shelters and the police indifference.

IV - Recommendations proposed by the Tunisian Association of Democratic Women to the main actors:

1. Ministry of Women, Family and Seniors

- Redistribute the budget of its programs to provide emergency assistance to women victims of violence and to the voluntary associations that provide them with assistance.
- Increase the number of safe accommodations for women victims of violence, poverty, marginalization, and women who may find themselves without a home in coordination with the Ministry of State Property and with various municipalities and governors throughout the country, by using some buildings and making them shelters. This, in addition to the involvement of the private sector, especially hostels, to take care of victims of violence and provide Security, protection and necessary support for them.
- To hold responsible all private and public media that tolerate violence or underestimate it, to work to publish messages in coordination with the

Independent High Authority for Audio-Visual Communication (HAICA) to educate the public about the dangers of violence and the necessity of distributing roles equitably among family members and sharing tasks among them to prevent corona virus.

- Providing the necessary preventive means for official structures and civil society organizations that provide care services for women victims of violence, and to ensure that information on guidance services is updated in order to ensure their continuity during the epidemic, in coordination with all concerned sectors.
- Follow-up and evaluation of interventions, especially by collecting data disaggregated by gender, age and disability, with the aim of determining the efficiency and effectiveness of these interventions and obtaining statistics in coordination with the National Observatory to Combat Violence against Women.

2. Ministry of the Interior

- Awareness of the security forces and specialized units of the impact of Covid-19 and the possibility of escalating acts of violence against women and children and urging them to deal seriously with the complaints submitted by women victims of violence.
- Adopting the competent units for a specific work system and ensuring the continuity of work 24 hours a day, all days of the week.
- Make clear instructions to all security forces to immediately rescue potential victims and call them to reject all possible abuses by police officers during their dealings with reports or complaints by victims of violence. This can be under Chapter 25 of Law No. 58-2017, which provides for prison sentences for agents who deliberately slacken in the performance of their duty or exert any kind of pressure on the victims.
- Give priority to prosecuting aggressors wanted in cases of violence against women and handing them over to the judiciary.

3. Ministry of Health:

- Continue to provide health services to women victims of violence by establishing a special lane for women victims of violence within public hospitals.
- Giving victims a direct initial medical certificate to enable them to file a complaint and to avoid possible destruction of evidence.

4. Ministry of Justice

- Adapt judicial services to the current context by adopting mobile electronic technologies to enable victims or their lawyers to report cases of violence and file a complaint directly through regular mail or through one of the central windows located within all courts.
- Allow anyone who notices or learns of any case of violence to report it directly to the Public Prosecutor and to give such notices priority. For example, police officers in France, Italy and the United Kingdom have urged postal workers, couriers, food delivery companies and essential workers visiting households to be aware of any signs of violence and report them to the police.
- Simplify the procedures for submitting complaints related to violence, including economic violence, and applying the provisions of Chapter 26 of Law No. 58 of 2017. This can allow the Public Prosecutor to authorize the competent units to remove the aggressor and transfer the victim to a hospital or to a safe place, before issuing a protection order for them. Examples of this: (women in France, Italy, Spain and the United States can request assistance from pharmacy employees in the event of domestic violence via an encrypted message specially designed to facilitate police intervention and other assistance services).
- Ensure the provision of continuous services by the Public Prosecution Office and family judges, in accordance with the provisions of Chapter 30 and Chapter 34 of the same law to adjudicate alimony cases. This is due to their urgent nature. This, in addition to issuing protection orders and take measures to remove aggressors from the family home because it is the best means of protection.

5. Ministry of Social Affairs

- Establishing coordinated mechanisms for reporting cases of dismissal and working in the absence of any preventive measures against risks and cases of exploitation, and following up on these reported cases.
- Activating and strengthening alimony funds to enable women to obtain their alimony urgently.

Conclusion

Violence is not a destiny. We can confront it. It is the government's duty to confront it.

In the context of addressing the Corona virus, many countries have developed an emergency plan to protect women victims of violence and to prevent the escalation of violence rates during lockdown period.

We call on the government to abide by Law No. 58 of 2017 to eliminate violence against women. It is important during the epidemic period to find simple, effective and rapid means of intervention to assist women victims of domestic violence, including increasing the number of shelters for victims and their children and providing working shifts to provide counselling, psychological and legal assistance to them. These measures should not be limited to people of good will and civil society, contrary to the case during this health crisis.

In light of all of the above, the Tunisian Association of Democratic Women renews its call to the government and the competent public authorities to include the issue of violence against women and children in their emergency plan for confronting the Covid-19 pandemic. This is on the grounds of the close relationship between this pandemic and the escalation of all types of reported cases of violence.

Lebanon

A report on the situation of Lebanese women in the Corona pandemic



الهيئة اللبنانية لمناهضة العنف ضد المرأة
The Lebanese Council to Resist Violence Against Woman

Lebanon

A report on the situation of Lebanese women in the Corona pandemic

The world has been facing an unprecedented health crisis for more than a year because of the spread of the Corona virus pandemic, which has weighed on all human societies and exacerbated health, economic and social problems, and affected the entire population, men and women, but its effects were much deeper on marginalized and vulnerable groups, especially women and girls.

In Lebanon, women and girls suffered from the conditions and consequences of the health crisis and faced multiple risks, as economic and social pressures increased on them. Additionally, violence against them increased dramatically in light of the economic, financial and political and security conditions that led to almost total collapse of the country, which is still suffering at all levels, especially the living one.

Things got worse after the explosion of the port of Beirut on August 4, 2020, as the conditions of citizens deteriorated at the level of life. Many men who killed left families in need of care, while the burden of care fell on mothers, who became the only breadwinners for the family.

This is in addition to the fact that women already suffer at the cultural and legal levels outside the context of crises in perpetuating a culture of violence and discrimination against them and the failure to protect them due to poor government policies, protective and punitive laws and effective procedures and mechanisms.

Statistics in Lebanon indicated that the rate of domestic violence against women has risen to 180 percent in light of the Corona pandemic.

The figures of the Internal Security Forces in Lebanon also revealed that it had received 1,018 reports of domestic violence on the hotline 1745 during the past year, i.e. from the beginning of January 2020 until the end of the year, compared to 458 reports registered in 2019, i.e. a difference of 560 complaints, an increase of 122.2%.

This is not to mention the killing of many women because of domestic violence that continued over the past year and is still going on, the last of

which was the killing of three women, during the months of February and March 2021; this is in addition to other attempted murders by severely beating, fracturing, slapping, etc...

Associations and organizations specialized in combating domestic violence, which provide specialized services to survivors of violence, indicated an increase in this phenomenon, citing a double number of calls received on their secure lines seeking help and advice.

The factors that led to the increase in the phenomenon of gender-based violence are:

- The long time that offenders and victims share, because of home lockdown, together under one roof all the time.
- The escalation in daily disputes for many reasons related to cultural mentality, male domination and traditional norms on the one hand, and to the difficult health and living conditions and the resulting problems on the psychological level.
- Difficulty accessing specialized centers to receive services because of complete lockdown, home quarantine and poor access to support and protection mechanisms.
- Impunity in light of unfair and discriminatory laws against women that are lenient with the perpetrator and do not provide prevention and protection for the victim.
- Closing the criminal, Sharia and religious courts during the period of complete lockdown and postponing the issuance of judgments and judicial follow-up.
- Difficulty contacting the secure line of the competent associations or the Internal Security Forces due to the abuser constantly monitoring their steps, or because they are unable to cover the costs of communications, or have no mobile phone for communication, or the lack of internet to communicate via WhatsApp and other social media platforms.
- Non-reception of survivors of violence by family, friends or relatives, under the pretext of social distancing and for fear of transmitting the virus.
- Their inability to leave the house to obtain a forensic doctor's report.
- Difficulty receiving them in shelters and safe houses due to strict health measures in place, for fear of spreading the virus.
- Not including the domestic violence in the priorities of the government agenda in the absence of gender-related national policies.

All of these factors exacerbated the phenomenon of violence against women and girls, and the results were as follows:

- The development of gender-based violence, reaching its peak during the pandemic, as previously indicated, although it does not reflect the current reality of survivors due to the inability of women and girls to report because of fear, constant monitoring and many other factors previously mentioned.
- The manifestation of violence against women in all its forms, physical violence, which was prevalent before the lockdown and increased significantly to 51%. This, in addition to sexual violence, which recorded an increase in the rate of spouse's rape resulting in most cases from watching pornographic videos by the partner at home. Added to the aforementioned Psychological violence, as many women's feelings of fear, anxiety, depression and sadness rose, in addition to the economic violence that woman suffered from, as she lost her livelihood and thus her independence, or on the contrary, she became the sole breadwinner for her family members, thus increasing economic burdens on her.
- The work burden on women has increased, and their routine has changed, as they spent long hours at home practicing cooking, cleaning, health caring and on educational and other matters imposed by the chaos of having all family members for a long time confined to the house. This has led to an increase in requirements and duties, not to mention the transfer of work to do at home, (if she had not already lost it) and do it online.
- The tasks of caring for mothers and their concerns increased, including taking care of all their family members, teaching children online, and catering for the needs of the elderly and people with disability.
- Many Lebanese women have either lost their jobs completely or receive half wages.
- The stereotypical image of women suffered added setback, as they returned to working in preparing food, making sweets, and sewing, knitting and making clothes to support their families. They resort to selling their products through the delivery service.
- More than 80% of workers in the nursing sector are women, and they suffer from discrimination and unequal remuneration between them and males in the private sector, as well as sexual exploitation.
- The deteriorating living conditions and the declining purchasing value of the Lebanese pound against the insane rise in the dollar exchange rate prompted many of them to emigrate.

- Depriving women of earnings because most of them work in the informal sector.
- The spread of child marriage in order to get rid of the expenses and expenses incurred by families.
- Increasing the suffering of women, due to psychological pressures, including the suffering of the heads of their families, widows and divorced women.
- A new phenomenon has emerged during the Corona pandemic, which is sexual harassment and blackmail through social media. Reports of the Internal Security Forces indicated an increase in complaints of harassment and sexual blackmail by 184%, especially among adolescents, because of their long stay at home and their use and abuse of the internet and lack of awareness of the consequences resulting from that.

At the legal level:

The Domestic Violence Law 293 “The Law on the Protection of Women and Other Family Members from Domestic Violence” issued in 2014, did not reduce domestic violence crimes, and although it was useful for protecting women. Practical experience of the law application more than tripled the number of survivors of violence who came to seek help. This is because of the gaps in the law, including but not limited to, that it did not criminalize spouses’ rape, did not punish moral violence, and did not specify the legal age of custody, (especially since the woman is still married and not divorced).

In December 2020, some amendments to Law 293 were approved. These included a more comprehensive definition of domestic violence, criminalizing moral and economic violence, and increasing the number of judges involved in investigations or judges specialized in domestic violence issues. This, in addition to enabling minor survivors of violence to submit a request for protection without referring to her guardian. Thanks to social assistance, the age of custody of children who can stay with their mother has increased to become 13 years old, and if the husband violates the protection order, he will be imprisoned for one year.

Despite these amendments, Law 293 still suffers from some loopholes, including that it did not criminalize marital rape, there is still an overlap of powers with personal status laws, and the protection decisions issued allow the judge to determine the period in a discretionary manner.

However, the importance of this law lies in the fact that it is a binding and deterrent law. When resorting to the Public Prosecution office or complaining at police stations, reports are initiated immediately to take the necessary

measures against the abuser and he is arrested. The woman or the girl can go to the civil judiciary or the judge of urgent matters to transfer her to a safe place for protection, and the judge of urgent matters also orders temporary alimony for the woman during the protection period, which are all temporary measures to protect her from any risks.

Nonetheless, it is necessary to refer to the religious courts specialized in personal status issues in matters related to divorce, separation, nullity of marriage, custody, or determination of alimony for women and their children.

In Lebanon there are 15 personal status laws related to 18 sects, which are originally discriminatory laws against women (they discriminate, for example, in the right of custody and determining the age of custody of children between a woman and another from a different sect. This, in addition to all matters related to personal status subject to the rulings issued by different religious courts)

The Lebanese Penal Code is still unfair to women, despite the legal amendments that were approved in some of its articles during the past years, including the abolition of Article 522, which used to allow the rapist to escape punishment (with the exception of the age group between 15 and 18 years related to Articles 505 and 518. The Lebanese Council to Resist Violence Against Woman has a draft law in this area, which stresses limiting child marriage and protecting minors from early marriage, bearing in mind that there is a proposed draft law in the Parliament that sets the age of marriage at 18 years.

Among the most important legal reforms recently issued, is the adoption of the law criminalizing sexual harassment and rehabilitating its victims, as approved in December 2020, which is a positive step to protect women and girls from sexual harassment in this critical period that Lebanese women are suffering from this heinous act.

On the other hand, despite the abolition of Article 562 related to the crime of honor that was abolished previously in 2011, which allowed the murderers to escape punishment. Consequently, killing in the name of honor was considered a regular crime punishable by law; women and girls are still killed in the name of defending family honor, because of the consolidation of this mentality and due to the commitment to tribal customs and traditions.

In conclusion, Lebanese women still suffer from legal prejudice in their rights, in the penal code and in the personal status laws. Added to that, denying them the right to grant her nationality to her husband and children, not having a quota in the electoral law, and limiting her access to decision-making positions in the parliamentary symposium, in addition to the Labor and Social Security Law. Women have proven their leading presence during

the Corona crisis and along the front lines of doctors, nurses, pioneers and leaders, who put forward the right national and feminist demands, following her effective role in the revolution of October 17, 2019, so much that it was said that revolution is a female.

Lebanese women had an effective role during the emerging health crisis, as they effectively contributed to preventive, curative and developmental campaigns, and provided humanitarian services, social and psychological support services, economic empowerment and training in specific professions to create job opportunities for women staying in their homes to contribute to their independence and support their families.

In conclusion: We can say that Corona has shed light on the victims, the change makers and the role of women in leadership and participation in decision-making.

Therefore, it is necessary to demand the need to protect women and prevent subjecting them to discrimination and violence against them through proactive protective mechanisms and policies that take into account the concept of gender and to allow women to reach decision-making positions and participate in the development of national policies.

The Lebanese Parliament is required to pass reform laws, amend and abolish discriminatory laws, and introduce other laws that guarantee protection, particularly the protection of women from all forms of violence and discrimination practiced against them.

The Lebanese government is required to place the domestic violence in its priorities agenda, to mainstream the concept of gender in its policies, develop effective strategies, action plans and programs to protect women, and to involve them in setting these policies. UN resolution 1325 and its amendments related to security, protection and peace for women must be implemented, in addition to developing proactive plans during wars, armed conflicts, crises, health and natural disasters.

Laura Sfeir

The Lebanese Council to Resist Violence Against Woman

Palestine

COMPOUNDED THREATS

How COVID-19, occupation and patriarchy have impacted Palestinian women in 2020



Palestine

COVID-19: A THIRD THREAT TO PALESTINIAN WOMEN

On March 5th 2020, the context of Palestinian women's lives changed drastically as the first cases of COVID-19 were detected in the West Bank. Palestinian women typically live their lives at the intersection of two significant threats – the patriarchal structures within Palestinian society on one hand, and the detrimental effects of the Israeli military obligation on the other. For three decades WCLAC has supported women in this struggle and worked for the strengthening of women's rights and participation. During the year 2020, WCLAC witnessed how COVID-19 has become a third threat – further compounding the suffering and vulnerability of Palestinian women. It has exacerbated pre-existent dangers, such as gender-based violence (GBV), and introduced new ones, such as IHL violations and harassment that exploit people's fear of contracting COVID-19.

Palestinian women: at the intersection of two vulnerable groups

Declared a global pandemic by WHO on March 11th, the COVID-19 virus is first and foremost a health crisis with severe effects on the lives, safety and wellbeing of human beings worldwide. Access to health care and information during the pandemic has been unequal, with Palestinian women being discriminated against both due to their gender and nationality. This is further explored under "Access to health care", below.

In addition to this however, the far-reaching regulations and safety precautions, necessary for the protection of people's health, have caused a series of other detrimental effects on society. These include an economic recession, increased risk of violence, decrease in mental health and difficulties in accessing justice, inter alia. These secondary impacts have amplified societal structures and inequalities of gender, ethnicity and class. Throughout the pandemic and ensuing lockdown, vulnerable groups have become increasingly vulnerable, and those already at risk have been further stripped of protection and support.

Both the Palestinian population and women globally, represent particularly vulnerable groups who are targeted by these effects. Palestinians, because the health care system which has already been undermined and weakened by decades of Israeli occupation has been placed under additional strain. In addition, high population density, a high frequency of underlying health conditions and already widespread economic hardship makes Palestine even more susceptible to the negative impact of COVID-19. For women across the world, the impacts of COVID-19 have been particularly severe simply by virtue of their sex. They have had particular difficulties in accessing health care and witnessed an increase in gender-based violence (GBV). Women are also in general more vulnerable on the labour market, face greater risk for economic hardship, and have had disproportionately increased hours of unpaid labour while caring for children, ill family members and households in crisis.

At the intersection of these two vulnerable groups, Palestinian women spent most of 2020 dealing with the impact of IHL violations and the occupation of Israeli military forces, the patriarchal structures and high prevalence of gender based violence within Palestinian society, and now the added third threat of COVID-19 which exacerbated all structural inequalities even further. The struggle of Palestinian women has been palpable and WCLAC can bear witness to the manifestations in the testimonies collected by our field researchers as well as from the hundreds of women that have reached out to the GBV helpline to ask for urgent support, protection and counselling.

THE RIGHT TO HEALTH

Accessing the right to health: Israel's neglect of responsibilities as an occupying power

Needless to say, COVID-19 has placed an immense stress on the Palestinian health care system, which was already significantly weakened and undermined by decades of Israeli occupation and systematic oppression. For many years, the withholding of Palestinian Authority taxes by Israel and the cutting of aid to Palestinians has had a highly damaging effect on the budgetary allocation for public services including health care.¹ The purchasing of pharmaceuticals and importing of medical supplies is also restricted by the Israeli occupation, leading to further shortages.²

As an occupying power, Israel has a clear legal obligation under Article 56 of the Fourth Geneva Convention (GC IV) to ensure adequate food and medical supply for Palestinians, and to maintain medical services, public health and

¹ UN Women: COVID-19: Gendered Impacts of the Pandemic in Palestine and Implications for Policy and Programming, Findings of a Rapid Gender Analysis of COVID-19 in Palestine, April 2020

² Ibid.

hygiene, particularly during a pandemic. If the supplies and capacities of the occupied territory are still lacking, the occupying power has an obligation under Article 59 of the GC IV to allow and facilitate relief and aid to the territory. Israel is also bound under international human rights law, with the ICESCR art 12.1 specifying the duty to meet Palestinians' right to the highest attainable standard of physical and mental health.³ This also includes underlying determinants to health such as the right to adequate food, water, sanitation and housing, which are all considered necessary requisites for health and well-being. Article 6 of the ICCPR enshrines the right to life, which is to be protected by the state while applying the principle of non-discrimination. Finally, the denial of medical treatment has in itself been classified as a form of cruel, inhuman or degrading treatment, in accordance with the Convention against Torture or other Cruel, Inhuman or Degrading Treatment or Punishment (CAT).

From the very beginning of the pandemic, Israeli authorities have consistently neglected their legal obligations under international law, and in several cases have even undermined or obstructed Palestinian authorities' attempts to care for the Palestinian population. Restriction of movement for Palestinians, enforced through settlement infrastructure and the annexation wall, have made it difficult or even impossible for people to access hospitals and health care services, and for medical equipment, including testing kits, to reach clinics.⁴ Israeli authorities that exercise control over planning and construction in Area C have hampered Palestinian efforts to mobilize health care services. In some instances, they have even destroyed facilities necessary to address the outbreak, including the demolition of a building in Hebron that was intended to serve as a hospital specialized on COVID-19.⁵

The UN Special Rapporteur on the situation of human rights in the Palestinian territories occupied since 1967, Michael Lynk, stated already in March that Israel was in "profound breach" of international obligations with respect to ensuring the health of Palestinians.⁶ In a report released in October, he stated further, on the topic of COVID-19 that:

*"It has also clearly demonstrated that, during a serious health crisis, one that crosses borders and communities, a two-tier occupation regime reinforces unequal rights, particularly the right to adequate health."*⁷

Despite the multiple Israeli violations of international human rights and humanitarian law, there was a certain level of coordination between Israeli and Palestinian authorities during the first few months of the pandemic. This

3 ICESCR, article 12(1), as clarified through CESCR, General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12), 11 August 2000, UN Doc. E/C.12/2000/4, para. 4

4 UN document A/75/532.

5 UN document A/75/532.

6 <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25728&LangID=E>

7 UN document A/75/532.

was praised by international actors, including the UN Special Coordinator for the Middle East Peace Process, Nickolay Mladenov.⁸ This coordination came to a full stop, however, when it became clear that Israel was looking to use the opportunity of the world looking the other way during COVID-19, to unilaterally annex large parts of the West Bank in stark violation to international law.

Security coordination between Palestinian and Israeli authorities was officially suspended on May 19th. This led to even further reduced access to health care for Palestinians, and significantly increased challenges in containing the spread of the virus.⁹ The rupture in coordination also put a hold on the import of essential medical supplies and further delayed or blocked the reference of patients to hospitals in Israel and East Jerusalem.¹⁰ Finally, clearance tax revenues due to be transferred from Israeli to Palestinian authorities were blocked for seven consecutive months, dealing a final blow to Palestine's ability to fund the necessary health security measures and pay their life-saving medical personnel.

The compounded effect of an increasingly overburdened health care system, the rupture of any security coordination with Israel, and an economic crisis further deepened by the blocked tax revenues, have all contributed to further weakening Palestine's capacities and resources in dealing with COVID-19.¹¹ This may help explain the significant rise in cases that began in August and continued for the rest of the year. In November, Palestine announced that it would resume coordination with Israel,¹² and on December 3rd, it was announced that 1.14 billion USD in tax revenues had been transferred from Israeli to Palestinian authorities.¹³ The actual effects that this will have on the ability of Palestinians to access health care is yet to be determined.

As with many impacts of COVID-19, women have been particularly vulnerable to the effects of not being able to access health care and health information. In terms of contracting the disease itself, the statistics in Palestine have run contrary to the global trend, and shown that more women than men have tested positive to COVID-19.¹⁴ The reasons behind this are still not clear, but may be connected to women's disproportionate participation in health care and their informal caregiving roles. UN Women reports that 60% of workers in the care sector, and 70% of frontline health workers in Palestine

8 UN Special Rapporteur Nickolay Mladenov, Briefing to the Security Council, March 30th

9 UN document A/75/532.

10 OCHA: "End of Palestinian Authority coordination with Israel in response to annexation threat: decision already impacting medical referrals", July 20th 2020.

11 https://unsco.unmissions.org/sites/default/files/unsco_socioeconomic_report_october_2020.pdf

12 <https://www.aljazeera.com/news/2020/11/17/pa-to-restore-israel-ties-as-annexation-threat-fades>

13 <https://www.middleeastmonitor.com/20201203-israel-transfers-1-14bn-in-tax-revenues-to-pa/>

14 CARE: "Reaching higher - Women's Political Participation & Access to Decisionmaking in the COVID-19 Crisis", October 2020.

are women.¹⁵ Already in a vulnerable position, and more confined to their homes than their male counterparts, women also risk having a more difficult time accessing health care and health information that is already scarcely available.

Most of all, WCLAC has noticed an effect on women's ability to access health care for treatments not related to COVID-19. As observed by UN Special Rapporteur Michael Lynk, movement restrictions imposed by the Israeli occupation compromised Palestinians' access to health care already before the outbreak of the pandemic.¹⁶ With lockdown restrictions, border closures and finally the rupture of coordination between Israel and Palestine, this has increased even further. As many Palestinians, especially from Gaza, depend on travelling past checkpoints in the West Bank or to East Jerusalem to access hospital care, the practical implications are, that vital treatments and diagnoses have been effectively put on hold.¹⁷

In the beginning of the outbreak, the women continued to travel for treatment, but no precautions were taken to ensure their safety and health while traveling back to the Gaza Strip. They were denied testing for COVID-19 and were transported on crowded buses without any protection in place. The women were very fearful of contracting the virus, especially given their already lowered immune systems and lack of emergency health care available upon their return to Gaza. In April, they were informed that their upcoming trips to receive chemotherapy had been cancelled, with COVID-19 cited as the reason. At that time, no concrete plan for alternative treatment was introduced, except the verbal assurance that they would receive treatment in the Gaza Strip.

After fighting COVID-19 for over nine months, the much awaited vaccine was announced in December. Unfortunately, the access and distribution of the vaccine has proven to be just as discriminatory as provision of other health care throughout the year. On December 20th, vaccinations began in Israel and by January 1st, 10% of the Israeli population had received the first dose of the vaccine.¹⁸ In the West Bank however, Israeli authorities will only be extending these vaccinations to illegal Israeli settlers,¹⁹ despite Israel's obligations as an occupying power outlined above. This means that Israel is once again in breach of its legal obligations to respect Palestinians' right to health, by neglecting to secure access to vaccines.

15 UN Women. COVID-19: Gendered Impacts of the Pandemic in Palestine and Implications for Policy and Programming. April 2020.

16 COVID-19: Israel has 'legal duty' to ensure that Palestinians in OPT receive essential health services – UN expert, 19 March 2020, SR Michael Lynk.

17 WHO, "Right to Health – Palestinian patient voices – Patients in the Gaza Strip unable to access healthcare", June 2020.

18 <https://www.nytimes.com/2021/01/01/world/middleeast/israel-coronavirus-vaccines.html>

19 <https://www.aljazeera.com/news/2020/12/17/palestinians-left-waiting-as-israel-is-set-to-deploy-vaccine>

Discrimination against East Jerusalem ites in accessing the right to health

Already before the pandemic, Israeli policies of fragmentation, lack of infrastructure and de-development in Palestinian neighbourhoods have created stark inequalities between the populations of East and West Jerusalem. This includes underlying determinants of health, and a population density that is twice as high in Palestinian neighbourhoods than in Israeli ones.²⁰ On top of this, residents of East Jerusalem have been systematically deprioritized and discriminated against by Israeli authorities in combatting COVID-19.

During the particularly sensitive first weeks of the pandemic, communication and messaging on COVID-19 and precautionary measures were spread by the Israeli authorities almost exclusively in Hebrew with no Arabic translations.²¹ In addition, epidemiological investigations, testing, and the supply of medical drugs and treatment have all been inadequate and significantly more limited than the services provided to West Jerusalem neighbourhoods.²² It was not until April 2nd that a drive-through testing clinic was set up in East Jerusalem, and even then only after significant lobbying from human rights organizations.²³

Even so, local initiatives to increase access to health care, were also shut down. When local activists organized a testing clinic in Silwan, one of the areas of highest prevalence, the Israeli authorities promptly closed the clinic under the pretence that the test kits were provided by the Palestinian authorities.²⁴ Israeli authorities later opened a new testing clinic in the area,²⁵ but thereby missed several weeks of valuable mobilization against further spreading. Palestinian volunteers in Jerusalem have also been arrested while participating in efforts to disinfect schools and distribute food to underserved areas, and their aid materials have been confiscated.²⁶

Despite the discrimination and hampering of East Jerusalem's attempts to deal with COVID-19, the rate of infections remained relatively low throughout the first wave. During the second wave that started during the summer months however, cases increased drastically. Now, relaxed restrictions, increased gatherings and the high population density all contributed a spike in infection

20 Al-Haq, JLAC, MAP: "COVID-19 and the systematic neglect of Palestinians in East Jerusalem", July 2020.

21 CARE Palestine West Bank / Gaza, Urgent Call to Protection and Response to COVID-19 in East Jerusalem, Policy Brief 20 April 2020.

22 Ibid.

23 Al-Haq, JLAC, MAP: "COVID-19 and the systematic neglect of Palestinians in East Jerusalem", July 2020.

24 <https://www.haaretz.com/israel-news/.premium-israeli-police-raid-palestinian-coronavirus-testing-clinic-in-east-jerusalem-1.8767788>

25 UN document A/75/532

26 Joint statement: Israeli Apartheid Undermines Palestinian Right to Health amidst COVID-19 Pandemic, April 8th 2020.

rates.²⁷ In addition, several testing clinics that had closed after the first wave did not reopen, and discrimination against East Jerusalem in the provision of health care and medical supplies continued. Health care professionals in East Jerusalem have reported working under severe restrictions from Israeli authorities and continue to be undermined in their efforts.²⁸

One group of women that has been particularly at risk during the pandemic, are women who hold West Bank IDs but are married to Jerusalemites and residing in Jerusalem. As West Bank ID holders they have not been entitled to health care in Jerusalem, but border closures and travel restrictions have also hindered them from moving between Jerusalem and the West Bank to access health care.²⁹

The particular vulnerability of Gaza

In all of this, Gaza stands out with a particularly high level of vulnerability. In the soon to be fourteen years of Israeli blockade, a human-made humanitarian crisis has unfolded in the Gaza Strip, and deepens for every year. The blockade itself is a glaring violation of Article 33 of the Fourth Geneva Convention, amounting to collective punishment of the entire civilian population of Gaza.³⁰ It has also brought with it untold suffering, the destruction of basic societal functions, and a never-ending series of violations of both IHL and IHRL. In 2020, the collapse of Gaza's health care system has been brought into the spotlight, along with an ever-deepening economic crisis. In many ways, it is often the women of Gaza who bear the brunt of the blockade. The economic crisis is seen to have a deeper impact on women, with higher rates of unemployment and food insecurity. Women also tend to report lower levels of mental and physical health, most likely due to the compounding effects of the blockade and patriarchal structures, including the heavy burden of caring for households and children amidst trauma and violence.

Already before the pandemic, Gaza's health care system had been pushed to the brink of collapse.³¹ In March when the outbreak began, the Gaza Strip had 87 ventilators, of which 80-90 per cent were already in use, to serve a population of two million.³² Moreover, as recalled by UN Special Rapporteur Michael Lynk, Gaza's population was more vulnerable to the pandemic due

27 http://arabcenterdc.org/policy_analyses/another-test-of-palestinian-sumud-covid-19-in-the-west-bank-gaza-strip-and-east-jerusalem/

28 UN document A/75/532

29 WCLAC submission to the Special Rapporteur "The Culture of Impunity: Israel's Ongoing Violations against Palestinian Women during COVID-19", May 2020.

30 UN document A/75/532.

31 Joint statement: Israeli Apartheid Undermines Palestinian Right to Health amidst COVID-19 Pandemic, April 8th 2020.

32 Joint statement: Israeli Apartheid Undermines Palestinian Right to Health amidst COVID-19 Pandemic, April 8th 2020.

to being densely populated, having a rising level of malnutrition and poorly controlled non-communicable diseases, among other factors.³³

With a surge of COVID-19 infections that persisted from August and onwards, Gaza has suffered just as expected from a health care system placed under a level stress that it cannot bear. Between July and October 2020 the amount of confirmed COVID-19 cases rose from 11 to 4,285.³⁴ Strict restrictions have mitigated some of the spread, but has not been able to alleviate the severe strain on the health care system. By the end of September, WHO reported that 47 per cent of essential drugs were at zero stock level.³⁵ Moreover, during the rupture of coordination between Israel and Palestine, many of those most in need of urgent health care in East Jerusalem were not permitted to access it.

In tandem with the growing health crisis, the economic recession also hit the Gaza Strip particularly hard. The Gaza Strip was already facing a significantly higher level of unemployment and economic hardship than the West Bank. Now, COVID-19 related lockdowns have compounded with the blockade and frequent closings of Gaza's border crossings throughout the year, to generate an unemployment rate of 48.6 per cent, compared to 18.7 per cent in the West Bank. The figure among women is even higher, at 65 per cent (compared to 32.2 per cent in the West Bank).³⁶ This meant that in the third quarter of the year, the number of employed persons in the Gaza Strip had decreased by 17 per cent, compared to the same quarter 2019. As a comparison, the equivalent decrease in the West Bank was 5.5 per cent.³⁷

Amidst this, another shadow epidemic has spread and further tightened its grip on Gaza – a deepening mental health crisis. In September, there had already been 24 reported cases of suicide, compared to 22 in all of 2019. Out of these 24, four were women, and five children.³⁸ The actual number of suicides is thought to be significantly higher, as they are often misclassified as accidents due to stigmatization and fear of legal ramifications.

According to mental health organizations working in the Gaza Strip, the reason behind the rising number of suicides is a loss of hope in the future, especially among youth, who see no end to the suffering of Gaza and no way to exercise agency in their own lives. COVID-19 is thought to have exacerbated this even further, as the economic recession and skyrocketing unemployment deprives young people of the chance to start careers and families. Another reason behind decreasing mental health, among women

33 COVID-19: Israel has 'legal duty' to ensure that Palestinians in OPT receive essential health services – UN expert, 19 March 2020, SR Michael Lynk.

34 UN document A/75/532.

35 UN document A/75/532.

36 Gisha.org/updates/11690.

37 http://www.pcbs.gov.ps/portals/_pcbs/PressRelease/Press_En_31-12-2020-end-en.pdf

38 OCHA article "Deterioration in mental health situation in the Gaza Strip", October 5th 2020.

particularly, is post-traumatic stress and anxiety disorders brought on by intimate partner violence (IPV), something which has also increased significantly in 2020. The taboo on speaking of IPV or other forms of gender based violence (GBV) is thought to further deepen mental health problems among women, who then see suicide as the only way out of oppression and abusive relationships.³⁹

GENDER-BASED VIOLENCE

Increase in gender-based violence

In tandem with these other effects, COVID-19 has had a substantial impact on women's risk for violence. As lockdowns have ensued and people encouraged to stay home as much as possible, it has become painfully clear that home is not a safe place for everyone. Instead, for many women it is the place where they are most at risk in terms of health and personal security. As women worldwide have been effectively locked into their homes with a potential perpetrator, the level of gender-based violence (GBV) has escalated – and Palestine has been no exception. From studying other public health emergencies,⁴⁰ we can see that they tend to have a two-pronged effect. Firstly, a worsening of several factors linked to GBV exacerbate the risk of violence for women. Secondly, the pandemic and associated restrictions make it more difficult for women to access support and protection services.⁴¹

In Palestine, Women are still subjected to high rates of all forms of gender-based violence. The 2019 Violence Survey carried out by the Palestinian Central Bureau of Statistics, found that 29 per cent of Palestinian women had experienced some form of GBV carried out by their husband, in the past twelve months. It also revealed 57 per cent of currently or ever married women had experienced psychological violence by their husbands at least once in the past twelve months. The equivalent figure for physical violence was 18 per cent and sexual violence at 9 per cent.⁴² Several known risk factors of GBV have been significantly exacerbated by COVID-19, as seen in Figure 3.

As referral pathways and support systems have been obstructed by COVID-19, women's organisations throughout Palestine rose to the challenge of finding new ways of reaching women at-risk. WCLAC and several other women's rights organisations established or expanded toll-free helplines to replace or complement the function of in-office counselling and support. Throughout

39 <https://www.ochaopt.org/content/deterioration-mental-health-situation-gaza-strip>

40 E.g. the Ebola outbreak in West Africa (2014-2016) and DRC (2018), and cholera outbreak in Yemen (2016)

41 UNICEF Helpdesk Gender-based Violence in Emergencies, Emergency Response to Public Health Outbreaks, September 2018.

42 Palestinian Central Bureau of Statistics: 2019 Violence Survey.

2020, 64 per cent of WCLAC’s consultations were carried out over telephone, compared to 33 per cent in person. Online campaigns have also been launched drawing attention to the risk of increased violence and how to seek help, including the campaign “We are your voice” that was launched by WCLAC and other members of the coalition FADA in June.

By May, UN Women reported that 53 per cent of respondent service providers in Palestine had observed an increase in domestic violence during lockdown. Similarly, CARE reported that 27 per cent of male and 33 per cent of female respondents indicated that GBV was an increased risk for women and girls in the crisis.⁴³ CARE has also noted an alarming 20 per cent increase of GBV in certain Palestinian towns, including Nazareth.⁴⁴ A survey carried out by Juzoor in April, found that 19.5 per cent of respondents indicated that domestic violence had increased during the lockdown, and a striking 70.8 per cent believed that it would grow even worse if the lockdown were extended.⁴⁵

WCLAC has observed a fluctuation of calls to the helpline throughout 2020, that can largely be attributed to COVID-19 related events during the year. A first sharp spike in consultations was noted in mid-April (a 75 per cent increase compared to previous weeks), which coincided with the lockdown across the West Bank being extended. Another much more pronounced surge in consultations came in June (213 consultations, compared to 58 the month before), although most of these were attributed to legal consultations due to the courts of law reopening, as is further explored under “Access to justice” below. A third spike was observed in August, when cases of COVID-19 began to rise again and local lockdowns were reintroduced throughout the West Bank. The fluctuations suggest that rather than a clearly defined increase of GBV, there have been cycles of increased violence as the effects of COVID-19 have varied over time.

The types of violence reported remained similar to those before the pandemic. The most common reason to call WCLAC’s helpline during 2020 was psychosocial violence (35 per cent), followed by deprivation of social and economic rights (30 per cent), legal rights (19 per cent) and physical violence (9 per cent). The most common perpetrator was by far the husband of the abused woman (85.5 per cent), followed by an ex-husband (8 per cent). This also corresponds to pre-pandemic patterns, albeit with a slight increase of husband-perpetrated violence (75 per cent in 2019 and 78 per cent in 2018), which can be explained by the lockdowns and home confinements where GBV in the home is likely to have increased, whereas exposure to violence outside the home has likely decreased

43 CARE-OCHA: Rapid Gender Analysis to inform the 2021 Humanitarian Programme Cycle in the Occupied Palestinian Territory, September 2020.

44 CARE-OCHA: Rapid Gender Analysis to inform the 2021 Humanitarian Programme Cycle in the Occupied Palestinian Territory, September 2020.

45 Juzoor for Health and Social Development. Gender-Based Violence during COVID-19 Pandemic Palestine , May 2020.

Furthermore, WCLAC noted one alarming change in the consultations throughout 2020. There was a noticeable increase in the level of severity of the violence reported, both concerning psychological and physical violence. There was also an increase in threats to women's lives. Many of the cases dealt with by WCLAC's service unit revealed long backgrounds of violence in the family that had escalated further during lockdown. The increase in severity of violence may have been brought on by increased pressure within households leading to more severe forms of violence. It may however also be an indication that GBV has generally increased during the pandemic and that only the most severely targeted have overcome the barriers to call for help.

In addition to this, more women have reported economic hardship due to lockdown restrictions, which has clearly interacted with and further exacerbated the risk for domestic violence. WCLAC has supported several families that have suffered from increased economic difficulties throughout 2020, and have noted that these families have often also reported a raised level of violence. In several instances, it has been necessary to first secure the family's access to food and adequate living space before being able to address the GBV.

The pandemic also hampered referral pathways in 2020. Women were prevented from leaving the house to search for protection and support, and shelters were at times unable to provide a space that was safe both in terms of protection from violence and from COVID-19. In Gaza, the government-run shelter of protection for women was closed down during the first lockdown restrictions. WCLAC's shelters have also, like those of other women's organisations been affected. In March and April, at a time when the level of violence and number of calls to WCLAC's helpline was peaking, restrictions and quarantine regulations put a temporary stop to admitting women to protection shelters. The regulations at the time called for two weeks' quarantine before a woman at-risk could enter a shelter, but offered no guidelines as to how to provide a safe quarantine period that also ensured women's security and confidentiality.

Decrease in reporting

According to UN Women, figures from April 2020 suggested that while 50 per cent of providers saw an increase in calls to helplines, only 33 per cent experienced an increase in the official reporting of cases of violence against women, and 28 per cent reported a decrease, suggesting that fewer women were able to seek proper help and protection despite an increase in need.⁴⁶ Understandably, when confined to the home, many women have found

⁴⁶ UN Women. In brief – Rapid assessment on COVID-19 and domestic and family violence services across Palestine, May 2020.

that they lack the privacy and possibility to reach out to a helpline or even e-counselling, and are especially unable to reach out for protection or the filing of a police report. The decreased reporting may also be attributed to barriers, actual or perceived, for women to access justice and services during lockdown and restrictions.⁴⁷

This echoes a global trend where both service providers and the general population indicate an increased level of violence that is not necessarily being reported. As noted above, COVID-19 has not only exacerbated risk factors for violence, but also hindered women from seeking help and protection. CARE and OCHA note in a joint assessment that fear of contracting the virus, restrictions of movement, and lack of privacy during lockdowns have all contributed to making it more difficult for women to seek assistance.⁴⁸

WCLAC has noticed a similar trend, of women having a difficult time reaching out due to lack of privacy, or because they have been too preoccupied caring for family members during COVID-19 to reach out for support. Some women found other ways to reach out, for instance through chat functions on Facebook, when not able to visit or call. It has also been common for friends or relatives of a woman at-risk to reach out in her place. Finally, many women have reached out under other pretences, such as asking for economic support, and have only after several conversations made clear that they are in need of protection from GBV. This is believed to be a way for women to seek support without angering a perpetrator that may be listening in on the call, when privacy is hard to come by.

ECONOMIC HARDSHIP AND DENIED LABOR RIGHTS

An economic recession with varying impact

With an already fragile economy and high unemployment, Palestine has been particularly susceptible to the economic crisis that has followed in the wake of COVID-19. Lockdown restrictions have led to closure of businesses and loss in livelihoods, affecting people throughout the West Bank, Gaza and East Jerusalem, and women especially. The Palestinian Bureau of Statistics (PBS) recorded a 12 per cent decrease in the GDP during 2020. The sharpest decline, 20 per cent compared to the previous year, was noted in the second quarter when strict lockdowns and restrictions were imposed.⁴⁹ It is estimated that after the first lockdown period, approximately 121,000

⁴⁷ <https://reliefweb.int/report/occupied-palestinian-territory/impact-covid-19-crisis-access-women-victims-and-survivors>

⁴⁸ CARE-OCHA: Rapid Gender Analysis to inform the 2021 Humanitarian Programme Cycle in the Occupied Palestinian Territory, September 2020.

⁴⁹ <http://www.pCBS.gov.ps/site/512/default.aspx?tabID=512&lang=en&ItemID=3879&mid=3171&wversion=Staging>

Palestinians lost their jobs.⁵⁰ Two out of five households had their income halved or more, during the same time period (March-May 2020).⁵¹ In addition to this, the seven months' blocking of tax revenues that were due to be transferred from Israel to Palestine, further deepened the economic recession, as these tax revenues are estimated to constitute 70 per cent of the total Palestinian revenues.⁵²

Also in the financial sphere, women were hit particularly hard by the effects of COVID-19. It was reported already in March that more than half of survey respondents in Palestine experienced a significant decline in livelihoods and income as a result of the pandemic. In nearly every respect, female respondents found it more difficult to earn a living during the pandemic than their male counterparts. 28 per cent of female respondents stated that they were not able to work at all, compared to 8 per cent of men. Similarly, UN Women found that 95 per cent of Palestinian women leaders of MSMEs reported that their businesses were negatively impacted by COVID-19, due to a decrease in demand, movement restrictions and less support in childcare.⁵³

The burden of care: unpaid labour increases

The year 2020 has also seen a dangerous trend of backtracking in the emancipation of women. Gender roles and division of responsibilities are already rigid and wide-spread in Palestinian society. In accordance with traditional patriarchal structures, men are often considered decision-makers and providers, whereas women are primarily responsible for household maintenance and care. These roles have also been further accentuated and entrenched after decades of stress, trauma and threats from living under Israeli occupation.

Throughout 2020, COVID-19 has exacerbated these roles even further. Lockdowns and movement restrictions relegated hundreds of thousands of women to their traditional role as caregivers and service providers in the home. When messages of social distancing and other precautions began to be circulated, women were among the first to be asked to stay home. When schools closed on March 5th, women overwhelmingly shouldered the responsibility of home schooling their children, often while attempting to continue their own work from home as well. Traditional caregiver roles also ensured that women bore the majority of the responsibility in caring for sick and elderly family members.

⁵⁰ <https://reliefweb.int/report/occupied-palestinian-territory/more-demolitions-new-settlement-expansion-plans-form-backdrop>

⁵¹ http://www.pcbs.gov.ps/portals/_pcbs/PressRelease/Press_En_31-12-2020-end-en.pdf

⁵² <http://www.pcbs.gov.ps/site/512/default.aspx?tabID=512&lang=en&itemID=3879&mid=3171&wversion=Staging>

⁵³ CARE Palestine, Gender Rapid Assessment: A Summary of Early Gender Impacts of the COVID-19 Pandemic, March 2020.

Besides representing several steps back in the forwarding of women's empowerment in society, this has also led to widespread emotional and physical exhaustion among women. On a global level, women already perform 76.2 per cent of the total hours of unpaid care work,⁵⁴ and emergencies such as this tend to further increase the burden. Many women have dealt with emotional and physical exhaustion from the added burden of increased unpaid labour. Reports indicate that overall, women experienced higher levels of stress than men due to the COVID-19 crisis.⁵⁵ A survey carried out by Juzoor showed that both men (42.5 per cent) and women (39 per cent) indicated that men were helping out more with housework during the pandemic.⁵⁶ However, the workload still seems to have been significantly heavier for women. Arab World for Research and Development (AWRAD) found that among Palestinian respondents, 68 per cent of women noted a significant increase in household duties compared to only 44 per cent of men.⁵⁷

At the same time, a CARE rapid gender analysis indicated that when it comes to household decision-making, COVID-19 has done little to challenge the patriarchal norms of men having the final say.⁵⁸ This paints the picture that Palestinian women have been called upon during the pandemic to take a greater responsibility in terms of care and household duties, with their unpaid labour increasing significantly more than that of their male counterparts. Meanwhile, the added stress and responsibility has come with no increase in decision making power within the household, but with a noticeable decrease in mental health and well-being.

IHL VIOLATIONS

At the outset of the pandemic, there was some hope that the restrictions and the need to focus on virus containment would at least lead to a slight respite from the Israeli IHL violations that otherwise impact Palestinian lives on a daily basis. The UN Secretary General called for a global ceasefire on March 23rd in light of COVID-19,⁵⁹ and was joined by WCLAC and 64 other women's rights organisations on the occasion of Eid-al-Fitr.⁶⁰ Instead, 2020

54 https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633135.pdf

55 CARE-OCHA: Rapid Gender Analysis to inform the 2021 Humanitarian Programme Cycle in the Occupied Palestinian Territory, September 2020.

56 Juzoor: "Impact of the COVID-19 Outbreak and Lockdown on Family Dynamics and Domestic Violence in Palestine", June 2020.

57 <http://www.awrad.org/en/article/10707/Coping-with-COVID-19-Pandemic-Impacts-and-Coping-Strategies-among-Palestinians>

58 CARE Palestine, Rapid gender analysis, April 2020.

59 <https://news.un.org/en/story/2020/03/1059972>

60 https://www.wclac.org/News/315/WCLAC_joins_call_with_other_civil_society_organisations_from_the_MENA_regions_for_global_ceasefire_and_unity_in_light_of_COVID19

marked a year where the frequency and severity of IHL violations seems to have increased, or at best continued under the premise of “business as usual”.

COVID-19 added yet another dimension to the intimidation and harassment associated to home raids. Testimonies recorded by WCLAC’s field researchers during 2020 highlighted that in many of the cases Israeli soldiers were not wearing protective gloves or masks when entering homes or detaining persons. Women reported spending days trying to disinfect their homes after Israeli Occupation Forces had entered, often without wearing masks or gloves. Several of the testimonies collected by WCLAC also highlighted that the Israeli soldiers were accompanied by dogs during night raids. This has caused distress for Muslim families who do not allow dogs to enter the house or interact with them due to religious beliefs

Due to the outbreak of COVID-19 and the imposed lockdown restrictions, Israeli authorities initially announced in March that there would be a suspension on demolitions of inhabited structures. Despite this, OCHA reported the demolishment or seizure of 127 Palestinian structures by Israeli occupying forces between March and May, marking the highest number of targeted structures during the month of Ramadan in recent years.

In East Jerusalem, the record for the highest number of home demolitions in one year was broken already in October 2020, when the number of demolitions had reached 125 residential homes. Out of these 84 housing units were self-demolished due to the enactment of Amendment 166 of the Planning and Building Law, which came into full effect in the end of 2018 and has caused an upwards trend of demolitions since then. Self-demolitions have had a particular increase, as families are threatened with high fees if they do not carry out the demolishment themselves. OCHA reports of families being threatened with demolition fees amounting to 90,000 shekels, the equivalent of 28,500 USD.

Violent attacks by Israeli colonial settlers against Palestinians and their property increased with the outbreak of COVID-19. In the month of April, the human rights organization B’tselem recorded a spike in settler attacks. 61 OCHA also reported an increase in settler attacks during the first lockdown, with a 20 per cent increase of settler violence during the period March – May 2020, compared to the same time period 2019.⁶² Oxfam called to attention the impunity that settlers were enjoying in carrying out these violent attacks in the shadow of lockdown regulations.⁶³

61 https://www.btselem.org/press_releases/20200423_violent_attacks_by_settlers_spike_in_april

62 <https://www.ochaopt.org/content/unprotected-settler-attacks-against-palestinians-rise-amidst-outbreak-covid-19>
https://ohchr.org/Documents/Countries/PS/A_75_376_AUV.pdf

63 <https://www.oxfam.org/en/research/violence-and-impunity-west-bank-during-covid-19-pandemic>

MOVING FORWARD: SUPPORTING WOMEN DURING COVID-19

Although recent vaccination campaigns have offered some hope that the most severe health threats will diminish throughout 2021, the end is still not quite in sight. With an entire year soon having passed since the first state of emergency was declared by Palestinian authorities, which conclusions can be drawn on how Palestinian women continue to be impacted?

Firstly, we can see that as time went on, certain threats diminished or became more stable. Access to justice has improved as courts have either reopened or become more familiar with administering justice through online methods. After a rocky start of quarantine regulations, women's ability to access protection shelters was secured thanks to diligent campaigning by women's rights organizations. Women's organizations themselves, WCLAC included, were able to reopen their offices, at least partially, and also grew well-versed in how to offer distance-based support and helplines for women at-risk. These developments offer hope for the ability to adjust to new challenges and effectively address the new risks for Palestinian women.

Unfortunately, however, this does not stand true for all gendered impacts. Certain threats to women's well-being have only grown more severe as the pandemic rages on. Economic hardship has notably grown deeper as the economic recession has taken hold in the wake of COVID-19. Increased unemployment, food insecurity and financial difficulties have left women particularly vulnerable, and households with female breadwinners have been at higher risk than others. Exposure to GBV seems to have followed cyclical patterns, with reporting increasing at critical points throughout the year, for instance when lockdowns have been extended and pressure within families further augmented. The violence reported to WCLAC's helpline has also continued to be particularly severe compared to pre-pandemic levels. Although many women have reached out to helplines or other support networks when most at risk, WCLAC has observed that there has been a significant decrease in the ability to offer long-term support to women victims of violence. This is presumably due to women not being able to find the privacy or time to access follow-up support during lockdown periods.

Other threats and challenges to women seem to have remained at levels similar to the pre-pandemic, most notably IHL violations carried out by Israeli forces and settlers. These have also however been influenced by COVID-19 in many instances, and most of all have compounded with the already dire challenges facing Palestinian women, making it more difficult for them to protect themselves and their families' health and well-being.

Finally, the conspicuous lack of women in leadership and COVID-19 response in Palestine has been a key issue since the beginning of the outbreak, but has gained more attention as the year went on. Women's organizations have often taken matters into their own hands. WCLAC for instance provided gender sensitive aid kits to families and women at risk, in order to complement the aid provided by official sources that were not gender sensitive. Women's organizations have also become increasingly vocal about claiming their seat at the decision making table and forwarding the understanding of gendered impact. Moving forward, ensuring more Palestinian women in leadership will be key to increasing gender awareness in response efforts, thus further improving the situation for Palestinian women during COVID-19 and its aftermath.

Perhaps the main lesson learned from 2020 is then simply that the effects of the pandemic and associated restrictions are in fact deeply gendered. In several instances throughout 2020, the failure to realize this further exacerbated the situation of Palestinian women. Moving forward, women's rights organizations need to continue to point at the particular vulnerability of Palestinian women in coping with the multitude of COVID-19 related impacts, and to amplify the voices of women and their uniquely gendered experiences.

The experiences of 2020 show us that this can have profound effects. Women and women's rights organizations who lobbied for better quarantining guidelines for protection shelters, or more gender sensitive determinations of the urgency of court cases, were able to secure better protection for women at-risk. At the same time, the many challenges that continue to face Palestinian women indicate that these efforts need to be continued and augmented.

In tandem with this, WCLAC along with several other women's rights organizations continue tirelessly to offer legal, psychosocial and protection support to individual women. The year 2020 demanded ingenuity and resolve in order to be able to continue reaching women in need of this support. The fact that levels of reporting have either remained stable or increased for the vast majority of support helplines is a clear indication that the efforts have been largely successful. Moving forward, we will all need to continue to reassess the particular needs of Palestinian women in a COVID-19 and post-COVID-19 context, as well as the available methods of support. Most of all, the past year has shown us that government, NGOs, INGOs and other actors looking to support Palestinian women during these times need to exhibit three key characteristics: an awareness of the gendered impacts of COVID-19, creativity in order to meet this new context and an incessant determination to continue forwarding the rights of Palestinian women in the face of new challenges.

The 1948 lands

Feminist Position Paper:

**The Corona Crisis - Performance
and methods of crisis management
and its impact on the status of
Palestinian women in The 1948 lands**



نساء ضد العنف
Women Against Violence

The 1948 lands

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Introduction

On 3/11/2020, the World Health Organization classified the outbreak of the Coronavirus as a global pandemic. WHO named it SARS-COV-2 and named the disease caused by it as Covid_19. The high number of infected people in the country led to enforcing complete lockdown on 3/19/2020, which lasted about two months. During this period, precautionary steps were announced (such as closing borders, preventing people from leaving their homes, establishing digital tracking for those infected with the virus and others). This lockdown coincided with the political deadlock that prevailed in the country against the backdrop of the holding of three parliamentary elections, within less than a year, without conclusive results that would allow any of the two main competing parties: Likud and Blue & White to form a government. Due to the impact of the Corona crisis, and after the longest political crisis that prevailed in the history of Israel, an agreement was signed on 20/4/2020 between both parties to establish a national emergency government under the pretext of confronting the pandemic.

The Corona crisis revealed the state's nakedness and its neoliberal right-wing policies, which over successive years led to the deterioration of the health, welfare and education system. It also shed light on its systematic discriminatory policies over the years towards the Palestinian community as a national minority in general, and the reality of Palestinian women in particular, where Palestinian society suffers from poverty and discrimination in all aspects of life, which made it the most affected in this crisis at all levels.

This paper was written at the beginning of the second wave, the acceleration of the outbreak of the pandemic, and the emergence of the government's failure to deal with the crisis, which led to the announcement of the complete lockdown for the second time. This paper monitors the prevailing

dynamics in the policies followed in facing the Coronavirus crisis and its impact on Palestinian women specifically, at two levels: The first level: The state's policies in its various ministries and institutions, and the second level, which is the local level represented by the Palestinian society and its political leaders, entities and effective frameworks. This paper aims to present a comprehensive feminist analysis and critique of the crisis to extract lessons and learn from experience in order to improve performance and support the role of the feminist agenda and the role of women in managing crises and emergencies (current and future). On the other hand, the paper also comes to question the concerned authorities (local Arab, national and governmental) that deliberately failed or neglected to deal with the crisis.

It is important to note that this paper, and in line with its feminist vision, was also written in a feminist mechanism. This was achieved through a multi-layered path in which the active Palestinian associations with their various activists and the diversity of their locations and contributions participated. Their participation was through individual interviews and group discussions in which they deconstructed the prevailing discourse and practices and re-assessed the crisis and its implications in a view inclusiveness that takes into account the prevailing power relations at the various political, economic, social and class levels. Doing so, was at the level of the state and the Palestinian community and its impact on the reality of women, as well as their contributions as civil society institutions in facing this crisis.

Military administration and discourse instead of civil discourse and administration

The discourse, strategies and practices followed by Israel since the beginning of the Corona crisis, blatantly reflects the military and war mentality in the country. The government has dealt with the pandemic from the first moment as a war to win over the enemy, instead of dealing with it as a health crisis with social, economic and psychological consequences. As for the discourse of Benjamin Netanyahu, he appeared calling for Benny Gantz to establish an emergency government to save the people and the state and to enter under the stretcher - This term that was invoked from the world of the military and the army. The same term was used all the time by politicians and media professionals, and positioned dealing with the Corona virus as an enemy that threatens the entity of the Jewish people. The military discourse was associated with linking it to the nationalist and the biblical religious discourse; both of discourses supported the other and excluded the entire Palestinian society as citizens of the state. From the beginning, this military rhetoric carried political agenda. Netanyahu used it to achieve his goal of establishing a national unity government, as is currently used by Naftali Bennett, head of

the Yemina party, whose power began to rise as a substitute for Netanyahu and his failure to manage the crisis and a savior for the people from this crisis. In a speech he delivered on 3/19/2020 after enforcing the lockdown, Benjamin Netanyahu directed the citizens of the state by saying “Every citizen in this country is a fighter in this war against Corona,” describing the medical teams as “forefront heroes.” Other officials repeated these terms and the speakers used military terminology and models when addressing the public. The various ministries also dealt with the information as “military secrets.”

The use of military rhetoric known to the public in the country was aimed at intimidating people and paralyzing critical voices. However, this discourse was not limited to politicians only, but went beyond that to the media professionals who cover the pandemic news and other various groups. For example, we heard some artists and actors say, “War cannot be won without the art.” This language later filtered to the local Arab media, who began covering the pandemic news using the same phrases.

This discourse reflected the military policies and strategies that were used to intervene in resolving the crisis. This was exemplified in the system that was developed to deal with the crisis, which borrowed its names and structure from the military establishment, developed “Command rooms” to fight the “enemy” and organized an operation of (מבצע) to deal with the crisis. The army was also assigned various tasks, so army officers were called to decision-making and crisis management positions, and army units and elements were used to impose not only lockdown in different cities, but also in managing Corona hotels, managing the distribution of supplies to the needy, and other civilian tasks. This has been a problem especially in the Arab community, as the army, police and Shin Bet are all institutions linked to a confrontational and threatening relationship towards the Arab community. They also relate, in the Arab collective memory, to the oppression that the Palestinians face at the hands of these institutions, from the days of military rule through the Land Day and the October events and all the confrontations until today. In light of this reality, the entry of army units into Arab cities and towns and the cooperation of local councils with these units becomes strange and problematic, with various political consequences.

In addition, the Shin Bet enjoyed the power to intrude the privacy of individuals, monitor their mobile phone, and participate in bringing necessary medical equipment from countries with which Israel does not have official relations. Most of the groups in Israeli society did not find a problem with the tyranny of rhetoric and military practices in the Corona crisis and considered it a natural continuation. Thus, they did not pay attention to that, but rather accepted it. At the same time, the Palestinian society that is accustomed to the persecution of the Shin Bet dealt with that in some sarcasm and mockery due to the failure of the technology used to infection outbreak. The voices

of politicians and activists in the Arab community have been warning against the use of these means and the exploitation of the Corona crisis to tighten the government's control over the Arab community and pass political initiatives that perpetuate the security mentality that governs the state's relationship with the Arab community over the years. This security mentality was reflected recently when it was announced that retired Shin Bet officers would be recruited to work in tracking Arab citizens and monitoring the Arab public and their behavior in the crisis.

Militarization has dominated the strategies of dealing with the issue of health in light of the crisis, as we noticed the same treatment that we are accustomed to, in dealing with the issue of "state security", including a rejection to critical thinking, dissenting opinions and the exclusion of women from various decision-making positions. Women were excluded from the government advisory committee and the ministerial cabinet, and even from the discussion session held by the prime minister around the return of schools to function, and although the majority of workers there were women, there was not a single woman in the session with the prime minister. This led to a debate between Palestinian and some Jewish feminists who fought for female representation in all contexts without paying attention to the nature of these frameworks. However, the Palestinian feminists raised the importance of structural change of frameworks and not only gender representation, rejecting the idea of participation and activity in military structures and stressing the importance of crystallizing structures that are civilian representative of women and their issues.

These policies and practices deepened the discrimination and racism that we suffer and marginalized the political, social, civil and professional discourse, as civil society institutions were not given a sufficient role in managing the crisis, even with regard to schools and the public education system, this sector was not consulted in imposing or lifting restrictions. Also an important tool in strengthening societal immunity was absent from government practices, which is relying on citizens and providing them with sufficient amounts of information that lead to decision-making, unlike other countries that dealt with their citizens as responsible and rational people who are aware of and care about the public interest. In addition to that, the racist trend represented in the statements of the prime minister, who wrote several times during the crisis on social media that a government dependence on the Joint List would be a "misfortune for Israel" and a "danger to Israel", which showed and shows that racism does not abide by "lockdown" at the crises time.

The policies of racism and systematic discrimination cast their shadow on the Palestinian society in the Corona crisis more than ever before, as it showed the lack of readiness of institutions to deal with emergencies such as local councils and educational institutions. At the level of the education system,

stark gaps appeared in the Arab community. When the Ministry of Education decided to approve a distance learning system in schools and to reduce the number of students inside classes (the partition system - קפסולות), it was not possible to implement this system in many areas. Data from the Knesset's Committee on the Rights of the Child showed there are 400,000 students who lack access to a computer or the Internet. Most of them are from Arab towns and villages that are economically vulnerable. Likewise, the conditions in Arab schools in terms of buildings and the overcrowding do not enable applying this system in all schools. Degrees of discrimination are striking in the villages that are deprived of recognition in the Negev. In these villages, thousands of students suffer from massive overcrowding in classrooms, continuous water cuts in schools in light of the scorching heat, while more than half of the students are unable to reach the school on travels due to the lack of access to adequate ways to reach. Thus, currently in light of the Corona crisis, the percentage of students who can learn from distance is less than 30% due to the lack of internet and computers.

While these policies expanded the numbers of those affected by the Coronavirus crisis, various groups took to the streets to demonstrate against the government. Workers' struggles emerged, such as the struggle of workers and social workers, nurses and laboratory workers. This, in addition to the daily demonstrations, opposite Prime Minister Netanyahu's house in Jerusalem in the Balfour area. Nonetheless, the content of this protests remained focused on Netanyahu's person and not on government policies. It is still not sufficiently politicized and unable to understand the different relationships and intersections between the occupation and the military structure of the state and its impact on society in all its levels and aspects, in the Corona crisis, and far from the Corona crisis. This explains the reluctance of the Arab community to participate in most of these protests and its feeling of frustration and inability to influence, especially after Benny Gantz, head of the Blue & White party, in the recent elections of the Joint List, ruled out any possibility of relying on that list to form an alternative government to Netanyahu's right-wing government.

Media promotion of patriarchal male rhetoric and traditional gender roles

Palestinian society in Israel depends on a private media system that includes radio and television stations, news sites and newspapers, all of which are managed privately, and behind them are businessmen seeking to earn a profit in the first place. On the other hand, there is the official, institutional, government-affiliated media that includes Arabic-language radio and a television channel. During the period of preparation for the lockdown and

during the first wave, the Hebrew media controlled the information and controlled the methods and frequency of its delivery to the Arab community, before the Arab media came late to copy the contents from the Hebrew media.

The Arabic-speaking media's poor professional led most of the Arab public to follow the official Hebrew channels as the main source for receiving information, and the interaction of the Arab community with the prime minister's evening statements became part of daily life, putting Arab media aside. After a few weeks, criticism escalated about the accessibility, readiness, and appropriateness of the means of explanation and awareness of the Ministry of Health in Arabic language, as we saw some leaflets borrowed from the Jordanian Ministry of Health or from the Palestinian Authority or even from the Gulf countries. Knowing that the Palestinian society in the state does not use this dress, and that this is a strange stereotype and far from the mentality of the local community. After the escalation of criticism about budgets for awareness and instructions in Arabic and the cooperation of the Arab media with the Ministry of Health, a budget was allocated for advertising in Arabic and the main websites of government institutions, especially those of the Ministry of Health, were translated into Arabic.

The Arab Emergency Committee worked in this regard parallel to government media. Its main mission was to keep pace with the fight against disease in the Arab community and to issue media alternatives, publications and information drawn from government agencies, to deliver them to the Arab community, in an attempt to deal with the continuous delay in publishing data and instructions in Arabic. However, a strong male orientation dominated the rhetoric and tools, in addition to the small number of women on the committee.

The official media campaign of the Ministry of Health began, in Arabic, with the presentation of short films about the necessary preventive to prevent the outbreak of the pandemic, the most famous of which was the movie Vine Leaves. The movie reflected the mentality of the institution that sees the stereotype image of Arab women through. The video aroused dissatisfaction of women's associations because of the stereotypical ideas it contained about Arab women. It depicted their role as being limited at home as a mother who spends most of her time wrapping vine leaves and wandering around with pots from house to house. The video called on women to stay "hidden" in their homes during Ramadan, for the security of the family, the husband and children to be satisfied with them as hardworking housewives. Following criticism published by feminist activists, the ministry was forced to stop broadcasting the film. As for the other film that was produced about how women should celebrate in weddings, it was full of representation, exaggeration and cultural superiority over women, especially from the Bedouin community, and their wedding customs.

It was not only the Ministry of Health, its media and its contractors who pushed the woman to return to the kitchen in the days of the Coronavirus outbreak. Rather, most of the media in the Arab community including broadcasters (Voice of Israel, People and the Sun), private satellite channels (Hala, Bakra, Banit and Musawah) and websites (national and regional) - all of them adopted Stereotypical gender roles for women and men during the Corona period. They showed women as returning to cooking, cleaning, childcare, teaching children instead of female teachers, and managing the distance learning system. The satire and humor programs presented an image of the woman working from home as if she was not working. In fact, she is a housewife but she “pretends” that she works remotely. The teaching profession constituted the most important content of irony circulated through the media and social media websites, about the work of women during the Corona time, (the teacher who cleans lentils with her students, and others cutting molokhia leaves, while others make cakes at the teachers’ rooms). This was also coupled with incitement and mockery of them, which did not stop until after several days had passed. The mockery also affected men who, because of the Corona, turned into “skilled household women”.

As for news, analytical programs, interviews and discussions around serious and critical issues, we noticed a very small number of female experts who were invited to interviews. This fits the same for the Hebrew coverage that is also exclusionary for women in a blatant and flagrant manner. There are very few female doctors or experts in the field of public health locally who have been invited to talk about the issue of Corona, knowing that the number of female doctors and nurses involved in facing the pandemic is very large. It is worth noting that there were some attempts by some media to reduce the differences in the representation of women among the speakers, but this matter was not systematic nor prevalent in all media.

Despite the increase in killings in the Arab community and increase in reporting of violence against women during the closure, it was very difficult to push feminist issues on the press agenda that is busy with Coronavirus news, and there was a need to pressure for and prepare media materials ready to be published or included on the media agenda. For example, women’s associations prepared position papers on the readiness of social welfare departments and on the necessity for women to participate in the corona cabinet. These associations also engaged in several discussions with government departments about the corona impact on women, in issues of work and unemployment, health, victims of violence, femicide, the digital demonstration against the killing and other things. Yet, all of these cases and activities did not receive press attention and were lost for the Corona news along with the economic and political fluctuations, the formation of the government and other issues of the day. The message the audience received was that there is currently no time for your issues nor for a discussion of the feminist discourse.

Even when guest analysts or speakers on issues concerning women, the first voice heard was that of men. For example, with regard to covering the struggle of social workers, men frequently featured to talk about the workers' demands, despite the fact that women constitute 87% of the workers in the social work profession. After that, some feminists turned to the media and provided their comments on this approach. In another example, the media hosted (and quoted) Arab nurses working in various hospitals on a daily basis, knowing that most of the nursing professionals are women. Not to mention the teachers' union strike, about which men have also reported exclusively in the Arab media. The only struggle that the women took over was the strike and the protest of the kindergartens, as there are no men in this profession yet in Arab society.

To sum up, we can say that the local Arab media has failed in three main areas: the first is the percentage of Arab women's representation, whether as speakers or journalists, was very limited. The second is the representation of women in the media in a typical and even demeaning manner through a male-style coverage of all public health, mental and societal health issues that enhance social stereotyped gender role without challenging them. Thirdly, dealing with purely feminist issues as secondary non-central issues as if they are separate from what is happening in light of the Corona crisis. On the other hand, some feminists have actively monitored, actively and proactively the media, and when necessary, they held them accountable or advised them. There is no doubt that this is an area for feminists to intensify their efforts.

The performance of politicians and exclusion of women's institutions

The Emergency Committee emerged from the High Follow-up Committee and the Committee of Heads of Local Authorities, with the onset of the Corona crisis and the impact of the state's flagrant failure in its dealings with the Arab community. The Emergency Committee included professional figures from various existing committees in the Follow-up Committee with the local and parliamentary political leadership, but it did not invite women's institutions to join, rather the latter imposed itself on the committee.

The committee worked on exerting pressure on the various ministries by submitting papers that outline the urgent needs of the Palestinian community in facing the Corona crisis, as well as the local affairs in Arab towns and cities, such as securing supplies for needy families.

In parallel, members of the Knesset worked in their capacity in lobbying and demanding for the establishment of rapid testing centers that did not exist in Arab towns and demanding the introduction of the Magen David Adom

medical services for Arab towns and the translation of materials and health directives into the Arabic language. All of the above were delayed before being accessible for the Arab cities and towns.

Feminist participants who joined the emergency department indicated the uniqueness of this experience. The mass organization was unprecedented and remarkable, and this crisis showed many local competencies and experiences and the ability to work in partnership, and to deal with the needs of the Arab community at a high professional level. The Emergency Department, with the expertise of its professionals, was able to draw the attention of politicians to these needs and coordinate prevention. In turn, members of the Knesset in the Joint List took the recommendations of the commission and worked with the various ministries to secure the required services. In spite of what was apparent in the stampede and their race to appear in front of the cameras, it was clear that they tried as much as possible to work to secure the needs of the Arab community in exchange for the government.

In addition, it was clear, especially after coming out of the first lockdown and until today, the gap between the Knesset members and the Follow-up Committee and the Committee of Heads of Local Authorities, as well as the gap between municipalities, council heads and civil society institutions.

With the outbreak increase of the pandemic in the Arab community in the second wave, where wedding gatherings were a central reason for this outbreak, Arab local authorities were unable to unite and agree to deal with the spread of the Corona pandemic in a clear and systematic manner. They were the first institutions that dealt directly compared with the various government ministries. Some of the heads of local authorities dealt with the crisis individually and used the pandemic to focus on their appearance and achievements, in addition to the reckless handling of some mayors by not adhering to preventive instructions. Some of the heads of local authorities dealt with the spread of the pandemic in his city or town and its classification as “red” city in terms of epidemiology classification, as a stigma and failure. Instead of working to build a solid and comprehensive plan, they denied the existence of the pandemic and questioned the data received, they also tried to appeal the decision and approach the courts to change the town classification decision. Most of the heads of local authorities at this stage did not succeed in employing this crisis to build a civil plan, nor to seek the assistance the emergency committees that were established to promote social solidarity, revive popular action within our Arab towns and cities, and promote individual and collective initiatives. They also failed in engaging all groups of society and its civil institutions, to provide a helping hand to the needy groups, such as the elderly, the sick and battered women. This work had a vital contribution to the development of community immunity and solidarity.

Different feminist trends in crisis management:

With the onset of organizing locally, women's associations were excluded from the preparations of the Follow-up Committee, the Committee of Heads of Local Authorities, and the various committees emanating from them. They were not referred to participate in the work that began within the various committees. Some of the associations decided to go to the Follow-up Committee and the Committee of Heads of Local Authorities to raise women's issues and their needs. They considered that this matter was a necessary and urgent need, while other associations worked with less contact with the various entities, or completely away from this aspect, and focused on direct work with the public, mainly with women.

When it became clear that the paper prepared by the committee did not include any dedicated discussion of women and their needs, the activists demanded the introduction of women's issues and their needs, as well as how to prepare to deal with this matter in light of the lockdown. In the wake of this trend, the director of one of the associations became a permanent participant in the emergency committee, and thus she networked between the feminist frameworks and the organization, which, according to the women's associations, made it possible to place women's issues and feminist vision on the agenda of dealing with the crisis. For example, after raising the issue of increasing violence against women during the lockdown, the Committee and some of the council chairs published helplines for battered women. In addition, a response was made to the association's request to return social workers and consultants to raise the status of women as vital workers in municipalities and local councils.

On the other hand, other associations decided to continue their work with their target audience without joining these entities, and they continued in their work without communicating with official institutions or representative bodies. Part of this trend stems from the associations' engagement, according to their directors, in a lot of direct work with women, and partly from their feeling of exclusion in comparison to other institutions and entities. There are associations that have expressed their permanent position on boycotting the High Follow-up Committee, due to previous and repeated attitudes that are demeaning to women and the lack of reliance on Knesset members and their ability to advance women's issues.

Some feminists also expressed their reservations about the follow-up committee's reliance on the Islamic movement to focus popular work in distributing supplies and establishing emergency lines, rather than establishing unitary work emanating from the committee, in which work is available for all parties and political frameworks and thus guarantees access to different segments of people. The crisis demonstrated the severe

failure of the Palestinian community in the country to organize to deal with emergencies. This lack of organization led to the scattering of efforts and to some unpleasant phenomena of competitions and duels with the distribution of packages. This issue also revealed the problem of the lack of an Arab center for dealing with crises after the closure of the Mubadara Center, which was established after the experience of the crisis that the Palestinian community lived in the north during the war on Lebanon in 2006 and included many Arab civil society institutions. The Mubadara “Initiative” experience aspired to ensure that the movements, activities, support and assistance in emergencies are not entrusted for or intended for a specific audience or under factional party cover, but rather represents all bodies and individuals.

To summarize this point, some feminists have adopted a strategy of engaging and trying to influence reality from the heart of public representative bodies instead of working alone or remaining in a position of criticism from outside these entities. They did so believing that opening these channels is an opportunity to reposition feminist associations within these bodies and impose their sayings and vision on them and the creation of larger areas of cooperation. Although the impact was limited, the insistence on participation and follow-up on a permanent basis can achieve desired results. On the other hand, others adhered to their positions boycotting this type of participation for structural reasons in these entities and their lack of conviction in the ability of these entities to influence public policies. They also decided to work away from them, and in certain aspects to find an alternative that would allow them to provide aid to the target audience according to different criteria.

The increase in violence against women and the failure of the government and responsible authorities to deal with the crisis

During the period of emergency, the state has a responsibility towards all its citizens and the marginalized groups in particular to take all necessary measures to ensure their protection. However, in the early days of the crises, the state blatantly neglected the battered women, their needs; protection and care. The relevant ministries did not issue any special instructions for dealing with this group. While the government imposed lockdown and ordered the public to stay at home, the Ministry of Labor and Welfare did not issue special instructions on how to deal with battered women and work in light of the lockdown, which imposed on the battered and the perpetrators to be in one space. Consequently, this increased pressures and tensions at home. Feminist organizations have warned since the beginning of the Corona crisis, of the repercussions of the crisis and the closure on women in various forms of danger.

Feminist organizations in this field reported a significant increase in the number of people coming to helplines. Since the beginning of the closure, approaching the helplines operating in the various women's associations has increased by more than 40% compared to the same period last year. For example, last year the number of calls for assistance through the emergency line at the Women Against Violence between March and June were 288, while in the same period of this year it reached 426. The same applies to other associations. The Corona crisis has made the saying that women live with their victimizers clearer and more dangerous. This period showed different layers of violence and situations that would not happen in normal times. Associations have monitored this risk even during meetings against many women, when they reported violence, as they suffered threats and violence, and calls were cut off. The increase in reports of violence against women with disabilities was also significant, as it appears that closing the private frameworks for persons with disabilities, especially women, and returning them to their homes has led to their exposure to violence, thus they turned to the helplines.

This year, until today, eight Arab women lost life, two of them at the hands of their husbands who were under orders to stay away from home. The local political leaderships did not pay any attention to these crimes, nor the media, and the flagrant failure of the police and all the competent authorities remained outside the societal discussion that was involved in how to ward off the risks of the pandemic.

The associations demanded the development of policies that protect women exposed to violence in their homes and in shelters, and pressure to have frameworks that secure protection for them, and to provide a new alternative for women who cannot go to regular shelters. They also demanded to have instructions that provide protection for women in shelters, and that special measures be in place to ensure limiting the virus outbreak by allocating tests for women who are going to shelter. At the beginning of the crisis, the relevant ministries did not have answers to many of the questions on how to deal with the Coronavirus and questions concerning women in the country (for example, finding practical solutions to quarantine procedures and the procedures for "seeing" children, which is usually done at the communication centers of the social service departments). Women's associations had a central role in raising these needs at the local and governmental level since the beginning of the crisis. After two months of these pressures, the Ministry of Labor and Social Services opened an additional shelter that became full after opening. The ministry also approved the establishment of two additional shelters (when drafting this report, the approval was received to start preparing for their opening. One of the centers will be in the Arab community and will receive Arab and Jewish women). Here, it is worthy of mentioning the extreme difficulties that battered women encountered in

these shelters, as they go into lockdown and cannot have communication, in addition to the psychological repercussions on them. In addition, it must also be noted that women with disabilities who were before the Corona crisis in external settings and were returned home with the start of the crisis, which puts them in dangerous situations that are not easy to detect or receive assistance and protection.

In parallel, women's associations raised the issue of Corona and its impact on women in general, pointing out the great pressures that women began to face inside their homes, which are not being taken into consideration and their effects on the status of women. With the children at home and the school going for distance learning system and working from home, all these urgent changes created many tasks and burdens, mainly borne by women and mothers who found themselves fulfilling the roles of production and care at the same time, while assuming multiple responsibilities, causing their physical and psychological exhaustion. Especially since, we are talking about the majority of Arab households that live in stifling housing conditions and overcrowding at homes and cannot guarantee the privacy of their members, which indirectly creates a tense and suffocating atmosphere.

Work against various government ministries and joint work with Israeli associations:

With the onset of the crisis, a "women's headquarters" was established by Arab and Jewish feminist associations, which was established in order to work on the status of women and their needs on the state's agenda and to pressure government ministries to heed their issues. Through this partnership, a round table was set up that included feminist activists from civil society institutions and representatives of ministries and a cross-sectoral roundtable that meets continuously to this day. Through this, papers were prepared and submitted that monitored the needs in the field and resulted in securing the so-called "hoteling" for some women who needed a framework other than the existing shelters, and approving the establishment of additional shelters for battered women.

The feminist associations participating in this framework considered that the ability of Arab and Jewish feminist activists and working in Jewish-Arab partnerships was faster than the organization of government ministries. This ability pushed the government, with pressure, in the direction of all issues, not only issues of violence, but other issues such as employment of women, and the establishment of specialists' teams, submitting papers to various ministries and working in front of Arab local councils. As is the case with regard to participation in the emergency committee, the degree of participation of Arab women's societies in this regard varied. While some of them participated in the women's headquarters, others remained far from these partnerships.

Corona is an incentive to develop new services and partnerships:

The corona crisis came to be a speedy factor in many associations to develop new services and modern methods of communication with women. The associations reported about the Corona period and its specificity in accelerating the development of a mechanism for communicating with battered women via a mobile phone line that allows the possibility of opening a chat on WhatsApp. The Corona crisis showed how vital this service is for a specific segment of women, especially young women, in creating a safe space in which they can report violence and receive assistance.

Additionally, field activists distributed food parcels to families in distress, away from the distribution by popular committees and the resulting dedication to certain families and the exclusion of other families and using that financial support in return for a political price. This distribution showed the presence of women's segments that do not deal with communication networks and the internet, and they do not have access to information. Through the arrival of field activists to the homes to deliver packages, cases of violence were detected that women could not report through communications or communication networks.

One of the women's associations also contributed to the enrichment of food aid packages distributed with a brochure on crises management and proposals to activate children in addition to materials of games, books and various resources. Thus, the association worked to expand the support from food support to psychosocial support and to draw attention to the fact that the crisis has psychological and social effects. It is also important to deal with them and provide them with appropriate support. Some women's groups focused on containing parcels for women's personal needs.

At the regional level, the widespread use of the Zoom app led to a renewal of communication between associations with their counterparts in the Arab world, so a meeting was held for the regional Salma network. On the Palestinian level within the Green Line, the West Bank and Gaza, the "We Are Your Voice" campaign, launched by the "Fada" group, brought together 21 associations in a campaign against violence against women.

When it comes to financing funds and the extent of their response to associations and their material needs during crisis time, it is important to point out that some of the associations saw that the support funds responded to their tendencies and allocated special budgets to the new needs that emerged. On the other hand, some associations indicate the extreme difficulties in obtaining funding from external support funds before the Coronavirus and during the pandemic time as well, and the focus of funding during the Coronavirus period is on relief and providing food aid instead of allocating funds for long-term projects and programs. Likewise, women's

associations began to face difficulties in obtaining government donations that the state and local government authorities announced, due to the conditions and criteria that the associations cannot meet. For example, the association's income is required to exceed a certain amount during the year (in one donation, 500,000 shekels as specified), which consequently excludes most women's associations. In addition, some associations face difficulty in obtaining the annual funding they used to obtain from the local councils due to the severe distress that Arab councils suffer due to the Corona crisis and the failure to transfer budgets to them, also because the government follows specific criteria (such as industrial areas, which are almost non-existent in Arab towns). Consequently, the majority of Arab councils have been exempt from these donations.

The impact of personal status and judicial matters and their repercussions on the reality of women

With the beginning of the spread of the Corona pandemic, the Courts Administration took preventive measures to prevent the spread of the virus. The Minister of Justice completed these measures by issuing an emergency order. It is interesting that the Minister of Justice was the first to declare state of emergency in the judiciary. This decision carried a personal character and was closely linked to the attempt of the Minister of Justice at the time, Amir Ohana, who was close to the Prime Minister, to close the courts in order to influence the trial of Prime Minister Benjamin Netanyahu.

In spite of the measures put in place to keep the possibility of going to the courts, yet, according to the emergency order, the work of all courts of all levels in regular courts (except for the High Court of Justice), religious courts, labor courts and procedure departments was suspended, and all sessions that had been previously scheduled were postponed. It was only permitted to continue hearing and dealing with urgent cases and orders. The disruption of the courts' work had difficult consequences in the area of personal status. For example, there was difficulty in implementing court decisions related to the issue of seeing children and establishing communication between one of the parents and children in the family association center, especially since these centers were closed. In order to maintain this communication, There were instructions to hold these meetings virtually, which is a method that does not meet the needs of the child and parents in these difficult circumstances. Another obstacle that resulted from the crisis was the delay of the National Insurance Institute in implementing court decisions in expenses cases, as single mothers had difficulty fulfilling the required criteria, which led to obstruction and delay in payment of expenses and deepening of the economic crisis for these families.

In practice, the judicial system was not prepared to operate in an emergency situation, and what added to the problem is that this system is linked to other systems that have stopped working, such as social services offices, which are key to courts and other organizations such as disrupting public transportation, deteriorating economic situation, etc. Therefore, the main problem that women faced in this period was the de facto accessibility of the courts and accessibility.

Another difficult factor for women is the cessation of the accompaniment that some women need in going to court by volunteers due to the lockdown. All systems of protection laws were not appropriate for women under the Corona crisis. Every woman may need a protection order through which the court issues a deportation order for the man, which was problematic. At the time of closure, there is a need to arrange an alternative place for the man, usually with relatives or acquaintances, and this is difficult to secure under such circumstances. There was no new mechanism suitable for the emergency in this regard. Practically all legal mechanisms during the Coronavirus period were neither accessible nor appropriate to the needs of women, paradoxically with the sharp increase in reporting of violence against women. With the end of the first lockdown, the percentage of women associations seeking to receive legal advice increased over the same period last year. It seems that women have postponed starting long legal lawsuits (such as divorce, claiming alimony, etc.) that were postponed due to the lockdown, while the tendency focused on reporting physical and economic violence.

Neglecting the health impacts of the crisis on women and marginalizing female health experts and medical staff

The Corona crisis has deepened the existing health gaps in the Arab community, and highlighted them in particular, in the field of health services. The lack of readiness of health services in Arab towns appeared in the provision of health services, and the health differences emerged between the Arab community in the country and other citizens. These differences also emerged between the geographically different regions - between the north, south and center of the country.

In addition, the Corona crisis and linking it to militarization made all marginalized groups further marginalized. This marginalization deepens when attention is paid to the multiple intersections between national, economic, gender and geographical aspects. For example, these intersections together place the health status of a Bedouin woman living in the Negev, in a polygamous system

and in a village deprived of recognition, in several layers of marginalization and in the most dangerous places in terms of dealing with the Corona crisis.

The participation of Arab women in health and public health in the decision-making places

Under the military administration of this crisis, it was easy to marginalize women in general and Palestinian women in particular. This was evident in the absence of women and Arabs from the committee that was set up to manage the crisis by the government, which provoked criticism of women's institutions. At the local level, the Health Committee, part of the Follow-up Committee, which was reactivated with the beginning of the Corona crisis, included eight people, including only one woman. This committee was able to diagnose the existing gaps at the level of health services as well as at the level of obtaining health rights and to formulate proposals for the existing needs and to work at the level of advocacy vis-à-vis the Ministry of Health, with the help of Arab Knesset members and the Joint List. This coordination and networking between the professional and the political levels led to pressure on the government to pay attention to the Palestinian community and provide basic health services. These services included setting up rapid examination centers, providing information and explanatory leaflets in Arabic about the Coronavirus and how to deal with it, and calling for the introduction of Magen David Adom services for first aid to Arab towns and conducting examinations. Through the activation of this committee, other topics were previously marginalized, such as mental health and the health of Arab women, and the need to work in this aspect. The Corona crisis showed more than ever the lack of Arab societies working in health and in the field of women's health. It is important to note in this regard that despite the presence of only one woman in this committee. Because that woman was the only specialist among the committee members in public health, various politicians have advised members of the Knesset approach for and rely on her consultations. On the other hand, there is no doubt that this matter was not the same within the committee, as the male doctors, all of whom were hospital directors, sometimes showed lack of acceptance.

Women's health, especially that of Arab women during the Coronavirus period

Research shows that the health of Arab women is generally lower than that of Jewish women and Arab men. Arab women suffer more from chronic diseases, such as diabetes, stress, obesity, depression, postpartum depression, and stress, all of which are 1.5 times or more than Jewish women. This means that Arab women in the Corona crisis are a group more likely to suffer from the disease than Jewish women and Arab men. These

health gaps between the Arab community and the Jewish community are not the result of a coincidence, but rather the result of a systematic and successive policy of discrimination and neglect in the field of health in the Arab community. The latest data published by Physicians for Human Rights, blatantly indicates the existing gaps in the accessibility of health services and the health status of the Arab community, noting the accumulated gaps in the infrastructure of the health system, the geographical distance of health services from Arab towns, and the privatization policy followed in the health system. This is evident in the poor public health services, the shrinking of the workforce in the suburbs, the lack of investment in infrastructure and public transportation. In addition to the high poverty rate in the Arab community. This limits the possibility of them having complementary and private insurance, which allows them to receive high-quality health services.

For all these reasons, there was a concern that this situation would lead to a serious problem, but the first wave passed without that. According to data on corona infection among Arab and Jewish men and women, it remained almost equal. (Only in the Negev region, the percentage was higher among women, and it seems that this is due to their living conditions, as there is no permanent water and the living conditions are very harsh, especially in villages without recognition). However, these data began to change in the second wave, and with the spread of the pandemic widely in the Arab community, we still do not know if there are gender differences in the number of infections or in the different effects of the disease on women and men.

In the field of reproductive health, all women were affected at the beginning of the crisis, as the work of the abortion committees, pregnancy treatments and cesarean childbirths stopped in hospitals when the state of emergency was declared. This put many women at risk and situations that have a crucial impact on their reproductive health. Any delay in the timing of abortion can lead to medical decisions that are not in line with the women's desire to continue or stop the pregnancy. Additionally, treatments for pregnancy and caesarian childbirth and stopping them suddenly may negatively affect the possibilities of pregnancy. The woman who exceeds the age allowed for these treatments, by one day, may be deprived of receiving these treatments. Only after female doctors and political pressure on the Ministry of Health did abortion committees and artificial pregnancy treatments got re-activated.

Currently, with the spread of the disease in the Arab community, additional units have begun to receive Coronavirus patients, in Arab hospitals. These units are all concentrated in the city of Nazareth, through which hospitals receive large budgets at the expense of closing certain departments, and recently in the English Hospital of Nazareth the new unit has been closed for women's treatments. This was replaced with a new department for treating corona instead, which could have subsequent consequences in this regard.

Arab women in working medical staff

Arab medical staff working in the health system in the country constitute about 40% of the general population, and Arab women working in this field are present at various levels, including doctors, nurses, and laboratory workers in various departments, hospitals, clinics, etc. Since the beginning of the crisis, they have been at the forefront of the health system. Some Arab women have assumed high administrative positions in the Corona crisis, such as Doctor Khitam Hussain from the village of Ramah, Head of the Epidemiology Department at Rambam Hospital, who headed the Corona Crisis Response Team at the hospital. Also, Doctor Heba Ziyad, Director of the Epidemiology Department at Poriya Hospital, who directly supervised the treatment of Corona patients, in addition to hundreds of nurses and workers in various medical fields in public hospitals and clinics. Several videos appeared on the social media networks of many medical workers, about half of them by women, criticizing Netanyahu and his racist incitement against Arabs. They distinguished themselves in transmitting a professional and lofty message through media campaigns organized by Israeli civil society institutions (Initiatives of Ibrahim, Sikkoy and Givat Habiba). They demonstrated their decisive contribution to the response to the pandemic and their struggle against the racist trend that Netanyahu and his political representatives broadcast against the Arabs.

Despite the clear presence of Arab medical staff at various levels in the health system and the great contribution, it is important to note in this context that in the subsequent period, the Syndicate of Nurses and Laboratory Workers waged a union struggle. Their struggle was to improve their working conditions and the health level and its employees, but it did not receive public attention or adequate media coverage.

The impact of the corona crisis on women's employment and their economic conditions

The field of employment for Arab women is one of the areas most affected by the Coronavirus crisis, despite the improvement in the rate of integration of women in the labor market in recent years, which reached 37% in the last quarter of 2019 (compared to 77% among Jewish women). The crisis sharply undid what has been achieved to date. From the preliminary data in the first months of the crisis, it became clear that the percentage of Arab women who lost their jobs since the crisis is much greater than that of Arab men. This means that the impact of the Corona crisis on the reality of women's employment will be different from the rest of other segments and that many of them will not return to work after the end of the crisis and return to normal life.

A large segment of Arab women work in low-income jobs and in fields of work that have been more exposed than others to a major deterioration, such as sales and services that do not require a specific professional qualification. Therefore, it can be assumed that the unemployment benefits they receive during this period are very low, which means a sharp deterioration in their economic conditions and an increase in the possibility of their families entering the circle of poverty. Initial estimates from employment offices indicate that the percentage of unemployed women ranges between 40% -50%, for example the data in the employment office in the city of Taibeh show that there are 6000 people who have been dismissed or sent for an unpaid leave, including 2,700 women. This means that almost half of all the affected are women, taking into account that the percentage of female workers is much less than male workers. In addition, according to the estimates of employment offices, there are about 15% of Arab women working without the knowledge of the official authorities, i.e. what we call black work. They often live before the Corona crisis in the circle of danger, but with the onset of the crisis and their stopping work, they are unable to receive unemployment benefits or any compensation from the state. . In addition, it is important to also mention independent women. Although they are a small segment, but they were greatly affected, especially since some of them are still at the beginning of their path and are bound by many bank loans and multiple expenditures, as well as some of the businesses, especially that women run from their homes have not received assistance. The exemptions obtained for independent ones, such as exemption from Arnona tax, etc., all these factors threaten many of the recent women's businesses to close.

Another segment affected in this field are young women of the age of 18-20. This refers to those who were working and were dismissed or sent for a vacation without pay, but they did not receive unemployment benefits because of their age and because the law allows receiving these benefits from the age of 20 and above, (where young Jewish women are present during this period in the army). This segment works mostly to support themselves and to secure their university education expenses, which increases the difficulties of continuing in education.

Another marginalized group, namely women with disabilities, was also affected, especially those working among them, who were prevented from receiving their rights (from unemployment benefits) under the pretext of double benefits when they were taken out for an unpaid vacation. Feminist organizations have worked to lift this injustice and have succeeded in changing the government's policy in this regard. They also presented position papers and additional demands on this group in front of various parties.

In the long run, there is a serious concern that these women will not return to work as paid or independent workers, and that they will not be integrated into other fields because they do not possess the appropriate professional qualification. This will expose Arab women to exploitation and make them submit to unfair working conditions, as there are no other alternatives. The majority of this group of workers work in the local market, and they agree with employers who will try to reduce their losses during the Corona period at the expense of the workers. Here, it is important to note the structural obstacles that women face in the field of work. Most Arab villages and towns lack industrial zones and infrastructure that do not allow the establishment of large businesses that provide various job opportunities with appropriate conditions. Job opportunities are concentrated in the central area, which is an imperative for Arab women. The majority of them in the North are to travel outside their residential areas, while there is no public transportation network and accessible for women to use for transportation. All these factors hindered the integration of Arab women before the Corona crisis. Nonetheless, today and after this crisis there will be increase in the crisis of unemployed women and the deterioration of their economic conditions.

In practice, the Corona crisis constitutes a very severe blow to the Arab community. Nearly half of the Arab community families live below the poverty line, and where the increase in the number of women who are unemployed, this crisis means a deepening poverty and an increased risk of Arab families resorting to the black market and getting involved in dealing with the criminal gangs that dominate the Arab street. Consequently, violence and crime increased.

Women in the Negev: a health crisis that tightens the isolation of women and deepens their marginalization

Women and children segment is the most affected in the Corona crisis in the Negev region, and the policies of exclusion take an additional dimension in terms of blatant discrimination, especially in villages that are deprived of recognition, where the infrastructure is lacking, such as electricity, water, basic health services, educational frameworks, social welfare frameworks, transportation and internet networks.

Since the beginning of the Corona crisis and until today, not a single infection has been recorded in the unrecognized villages for a simple reason, that no rapid examination center has been established, and the establishment of centers was limited to the recognized villages. Because of the lockdown, these villages were cut off from communicating with the outside world,

and women were no longer able to receive even basic services provided by active women's associations in the region. This is not to mention that work stopped for many women who worked through projects affiliated with the associations, so the projects that worked to establish small businesses stopped. For women, literacy programs, and active associations tried, within the available resources, to communicate with women, increase awareness, provide basic health advice and distribute masks, but these attempts remained limited and it was not possible to reach all remote areas and villages. The movement of women to areas that could receive health services has become almost non-existent, which, for sure, may lead to a deterioration in many disease cases that need follow-up and treatment. In light of this lockdown, cases of violence increased, as in the rest of the country, but it is clear that women, especially in villages deprived of recognition, could not reach and report because of the difficulty of the matter. If women in these villages were living conditions that do not provide basic rights of life, then today they live almost completely isolated from the outside world.

Women's associations, especially in the unrecognized villages, try to communicate remotely with women to provide them with minimal contact with the outside world, and to secure some basic services, such as following up employment and unemployment issues with the National Insurance Institute and securing contacts for them with lawyers, but these services do not meet their multiple needs. Despite the warnings issued by the women's associations about the harm that women and children may suffer in these circumstances, they also indicate that their appeals since the beginning of the Corona crisis to the heads of local councils were not taken seriously. Their appeals rather were distinguished by the exclusion of these voices, marginalization of their demands and their non-participation in work in municipal frameworks and bodies.

Recommendations

- 1- Put forth a civil discourse and vision and replace dealing with the Corona pandemic as a crisis not as a war, and work to strengthen societal immunity and social solidarity and ensure attention to society in various segments, especially marginalized ones.
- 2- Appropriate representation of professional women with a comprehensive feminist and political vision, in various bodies and frameworks that are socially and politically active, at the state and local levels, such as emergency committees of local authorities and raise a critical voice, that comes with different alternative propositions in facing the crisis and deals with it with a feminist perspective.

- 3- Establish a media forum that works on monitoring and criticizing the media effectively and how they deal with women's issues. From the current experiences, it appears that every appeal or criticism of the media and its shortcomings with regard to the issue of women's representation received response.
- 4- Work to secure alternative protection frameworks for battered women who do not wish to enter the existing shelters and provide all the needed services and needs, and pressure the local authorities and the police to set up a mechanism through which they can walk around and visit threatened women and secure protection for them if they are at home.
- 5- Provide an escort service for women in the courts and legal procedures despite the crisis and expand some of the powers of social workers so that they can shorten the bureaucracy in order to support women and facilitate their transactions in light of the crisis
- 6- Work to allocate shelters for men to ensure the implementation of deportation orders and to rehabilitate them according to the provisions of the Law on Prevention of Violence in the Family, and urge women to go to the courts and take judicial measures to protect their lives and the lives of their children. Work to increase meeting centers and temporarily find a safe place in each community to secure and facilitate the implementation of a meeting system between children and their families.
- 7- Pay attention to the health and mental health of Arab women, and work on developing projects and programs that work on the health level.
- 8- Work in the field of women employment to pressure government ministries to adopt a comprehensive plan dedicated to Arab women, which works to reintegrate them into the labor market and provide new rehabilitation programs that suit the needs of the post-corona market, and provide special support for independent women to compensate them for the damage caused to their interests.

Morocco

Violence against women and girls during the quarantine period



الجمعية المغربية للدفاع عن حقوق النساء
Association Marocaine pour les Droits des Femmes

Morocco

Violence against women and girls during the quarantine period

Prelude:

The report is part of the initiative to prepare women's associations in Morocco for a joint report on Violence against women and girls during the quarantine period, coordinated by UNWOMEN, with the contribution of some associations that continued to provide their services for the benefit of women and girls exposed to or threatened with violence.

The contribution of the Moroccan Association for the Defense of Women's Rights aims to provide preliminary data on cases of violence, for which it received information and was able to respond to them, according to the guiding questions, which were proposed by UNIFEM and the volunteer women associations' work team. This was with the aim of providing a source of field information that helps to formulate an analytical thematic report on manifestations and conditions of violence against women and girls during lockdown and about forms of crisis management and answers given to women facing violence risks.

Since the declaration of a state of emergency in Morocco, due to the outbreak of the Covid-19 pandemic on 20 March 2020, and in compliance with the precautionary and preventive measures that accompanied this, the listening centers, affiliated with women's associations, stopped providing services directly to women and girls. Instead, these centers published their phone numbers through social media, to facilitate contact with women, to continue their services. At the same time, they continued their awareness-raising and advocacy work, through keeping track of government measures designated to manage the pandemic, and alert to responding to the increasing violence during this period, in light of women's inability to access the support institutions, in case they suffered violence.

In this context, the Moroccan Association for the Defense of Women's Rights has engaged, through the civil society dynamics, to break the isolation of women and girls, exposed to violence. The association also joined the women's associations, who continued their activities during the health

emergency period, including activities related to providing listening services, psychological support, legal guidance and social follow up, through the phone number of its center (Habiba Ezzahi Center for Women in Distress), which the association posted on its Facebook page since late March 2020.

Despite the limitations of this means of communication, the association received the first text message of a woman, who was suffered violence, on March 30, 2020, and received the first phone calls, in the first week of April 2020, whether by direct contact with women exposed to violence, or by contacting individuals from their family and social surroundings.

Phone calls and messages were received from various cities of Morocco (Khouribga, Casablanca, Sefrou, Meknes, Wazzan, Salé, Sidi Qacem, Settat, Mediouna, Asfi,...) and their number reached 92 communications, some of which we have followed up and others referred to listening centers or relevant institutions that work in the regions of the battered woman. Nonetheless, out of all of those calls, we were only able to obtain sufficient information of 40 cases, enough to enable us of address them, where the listening officer was able to get this information and record it according to the proposed manual, whenever possible.

We found, through the experience of working remotely with women, that it is difficult to speak of the size of prevalence of violence against women, in this report. This is because the sources of information are limited and due to scarcity of alternative sources of information at the disposal of the women's associations during this period. Thus, we chose qualitative-based analyses to the data that we received, in order to show the seriousness of violence against women and girls, and the problems they faced during the quarantine period. We also did so to show the possibilities and measures that for to addressing these problems, with a view to formulating proposals and recommendations in this regard.

We adopted a qualitative analysis methodology for the content of the statements made by the women callers of the association, in order to collect and analyze data on:

- Conditions and manifestations of violence against women and girls under quarantine;
- Effects of violence through authorized cases during the quarantine period;
- The available institutional responses to the risks of violence during the period of lockdown;
- Difficulties reported by women and observed by associations;
- The expectations expressed by women and women's associations regarding the protection of women against violence in the pandemic, and developing responses to the requirements of the post-quarantine stage.

Through the information and observations, provided by this experience, we suggest in this preliminary report some data as diagnostic and analytical components that can be developed and examined.

1. Violence against women and girls in Covid-19 pandemic

The outcry of women who called the association during the reporting period was an opportunity to reveal the exceptional suffering of large groups of female citizens, who found themselves exposed to risks.

On the one hand, it this relates to the acts of gender-based violence that they suffer, which threatens their health and life, while their human rights are violated. On the other hand, the outbreak of the Covid-19 pandemic, and the accompanying precautionary and preventive measures imposed by the state of health emergency, coupled with special circumstances pressure that increased the suffering of women and girls, and eroded their capabilities in facing violence. As women were only able to contact the association in all cases via telephone or text messages in distress times, this has restricted their opportunities to express their suffering, and contributed to concealing manifestations of violence.

We general notice that, in listening experiences during women's visits to the listening centers at the offices of women's associations, the data available to the association revealed women's exposure to violence that has taken a trend, linked to the conditions of the pandemic and quarantine restrictions. This has educated us on the additional difficulties that exacerbated the isolation of battered women and prevented them from accessing care services and institutions for protection from violence.

1.1 Increase in underreported violence against women and girls:

Some women's associations reported that during the quarantine period, as they continued to provide remote services for women and girls, victims of violence, that there is an increase in acts of violence and a significant increase in its prevalence compared to normal conditions. The data of other associations indicated that the number of women who were able to speak out about the violence they suffered and to report it to the relevant institutions has decreased significantly, compared to their number during the periods prior to the Covid-19 pandemic outbreak.

Although UN reports confirm the high rate of violence against women and girls in many countries, and the increase in its severity, during the period of health emergency compared to pre-pandemic conditions, the opportunities

to report incidents of violence in Morocco were not available as required. The Habiba Ezzahi Center is one of the centers that recorded a significant decrease in the number of women who were able to communicate with the center, by phone during the quarantine period, compared to the frequency of receiving women victims of violence during the periods of the year.

During 2019, for example, the center received 775 abused women, with a frequency that exceeded 3 times this number, 2,819 visits to women who benefited from listening services, psychological support, counselling, legal advice and social accompaniment. The number of calls that the association received during the reporting period did not exceed, (Between April 1 and May 30, 2020), 92 phone calls and 17 text messages. The center was not able to obtain sufficient data to process them according to the requirements of the report except for 40 of them, which the association was able to track through listening and Psychological support services and assistance in carrying out administrative or legal action.

How do we interpret this decline? Can we explain it with a decline in cases of violence against women, as believed the periodical of the Head of the Public Prosecution? It compared the number of cases reported to courts, during a month of lockdown, and their number during the same period during the past year, thus concluded that there was a decline in violence within Moroccan families?

Alternatively, can we consider this noticeable decrease a dangerous indicator, as it indicates the limited possibilities for reporting violence by women and girls, due to the procedures imposed by the quarantine, as the reports and observations of women's associations believe?

Quarantine conditions and constraints have contributed to preventing the majority of women from reporting violence. The adoption of limited means of communication to introduce institutions and associations that continue to provide services to women, restricts access to information and limits that to the category of people who have access to the Internet and to those who have the logistical means to communicate with associations and institutions. Low numbers of reporting violence can be an indication of women's isolation during the quarantine period.

The absence of adequately known free hotline number, dedicated to women victims of violence, and the limited means of communication available to associations' phone numbers or social media addresses, has contributed to the exclusion of a large number of women from access to information and thus, restricted the possibilities of knowing the extent of the virus outbreak during this period.

2.1 Quarantine is a circumstance that encourages violence:

As soon as the government declared state of health emergency in Morocco, news began to spread about increasing cases of violence against women, especially cases of domestic violence. This was associated with the promotion of messages encouraging violence that were widely circulated through social media. The most prominent of this, was the dissemination of information about the suspension of the functioning of courts and departments receiving women victims of violence, and the lack of access to justice for battered women during the quarantine period. Women will therefore have no choice but to submit to violence...

In addition, the quarantine conditions, due to the restrictions imposed on freedom of movement, coupled with suspending work at the listening centers for women victims of violence affiliated with women's associations, have contributed to women isolation, locking them with the perpetrators of violence, in light of the prevailing belief that quarantine is a circumstance of impunity.

Our us confirmed that different forms of violence has been practiced sharply behind the closed doors of the houses, and the possibilities to rescue battered women from their social environment (neighbors, girlfriends and friends) have actually diminished due to quarantine constraints and fear of epidemic outbreak. In the various courts of Moroccan cities, there were no structures available to receive and shelter battered women who, in normal circumstances, resorted to their families' homes to escape violence, while waiting to access the institutions of justice.

Accordingly, one can consider that the period of pandemic outbreak and accompanying pressure of psychological and social tension have created a condition conducive for exploiting the isolation of women in lockdown, in order to commit violence against them with impunity. According to what we learned from the data of many cases that we received by phone or text messages, some of the abusive messages included, "He who has something to settle with his wife, this is the time to settle it with her... She has nowhere to go nor places to move to."

3.1 Intensification of violence in quarantine conditions:

Violence against women and girls is not the result of the current period associated with the spread of the Corona pandemic,

It is not necessarily related to the conditions of quarantine, as all the cases we received information about show that women were subjected to violence by the same abuser during previous periods of their lives, and before the declaration of a state of emergency, but they confirm that the intensity and frequency of violence increased during the quarantine period.

In many cases, committing violence took the form of domestic violence, in the presence of witnesses from family members, who are obliged to stay at home because of the quarantine, most of whom were children. This is a dangerous element, as it constitutes an additional source of psychological suffering for women, (shyness, pain, and fear for children...). It is a source of severe health and social complications for women and children.

Violence practices have become evident throughout the day, in light of the presence of the woman and the abuser in the same space and throughout the hours of the day... The times of “escape” and the possibilities of activating strategies to avoid violence became no longer available to battered women, and evading the control of the abuser has become almost impossible for most cases.

During the period prior to the spread of the pandemic, some of them were able to seek help from the family or resort to listening centers, but during the quarantine period, they became “detained”, as some of them put it, or at risk of contracting the pandemic in cases of expulsion from the home, for example.

(The case of a battered woman whose husband expelled her, remained on the street because she did not know where to go...)

She was not able to knock on the neighbors’ door, and she was not able to turn to the police because they did not have information about the available options... She called her brother, who called the association’s phone number to ask for help and guidance).

As for the violence that some women suffered outside the home, it was evident, for example, in the workplace, where some people took advantage of the quarantine conditions that reduced the number of people in the workplace, to single out women who had to continue working, and committed sexual harassment against them. In some cases, this included committing moral harassment with the aim of pushing them to resign and leave work...

(The case of a recently birth-giving woman in a private company, who resumed her work immediately after giving birth, after benefiting from a paid maternity leave, since she joined work, and she suffers from many and varied harassments by her boss... I concluded from her that she is indirectly targeted for dismissal, by subjecting her to pressure and insults and asking her to perform beyond her ability... She considers that the company wants to dismiss her due to the effects of the pandemic, so they resort to moral and verbal violence to force her to resign...).

In some public places, other women reported being beaten while they were present in the outer space to spend their needs, on the grounds that the

conditions of confinement are psychologically and economically stressful on everyone, and thus lead to severe emotions that easily turn into attacks on women.

Quarantine conditions have become a condition for the vulnerability and oppression of women. There is no refuge for abused women in the time of lockdown. This is the belief that prevailed for a certain period from the beginning of the quarantine, and contributed to promoting messages that encourage violence and persistence in it.

4.1 Multiple types of violence against women and girls during the quarantine period:

Contrary to what was stated in some reports issued during the spread of the Covid-19 pandemic, considering that the violence that women were subjected to due to quarantine procedures was confined to domestic violence, the data that we have available shows that women and girls have been subjected to violence inside and outside the home. As the cases authorized by the Habiba Ezzahi Center were linked to violent practices that women were subjected to inside the house by the husband, or by family members, and outside the house by people who are not related to the woman/girl, such as the neighbor, the employer, the man of authority,.... In addition to the associations monitoring of cases of violence and discrimination against women in general at the level of discourses that were circulated during this stage.

The violence committed in the context of marital relationship has statically constituted the highest percentage, as shown by the figures circulated by some women's associations. Revealing what happened to women who continued to practice their economic and social activity acquires great importance, for being a diagnosing element for the situation of women exposed violence during the pandemic.

Consequently, the cases of violence that we monitored during this period varied in terms of their manifestations (physical, sexual, psychological, and economic), as well as in terms of their type and contexts, as they generally fell within:

- **Domestic violence**, which included cases of domestic violence perpetrated by the husband, (in 30 out of 40 cases, details of which are addressed in this report), in addition to cases of family violence linked to practices by the relatives of the abused (family members, husband, brother, father...)
- **Community violence**, including, for example, cases related to beating, injuries and insults, in the public domain, harassment, sexual assault and harassment in the context of work relationship...

- **Institutional violence**, including harming of women by promoting violence and hate speeches through the media, in addition to their being affected by the absence of protection measures and effective enforcement of a law that fits the quarantine conditions.

The diversity revealed by the contexts of violence directed at women and girls during lockdown requires sufficient sources of information to comprehend the subject comprehensively. Nonetheless, the contribution provided by this preliminary report remains partial, and aims mainly to shed light on the manifestations of violence against women and girls in light of the pandemic. The report also seeks to point out that although violence against women is generally associated with marital and domestic space, from a statistical point of view, yet, it transcended the domestic space into public spaces and institutions.

In reference to the previous observations, we will try to present the most important manifestations of violence reported by the women who contacted the association via the phone number that was placed at their disposal throughout the week, while recalling the diversity that characterized its manifestations and the contexts in which it was practiced.

2. Diagnosis elements of situations of violence reported during the quarantine period:

2.1 The home is not a safe space for women and girls during quarantine:

The official statistics in Morocco have shown that the rate of violence against women in the context of family relations is significantly high, compared to other types of violence against women. Additionally, the annual statistics of the listening centers of women's associations confirm that more than 80% of women who resort to associations are affected by domestic violence. Nonetheless, it is difficult to believe that this percentage has decreased during the quarantine period.

The emerging conditions accompanying the quarantine period, included the cessation of economic activities for the vast majority of family members, schools closed and family members were forced to stay at home, and be with each other in the same space all the time. This have formed a condition of tensions and psychological pressures, reflected in behavior and social relations and contributed to the justification of resorting to violence against women and girls from the men's side within the family, in light of authoritarian social relations between both genders, and the spread of a culture of tolerance for violence.

The violence practiced by the husband at home constituted the subject of most of the phone calls by the abused women. It relates to cases of prolonged violence in the life experience of the spouses during previous periods. They reveal through their statements that husbands' presence with them all the time at home has become a threat, and exposes them and their children more than ever to violent practices...

"I got married when I was young... Violence has become part of my life, like food, water, and the air I breathe, I do not know another fact, because I have 3 daughters. They also don't know another reality...) "Fortunately for me" the working conditions of my husband makes him stay away from me for weeks sometimes, as I reside in the city of Quneitra in order to enable my daughters to continue their studies, and he stays in Sidi Kassem city because of the nature of his work... This gave me a chance to breathe, to escape from reality, even if for a short time, his absence was a celebration opportunity for the children and me...Unfortunately, the quarantine and curfew procedures made his presence in the house all the time a "nightmare" for me and for the girls... My husband is nervous, he beats me constantly... The lack of cigarettes, coffee or the slightest reason for him made him act violently to the point of madness, and now in the quarantine, to vent out his anger on me...He finds no one but me and my daughters before him...

K.A., a young woman 34 years

At a time when the authorities issued strict instructions to male and female citizens urging them to stay at home, this home became a "violence hot spot" according to one of the victims, the husband's preoccupation with work and spending time outside the house with his friends were opportunities for "rest" and recovery for the woman. For many women, the possibilities of going out or meeting family members or neighbors were opportunities to avoid domestic violence.

The cases of violence that we received information about revealed that violence committed at home is also committed by other individuals, such as the brother in law, who sexually harasses the wife of his brother, who immigrated to a European country, or the brother who exercises control and domination over his sister to show his superiority... (File No. 9832), "a university-level student, subjected to violence by a brother (a 20-year-old student) who constantly persecutes her, as she puts it, by making quarrels for trivial reasons, and verbally insulting her in a humiliating manner, threatening her with beatings and death... hitting her to the point of injury... (committed against girls by the fathers, as in the case of the father who takes advantage of lockdown circumstances and absence of the mother (due to divorce) to commit violence against his daughter, who told us that she lives in terror as soon as he returned home....

(File 9833): She stopped working because of the quarantine; she lives with her two younger brothers, and her father... Her mother is in Spain during this period... She stated that she suffered severe and daily psychological violence on the part of the father, and she is afraid that “violence will turn into sexual assault due to the father’s addiction to alcohol”, as she put it...”

2.2 Psychological violence in all reported cases of violence:

All cases of contacts, by women victims of violence during lockdown, included description of suffering related to exposure to acts of psychological violence, including:

- Cursing and yelling obscene words with degrading sexual or cultural connotation at the women, who described that as degrading and affecting their image, social status, or human dignity.
- Shouting and yelling loudly at women or children,
- Controlling, monitoring and moral harassment through negative criticism throughout the day, and pressure
- Belittling and scolding, in addition to snatching the phone, spying on phone calls and text messages,
- Threatening to expel from the house,
- Threat with divorce,
- Threatening to deprive her of the children,
- Threatening to kill her (by brandishing a knife)
- Breaking household utensils, destroying food,
- Suspicion and constant monitoring, spying on phone calls,

Some of these acts of violence took a special character related to the conditions of the lockdown, in terms of its manifestations and effects. Intensity of such acts increased, according to the testimony of women affected by violence during the month of Ramadan (late April - late May), when the tension of fasting was added to the constraints of the lockdown.

The threat of expulsion from the house, for example, had a severe impact on women at the time of the outbreak of the pandemic, because it meant the threat of exposure to infection, and facing compelling circumstances that prevent movement between cities, and even between neighborhoods in relation to major cities...

Additionally, the husband’s destruction of food and throwing it away during Ramadan breakfast, wasting hours of food preparation in the kitchen, was more painful for one of the women.

“Whenever he drank alcohol, he taunted her in front of his family, threatening to cut off her head and send it to her mother... He threatened her in front of his children. Every time she went to sleep he’d play the oboe. She would

wake up terrified by his screaming... She found him putting the knife to her neck while he was drunk and telling her "I will slay you..."

2.3 Physical violence in the context of quarantine:

Most of the women who called for help reported being beaten and injured, (more than two-thirds of the cases addressed in this report), and almost all of them were associated with situations of domestic violence, with the exception of one case in which the woman was beaten by a tenant, before the lockdown period...

These included continuous violence, with manifestations that varied from slapping and hitting, to suffocation, throwing things, hair pulling, kicking, to injuries that required, in some cases, going to hospital for first aid, as well as medical certificates that prove incapacity and enable women to pursue the abuser before the judiciary.

(On 05/11/2020, a 39-year-old woman living in the suburbs of Al-Bayda, married for 21 years and mother of five children, contacted the association and stated that she was constantly subjected to violence by her husband (who works as a contractor). She said that his assault on her became daily during the quarantine period. 15 days before the lockdown, in the presence of witnesses (neighbors), he beat her. She submitted a complaint (medical certificate 21 days) to the Royal gendarmerie, who returned her to the marital home. He assaulted her for the second time on March 27, 2020)...

In some cases, physical violence spills to the street despite the quarantine conditions, as revealed in a complaint, filed by a 42-year-old woman, a street vendor (she stopped working due to the pandemic), married for 23 years and a mother of six children.

"On 01/05/2020, the defendant assaulted the complainant by beating her on various parts of her body on the street in front of the neighbors. The defendant not only physically assaulted the complainant but also expelled her from their home to the street, ignoring the difficult circumstances we are living in due to the coronavirus pandemic and the imposition of a state of quarantine on all citizens (...), not to mention the psychological harm that she endured because of his constant violence... It should be noted that it is not the first time that the defendant has assaulted the complainant..."

2.4 Sexual assaults: Covert violence

Sexual violence constituted the "pandemic threat" the most threatening one, according to many activists of associations that worked with women victims of violence during the health emergency period. The considered sexual assaults to be among the risks that women and girls face within the family, due to

the daily friction imposed by the quarantine conditions in closed and often narrow spaces, with the restriction of freedom of movement and restrictions on frequenting recreational places, under social conditions pertinent to the vulnerability of women due to gender-based authoritarian relations ...

Despite this, there is a terrible silence surrounding this risk, fueled by woman's feeling of humiliation and shame, her fear of social scandal, and her feeling of guilt, when she is subjected to sexual assaults, as expressed by some women who suffered marital rape and sexual harassment during the lockdown period.

Some cases revealed that the fear of being subjected to sexual violence paralyzes a woman's ability to face other forms of violence that she faces, as expressed by the testimony of one of the complaining women: "Before marriage, I was subjected to sexual harassment by my brother... When I got married, I thought marriage would save me from that hell..." Today my husband knows what I was going through; he takes advantage of this condition to abuse me... He beats and humiliates me constantly, refuses to spend and pay for my medicines, he takes advantage of my vulnerability because he knows I can't go to my family because my brother lives in the family house... He knows that I would be an easy prey for my brother... I have two choices... to be patient with my husband's violence or to go to my family home where the risk of sexual exploitation awaits me."

Sexual violence has been used as a means of pressure and humiliation in quarantine conditions, and as a weapon in a struggle for social interests, as indicated in the case of "Safiya" who called the association to request help to register a complaint for suffering beating and injuries. We found through her presentation of her suffering that she is also subjected to sexual harassment, on the part of her brother-in-law, with the aim of pressuring her to leave the family home, and to give up the shared house with the family. As stated in her complaint registered with the Public Prosecution on April 17, 2020:

On 04/15/2020, the married mother of three children, complainant assaulted the complainant by beating her on various parts of her body, causing her several damages according to the medical certificate handed to her by the treating doctor at Mohamed Al-Saqqat Hospital in Ain Al-Shaq, Casablanca, who gave her 15 days of temporary disability leave. The abuser not only abused her, but also harassed her, even though she is his brother's wife, disregarding the family relationship he has with her, taking advantage of the presence of the complainant's husband in Italy by virtue of his work there.

One notices that it was not the first time that the abuser has assaulted and harassed the complainant. "In view of the repetition of this violence, she submits this complaint to you, in order to take strict measures to intervene in order to put an end to her suffering."

In light of the quarantine, reporting of acts of violence and rape in the context of the relationship with the partner continued. One of the women called on 05/29/2020, to report her suffering beating, after she resisted an attempted rape by her “fiancé” with whom she has been in a relationship for more than a year... She visited him at his home because it was not possible for them to meet in public spaces, due to lockdown conditions. He tried to rape her, beat her when she refused to submit to him. He then forced her to take off her clothes, and photographed her naked, before blackmailing her into submitting into having sex with him...

3. Some manifestations of institutional violence during the quarantine period:

It is difficult to limit ourselves to talking about violence against women and girls during the quarantine period, as reported by women, who were able to contact women’s associations, as this period constituted an occasion to monitor a set of behaviors, practices and actions that fall within the category of gender-based violence against women. In this framework, we may point out some violence-inciting and discriminatory messages, as well as manifestations of state shortcomings in ignoring violence against women and harm caused to them because of the pandemic and imposing a state of health emergency.

3.1 Consolidating stereotypes about social roles:

The division of gender roles is subject to the rules of discrimination and segregation. It attaches to women the tasks of housekeeping work and caring for children, the sick and the elderly. The lockdown conditions have contributed to consolidating this discrimination, and caused additional suffering, represented in the women complaining about fatigue, exhaustion, and the burden of meeting the needs of family members and doing household errands, which women (including those who work remotely) are obliged to meet.

In this context, there were media and cultural messages during the quarantine period, about men’s participation in doing housework. These messages were in the form of jokes, sarcasm or encouraging videos, but they all tend to discuss domestic work as an “exceptional” topic, within the “help” of woman if the man contributed to doing it, instead of the man “participating” in doing the work. We can cite the advertisement, prepared by the Ministry of Solidarity, as an example of broadcasts by TV channels. It uses the expression “help your woman at home, the way you do outside the house). Despite some initiatives that took advantage of this circumstance to

promote positive narratives about “chivalry” and changing gender roles, but their impact has been limited in facing the huge amount of sarcastic photos and comments that were widely circulated, especially during the first days of quarantine.

3.2 Promoting the discourse of violence and discrimination through the media and social media:

The quarantine period formed a circumstance conducive for the spread of a number of comments, jokes and videos that instigates for violence and discrimination against women, entrenching men’s authority and control, “Covid-19 is acting like my man: Don’t go out, don’t shake hands, and above all, put on your face veil”. It also promoted an inferior, objectionable view of women, through images that mock the shape of women and show the effect of quarantine on their external appearance. (Focus on the increase in women’s weight and on their lack of care that was associated with barbershops and beauticians...). Among the most prominent expressions of violence that provoked reactions from women’s associations and some political actors against violence targeting women during the quarantine period, was a specific video. It showed a husband who boasts of handcuffing his wife and gagging her mouth to prevent her from speaking and forcing her to remain silent, considering that, this is the best way to maintain peace in the context of the marital relationship. The video begins with the husband lying on a sofa and directing his words to married people.

“Good evening everyone. We saw in the recent quarantine, there was one pressure at home between spouses...discussions, headaches, stabbing, violence...but thank God, for me, I am at home, Diyala, my wife and I, everything is fine. Laughter, play, and love... activity... we are in 100% harmony, we do not even have anything that is problematic... If you want a confirmation, I’ll show you.”

After this dialogue, a snapshot plays depicting the wife with her hands and feet tied to a chair, with “adhesive” on her mouth preventing her from speaking... Then he continues speaking:

“Oh God, be sure and see how things are going? Working or not?”

The wife reacts to the husband’s speech with a nod of her head stating that she supports his words... Then he concludes his words: “I wish all of you would manage to copy my situation if you wished these days would go well and well.”

In addition to promoting violent speech and incitement to violence against women, on the part of state institutions, one notices lack of consideration for gender in media discourse during the pandemic period, as manifestation of discrimination against women.

Women's associations that follow pandemic management have documented observations expressed in their communications and media statements, confirming that the discourse adopted by the media channels has clearly absented women and girls, the masculine narrative prevailed in most of the sensitization and news messages.

This was evident in the directives introducing the procedures to benefit from the social support allocated by the state to families, due to the cessation of economic activities. The instructions for benefiting from the support addressed the masculine "head of the family", in complete disregard for the many women heads of families in Morocco, and in contradiction with the philosophy of the Family Code.

3.4 Failure to take a gender approach in supporting women economically:

The government has adopted a plan, in response to the pandemic and for protecting the economic rights of male and female citizens that are affected by the pandemic. This plan requires asking about the special measures taken to protect the rights of working women, who have been dismissed or whose wages have been suspended, or who have lost any financial resource while most of them work within the informal sector.

The state has announced the approval of financial aid related to the temporary compensation through the Social Security Fund, of 2000 dirhams per month, or a monthly grant ranging from 800 to 1200 dirhams. This depends on a request addressed to a specialized job committee, via phone or email text messages, or depending on having the "Ramed" card.

However, the data that we obtained through the statements of abused women who contacted the association, and by following what women associations published in this regard, shows:

- Access to information and to channels to submit requests for assistance was very limited for women, due to language and IT illiteracy, which is widespread among women, as this was not taken into account.
- Most of the active women who stopped working are not registered with the Social Security Fund;
- Social assistance for families is allocated almost entirely to men, as a printed application to benefit from assistance is allocated to one family member, and priority is given for the man in all cases in which the application was submitted based on the already existing "Ramed" card, which is basically based on discrimination and hierarchy within the family.

3.5 Not considering women's cases in court as urgent cases:

Prior to declaring the health emergency, there were hundreds of family and violence cases against women brought before the courts, concerning large groups of women, awaiting verdicts redressing them or orders to implement rulings that guarantee their rights. However, the decision of the Ministry of Justice, in coordination with the Supreme Council of the Judicial Authority and the Public Prosecution, to suspend court sessions due to the outbreak of the pandemic, starting from March 17, 2020, in a joint communiqué issued on Monday, March 16, 2020, did not take into account the circumstances of women in difficult situations. The decision was accompanied by the issuance of a list of issues for which exceptional sessions will be allocated due to their nature and urgency during the quarantine period. However, issues related to family law, especially those related to provisions for alimony and divorce for discord, were not included in that list, nor did appropriate alternatives to address the problems arising from non-implementation of alimony issues, which affected women economically in a significant way.

The declaration of state of emergency has greatly affected women's access to justice. Suspending the work of reception cells for women and children victims of violence in the various courts in Morocco and delay in issuing the circular on special measures to facilitate women's access to justice until April 30, 2020, by the Presidency of the Public Prosecution. This even became worse with the delay in enforcing it until after the first week of May, as women suffered increased risks of violence. This, in addition to the fact that the means of communication proposed to women through that circular were not within the reach of all battered women, as confirmed by women's association sources.

4. Effects of violence practiced on women and girls during the quarantine period.

The experiences of violence that informed this report included cases that had history of suffering violence, according to the statements of women and girls who contacted us during the quarantine period. We encountered only one case that stated that she did not suffer violence before the quarantine period. Therefore, they are women affected by previous violence, and they carry the effects of previous suffering, the severity of which has increased with the circumstances of the Covid-19 pandemic outbreak.

In light of this continuous violence over time, women suffered physical and psychological health harm, and economic and social damage. They suffered different forms and severity of violence impact in the lockdown conditions.

Speaking of fear has been repeated in all the statements made by the women. The fear of the abuser, whose presence has become a constant threat to women in the experiences of violence, and the fear of contracting the virus, in addition to the fear of punishment in the event of the abused woman violated the health emergency law or left the house, all of which caused difficult psychological suffering for the battered women.

The choice to leave the house to escape violence became a risk with no guaranteed results, which often resulted in leaving women no alternative but endure violence... “He knows I can’t go out... I do not have a permit, he knows that transportation is not currently available, and he takes advantage of that... This situation makes me more beaten and humiliated, I can’t stand it anymore!”

Despite women’s statements that they were beaten and injured, and some of them had to be admitted to the hospital to receive treatment, they generally emphasized the severity of psychological effects of the violence they suffered. This included fear, tension, insomnia, anxiety, forgetfulness, fainting and disturbance..., which amounted to, in some cases, the idea of suicide or putting an end to the life of the abuser (the husband), either by burning or suffocation, according to what some testimonies revealed on domestic violence.

The seriousness of the health effects of violence, in some cases, amounted to causing abortion. One of the women who called us from Sefrou on 05/08/2020, aged 20 years, told us that she was beaten while pregnant two months after her marriage. She said, “Because of the husband’s work, he does not live with her all the time, but when he is at home, he beats her, once he drops her from the stairs, which led to her miscarriage... She suffers from psychological and nervous disorders... She lives in constant terror, because she is pregnant once again, she is afraid that, at any moment, her husband would come during the lockdown period...”

The stressful conditions that complaining women experience and their exposure to violence at home during this period also contributed to affecting their psychological stability and their profitability. A working woman told us that she could not focus on her work from a distance, and that she was afraid of losing her job after the end of the lockdown period, because her boss was not completely satisfied with her performance. She bears the burdens of doing the whole house work, and does the schooling of her two sons due to the closure of schools and the continuation of lessons remotely, she is exposed throughout the day to psychological violence by the husband....(File 8912)

In addition to the health effects, battered women during the lockdown period were subjected to economic damage, the most prominent of which was the loss of housing due to eviction from the marital home in cases of marital violence.

(Bahija, 39 years old, 5 children, married for 21 years to a contractor, who constantly abuses her physically and psychologically, and expels her from home. (Two weeks before the declaration of a state of health emergency, he beat her and she filed a complaint with the Royal Gendarmerie attached to a medical certificate stating the period of her incapacity to be 21 days... The gendarmerie returned her home, but he did not spare her of his violence. He assaulted her on March 27, 2020 and expelled her from the house).

The consequences of losing housing due to eviction from the family home and losing the breadwinner, given that the majority of the affected women are not economically independent in cases of leaving the home to escape violence, have caused women economic, social and psychological harm. The expulsion and threat of it from the family home had a severe psychological impact on women, who suffered such threat, during the pandemic conditions, where women find themselves outside their home in exceptional circumstances, in the absence of actual legal protection to protect them.

5. Forms of coping and the answers available to women and girls to escape violence.

5.1 The role of the social environment in breaking the isolation of battered women:

Few of the women managed to break through the quarantine, and made direct contact with the women's associations via the numbers available on the Facebook pages and request help. More than half of the calls made to the Habiba Ezzahi Center, were made indirectly, through people from the surrounding of woman victim of violence.

41 phone calls out of the 92 calls that the listening officers received, were made by a family member of the woman victim of violence (sister, brother, nephew, son, ...) in addition to some people familiar with the abused woman (friend/colleague /colleague/the battered woman) who contacted through text messages on the association's Facebook page.

Although these communications did not always allow direct contact with the abused woman, they were a means of obtaining information. This information was about the possibilities available to deal with a situation of violence in quarantine context, and thus constituted an essential way for many women who were not aware of the existence of phone numbers and platforms specific to women that are exposed to violence in quarantine conditions.

(On May 2, 2020, we received a phone call from a person residing in the United States, requesting information about who can go to and the steps that

can be taken to confront violence against his 70-year-old mother. He said that her husband (the caller's father) brought his second wife to the family home with the justification that he could not move between two homes during the quarantine, and forced the first wife to accept that as a reality. When she protested, he expelled her from the house). The family kinship element constituted a basic determinant of the identity of the people who contacted the association to support a relative facing violence. We believe this is an indication of the role that the social environment can play in breaking the isolation of battered women in distress, and in promoting a culture of anti-violence by encouraging them to turn to institutions,

In addition to family members, the association received text messages from people who have friendship or fellowship with abused women, in order to request information about the association's support for them during lockdown. It seems that social media has contributed to breaking the isolation of a segment of battered women who have access to that, including the opportunities it provided to communicate with the external environment and to obtain support and information that strengthens their abilities to confront.

On May 29, 2020, the association received a message via messenger from a person who came to know about a former classmate suffering domestic violence, and suggested that she contact the association to search for a way to save her from the suffering she was experiencing while she was semi-detained at home. "I have a request; a girlfriend suffers physical and psychological violence by the husband. She wants to go to an association to file a lawsuit against him".

5.2 Forms of interaction of battered women under quarantine:

It is difficult to obtain sufficient data of the trends that characterized the abused women's choices in facing violence during the quarantine period. One can confirm that all the reported cases, directly or indirectly, relate to situations that the battered woman/girl can no longer cop up personally. These are cases required seeking help from an outside party, who is from outside the family environment, to search for solutions provided by institutions and laws.

The phone was the only way to report violence by the cases that this report addresses. It turned out that informing a family member was the first step taken by the battered woman to seek salvation, but some of them resorted to the police and the gendarmerie to report violence. This was in particular in (cases of physical violence and expulsion from the marital home). Despite the restrictions of confinement some of them went to hospital for examination and obtaining a medical certificate, (Al-Saqat Hospital in Ain Al-Shaq in Al-

Bayda 04/17/2020/file 9801, Settat Regional Hospital 05/06/2020/file 9803, Regional Hospital Berrechid 03/07/2020/file 9810, Moulay Rachid Hospital in Al-Bayda -05/05/ 2020 / file 9807).

Women who contacted the association have expressed desire for institutional solutions that protect them from violence, protect their legal rights. All of them expressed one request, which is to leave the house in which they suffer violence, and to obtain a permit to travel to where the family resides, in another city.

In a text message to a woman suffering from domestic violence, the desire to escape from violence and the confinement imposed by the quarantine was evident as the only option for the abused woman.

“Save me, I am imprisoned with him in the desert, on the outskirts of Safi... Far from the city... I suffer physical and psychological violence (I am beaten and I hear bad insults all day long. It’s going on since a long time). He wants us to return to our house... Help me not to return to our house...”

Three abused women were able to leave the marital home towards the family home. This concerns the case of a woman whose family resides in the same city (File 9808), and two cases in which women were able to leave the house and travel with a permit they obtained, thanks to the association’s intervention and the assistance of the police, (File 9818 - File 8921).)

Some women filed complaints through the means suggested by the Public Prosecution during the quarantine period, thanks to the association’s help, including, for example:

- Complaint of violence and sexual harassment on 04/17/2020 (File 9801)
- Complaint of beating, wounding and threat to kill, dated 05/08/2020 (File 9806)
- Complaint regarding beatings, injuries and threats, dated 11/05/2020 (File 9809)
- Complaint of beating, wounding and marital infidelity, dated 05/21/2020 (File 9810)
- Complaint of beating and wounding by the husband, on 05/21/2020 (File 9811)
- Complaint of psychological violence by the husband, on 05/21/2020 (File 9815)
- Complaint for violence by the nephew, dated 07/05/2020 (File 9807)

However, in addition to complaints related to follow-up for acts of violence, some women resorted to requesting assistance in order to obtain alimony by filing alimony claims, (File 6952 - File 9441) or requesting a divorce for discord (9803...)

5.3 The role of women's associations in supporting women and girls exposed to violence:

Despite the difficulties that the associations faced during the quarantine period, related to the challenge of continuing activities in support of women victims of violence, despite the closure of their headquarters and the suspension of reception at their listening and shelter centers. They have undertaken initiatives that have tangibly contributed to raising the problem of protecting women from violence during this exceptional period.

Women's associations, in many Moroccan cities, were able to continue remote services for women and girls, victims of violence. They did so, by allocating telephone numbers for listening, counselling, psychological support and legal counselling. They also utilized the phone numbers for following up cases that were able to approach institutions, in addition to advocacy work, which contributed to the announcement, by the Public Prosecution, of measures designed to confront the risks of exposure to violence, due to the pandemic. This also included responding to women's requests for access to justice, despite the precautionary measures that prevented women from going directly to the listening centers and anti-violence cells in the courts and security departments.

Starting in May 2020, some associations with branches, across the national territory, issued reports showing the increasing prevalence of violence against women, as other associations issued reports about the severity of violence and the quarantine lockdown, in the absence of special and urgent measures to confront this risk. These associations played essential role in supporting women who were able to contact them, finding solutions to accommodate them or to help them move towards their families' residence...

The Habiba Ezzahi Center, for example, counted 77 procedures related to helping women who contacted it by phone during a period of less than two months between April and May 2020. These actions generally related to services to strengthen the capacities of women and girls and support them in the face of violence, including:

- Listening and psychological support by making frequent contact with complaining women;
- Referring women to other associations in their cities of residence, in order to facilitate intervention to solve the problem of shelter for victims of expulsion from the marital home;
- Directing towards the "We are all with you" platform to coordinate with the security and gendarmerie departments in immediately intervene for the rescue of woman in distress;
- Informing women of the possibilities offered by the law and guiding them towards the procedures that enable them to access to justice;

- Helping women to write a complaint or an article in order to access justice;
- Informing women of the e-mail addresses and phone numbers announced by the public prosecution

5.4 Interaction of institutions concerned with combating violence during the quarantine period

At the beginning of the state of health emergency, media discourse on pandemic management prevailed from the side of state institutions, focused on protecting health as a central goal, and addressing the economic and social repercussions of the crisis, but speaking of violence against women and girls during quarantine conditions was almost absent.

The pressure of women's associations has contributed to drawing attention to this silence, and to the failure to take care of guaranteeing women's rights in light of the pandemic and protecting them from the increasing violence and the spread of a culture of impunity. In this context, we can cite some observations:

- The first communiqué issued by the Ministry of Solidarity, Social Development, Equality and Family, issued on 04/02/2020 regarding "Following the situation of female citizens who are most at risk in the context of the Covid-19 pandemic". This communiqué has included reference to the initiatives that the Ministry had taken, in a situation of quarantine, including support for remote listening services and keeping pace with women victims of violence, and coordination with some associations and competent authorities.

- The data available to the association, and to other women's associations, indicate that these initiatives have continued having limited impact. It did not respond to the demand to facilitate women's access to information and to circulate services of support and sponsorship to include women affected by violence during the quarantine period, especially women villagers, poor women, illiterate women, women with disabilities, and women that are mothers of disabled children.

- The government did not provide free telephone lines (the green line), specifically to contribute to addressing the high incidence of violence, during the quarantine period, by empowering women to communicate and express their needs for protection from violence. The phone number announced within the Presidency of the Public Prosecution periodical falls within the framework of coordination with a non-governmental organization, and remains limited in responding to the level of violence prevalence during the pandemic period.

- No shelters were available for women victims of violence and their children, despite the announcement of a list of the headquarters placed at their disposal by the National Cooperation, where we noticed that these headquarters/temporary shelter centers are also open for the homeless, and for travelers stranded in some areas... These mixed headquarters that do not meet the acceptable standards for shelters and safe houses for women victims of violence, according to the testimony of the social workers we contacted during this period.

- The data indicate that the Ministry has allocated a list of shelter centers, but they were not designated for women only, according to the testimony of social workers:

“The conditions of these centers are not suitable for sheltering women with their children. As for the manual issued by the Ministry regarding the allocation of more than 60 shelters for women victims of violence across Morocco, some of them are centers that have never opened their doors, and they were made available without the possibility of reception... I contacted one of the people supervising one of the centers, who told me that it would be better to get a license to help a woman travel to her family’s home... (The place is not suitable for a woman... There is mixing between women and men and it is mainly intended for the homeless in Street situation, not violence situation)”

At the level of access to justice, it appears that the initiatives taken by the Public Prosecution were late in view of the urgency of cases of violence against women, as no mechanisms were allocated to receive women’s complaints. They did not take into account the conditions of many women who were waiting the issuance of alimony rulings and execution orders, when it was announced that Morocco court sessions had stopped, from 17 March 2020. Violence was not considered an issue of urgency to which special structures and urgent court sessions should be scheduled.

- The periodical on “Giving the utmost importance to issues of violence against women” was not issued. Additionally, the creation of an electronic platform as well as an e-mail to open the way for battered women for placing their complaints and inquiries about the procedures was only until after a month and a half has passed following stopping the work of cells and courts. The question that we faced during our work with women victims of violence during the quarantine period was how many women had received or had access to information? Is it possible to use this method to seek redress?

- The impossibility of accessing information to women has prevented the affected women from benefiting from these mechanisms stipulated in the April 30, 2020, periodical, as the women’s associations receiving phone calls remained the only possibility available to convey information to women, and

to facilitate their use of the measures stipulated by the Public Prosecution. However, limited opportunities to use fax and telephone, and the closure of shops that provide this service due to quarantine measures, have reduced women's access to justice.

Through experience of working remotely with women victims of violence, we noticed that the performance of public institutions varied between good practices that indicate engagement in caring for women victims of violence and providing services to them in an urgent manner commensurate with the exceptional circumstances of quarantine, and practices that did not attach enough importance to issues of violence.

During the first phase of declaring a state of health emergency, some women stated that they were affected by non-supportive practices on the part of some police officers, who said priority was for security institutions to protect citizens from the outbreak of infection and to ensure implementation of the quarantine law, and not to care about "family disputes".

In one of the police stations, a woman who went to the police to file a complaint against her husband for physical violence, was subjected to moral pressure aimed at making her feel embarrassed and ashamed, for "wanting to put her husband in prison, while the conditions of the pandemic", so she was forced to withdraw her complaint. In another case, a woman, who was expelled from home, turned to the police, but was ignored and had to return home by herself late at night despite the threat she was aware of that she would be subjected to spousal violence again.

"A battered woman, expelled from the marital home, was referred to call the number of the "We are all with you" platform, where the listener told her over the phone that she could not provide her with shelter... After providing legal counselling to her, she advised her to return home and if he returned to beating her, she should call the platform in order for them to communicate that to the police. ... The woman immediately resorted to the police (at Sidi Othman in Al-Bayda). One of the policemen approached her, according to her statement, saying: "You women have gone too far." She told him, "He is threatening me with death. He responded: Do you want me to provide you with accommodation at my expense?" He was trying to persuade her to return to the marital home" (File 9831)

Despite these cases, which reflect a discouraging response to violence, the center's data revealed other positive cases in dealing with issues of violence against women during the period of lockdown. These include indicators of effective intervention by some actors, which were reflected in the positive results achieved in the cases that the association referred to the police, public prosecution or the hospital.

In this context, we cite the positive response of the Royal agents and the Public Prosecution's patrol, starting in May, receiving complaints via the electronic platform, and delivery of some women's complaints. This, in addition to the intervention of police departments in some cases to help expelled wives return to the marital home, or to join their families, by recommending for their application to obtain a permit to move and travel during the quarantine period. (File 9821)

"A social worker at the regional hospital of Madiuna supported a complainant (file 9835) by calling the center and helping her to go to the university hospital on August 20 by handing her 100 dirhams."

"A battered woman benefited from the support of an employee of the Fidaa Provinces, Mers al-Sultan, in order to obtain a travel permit to move from the marital home to her family's home... She was initially referred to the district after contacting the clerk of the commander, who explained to us that the approval is issued through the official department in charge. So I directed her there and followed with her by phone until she was received by the Head of Social Affairs and Information, who supported her and sent a fax to the competent authorities in Rabat, in order to obtain approval for a travel permit..."

"I referred one of the complainants, victim of violence, to call the number of the "We are all with you" platform, which led to the rapid and immediate intervention of the security forces (file 9806)

Amina Albo / listener Habiba Ezzahi Center

6. Difficulties and challenges:

Among the difficulties that the association observed, when working remotely with women and girls victims of violence, we noticed:

- The issue of human and financial resources allocated to women's associations in the face of the pandemic in order to ensure the continuation of providing their services to women. Many listening centers across the cities of Morocco relied on their members' volunteering, on the involvement of a small number of listeners without prior preparation, or qualification in listening techniques for women during crisis, psychological support services, legal counselling and escorts to follow up their case, over the phone.
- The problem of accessing information that was not available to women, especially the poor, illiterate and rural women, who do not have access to periodicals and phone numbers identified on the Internet;
- Circumstances of listening to woman victims of violence in person, in the

context of quarantine in the presence of the abuser was difficult for the listener and for the abused woman. Communication was interrupted out of fear, or it takes place under conditions not conducive for assurance, as a condition, necessary for the battered woman to disclose her suffering and specify her request. Most of the women spoke after suffering fear and terror. They felt that the abuser might attack them, and they will be exposed to revenge violence, as a woman told us that she had to delete messages exchanged and the association's phone number from the phone memory, so that she does not face the husband's revenge when he checks her phone and discovers that she reported her suffering;

The economic and social vulnerability of women has weakened and paralyzed their resistance to violence, as most women do not work, and those who work, the work in most time in informal seasonal work, as they stopped working and suffered economic dependency

- The husband or the breadwinner enjoys the element of women vulnerability and control over the woman, as shown in many testimonies;
- Failure to activate Law 103-13 in a manner commensurate with the exceptional circumstance, by activating protection measures and work to remove the violent husband from the family home, without linking this to a Judicial ruling or judicial follow-up, exposing women to double violence during the pandemic period, especially that shelters for battered women and their children were not available;
- The dominance of the paternal mentality that prevails in the institutions and sometimes obstructs their access to justice;

“The case of a woman who resorted to the police after her husband expelled her from the marital home at night, so she stayed at the judicial police station until late at night without providing any assistance to her, except for the justification of the state of health emergency. She was forced to return to the marital home at two o'clock after midnight. After that, we directed her to the platform “We are all with you”, the police came to the marital home and took the victim and her husband to the judicial police. This last measure of the abused woman was an insulting measure, according to the victim's statement, the complainant was forced to drop the complaint and return to the marital home” (file number 9806)

Giving priority to fighting the epidemic in health institutions has impeded women's right to access health services, and impeded obtaining a medical certificate to prove the effects of violence before the court. Impeding that was with the justification that medical staff was preoccupied with cases infected with Covid-19.

(Casablanca, Sidi Othman Hospital and Mediouna during the quarantine)

7. Recommendations

We expect to receive large numbers of women after the lifting of the state of quarantine, due to our appreciation that the majority of women have been subjected to violence in circumstances that have limited access to solidarity spaces, as is the case for listening centers for women victims of violence;

We anticipate an increase in the reporting of sexual violence that we estimate women and girls have experienced without being able to report it over the phone and online platforms;

We expect after lifting the state of lockdown and resuming economic activity for factories and companies in particular, high rates of reporting economic violence against women, due to dismissal from work.

The possible deprivation of wages for a large group of working women, in addition to the problems of refraining from spending and not implementing the provisions on alimony;

We expect escalation of requests for divorce, on grounds of discord, due to the compounded suffering of the battered women because of lockdown, which led many of them to the decision to separate from the violent husband.

We also expect girls to drop out of school in remote areas and the deserts, due to stopping schooling for more than half a year, and because of poverty and fragility, which may expose them to the risks of underage marriage, below the age of 18 years.

Based on these initial expectations and observations that we have about violence against women and the possibilities to confront it, we recommend:

- Calling for the development of a governmental plan to confront violence against women and girls and to address the repercussions of the pandemic on the economic and social conditions and rights of women,
- Working to support and strengthen the capacities of listening centers for women victims of violence, through training and qualification, to enable them to contribute to responding to challenges and expectations,
- Motivating the government to allocate special structures and sessions to urgently consider women's rights issues related to family law and Law 103-13,
- Launching workshops to activate the contents of the anti-violence law, in a manner commensurate with the complications of the pandemic and consequences of violence practiced against them during the period of health crises;
- Strengthening coordination between civil society components in order to develop services provided to women and girls victims of violence;

- Providing a free telephone line, with qualified human resources, for the benefit of women and girls victims of violence;
- Providing permanent shelters in all Moroccan cities for women and girls, victims of violence, consistent with international standards for shelters;
- Strengthening the services of cells to combat violence against women and children in courts and security departments and the Royal Gendarmerie, and the development of means of promoting them in the media and among women that are vulnerable to violence;
- Working on the media and educational front to promote the culture of human rights, equality and non-violence.