

NO PEACE OF MIND

Palestinian Mental Health Under Occupation

June 2022





Acknowledgments

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A mother looks over her land in Khirbet Ibziq in the northern Jordan Valley in Tubas governorate, Area C of the West Bank. As recently as January 2022, Israeli authorities have been demolishing several structures such as shelters for livestock and tents while several others continue to be under threat of demolition.¹ Families in Ibziq also experience frequent excessive use of force and forced displacement because of military trainings taking place on their land. In 2017, a 16-year-old boy was killed by unexploded ordnance (UXO) left behind by the ISF in one of their military exercises.²

Foreword

Michael Lynk*

In 2019, the World Health Organization published the results of an extensive literature survey which it had conducted on the impact of war and violence on the mental health of people living in conflict zones. Its findings were sobering. More than one in five persons – 22% – living in war zones were estimated to be suffering from various forms of mental health challenges, which were markedly higher than the conclusions of earlier studies. The most common reported illnesses were depression, anxiety, post-traumatic stress disorder, bipolar disorder and schizophrenia. In its conclusion, the WHO study noted that: "Mental healthcare must be prioritized in countries affected by conflict, not least for the well-established links between mental health, functioning and country development."

Many of the conflict zones in the world today are in countries where the medical resources for mental health treatment were already meager to non-existent. In these countries, government funding for mental health care has been historically sparse. The education of health care professionals has only infrequently included any comprehensive training on the diagnosis and treatment of mental health challenges. And prevailing social beliefs have enveloped mental illness with a deep-seeded stigma that hinders the open acknowledgement of the prevalence of the problem.

Throughout modern history, colonialism and alien rule has inevitably engendered intense periods of resistance and conflict. Frantz Fanon wrote eloquently about the mental health consequences of colonialism and conflict. The Martinique-born psychiatrist and anti-colonial philosopher observed that the worst mental injuries suffered by the subjugated population have two dimensions: the imposed psychological wounds to their innate sense of dignity and humanity, and the mental health consequences arising from the infliction of systemic violence to maintain the alien rule. Fanon's writings on mental illness and conflict – which grew from his work as a psychiatrist in the 1950s during the Algerian revolt against French rule – linked the relationship between the individual and the prevailing social structure. He concluded that it was impossible, in an environment of entrenched discrimination and racial oppression, to separate the diagnosis and treatment of those with mental health disorders from the larger disorder of the surrounding social context.

No Peace of Mind – this wonderful new study on the mental health consequences for Palestinians living under Israeli occupation by Médecins du Monde France and the Association of International Development Agencies – is as timely as it is welcomed. This research in this report, which is both analytical and prescriptive, tells us much about the invisible, but very real, mental wounds resulting from such a coercive environment.



One example of this coercive environment is the mental health consequences of extreme and intense violence. The May 2021 war on Gaza – which lasted for 11 days, killed 260 Palestinians and injured thousands more, and caused extensive property damage – was the fourth round of intense Israeli violence on Gaza since 2008. One of the Palestinian fatalities in May 2021 was one of only two psychiatrists working in Gaza. In a Facebook-based survey conducted soon after the war, the World Bank found that 70% of Palestinians in Gaza and 57% of Palestinians in the West Bank reported symptoms consistent with post-traumatic stress disorder.

Yet, as No Peace of Mind so persuasively tells us, it is the everyday experience of the occupation – with its reliance on engrained violence and deteriorating social conditions – which generates much of the mental health consequences experienced by Palestinians. The occupied Palestinian territory is a milieu where there is an utter lack of political hope, where the loss of faith in social institutions is pervasive, where the ordinary pleasures of daily life are constrained by high walls, checkpoints, segregated highways and the rule of an alien military authority, and where one's national and personal identity is being constantly challenged and negated. Powerlessness and insecurity are ubiquitous, economic precariousness is widespread, and Palestinian adaptation to the plentiful abuses of the Israeli occupation bleeds into the acute individual anxiety that has long been prevalent.

If the disease is political, then the solution also lies in the political: ending the occupation and eradicating the structures of repression and inequality. The crisis in Palestine has significant health and humanitarian features, but only a thoroughgoing revolution in the relationship between Israelis and Palestinians – shaped by human rights, the rule of law and the common commitment to a shared humanity – can lead to the transformative changes needed to address the mental health crisis in Palestine. No Peace of Mind is the kind of responsible reminder that we all need to continue to bend the arc of history ever closer to justice.

*Michael Lynk: UN Special Rapporteur on the situation of human rights in the Palestinian Territories occupied since 1967 (2016-2022) and Associate Professor at the Faculty of Law, Western University, in London, Ontario.

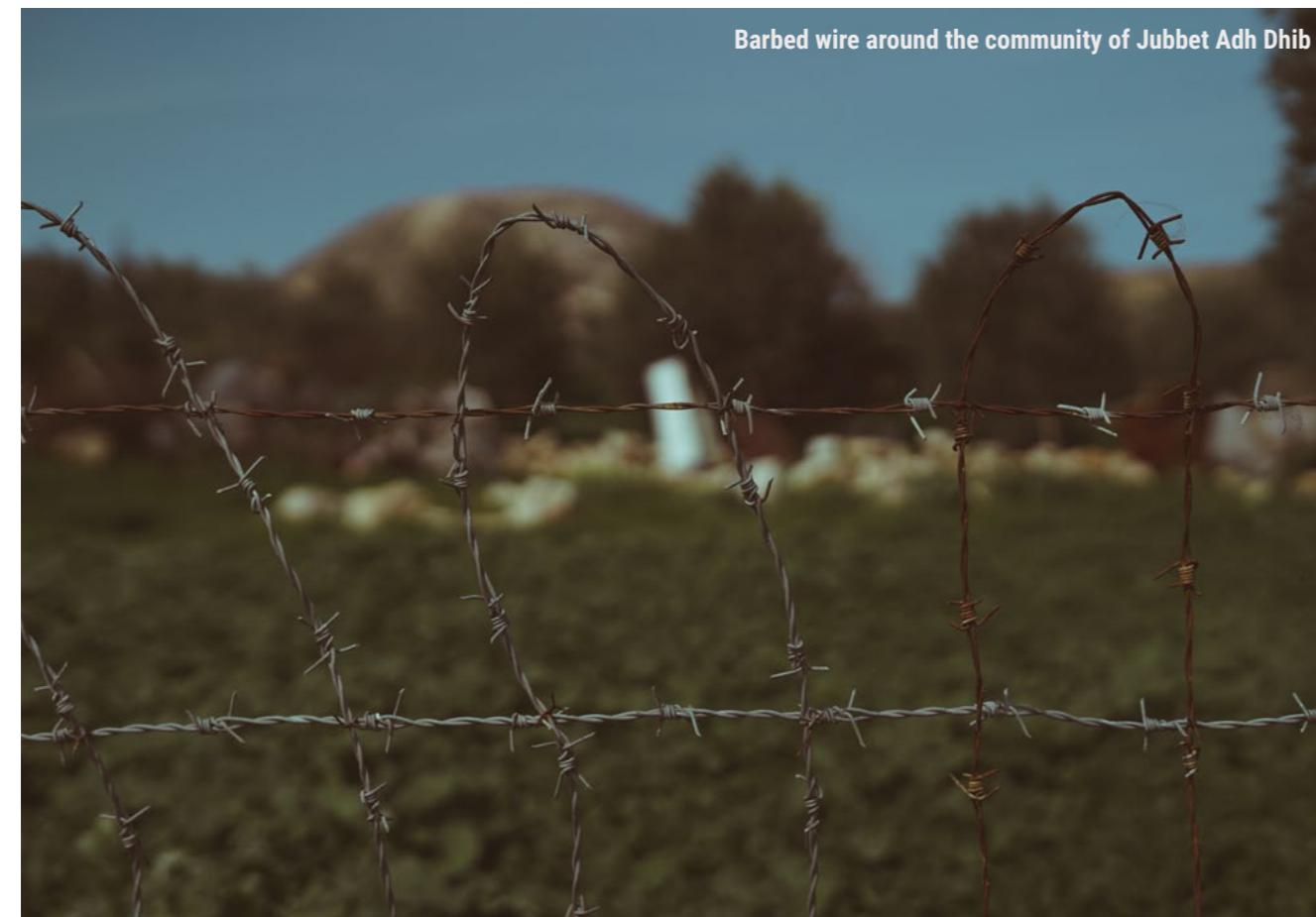
1. F. Charlton et al, "New WHO prevalence estimates of mental disorders in conflict settings: A systematic review and meta-analysis" (2019), 394 Lancet 240 (11 June 2019).
2. See, in particular, his *Black Skin, White Masks* (1952), *A Dying Colonialism* (1959) and *The Wretched of the Earth* (1961). For an insightful biography, see: D. Macey, *Frantz Fanon: A Biography* (Verso, 2012)
3. 'Huge loss': Experienced Gaza doctors killed in Israeli attacks | Israel-Palestine conflict News | Al Jazeera
4. A. Aghajanian et al, "Using a Facebook survey to assess the socio-economic conditions of Palestinians after the May 2021 conflict" (World Bank Group, December 2021).

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Acronyms

- › **AIDA:** Association of International Development Agencies
- › **CMBM:** Centre for Mind-Body Medicine 
- › **GOI:** Government of Israel
- › **ICA:** Israeli Civil Administration
- › **ISF:** Israeli Security Forces
- › **MAP:** Medical Aid for Palestinians 
- › **MDM:** Médecins du Monde
- › **MHPSS:** Mental health and Psychosocial Support
- › **MOH:** Ministry of Health
- › **oPt:** occupied Palestinian territory
- › **PUI:** Premiere Urgence Internationale 
- › **WHO:** World Health Organisation
- › **UXO:** Unexploded Ordnance



01

EXECUTIVE SUMMARY

The purpose of this report is to examine, on an initial small scale, the impact of the coercive environment on the mental health of Palestinian communities, specifically those communities with a high number of incidents of settler violence, demolitions and Israeli excessive use of force in Area C of the West Bank. What has become increasingly obvious to those organisations who have been working on mental health and psychosocial support in the occupied Palestinian territory, is how to capture the ever increasing negative impact that we have been witnessing in the field, of decades of occupation on Palestinian communities mental health and psychosocial wellbeing. Quantifying the tangible impacts of the coercive environment on mental health is not as straightforward as, for example, recording the number of houses demolished. It is becoming increasingly clear that the **mental health impact of exposure in this context can often be a hidden driver of displacement and is often overlooked in terms of documentation of human rights violations, crimes under international law and the pursuit of accountability.**

This report grounds itself in the technical expertise and experience of participating organisations providing mental health and psychosocial support (MHPSS) services to Palestinians **based on their areas of intervention**, focusing on **10 selected communities in Area C of the West Bank**. The data collection was conducted in August and September 2021, surveying with one man, one woman and one child in 10 communities.

Having an accurate picture of the vast psychosocial and mental effects of the occupation is deeply challenging and the aim of this report is not to create a comprehensive examination, but to capture a small initial snapshot of what this impact may be.

Key findings

The vast majority of survey respondents expressed that they experience constant distress and a general feeling that their lives and the lives of their loved ones are about to end. There was also a general perceived threat to their ability to make ends meet and earn their income and protect their herds, fields, personal belongings and assets, such as their homes, water tanks and cars. **Forced displacement and impoverishment/economic struggle were amongst the top concerns of many residents (herders and farmers) living in Area C. Nearly one quarter of respondents (23%) said they had no hope for the future or that they did not consider thinking about their future.**

This prolonged feeling of insecurity, fear and instability is accompanied by a long-running sense of injustice and systematic discrimination that can translate into physical pain. **In terms of Palestinians' ability to work on any day, interviewees indicated any activity considered to be normal for others,**

such as work, were made almost impossible because of the coercive environment surrounding them.

Among the communities surveyed, **headaches and stomach pain were among the most common physical symptoms** across age and gender. **Fear, anxiety, sadness, despair and lack of safety** were the main categories among the emotional impacts assessed across age and gender, while **isolation and difficulty sleeping were amongst the most common behavioral impacts mentioned by communities.**

When asked how they reacted to encounters with the Israeli army and settlers, close to 80% of respondents indicated they experienced feelings of extreme fear and stress, with some explicitly saying they feared for their lives. In assessing Palestinians' sense of safety and agency over their lives, close to 60% of respondents indicated that they felt there was nothing they could do to protect their families when experiencing attacks by settlers and demolitions. Feeling safe at home, to have stability and access to education were the primary aspirations of those surveyed.

 I just want to feel safe, but I cannot feel safe in all of the West Bank from North to South, tell me where is it safe? – Elderly man from Al Jiftlik.


Increasing accountability

International humanitarian law (IHL) prohibits the wanton destruction of homes and population transfer under occupation. International human rights law (IHRL) also obligates Israel to respect, protect and fulfil the right of everyone in its jurisdiction to the enjoyment of the highest attainable standard of physical and mental health.

This study is further evidence of the humanitarian and development community's imperative to consolidate a more coordinated and holistic approach to aid based on community needs, and examine ways to understand, and integrate **mental health** impacts throughout their work.

The international community must also recognise that simply providing the physical means for a community to be able to stay on their land does not constitute a safe or stable environment for civilians to be protected or to protect their mental health. **Further, they should be reminded that development and humanitarian aid is not a substitute for meaningful and applied engagement, which addresses the underpinning tenants of the coercive environment. Sustainable development can only thrive**



when international human rights law and international humanitarian law violations are not consistently hampering it.

Key recommendations

Government of Israel

- › Urgently address the escalating violence and impunity in the West Bank by bringing an end to violent attacks by Israeli settlers, demolition of property and the excessive use of force by Israeli soldiers against Palestinian civilians
- › Immediately cease its settlement activity, demolitions, ongoing land confiscation and legalization of outposts
- › Abide by its obligation to ensure the protection of the Palestinian population in the territory it occupies, including by investigating and prosecuting all acts of violence, including violence by Israeli settlers against Palestinians and their property and livelihoods, without discrimination or exception;

The Palestinian Authority

- › Prioritize support to Palestinians in Area C, in particular to afford protection and assistance for victims of violence;
- › Invest in developing knowledge about mental health among health care staff, including in skills and tools for screening, diagnosis and management of mental disorders at the primary care level;
- › Accelerate the mental health integration in the primary health care process and an investment in the development of resources including physical and human needed for mental health assessment and treatment;

Third States

- › Take effective diplomatic measures, including restrictive measures, to bring an immediate halt to the Israeli policy of forcibly displacing Palestinians from their lands and acquiring territory by force in violation of IHL and IHRL.
- › Take substantive and collective action, including diplomatic measures, which will end violations of international law. Support genuine investigations into, and legal accountability for, violations of international law that undermine Palestinians' rights.

The Humanitarian Community, including donors, UN agencies and INGOs:

- › Integration of Mental Health and Psychosocial Support into all humanitarian and development strategies;
- › Ensuring that all assistance promotes the realisation of equal rights for Palestinians, and is matched by a political commitment to address violations of international law that are root causes of humanitarian needs;
- › Meaningfully consult with affected communities when designing programmes, and implementing these through local civil society partnerships where possible;
- › Focus on the long-term development of essential institutions such as healthcare, and investing in essential infrastructure, capacity building, and professional development for health workers to address the challenges to the mental health and wellbeing of Palestinians.





Structures in Humsa al Bqai'a



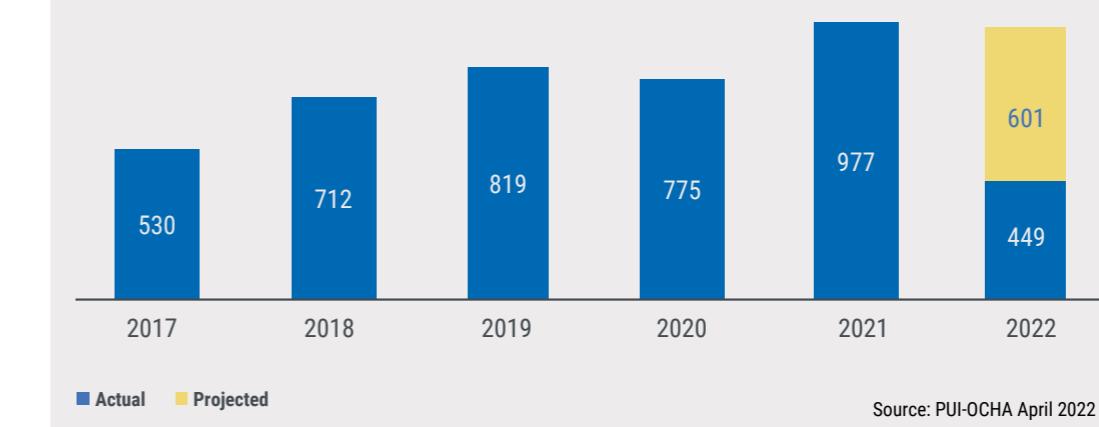
2.1 A hidden cause of forcible transfer

Mental health is more than the absence of mental disorders. Mental health is a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life.

– World Health Organisation, 2018³

Quantifying the tangible physical effects over decades of occupation on the Palestinian population is a relatively straightforward process. Year on year, conditions for Palestinians living across the occupied Palestinian territory continue to deteriorate. The number of demolitions of Palestinian structures including homes in the West Bank, and East Jerusalem, more than doubled from 2017 (421 demolitions) to 2021 (904 demolitions), while 80% of these demolitions occurred in Area C. 2021 had the highest level of settler violence recorded since UN OCHA started monitoring the settler-led violence in 2006. The 977 reported and recorded incidents of settler attacks in 2021 included extensive damage to Palestinian property, including to 332 vehicles and around 12,300 trees, many of which were burned.⁴ Hundreds of sheep and goats were also killed. Five Palestinians lost their lives as a result of these attacks. This is only an indication of number of people and animals who died and property damaged. It does not reflect the intimidation, harassment and access prevention incidents.

Figure 1: Settler violence incidents



INTRODUCTION

What has been harder to quantify has been the mental health impact of the long, sustained, and expanding level of coercion enabled by policies and practices led by successive Israeli governments, Civil Administration and Army, and supported by settler violence. For Palestinians living in vulnerable communities in Areas B and C, where Israeli-issued building permits are almost non-existent⁵, and whose close proximity to ever expanding settlements and outposts is a consistent physical as well as existential threat⁶, this continuous pressure⁷ is part of a chronic and systematic process aiming to create an unliveable environment for Palestinian communities, and to force them to relocate to other areas.

The mental health impact of exposure to this context is often a hidden driver of displacement, and thus forcible transfer, of communities. However, this factor is often overlooked in terms of documentation of human rights violations, crimes under international law, and the pursuit of accountability. Forcible transfer is a grave breach of international humanitarian law and, whether a community leaves due to the threat or use of physical force, or through prolonged exposure to coercive stressors, the ultimate outcome is that Palestinians can no longer stay on their land.

The purpose of this report is to draw attention to the mental health of Palestinian communities, specifically those communities with a high number of incidents of settler violence, demolitions and Israeli excessive use of force in Area C of the West Bank. The report grounds itself in the technical expertise and experience of participating organisations providing mental health care to Palestinians and using data collected as part of this exercise.

Palestinians can suffer from anxiety, sleep disorders or regressions for children, impacting academic progress or developing social skills for instance.¹¹ Since incidents are happening continuously, the communities find it extremely difficult to have emotional balance and stability.¹² By experiencing mental and physical coercion when they are being forced off their land, it is Palestinians' relationship to their community and home that unravels and with it, any sense of safety and security essential to a human being.

Having an accurate picture of the vast psychosocial and mental effects of the occupation is deeply challenging. One reason is that people are less aware of their mental and psychosocial suffering from violence if they have been exposed to it their entire lives. Another reason is that the expression of psychological suffering is shaped differently from one socio-cultural, political and economic context to the other, which makes it by essence complex to describe. The final reason is that there is a lot of stigma surrounding mental disorders. Accordingly, the systemic violence collectively experienced by Palestinians encourages further solidarity and reinforces the will to stand steady in the face of injustice and human rights violations. In this context, discussing one's mental health could be perceived as a sign of weakness in resisting oppression,¹³ while stronger resolve is often cited as a by-product of the occupation. Nevertheless, the relentless nature of the occupation has left a deep mark on Palestinians' ability to cope and experience wellbeing.

This report therefore aims to present the mental and physical impact that living under constant threat, aggression and violence has on Palestinians in the West Bank. The report will also expose the duties of different authorities and bodies to protect Palestinian communities and ensure their rights under international law are met.

2.2 The impact of the occupation on Mental Health

The context of violence in which Palestinians are living has an impact on the psychosocial well-being and the mental health of the population, even when they are not directly involved in critical incidents. Populations exposed to conflicts are well known to be at risk of increased incidence of poor mental health outcomes.⁸ What is sometimes mistaken for resilience is the necessary adaptation to a stressful environment, in which encountering violence is part of the "daily routine" and where acute stress is the norm⁹. Parents and caregivers struggle to ensure the physical and emotional security of their children, when they themselves feel stressed, anxious and depressed about the situation. There is an overwhelming feeling of powerlessness within these communities. Indeed, in the Palestinian context, the collective trauma caused by the military occupation and repression has led to higher levels of distress.¹⁰

2.3 What is a coercive environment?

Coercion is the act of unconsented/forced submission of an individual by means of force or threat of force, instilling a deep sense of vulnerability and insecurity. This leads to trauma and lack of safety by creating a state of permanent stress and fear for one's life.

According to the Report of the United Nations Secretary General with relation to the Human rights situation in the occupied Palestinian territory: "Forcible transfer does not necessarily require the use of physical force by [the Occupying Power], but may be triggered by specific circumstances that leave individuals or communities with no choice but to leave; this is known as a coercive environment. Such transfer is considered forcible, except where the affected persons provide their genuine and fully informed consent. However, genuine consent to a transfer cannot be presumed in an environment marked by the use or threat of physical force, coercion, fear of violence, or duress."

There is no exhaustive list of conduct which can give rise to a coercive environment for the purposes of demonstrating forcible transfer, but examples of qualifying conduct provided by international criminal tribunals have included house searches, being cut off from essential services and facing widespread discrimination.¹⁴

2.4 Forcing displacement through state-backed settler violence and demolitions

Since 2009, over 12,380 Palestinians have been forcibly displaced from their homes in the West Bank¹⁵ while demolitions have increased by an average 20% year after year since 2017. Alarmingly, in 2021 Israel destroyed entire communities, including the Humsa al Bqai'a community located in Tubas governorate, a grave breach of International Law that could involve individual criminal responsibility and can amount to a war crime.

In July 2021, after the seventh mass demolition of Humsa al Bqai'a, Israeli Authorities removed all personal belongings, including food and clothing, and prevented the community from returning. In December 2021, the community of Ibziq in Tubas governorate experienced a similar fate, with a concerning resemblance to the means of forcible transfer used over Humsa's community. According to the West Bank Protection Consortium, "the absence of meaningful consequences following the destruction of 200 structures in Humsa Al-Bqai'a over an eight-month period emboldened Israel in the prosecution of its demolitions policy"¹⁶ and enabled the adoption of a model of destruction of Palestinian property that would increase the intensity and frequency of destruction, in order to prevent the return of communities and reconstruction to facilitate more effective forcible displacement of these communities.¹⁷



Figure 2: Settler population 2017-2020 (WBPC, 2020)

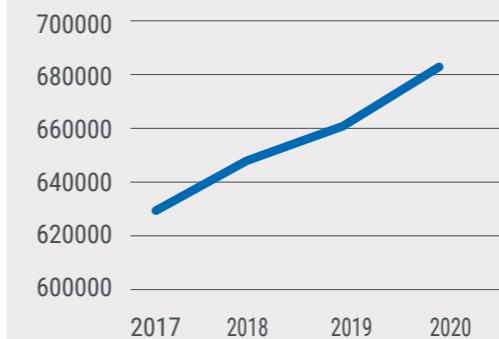
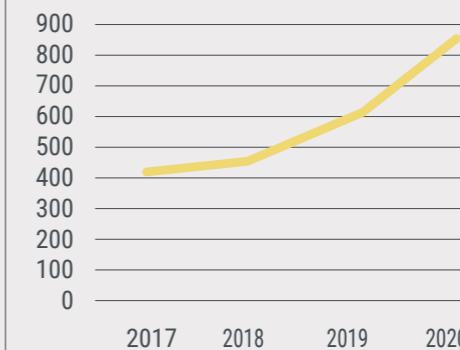


Figure 3: Demolitions 2017-2020 (WBPC, 2020)



Source: PUI-OCHA April 2022

The increase in demolitions of Palestinian property correlates with the increase in settler population from 2017 to 2020. Source: West Bank Protection Consortium, 2021).

Families that have been issued demolition orders also experience a disproportionate number of other rights violations. Research published by Save the Children in October 2021 showed that **40% of families in the West Bank¹⁸ said that they were regularly exposed to settler attacks, while 80% reported that they were exposed to home raids and attacks by the military and police forces**. Of these, 21% reported that they experience attacks on a daily basis, with 29% stating they are attacked several times a week. This is compared to just 5% of families in Areas A and B reporting frequent attacks by settlers.

The rise in attacks committed by violent settlers against Palestinians and the unprecedented level of impunity of settlers and documented complicity of the ISF and ICA¹⁹ are concurrent with a policy that serves the Gol's de facto annexation of the West Bank. According to Yesh Din, **91%²⁰ of investigations focusing on attacks committed by settlers against Palestinians between 2005 and 2019 were closed without any charges being brought against perpetrators**. Over 40% of Palestinians experiencing such attacks chose not to file complaints with the Israeli authorities as "they have no expectation justice will be served."²¹ Meanwhile it became easier for settlers to purchase firearms since 2018,²² and the Government of Israel allocated 6 million USD in January 2022 to fund efforts led by settlers monitoring Palestinian construction²³, including the creation of a hotline they could ring at any time to alert the ICA of any new construction.



03

RESEARCH METHODOLOGY



A child playing with his bicycle in Humsa al Bqai'a



This study is based on a review of secondary data (official reports and statistics as well as reports from NGOs) and the analyses of the data collected by several AIDA members who formed a technical committee, which was led by Médecins du Monde, based on their areas of interventions.

3.1 Geographical area of study and study population

The report covers 10 selected communities across the West Bank. These communities were chosen by the technical committee based on their areas of intervention, and therefore ability to conduct the survey and reach communities, as well as the history and types of violations within these communities (namely settler violence, demolitions or both). The geographical spread across the West Bank aimed to cover communities in the north, south and centre of the West Bank and was divided to cover as many governorates as possible. Not all communities chosen are hotspots and the methodology made sure to include communities facing regular violations and others facing them sporadically. The reason behind this approach being that reported mental health impacts highlighted by technicians of the participating organisations do not only occur when violations are extremely intense, but also when violations take place only once, shedding light on communities that are not receiving as much media attention in spite of the trauma they also experience.

In each community, one man, one woman and one child were interviewed, with the child being related to at least one of the interviewed adults.

Gender and age distribution		Communities
Children	10 children Age range: 12-17 (9 children) 0-11 (1 child) Gender: 6 male, 4 female	Al Jiftlik (Jericho governorate) Ibziq (Tubas governorate) Humsa al Bqai'a (Tubas governorate) Al Mughayir (Ramallah governorate) Burin (Nablus governorate) Khirbet Zanuta (Hebron governorate) Tuqu' (Bethlehem governorate) Jubbet Adh Dhib (Bethlehem governorate) Susiya (Hebron governorate) An Nuwei'ma (Jericho governorate)
Women	Total: 10 Age range: 30-59: 9, 60+: 1	
Men	Total: 10 Age range: 18-29: 3 30-59: 4 60+: 3	

3.2 Data gathering methods

The questionnaire (in Annex 1) used in the selected communities was developed with mental health professionals who form the technical team of experts working in each organisation taking part; interviews were conducted by qualified social workers who work for the organisations within the technical committee, all of whom have experience and knowledge of the involved communities. The questionnaire was originally written in English and then translated to Arabic. A training session by MDM was held for all data collectors before the field visits. Two organisations tested the survey. The feedback from the tests was positive and no additional changes were made. **These questionnaires and testimonies were collected in August and September 2021.** The interviews focused on discussions over Palestinians' lives, their communities and the difficulties they experience under occupation. In terms of ethical considerations, **agency and consent were core to these interviews, while psychosocial support was offered to participants as questions were sensitive with a potential to trigger further stressors.** Follow up communication and visits with all communities was ensured, including provision of additional support if requested or was deemed necessary.

3.3 Study constraints and future lines of investigation

During the pilot phase for the questionnaire, we identified some challenges with completing all the questions with children, and therefore in some cases made available a more unstructured interview in order to give them the space to express themselves freely. The report highlights areas that partners work in and does not include a detailed analysis of other hot spots of settler violence, excessive use of force by ISF and demolitions. This was due to the large scale and nature of the mental health impact in the diverse range of areas across the occupied Palestinian territory, and the capacity of the research team.

The kinds of violations and the impact they have are diverse depending on the area. The ability to research thoroughly and conduct assessments of all the kinds of violations and their impact were outside the scope of this paper, and so the focus is on a selection of communities in Areas B and C of the West Bank where Palestinians suffer from the coercive environment, selected by the partner organisations of this paper based on history and experience. **This report should be seen as a first step towards understanding the prolonged mental health impact of the occupation on Palestinian communities, which can be built on in the future to cover other geographic areas of the oPt. Moreover, not all questions related to the mental health impact of the occupation or services provided could be addressed in this paper.** Consequently, certain precautions are recommended when reading, interpreting and presenting the following results and figures.

A woman in her garden in Jubbet Adh Dhib



04

IMPACT OF THE COERCIVE ENVIRONMENT ON PALESTINIANS' MENTAL HEALTH



4.1 Overview of communities surveyed



Ibziq (Tubas governorate)

Khirbet Ibziq is a Bedouin community located in the northern Jordan Valley in the Tubas governorate. As recently as January 2022 and similarly to many communities living in Area C, Israeli authorities have been demolishing several structures such as shelters for livestock and tents while several others continue to be under threat of demolition.²⁴ Families in Ibziq also experience frequent excessive use of force and forced displacement because of military trainings taking place on their land. In 2017, a 16-year-old boy was killed by a UXO left behind by the ISF in one of their military exercises.²⁵

They came very early in the morning. They attacked my son. They wanted his car keys. He told them 'I don't have them, the keys are with my father in Jenin.' They threatened him to either provide the car keys or receive a 10,000 ILS fine. He was not responsive. They got a mechanic to open the car, then towed it. They then started demolishing our family home. They took everything out and cut the ropes and took the coverings (3 tents), then they tore down the sheep shed. My son was sleeping because it was 5 am when they came over and they pulled the tent down while he was sleeping without allowing us to go near him. They carried our covers then tied the sheep up with chains, took them and left. They left after 4 hours. - Mother from Ibziq

Humsa al Bqai'a (Tubas governorate)

Surrounded by fields, accessible only by a small dirt road, is the small Bedouin community of Humsa Al Bqai'a. Since November 2020, this community has been facing increasing and numerous waves of destruction and violence by the Israeli Security Forces, starting a new trend of mass demolitions of a scale previously unseen by the international community. The community is still forcefully displaced to another nearby location and has not been able to return yet. Israeli forces claim it is an active firing zone, and therefore closed to civilians, however illegal Israeli settlers can be seen often in the area, using it for recreation, driving quads and motorbikes through the rich agricultural land. In spite of repeated diplomatic, humanitarian and media presence and condemnations, demolitions and confiscations have kept taking place, to the rate of 7 mass demolitions²⁶ since November 2020. A mass demolition is when a large part of the same community if not the entire community's infrastructure, property and belongings are demolished at the same time.

They came in the morning, demolished our tents with bulldozers. They took everything with them. I was scared. We were making cheese. We were not expecting this demolition because we had had our house already demolished in the past. - Young girl from Humsa al Bqai'a

Al Mughayyir (Ramallah governorate)

Al Mughayyir is a Palestinian village located North-East of Ramallah. The community has been under relentless attack by settlers from the Adei Ad outpost established in 1998. 'Price Tag'²⁷ attacks by extremist settlers on the village, such as the mosque being set on fire, are frequent occurrences.²⁸ Palestinian families whose agricultural land is in the vicinity of the outpost have been subject to violent attacks by Israeli settlers when accessing their plots. Attacks have included physical assault and damage to trees and property. In one incident in 2019, a Palestinian from Al Mughayyir was killed by Israeli settlers while several others were wounded.

One time, settlers attacked us at night, they stole the sheep and had weapons with them. They went after my children wanting to hit them. Now every time we hear the sound of a car we are scared. In January 2021, 30 settlers attacked us. They had weapons and were backed up by the army - who usually stay far away, except if they feel that the settlers are unsafe. They fired gas and sound bombs at us, we suffocated from the gas. - Woman from Al Mughayyir

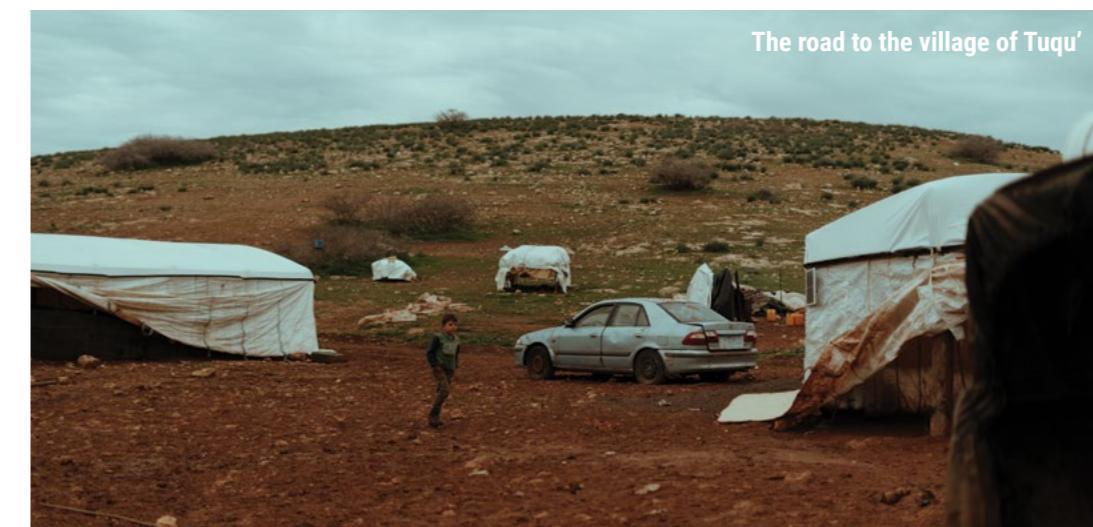
Burin (Nablus governorate)

Burin is a Palestinian village in the governorate of Nablus. The village is trapped between Yitzhar and Bracha settlements and their outposts. Classified as one of the most highly vulnerable communities of Areas B²⁹ and C by UNOCHA,³⁰ Burin is the village most often attacked by settlers in the area while its land progressively shrinks because of continuous settlement expansion. Attacks originate from both settlements and violence against the community, and include the extensive and repeated burning of fields and olive trees.³¹ In late January 2022, settler extremists violently attacked Palestinian and Israeli human rights activists who were visiting the community, burning their car and injuring the activists. The attack was condemned by Israeli Public Security Minister Omer Bar Lev who called the attack to be organized by a terror group, drawing public attention to settler extremism and the Israeli government's responsibility in curbing their impunity.³² Days after the attack took place, the Israeli government ordered the dismantlement of the illegal West Bank outpost of Giv'at Ronen.³³

On the last day of Ramadan, a large number of settlers came from the nearby settlement to our village. They carried iron rods, slings, weapons and stones. They started stoning our house and setting fire in the mountains. We left the house [myself and my children]. We have surveillance cameras, and were able to see what was happening. They broke down all the trees around Humsa al Bqai'a, they destroyed my garden, they broke down the glass windows. Then they broke down all of our surveillance cameras. They jumped on the roof of the house and broke the solar panels. I was at my parents' house, I was very scared and my children were scared, there is no security. I was thinking 'how can I go home with settlers there?'. - Mother from Burin

Khirbet Zanuta (Hebron governorate)

A pottery village since the Iron age, Khirbet Zanuta is also an agricultural village 20 kilometres South of Hebron, near the Green Line. Its inhabitants no longer have schools for their children to attend, no health services such as clinics or pharmacies. Over the past decade, Israeli authorities have been relentlessly pursuing the destruction of the village's infrastructure, such as schools and food and water storage for cattle, in an effort to entirely erase the village. The reason given was the preservation of an archaeological site, yet experts have indicated the designated area was much larger than the site itself. Under this pretence, settlement building has gone ahead in place of West Bank villages also designated as 'archaeological areas,'³⁴ where demolitions allowed for clearing of the area for settlement construction. One of the direct consequences of the ISF demolitions is loss of income, as shepherds lose sheep and goats, as well as the infrastructure to keep them alive. This also makes them more vulnerable to frequent settler attacks. Residents also have to travel to Ad Duhiriya to benefit from basic services they have lost over the years.



Last Ramadan, one of the settlers attacked one of our farms. I went with my brothers to the farm, and we had a verbal argument that almost led to violence, but I controlled myself because I know I cannot do anything. I know the law is unfair, and if I do anything I'll pay the price. - Man from Khirbet Zanuta

Tuqu' (Bethlehem governorate)

Tuqu' is a Palestinian village flanked by settlements and outposts from the north east to the south west, while an Israeli-controlled settler road surrounds the village from the north. Since 1977, several settlements have been built, causing a rise in violence and associated mental health issues. Settler presence and ISF drills and exercises prevent the village from thriving, while its residents navigate the coercive environment created as a result. Young villagers' aspirations are to be able to get an education and not fear attacks by settlers, particularly in the spring when these attacks are more intense. Villagers express a desire to live without having to worry about access to grazing lands or excessive use of force, in particular the use of tear gas.

The [Israeli] army is relentless with the amount of violence used. We almost choked because of the gas. – Young father from Tuqu'

Of course, I'm scared and anxious for my husband, my siblings and my children. The children try to play around the house while the grazing land they used to enjoy playing in and available for us to work the land is shrinking. They [Israeli settlers] also wait for children to exit schools and then clashes start. All I want is for me and my children to be able to live in peace. – Mother from Tuqu'

Jubbet Adh Dhib (Bethlehem governorate)

Jubbet Adh Dhib is a Bedouin herding community in the periphery of Bethlehem. The village is not connected to the electricity grid and the water supply is irregular. Between 1995 and 2020, the community experienced 38 military demolitions and 'stop work' orders.³⁵ In 2017, while a school was being built, the Israeli Civil Administration ordered the demolition of the construction under way and confiscated the caravans the community was using as a makeshift school in an attempt to disrupt Palestinian youth access to education. The community experiences frequent violent attacks

by settlers and trauma from the impact of settler violence, military presence and harassment and demolitions.

I was once walking with my friends in an empty area around the village, a few settlers came with their dogs and tried to start up trouble but we decided to leave. At first I was scared and thought, 'what if they killed one of us?' The following week I experienced headaches and stomach pain. – Young father from Jubbet Adh Dhib

Susiya (Hebron governorate)

The Palestinian village of Susiya is located 15 kilometers (9 miles) South of the West Bank city of Hebron. In 1983, an Israeli settlement – also called Susya – was established on land adjacent to the Palestinian village. This move sparked decades of conflict over ownership of the land. Since then, Israel has issued multiple demolition orders against Palestinian residential and agricultural structures. Attacks on villagers by nearby settlers are frequent while night raids and excessive use of force (including tear gas) are frequent. Children's playgrounds and other donor-funded facilities are targeted by ISF-protected settlers for destruction, as part of "larger strategy of intimidation and dispossession."³⁶

I'm scared because I cannot anticipate what the settlers will do. We mostly feel unsafe in our home, because they [settlers and the ISF] can enter your house any minute of any day. - Father from Susiya

Once on our way back from school, the army followed us and hit us with gas bombs. I avoid going too far from the house. I am terrified because of the settlers. My biggest fear is that people leave our town because there are no services and the army is constantly harassing us. I'm scared a crazy settler might shoot us. – Boy from Susiya

An Nuwei'ma (Jericho governorate)

Located in the Jordan valley, the Bedouin community of An Nuwei'ma was divided between Area C (87.5%) and Area A (12.5%) as part of the Oslo Accords in 1995. The community has experienced many violations over

the years, including settler violence, such as the burning and uprooting of hundreds of olive trees, and demolitions. An Nuwei'ma is one of the 46 Bedouin and herding communities at high risk of forcible transfer, due to a "relocation plan" advanced by the Government of Israel in recent years, aiming to free up space for settlement expansion in the surroundings of Jerusalem.³⁷

In December 2020, the [Israeli] Army came with bulldozers in the middle of the night. They held the house members at gunpoint while workmen and their bulldozers came in. They uprooted 350 trees that were five years old. They also destroyed the water network. Israeli settlers took out all of the metal while the Army and the Civil Administration watched and helped them demolish.

– Elderly man, An Nuwei'ma

Al Jiftlik (Jericho governorate)

The village of Al Jiftlik, 30 kilometres North of Jericho, is flanked by three Israeli settlements (Nassau, Hamra and Argaman), and military bases on land confiscated from the community. This Palestinian community lives off the land, but experiences incredible hardship with access to basic services, including electricity and water. As is the case for many Jordan Valley villages and communities, Israeli restrictions on construction (with a permit regime where only a fraction of applications are approved by the ICA) and movement add to hardships arising from demolitions³⁸ and punitive policies³⁹ aiming to push Palestinians off their land. Over the past two decades, many families have left Al Jiftlik under these harsh living conditions.

Young men from the community held a sit-in in the street for 45 days after the electricity was cut off. The army started to provoke them and beat them, and some of them were imprisoned for several days. There was a 65-year-old man with them, he got beaten horribly. The army provoked the men and told them to go demonstrate in Jericho and that they 'have nothing to do here'. There was a lot of provocation and a feeling of suffocation, and we had to keep quiet and march on. We couldn't do anything. The scene keeps playing in my mind and I feel like they can hit anyone at any minute. I am always stressed, always on edge. I'm scared, desolate and desperate and I am tired, I am very very tired. – Elderly man from Al Jiftlik

4.2 Access to Mental Health and Psychosocial Services (MHPSS) and Types of Violations Experienced

60% of respondents had never received MHPSS, whilst half of those who did receive it, do so directly from CSOs and NGOs. Social workers providing MPHSS interviewed in the redaction of this report indicated some people refused services as shame and stigma are associated with speaking of their feelings and their mental wellbeing, particularly for men, who associate demolitions and settler violence with an inability to protect their families.

Figure 4: Did participants ever receive MHPSS?

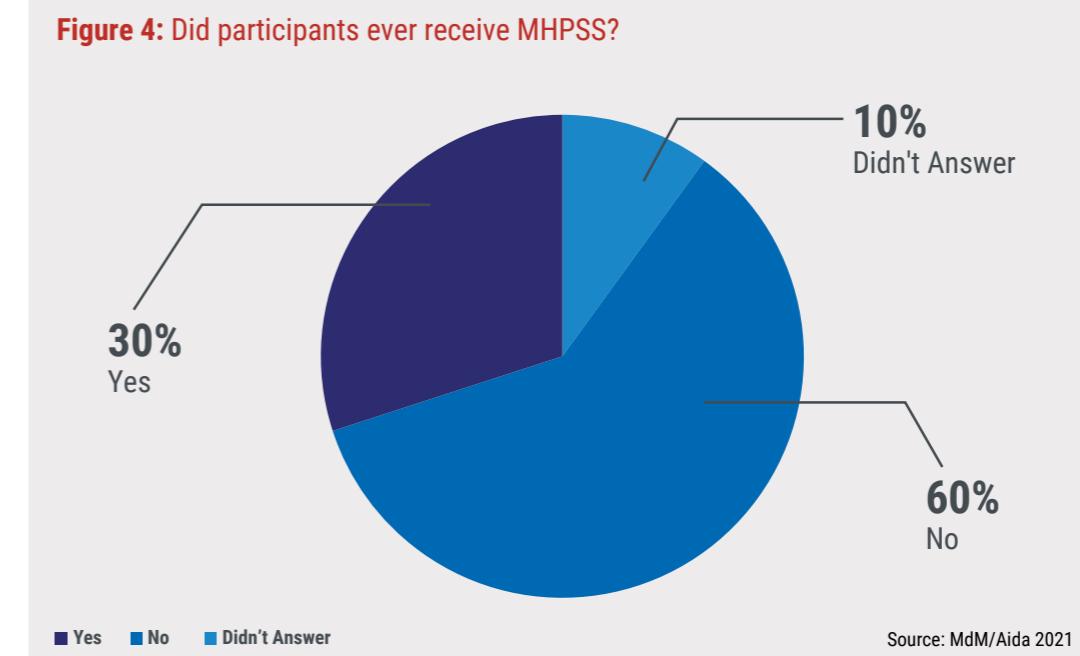


Figure 5: How do you receive MHPSS?

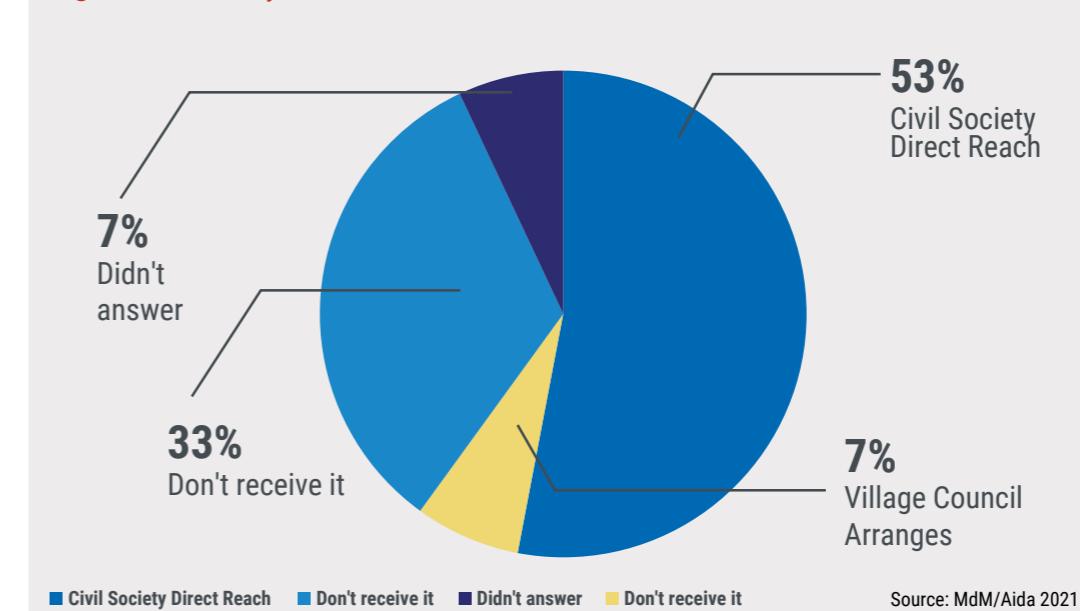
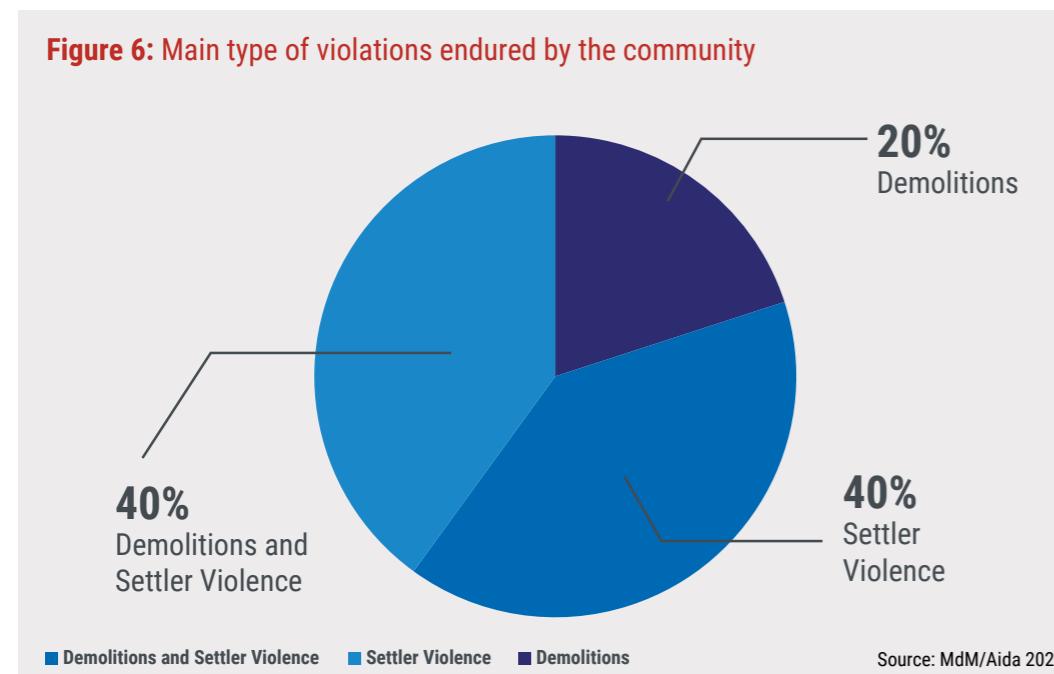




Figure 6: Main type of violations endured by the community



Other types of violations experienced concurrently include: military trainings, night search operations, excessive use of force, restriction of movement, attacks on schools and education.

4.3 Main Mental Health Impacts

The biological effects of violence have become increasingly better understood and include effects on the brain, neuroendocrine system, and immune response. Consequences include increased incidences of depression, anxiety, post-traumatic stress disorder, and suicide; increased risk of cardiovascular disease; and premature mortality. The health consequences of violence vary with the age and sex of the victim as well as the form of violence. People can be the victims of multiple forms of violence, and the health effects can be cumulative. – “The Effects Of Violence On Health”, Health Affairs, October 2019⁴⁰

Data collected from interviews with members of the 10 communities studied showed that:

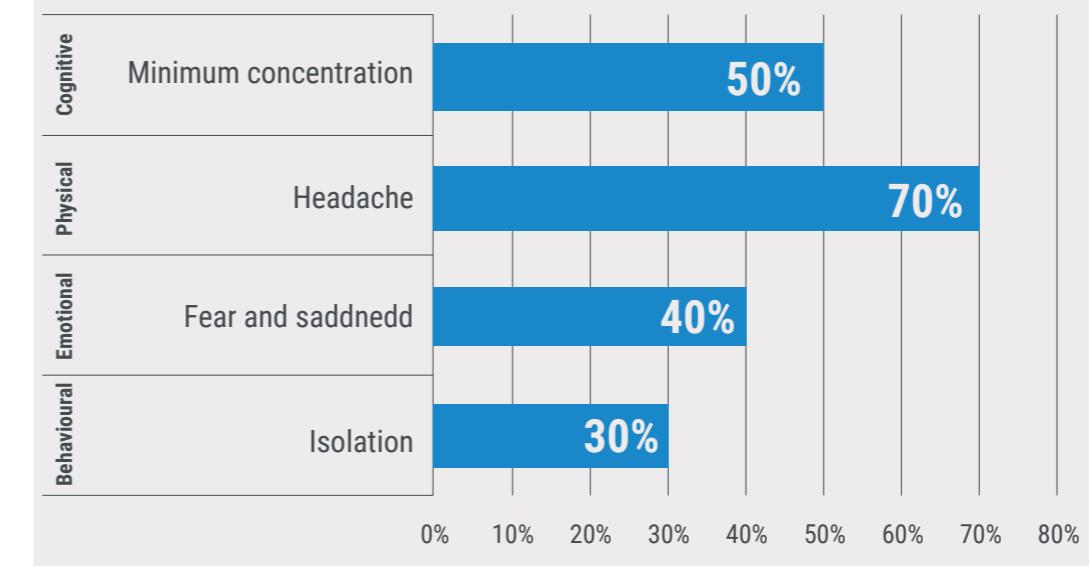
- › Among the cognitive impacts assessed across age and gender, minimised concentration is the main category.
- › Headaches are the main category among the physical impacts assessed across age and gender.

- › Fear, anxiety, sadness, despair and lack of safety are the main categories among the emotional impacts assessed across age and gender.
- › Isolation is the main impact across age and gender among behavioural issues assessed.

A. Disaggregated by age and gender

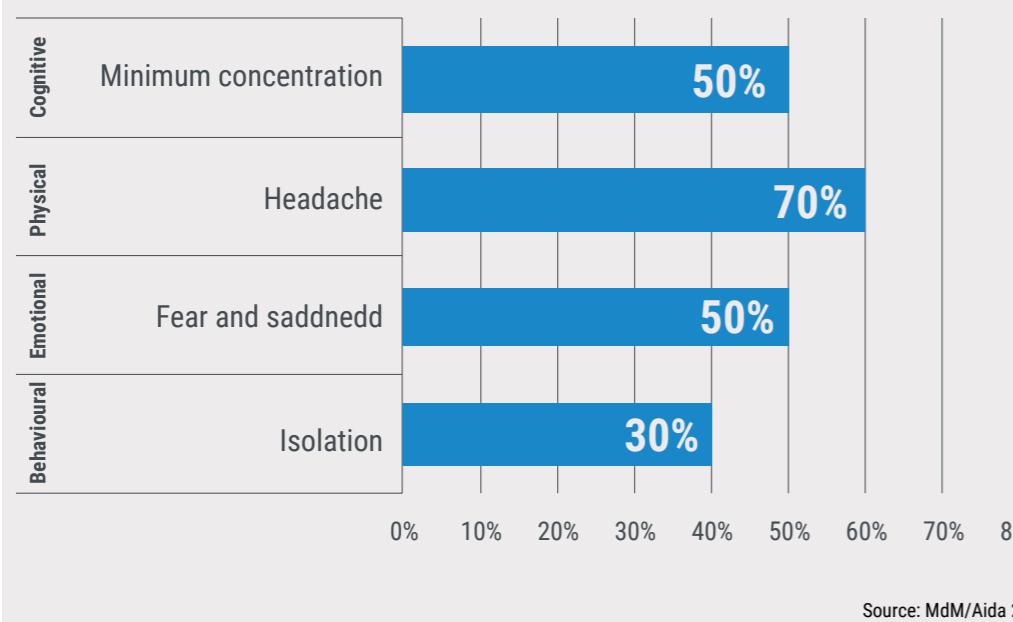
Wellbeing is a rare thing for Palestinians. Their lives are being stolen from them. – Médecins du Monde Social worker

Figure 7: Overall Mental Health Impact on Women

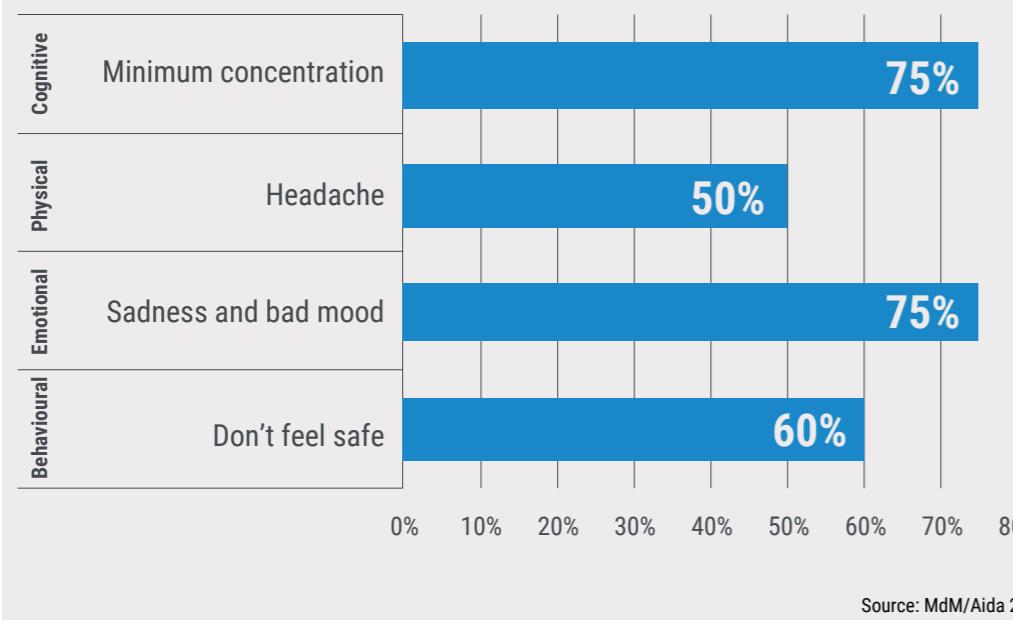


Amongst other substantial impacts highlighted were anxiety (60% of women interviewed) and shortness of breath. When it came to cognitive changes, 40% of women didn't answer or said nothing had changed.



Figure 8: Overall Mental Health Impact on Men

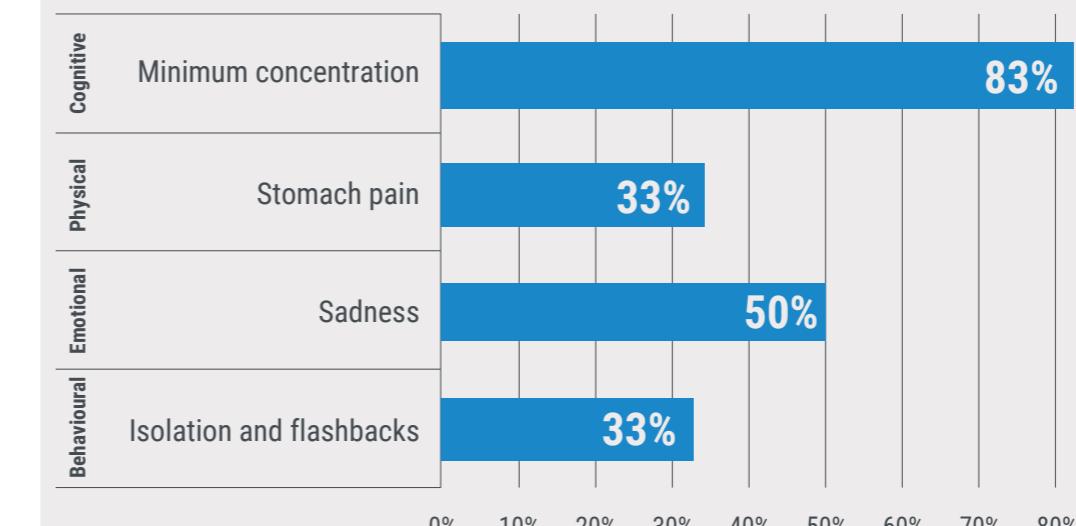
50% of men indicated they experienced stomach pain in addition to headaches as the main physical changes resulting from violations. Anxiety, fear and despair were also overwhelming feelings more than a third of men experience in terms of emotional impact. Flashbacks and an inability to make decisions were also cognitive consequences of rights violations.

Figure 9: Overall Mental Health Impact on Children

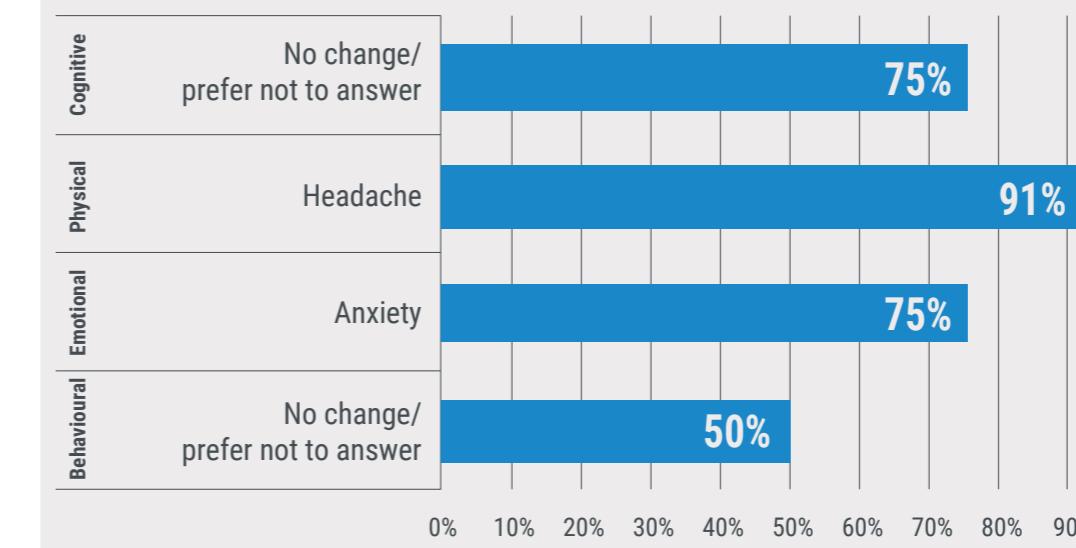
Nine of those interviewed were between the ages of 12 and 17 and one child was between 0 and 11 years old. Half of the children explained they felt fear on a regular basis. Weak muscles, general fatigue and stomach pain were reported by over 30% of children interviewed. Amongst cognitive issues, memory loss and flashbacks were also prevalent issues identified.

B. Disaggregated by main type of violation

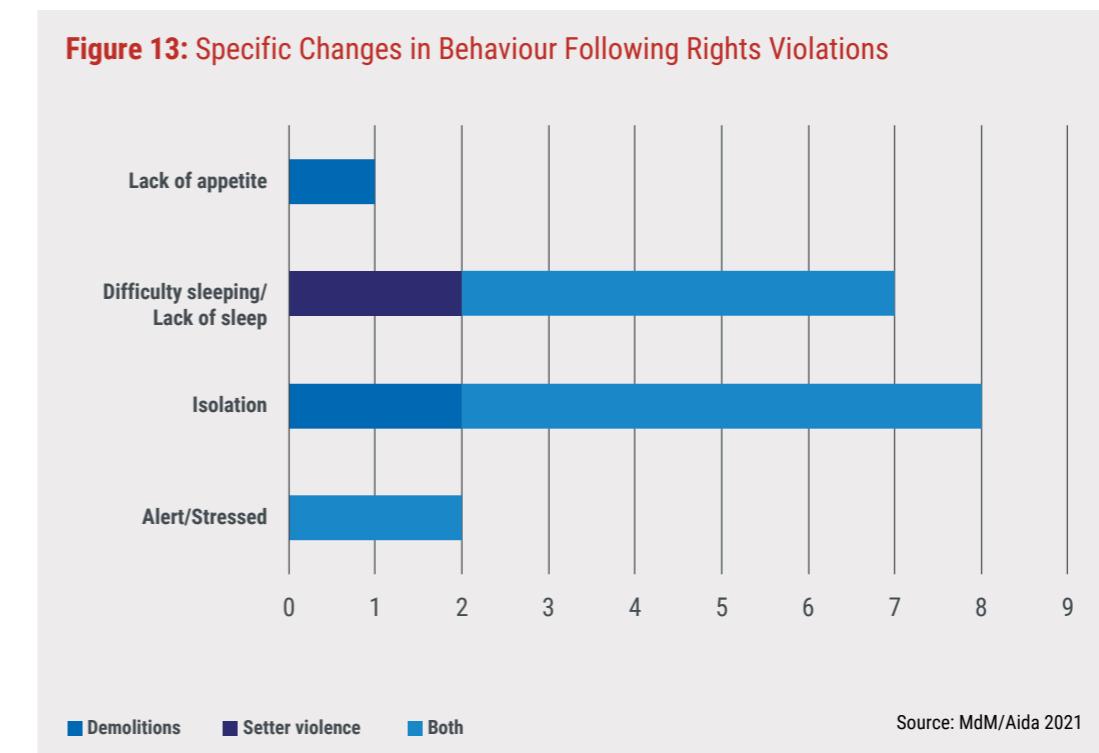
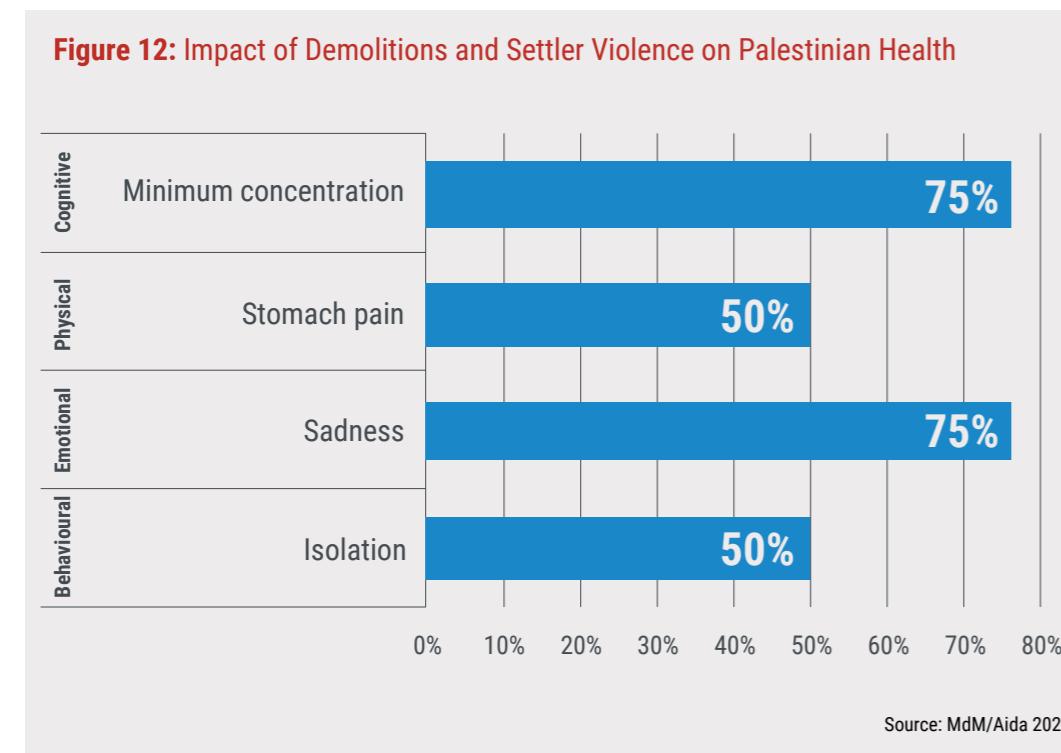
Communities surveyed for this report have experienced multiple demolitions, confiscations and violent attacks by settlers on their persons, belongings and assets. Other types of violations reported, which Palestinians living in Area C are vulnerable to, are military trainings, night search operations, excessive use of force, restriction of movement. Demolitions also take an enormous emotional toll on parents and caregivers, as they feel overwhelmingly unable to protect their children.

Figure 10: Impact of Demolitions on Palestinian Health

Source: MdM/Aida 2021

Figure 11: Impact of Settler Violence on Palestinian Health

Source: MdM/Aida 2021



I am upset because demolitions happen in the heat of Summer and the cold of Winter. I am upset because this is happening to children. I once cried in the morning when Athann (Muslim call for prayer) was breaking because a demolition was happening in the middle of a snowstorm. I am tired and sad. We are used to living in fear but I always put myself in other people's shoes. What a life, may this life be damned! – Mother from Al Jiftlik

C. Disaggregated by main types of emotional, physical cognitive and behavioural impacts on children, women and men in communities surveyed

Behavioural Impact

Isolation and difficulty sleeping were amongst the most common behavioural impacts mentioned by communities. A frequent behaviour also mentioned is to "avoid staying away from home," while an inability to cope and high stress levels also translated for some into violent behaviour in the family. Isolation was presented as one of the only means of coping with the distress and desolation Palestinians experience, whether they were receiving MHPSS or not.

The army comes here a lot at night. – Mother from Susiya

When asked how they reacted to encounters with the Israeli army and settlers, close to 80% of respondents indicated they experienced feelings of extreme fear and stress, with some explicitly saying they feared for their lives. In interactions with settlers, some respondents indicated they feared settlers more than the army, while some replied they were used to their presence.

[It feels] like the angels of death are in the area. – Mother from Humsa al Bqa'i'a

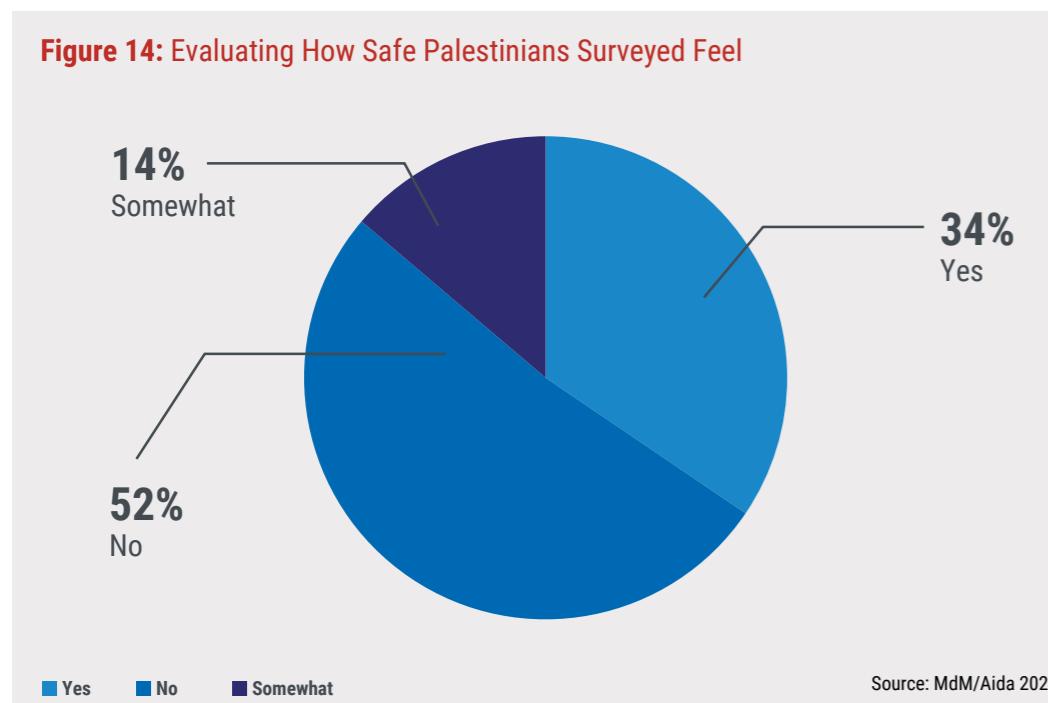
Interviewees also overwhelmingly indicated they avoided settlers and the ISF as much as possible, by going into hiding as a means of protection but also as a primary reaction to their sight. In assessing Palestinians' sense of safety and agency over their lives, close to 60% of respondents indicated there was nothing they could do to protect their families when experiencing attacks by settlers and demolitions.

We are only a few here and no one defends us. I stay away from them, I can't do anything, nor can I defend myself. – Father from Al Jiftlik



Amongst the steps respondents described having taken, they indicated having essential needs ready for emergencies, keeping as much distance and low profile as possible, including keeping watch amongst neighbours of when and where settlers from nearby outposts and settlements move while barricading themselves in their homes. Like women, men are worried about their ability to protect their families and provide for them. This behaviour was more prominent in men as Palestinian society expects them to play the gendered and traditional role of protection. As such, the norm is that they cannot share their feelings as it can be perceived as a sign of weakness both as men and in resistance to oppression. According to Médecins du Monde Social Workers, men from these communities are focused on doing what actions they can directly take. Many Palestinians in Area C are Bedouin, a main threat and worry is their sheep as their source of income, who can be slaughtered by violent settlers.

I just want to feel safe, but I cannot feel safe in all of the West Bank from North to South, tell me where is it safe? – Elderly man from Al Jiftlik



Feeling safe at home, to have stability and education were the primary aspirations of people surveyed. In their answers, people expressed both a desire for their home to be comfortable and free from settlers, Israeli forces and demolitions in a safe environment (some mentioned building a wall around the house, typically houses will have iron barriers or wooden panels in place of the windows, because of previous attacks and damages such as by clubs, shots or rocks thrown by settlers into windows), where their children could play outdoors without running the risk of violent attacks, or

witnessing herds of goats and sheep killed by settlers, olive trees burnt to the ground, and sewage water being poured onto their crops.

I shut all the doors and windows, I stay on the phone and hide from them [the settlers]. – Child from Burin

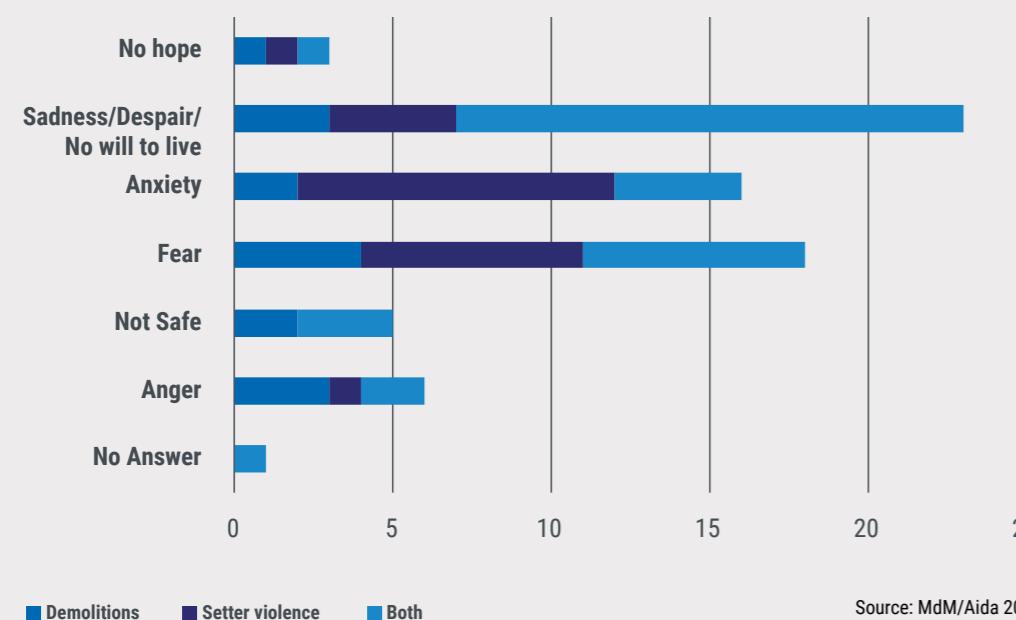
Emotional Impact

The majority of children interviewed experienced an acute sense of fear, impacting their daily life such as being able to go play outside or commute to school without experiencing anxiety, flashbacks or feeling unsafe at all times. Others reported anger and nightmares. Further attacks by military forces and settlers, including the frequent burning of olive trees⁴¹ and their own houses as well as “settlers’ ability to kill”, closures, and night raids, were amongst the most common fears expressed by respondents.

Kids get beaten by settlers and by the Israeli Army. – Elderly woman from Khirbet Zanuta

The vast majority of men and women interviewed experience sadness and despair as well as fear and anxiety. A majority of men said they experienced headaches and stomach pain. For some, those went away after about one week following an attack by violent settlers or demolition. These ailments are symptomatic of traumatic stress, including hypervigilance and an obsession with security. Sadness and low mood levels (including despair) are present amongst the majority of children who have experienced demolitions and/or settler violence in Area C.

I'm always worried about my wife and my children. – Young father from Tuqu'

Figure 15: Emotional Changes Following Rights Violations

This aggregation of results is across the entire sample (30 children, women and men across different communities of Areas B and C) and showed that no matter which violation experienced, similar patterns tend to appear, particularly regarding despair, sadness, anxiety and fear.

My biggest concern is that the army or settlers will shoot a relative of mine. – Boy from Tuqu'

In terms of peace of mind, this anxiety, fear, constant stress and lack of safety are very energy intensive, making for a busy and stressed mind on any given day for Palestinians. Culturally, it is considered normal for men to hide their fear as it is a means to protect their family. Much stigma and shame are associated with expressing one's fears. Not addressing these feelings may manifest in various behaviours, as a result of depression, lack of economic prospects, especially as trauma is repeatedly brought back to the surface when violations take place on such a frequent basis. Men often project feelings of shame they harbour in their own regard onto their partners and offspring, explaining the high rate of intrafamilial violence in the OPT.⁴²

We are afraid of the night, of getting injured during their (Israeli Army) training in nearby areas, afraid of another demolition. – Mother from Humsa al Bqai'a

We fear hearing voices similar to gunfire or any disturbing noise. – Elderly father from Al Mughayir

The vast majority of survey respondents expressed they experience constant distress and a general feeling that their lives and the lives of their loved ones are about to end. There is also a constant threat to their safety, to their ability to make ends meet and earn their income and protect their herds, fields, personal belongings and assets, such as their homes, water tanks and cars. This prolonged feeling of insecurity, fear and instability is accompanied by a long-running sense of injustice and systematic discrimination that translates into physical pain.

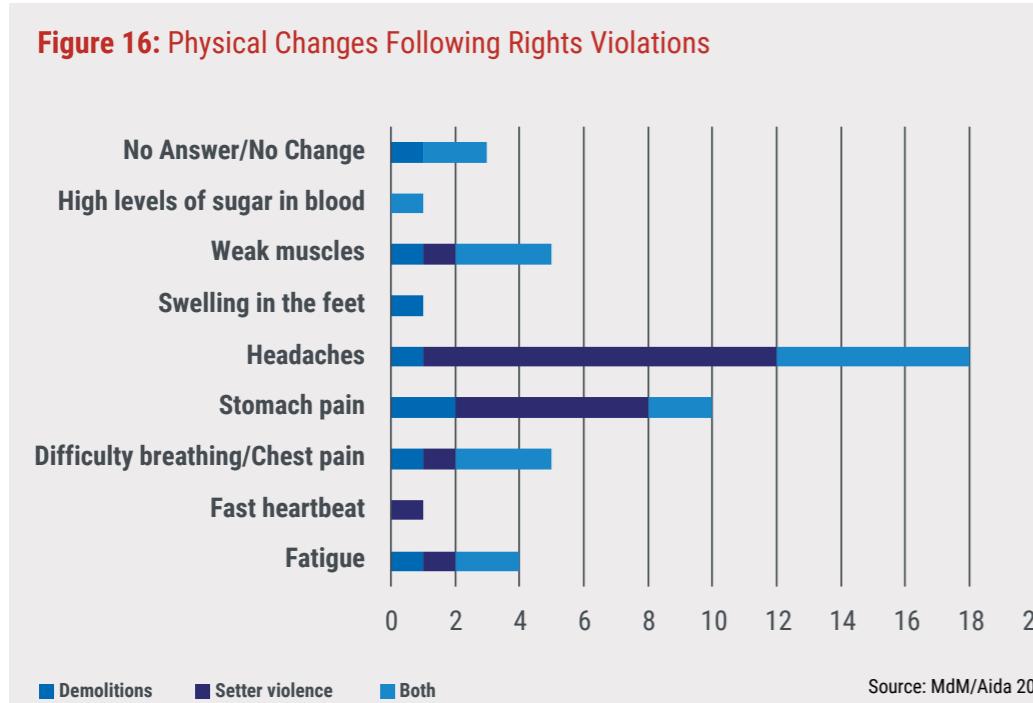
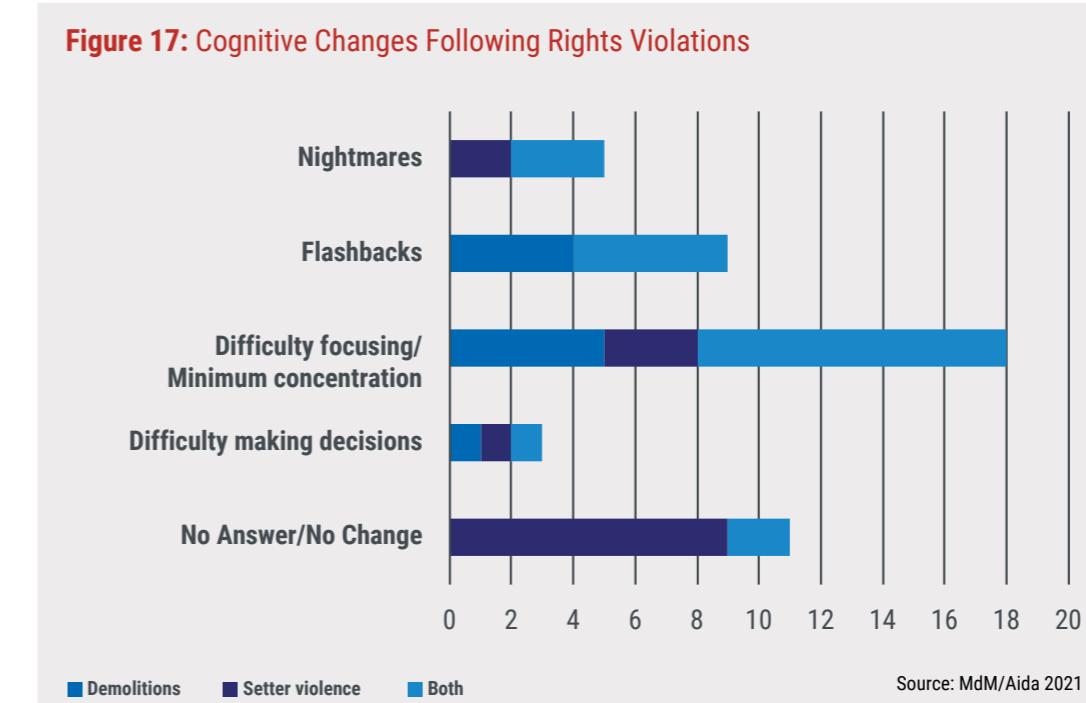
I'm helpless. If they say leave, I cannot stop them. If they say they'll demolish I cannot stop them. – Man from Ibziq

Physical Impact

They [the Israeli Army] leave them under the sky. – Médecins du Monde Social Worker providing mental health services to Palestinians

60% of interviewees indicated having either a constant or severe headache or headaches for a week following the incident they experienced. Stomach aches and heartburn were experienced by at least a third of respondents. Weakness in the legs and shaking were also brought up as physical consequences. Chest and heart pain, a feeling of suffocation, even stroke were also frequently brought up by interviewees, alongside tachycardia.



Figure 16: Physical Changes Following Rights Violations**Figure 17: Cognitive Changes Following Rights Violations**

Cognitive Changes

When participants were asked about the cognitive impact of the violations they experience, several (young and old) mentioned rumination about the incident itself, saying the incident played in a loop in their heads, making it very challenging to be able to concentrate or make decisions as a result. An elderly man from Al Jiftlik recalled "I think about the incident every minute of the day."

Everything changed, kids are not able to focus in school or even play. – Mother from Humsa al Bqai'a



A woman baking bread in Humsa al Bqai'a

Cognitive issues such as having great difficulty being able to concentrate, flashbacks, nightmares and an inability to remember were also mentioned by children. In terms of physical impact from the trauma, a majority of children indicated experiencing headaches and weak muscles/general fatigue, stomach and chest pain. One child reported a faster heartbeat, caused by stress.

I have nightmares. I am afraid they will demolish our house while we are asleep. – Young girl from Nuwei'ma

While difficulties concentrating also came up for women who were asked about the after-effects of the violations they had survived, many preferred not to answer whether they were experiencing any form of cognitive impact. A majority of men mentioned flashbacks and minimum concentration, while the inability to make decisions was also pinpointed.

Community dynamics and quality of life

In terms of Palestinians' ability to work on any day, interviewees indicated any activity considered to be normal for anyone such as work were made almost impossible because of the coercive environment surrounding them.

We access the pastures with caution. We are afraid of getting shot and sometimes we are prevented from accessing these areas under the pretext of military drills. – Man from Ibziq

"We can't go run in the fields or play", said one of the children respondents. Parents interviewed indicated children need constant monitoring and surveillance, explaining they needed someone to accompany them to school or to watch over them when they are playing in the garden or around the house.

The road to school is very dangerous and I'm always worried about my kids. It is extremely difficult; my daughter likes to play outside but comes home saying the settlers are here. – Mother from Al Mughayyir

Forced displacement and impoverishment/economic struggle as a result of such stressors and violations are amongst the top concerns of many residents (herders and farmers) living in Area C. One young man from Tuqu' said he was afraid of "people leaving town because a crazy settler might shoot us or because of the army's relentless harassment. Other people leave because there are no services and the army and settlers are constantly harassing us." Violence, especially directed at children and youth, were brought up as major fears. Against a backdrop of weekly incidents sparked by an increase in illegal settler outposts and ISF protection of settlers, someone dying as a result of army and settler interactions came up as a dread carried by many.

If I could run away with my family, that is what I would do. – Mother from Burin

Some respondents (23%) said they had no hope for the future or that they did not consider thinking about their future. Some, but few children and youth focused on their education, while parents said they would like for their children to be able to step outside and go to school without being attacked or reeling from the trauma of past attacks. Others also mentioned gaining access back to their land (as many do not have access to their land, or only limited and conditional access, including being let through by the ISF).

I'm scared I'll never achieve what I have dreamt of doing. – Teenage girl from Khirbet Zanuta

One youth indicated leaving Area C as a wish, while several children said they wanted to help people and become lawyers, doctors, firemen and women and "traveling abroad to defend Palestinian children and show the world Palestinian children have rights like any other children around the world." An

end to the occupation and an absence of ISF, ICA and settlers would be a first step to being able to live in safety and in peace.

The thing I want the most is to have a nice comfortable home, educated kids who don't need to work at Israeli settlements. – Mother from Al Jiftlik

4.4 Legal analysis/overview of rights violated in light of IHL and IHRL

A. International humanitarian law prohibits the wanton destruction of homes under a belligerent occupation. International human rights law has established that the right to a home is fundamental to every individual.⁴³

B. There is a dual justice system, with Palestinians tried in military court and Israeli settlers in the oPt tried in civil court. Settlers are not being held accountable for their violence and crimes committed against Palestinians. In fact, the Government of Israel willingly turns a blind eye to it as it is an arm of settler expansion and de facto annexation. In the last attack in Umm Fagarah, some settlers were arrested, but there has still not been any update at the time of writing.⁴⁴ While 95% of Palestinians are convicted through an opaque military court system,⁴⁵ 92% of investigations into ideological crimes against Palestinians are closed with no indictment filed.⁴⁶ In addition, an abysmal 0.7% of complaints of abuse and violence committed by soldiers in 2017-2018 reported by Palestinians resulted in soldiers being prosecuted.⁴⁷

C. Forcible transfer of population in international law. According to the report of the Special Rapporteur of 8 July 2021 on the situation of human rights in the Palestinian territories occupied since 1967, "the designation of settler implantation as a "grave breach" under international humanitarian law was affirmed in 1977 by the adoption of the Additional Protocols to the Geneva Conventions. Specifically, article 85 of Additional Protocol I lists the acts of armed conflict which would be considered as "grave breaches", including, in Article 85(4)(a): "The transfer by the Occupying Power of parts of its own civilian population into the territory it occupies, or the deportation or transfer of all or parts of the population of the occupied territory within or outside this territory, in violation of Article 49 of the Fourth Convention." Importantly, Additional Protocol I also elevated the prohibition to a "war crime." Article 85(5) states that: "...grave breaches of these instruments shall be regarded as war crimes." According to the ICRC commentary on the Protocol, the elevation of the gravity of this prohibition is because of the "possible consequences for the population of the territory concerned from a humanitarian point of view."⁴⁸

D. Right to access health care: international human rights law includes obligations under the 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR), to which Israel is a state party. Article 12 of the Convention obligates Israel to respect, protect and fulfil the right of everyone in its jurisdiction to the enjoyment of the highest attainable standard of physical and mental health. According to the Committee on Economic, Social and Cultural Rights (CESCR), the right to health "extend[s] not only to timely and appropriate healthcare" but encompasses social-economic conditions and other underlying determinants including: "access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information" States must ensure healthcare and these underlying determinants of health are available, accessible, acceptable and of sufficient quality. Article 2 of the Convention obligates Israel to guarantee this right to all those subject to its jurisdiction without discrimination of any kind, including with regards to race, religion and national or social origin.⁴⁹



06 CONCLUSION

They have cleared us out. They left nothing. The sheep are out in the rain. The children are out in the rain catching a cold. They came back in February to demolish, the last incident they carried everything with them, the iron, the tents, everything. I was so desperate. They carry out everything to prevent us from rebuilding. The diplomats who visited and those in power did nothing to help us. – Young man from Humsa al Bqai'a

The state of Palestinians' mental health

This pilot study has shown the far-reaching consequences of settler violence and demolitions on Palestinians' mental health. These issues are not new, but their documentation and tracking are crucial to measuring the depth of Israeli violations of Palestinians human rights in how they both physically and mentally scar every generation of Palestinian living under systemic discrimination and oppression established by decades of occupation.

Among the manifestations the communities surveyed experienced as a result of Israeli violations, headaches and stomach pain were among the most common physical symptoms across age and gender. Minimised concentration, symptomatic of an inability to focus due to the trauma experienced, no matter its intensity or frequency, was one of the most common cognitive effects found in this sample. Fear, anxiety, sadness, despair and lack of safety were the main categories among the emotional impacts assessed across age and gender, while isolation was the most frequently found by-product in terms of behavioural issues assessed.

Further, the Palestinian Health care system is not able to deal with this growing issue. For the past few years, the Palestinian Ministry of Health (MoH) has stated that Mental Health is one of its priorities, but this has not been reflected in the financial resources allocated. One reason for underfunding is that Mental health is still not prioritised neither by the Ministry nor by the donors, in particular during crises; they rather invest in physical lifesaving activities than in something less tangible such as mental health and psychosocial support. There needs to be a recognition both at donor and at MoH level of the importance of prioritising funding to improving mental health services, developing staff knowledge and building adequate and sustainable resources throughout the health care system. The MoH needs also to invest in combatting stigma in Palestinian society around mental health and psychosocial support, campaigning both at community and also with health care providers to ensure safe, reliable and easy access to MHPSS services. Further, in 2019, the new National Mental Health Strategy was due to be drafted for the upcoming five years (2020-2024) by the MoH.

This process should be reinvigorated and is an important opportunity for sending clear messages on priorities in an inclusive and compressive way.

What is not working

The universal need for safety, the ability to protect one's family and to be free from fear, violence and oppression has long become a distant mirage for the millions of Palestinians living under Israeli occupation. Since the Oslo Accords were signed, the development and humanitarian community, supported and funded by donors from the international community, have been providing vital aid to communities of women, girls, men and boys. Yet what was always meant as temporary relief has been given at the expense of accountability for violations and the challenge posed by addressing the root causes of Palestinians' suffering.

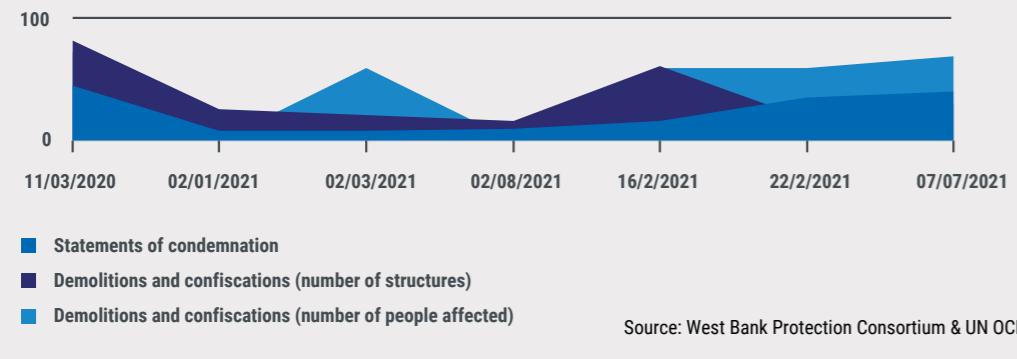
Time and again, the testimonies and evidence collected by humanitarian actors have shown that providing humanitarian aid is no longer enough. Simply providing the physical means for a community to be able to stay on their land does not constitute a safe or stable environment for civilians to be protected. The international community should be reminded that its development and humanitarian aid is not a substitute for meaningful and applied engagement, which addresses the underpinning tenants of the coercive environment Palestinians live in. Sustainable development only thrives where international human rights law and international humanitarian law violations are not consistently hampering it.

One major factor which holds back progression in achieving the rights of Palestinians, is the lack of penalties and therefore incentive for Israeli authorities to put an end to the grave breaches of international law it is committing. The longstanding impunity the Gol has been enjoying is a direct consequence of the lack of serious commitment and interests of European Member states, the US, UK and other international powers to hold Israel to the same international standard as other states committing grave breaches of international law.

As a result, Palestinians are still hurting while the level of coercion, pressure and daily violence they experience has been worsening year on year.⁵⁰ The next generation of Palestinians suffer from significant mental health issues such as depression, trauma and anxiety, while they hold no hope⁵¹ in the international community's ability to protect them and their rights. Therefore, the stage is set for a bleak future as a result of the international community's failure to act in place of repeated condemnations in full knowledge of the circumstances their governments are condoning in spite of being human rights champions in the international arena.

RECOMMENDATIONS

Figure 18: Evaluating the Impact of Statements on Demolitions in Humsa



This graphic shows the correlation between diplomatic and humanitarian statements of concern and condemnation regarding demolitions experienced by the community of Humsa al Bqai'a (Tubas governorate) - on average through a keyword search via google or a media search software - and the frequency and number of demolitions conducted against the community. This demonstrates that despite increasing statements of condemnation, the frequency and intensity of demolitions continued to grow (measured in number of structures demolished and people affected), meaning that statements have little to no measurable impact on Israeli actions to displace the community. Visits by diplomats and INGOs also increased during this time, with the community sometimes expressing their frustration at their effectiveness to prevent confiscations and demolitions.

Adopting a more accountable approach

The research presented in this paper is further evidence of the humanitarian and development community's imperative to consolidate a more coordinated and holistic approach to aid based on community needs. Referrals between organisations are already taking place but could be further developed into the provision of complementary services where specialised medical organisations can work hand in hand with agencies focused on providing infrastructure services such as WASH, shelter and other vital services to communities. The role of local Palestinian organisations is crucial to establishing sustainable and beneficial relationships with communities. As such, the international community must redouble their efforts to challenge the Gol's systematic targeting of Palestinian civil society in an effort to prevent their documentation of violations of human rights.⁵²

The diplomatic corps and the aid sector must also examine ways to minimise the mental health impacts repeated visits entail for communities. Telling the story is key, but it entails retriggering trauma at a time when Palestinian communities are facing mounting and unprecedented pressure to be forcibly transferred. The responsibility is ours and that of governments to shift gears and approaches in our own accountability to Palestinians. In parallel with a serious commitment to addressing Israel's policies violating international law, donors must consider increasing funding for mental health services and the adoption of hybrid models of aid that would allow for communities to regain faith in our mission.

THE GOVERNMENT OF ISRAEL

- › Urgently address the escalating violence and impunity in the West Bank by bringing an end to violent attacks by Israeli settlers, demolition of property and the excessive use of force by Israeli soldiers against Palestinian civilians; and take all necessary measures to ensure respect for protections under international humanitarian law;
- › Immediately cease its settlement activity, demolitions, ongoing land confiscation and legalization of outposts, all of which are rooted in the Israeli policy of forcibly displacing Palestinians from their lands;
- › Abide by its obligation to ensure the protection of the Palestinian population in the territory it occupies, including by investigating and prosecuting all acts of violence, including violence by Israeli settlers against Palestinians and their property and livelihoods, without discrimination or exception;
- › Ensure that Palestinian victims of settler violence enjoy access to effective and non-discriminatory legal remedies that are equivalent to those available to citizens of Israel.

THE PALESTINIAN AUTHORITY

- › Prioritize support to Palestinians in Area C, in particular to afford protection and assistance for victims of violence;
- › The MoH needs to invest in developing knowledge about mental health among health care staff, including in skills and tools for screening, diagnosis and management of mental disorders at the primary care level;
- › There needs to be an acceleration of the mental health integration in the primary health care process and an investment in the development of resources including physical and human needed for mental health assessment and treatment;
- › The MoH must invest in the destigmatisation of mental health issues, and access to mental health services, both among the community, but also with health care providers;

THIRD STATES

- › Take effective diplomatic measures, including restrictive measures, to bring an immediate halt to the Israeli policy of forcibly displacing Palestinians from their lands and acquiring territory by force in violation of IHL and IHRL. This should include addressing the coercive



- environment as a priority at the United Nations Security Council and other intergovernmental platforms such as the EU MaMa and EU Council COHAFA working parties;
- › Take substantive and collective action, including diplomatic measures, which will end violations of international law and impunity, including settlement expansions, forcible transfer, demolitions, settler violence, all part of ongoing and illegal de facto annexation of West Bank territory;
 - › Pressure the Israeli authorities to ensure the protection of the Palestinian population, including through the application of the rule of law in relation to violence by Israeli settlers against Palestinians and their property and livelihoods, without discrimination or exception;
 - › Demand that settlers suspected of attacks against Palestinians and/or their property be brought to justice and prosecuted in an impartial and transparent manner;
 - › Continue to call for the freezing of settlement expansion and the immediate dismantling of outposts, as violations of international law but also as incubators of violence that comprise  the efforts for a durable resolution of the conflict;
 - › Urge Israel to ensure rapid, comprehensive and equitable access to healthcare for Palestinians in Area C, and immediately end violations of international law including forcible transfer of Palestinians in Area C and the collective punishment policies including the demolition of Palestinian houses;
 - › Support genuine investigations into, and legal accountability for, violations of international law that undermine Palestinians' rights, including the International Criminal Court's investigation on the situation in Palestine, and supporting Palestinians' access to international forums and mechanisms to pursue international action to uphold their rights.

THE HUMANITARIAN COMMUNITY, INCLUDING DONORS, UN AGENCIES AND INGOs:

- › In line with Common Article 1 to the Geneva Conventions, take all necessary measures to respect and ensure all parties respect their obligations under International Humanitarian Law, including the prohibitions on settlement expansion, transfer of population, annexation, attacks on civilians and excessive use of force;
- › Integration of Mental Health and Psychosocial Support into all

humanitarian and development strategies;

- › When on field visits to communities with diplomatic community, journalists or INGOs, and when interviewing community members about specific incidents, ensure that a qualified social worker or MHPSS professional from an organisation operating in that area is present in order to provide MHPSS sessions or referrals if needed;
- › Ensure all staff is trained to be sensitive to MHPSS needs, what to do if they think there is a case which needs referral, and to ensure that there is no stigma surrounding mental health within organisations.

While continuing humanitarian assistance to address immediate needs affecting Palestinians in the oPt, the donor community should place the principles of sustainable development and self-determination at the heart of development and aid policies, including by:

- › Ensuring that all assistance promotes the realisation of equal rights for Palestinians, and is matched by a political commitment to address violations of international law that are root causes of humanitarian needs;
- › Meaningfully consulting with affected communities when designing programmes, and implementing these through local civil society partnerships where possible;
- › Focusing on the long-term development of essential institutions such as healthcare, and investing in essential infrastructure, capacity building, and professional development for health workers through expanded scholarship opportunities;
- › Supporting projects that overcome fragmentation by bringing together Palestinians from different geographic areas to pursue their common economic, social and cultural development;
- › Providing technical, economic and humanitarian assistance to the Palestinian Ministry of Health and the broader Palestinian health system to address the challenges to the mental health and wellbeing of Palestinians.

ANNEX I: QUESTIONNAIRE

Questions participants were asked:

- › Age, gender, village and governorate;
- › Main type of violations experienced and frequency of these violations between Jan 2020- June 2021 (17 months);
- › Other violations encountered;
- › Do violations target men/women more?;
- › Have you ever required MHPSS services?;
- › How would a person in your community receive MHPSS services after an attack or assault?;
- › Please describe a settler violence/demolition incident that you personally encountered (try to get as many details as possible from this question: When? Where? How? Who?);
- › Since the incident occurred did you observe changes in your behaviors? Do you feel more isolated or withdraw? (Inquiry about behavioural changes and person's capacity to associate this with the incident);
- › Since the incident occurred did you feel emotional distress? Do you feel sad or anxious ...? Does it happen that something that you were enjoying before the incident doesn't make you happy anymore? (Inquired about emotional changes and person's capacity or not capacity to associate this with the incident);
- › Since the incident occurred, did you feel any body pain that you didn't experience before? (Inquired about physical changes and person's capacity to associate this with the incident);
- › Since the incident occurred do you think that your cognitive capacities have changed? Do you experience lack of concentration or difficulty making decisions...? (Inquired about cognitive changes and person's capacity to associate this with the incident);
- › How do you feel during encounters with Israeli military forces?;
- › How do you feel during encounters with Israeli settlers?;
- › Do you feel safe in your home with the current situation? And why?;
- › How do you think this event changed the dynamic of the community?

(e.g. children not playing in certain area, going to school, access to grazing land)?;

- › Main concerns/fears (for them personally and their community);
- › What do you do as a person/ family/ community to protect yourself from this situation or deal with the situation?;
- › What are your hopes for the future?



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