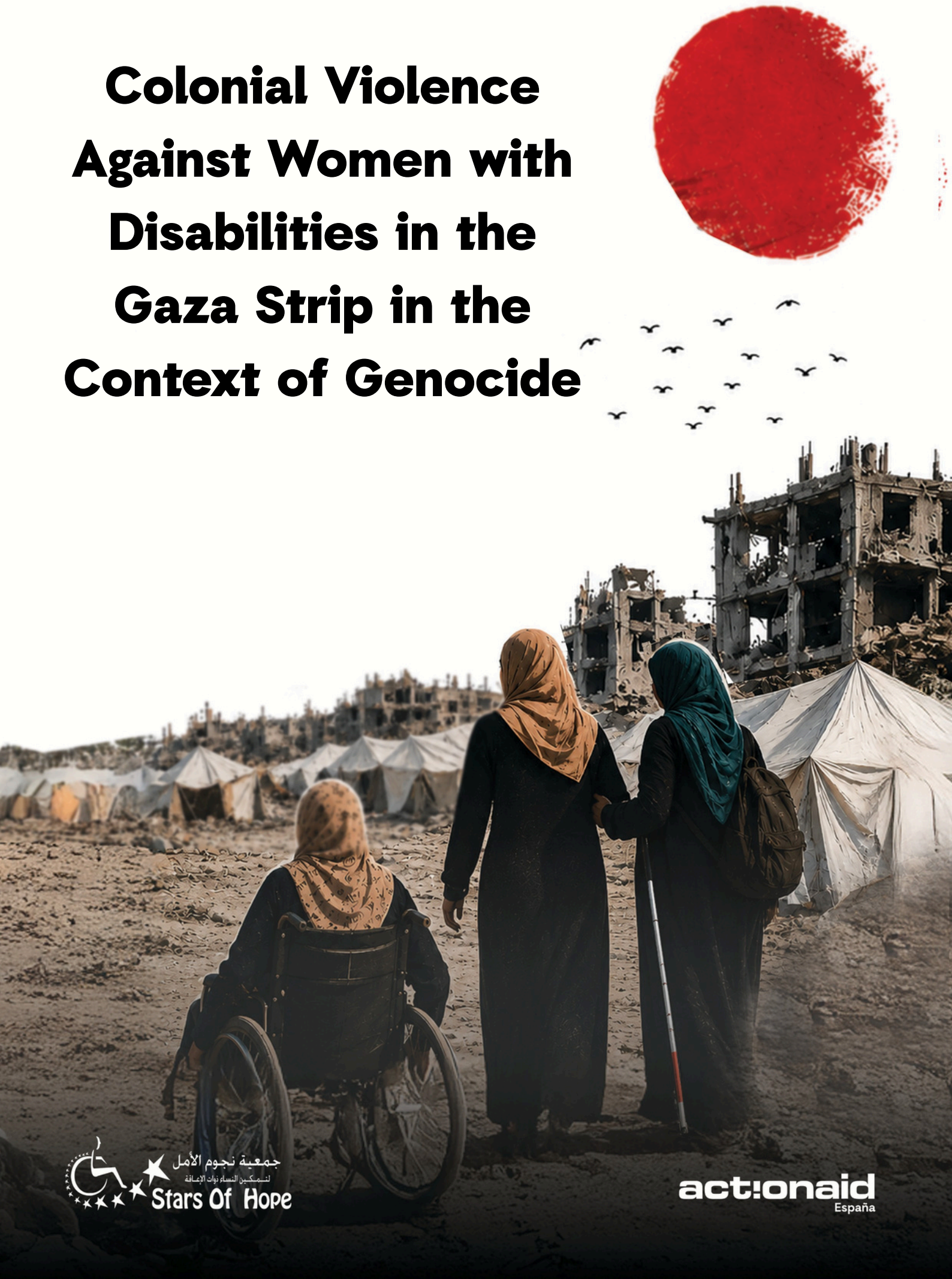
Colonial Violence Against Women with Disabilities in the Gaza Strip in the Context of Genocide



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Introduction

Palestinians people have been living under settler colonialism for nearly 77 years. This colonial project appeared as a systematic replacement endeavor aimed at displacing the Indigenous population and seizing their land. To achieve their colonial objective, it has employed a wide range of colonial policies and tools, including massacres, killings, and arrests. Palestinians have endured a major catastrophe marked by the forced displacement of hundreds of thousands from their lands and villages, and the destruction of hundreds of Palestinian towns and communities, policies that continue to this day.

Since October 7, 2023, the settler colonial occupation has been carrying out a genocide against the Palestinian population in the Gaza Strip, employing systematic and multifaceted forms of violence. These include direct killings through bombings and live ammunition, as well as starvation and forced displacement, with the aim of rendering Gaza uninhabitable and annihilating its population.

Historically, the presence of colonial occupation has functioned as a structural force that reproduces systems of oppression and exclusion, particularly against the most marginalized groups, including women and persons with disabilities. It reinforces gender-based violence and disability-based violence, either directly through its own practices or indirectly through policies of impoverishment, restriction, and systematic destruction of political, economic, and social infrastructures as part of its broader colonial dismantling strategies.

The current genocidal context has imposed multiple layers of violence on the population of Gaza. Women, including women with disabilities, face severe challenges, including gender-based violence, disability-based discrimination, and direct violence by the occupation such as killing, starvation, and denial of access to essential services, including healthcare, sexual and reproductive health services, and rehabilitation services.

This study seeks to shed light on the colonial violence inflicted upon women with disabilities during the war and the gendered challenges they face. It examines the various forms of violence to which they are subjected, including direct violence by the occupation, indirect violence such as deprivation of essential services (including protection and GBV services), gender-based violence, and the challenges related to sudden and forced shifts in gender roles.

The study adopts an intersectional, gender-sensitive, and anti-colonial analytical framework. It does not approach violence against women with disabilities as an individual or exceptional case, but rather as a product of colonial structures that systematically reproduce power hierarchies and social exclusion. The genocide in Gaza constitutes a compounded forms of violence in which multiple forms of oppression intersect and intensify.

General Context of Colonialism in Palestine

Since 1948, Palestinians people have endured systematic forced displacement, land confiscation, geographic fragmentation, and the denial of fundamental rights. In 1967, the Naksa (the setback) marked the completion of the occupation's control over the West Bank, the Gaza Strip, and Jerusalem, further deepening Palestinian suffering through intensified displacement and land appropriation. The occupation came to control approximately 85% of historic Palestine.[1]

Since the 1990s, the Oslo Accords granted Palestinians a highly limited form of self-governance through the establishment of the Palestinian Authority (PA), while the occupation retained full control over economic and political structures, crossings, and borders. The Palestinian Authority's reliance on Western funding significantly weakened prospects for sustainable economic development due to donor-imposed conditions and restrictions. This funding became closely tied to liberal and neoliberal policy frameworks that undermined institutional capacity to achieve genuine development. As a result, already marginalized groups, particularly persons with disabilities, experienced further exclusion, especially within the shift toward a market-driven economy and the weakening of social protection policies, compounded by fragile institutional structures and policies of the Palestinian Authority.[2]

The heavy dependence on Western funding during the institutionalization phase of the Palestinian Authority had negative consequences for the development process. The conditionalities attached to this funding reinforced a liberal economic model that allowed market forces to dominate the economic structure, deepening social inequalities, increasing poverty, and eroding protective mechanisms for marginalized populations. Furthermore, agreements signed by the Palestinian Authority limited its sovereignty and entrenched the occupation's control. For example, the economic protocol of the Oslo Accords, known as the Paris Protocol, grants the occupation extensive authority over the Palestinian economy, effectively binding it to the Israeli economy. It also provides the occupation with full control over ports, crossings, borders, customs, and taxation. Together, these arrangements have produced a dependent and fragile economic structure incapable of generating meaningful developmental progress or establishing economic policies that protect marginalized groups; instead, they contribute to their continued exclusion and impoverishment.

These structural conditions have profoundly shaped Palestinian realities, contributing to rising poverty rates, particularly in the absence of robust social protection policies. Preceding the genocide, statistical data already indicated alarming poverty levels. In 2017, according to the Palestinian Central Bureau of Statistics (PCBS), the poverty rate stood at 13.9% in the West Bank and 53% in the Gaza Strip, figures that signal extremely high levels of poverty, particularly in Gaza.[3] According to the 2020 Labor Force Survey, unemployment reached

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[1] "Dr. Awad presents the 46th annual commemoration of Land Day with figures and statistics," *Palestinian Central Bureau of Statistics* (2022). Accessed August 28, 2025. Available at: https://n9.cl/nke5o.

[2] Eileen Kuttab et al., *The Illusion of Development: A Critical Assessment of the Palestinian Development Discourse* (Ramallah: Bisan Center for Research and Development, 2010).

[3] *Multidimensional Poverty in Palestine* (Palestinian Central Bureau of Statistics, 2017). Available at: https://n9.cl/0xcna.

22.5% among males and 40.1% among females.[4] The same survey indicated that only 2% of Palestinian women with disabilities participated in the labor force.[5] These figures reflect the disproportionate impact of poverty on the most marginalized groups, particularly women and women with disabilities, who face significantly higher unemployment rates.

Poverty rates are also higher among female-headed households. Women head approximately 11% of households in Palestine, 12% in the West Bank and 9% in the Gaza Strip, according to data from the same year. Based on the 2017 Poverty Survey, poverty rates among female-headed households reached 54% in the Gaza Strip and 19% in the West Bank.[6]

Simultaneously with these structural challenges, the occupation has continued to isolate Palestinians people from one another through geographic fragmentation and a suffocating blockade. This has been implemented through the expansion of settlements, the proliferation of military checkpoints, and the construction of the apartheid wall since 2002. These measures have resulted in further land confiscation, deepened fragmentation of the West Bank, and the dismantling of Palestinian social fabric.[7] Palestinians experience profound geographic and social isolation as a consequence of this imposed fragmentation and siege. The West Bank has been divided into disconnected enclaves surrounded by settlements and linked by settler-only roads that Palestinians are prohibited from using.

Since 2007, the Gaza Strip has been subjected to a comprehensive blockade imposed by the occupation by land, sea, and air. This has resulted in a severe humanitarian crisis characterized by shortages of electricity, water, medicine, and essential goods, alongside strict restrictions on movement and travel.[8] At present, Gaza is facing an ongoing genocide in addition to an intensified siege aimed at killing and starving its population.

Palestinians are currently enduring extremely harsh conditions in both the Gaza Strip and the West Bank as a result of ongoing massacres and the genocide carried out by the occupation since October 7, 2023. To date, the number of Palestinians killed has reached 63,653, with 166,707 injured since the beginning of the genocidal war on Gaza. These figures are expected to rise daily as the war continues.[9] Continuous airstrikes, deliberate deprivation of access to food, water, medicine, and energy, and the obstruction of humanitarian aid entry into the Strip have created catastrophic conditions and increased mortality. At least 122 people have died

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[4] "Palestinian Labour Force Survey," *Palestinian Central Bureau of Statistics* (PCBS) 2020." https://n9.cl/8p21i.
[5] "Press Release on the Results of the Labour Force Survey 2020." *Palestinian Central Bureau of Statistics*. website: http://pcbs.gov.ps/postar.aspx?lang=ar&ItemID=3933
[6] "Ms. Awad Reviews the Situation of Palestinian Women on the Eve of International Women's Day." [6] *Palestinian Central Bureau of Statistics,* 2019. Accessed August 25, 2025. https://n9.cl/41lx3w.
[7] "The Separation Wall: Statistics and Figures," *Palestinian News and Information Agency – WAFA*, Accessed September 6, 2025. Available at: https://n9.cl/74n6r.
[8] "A Near-Impossible Life After 17 Years of Blockade," *Euro-Mediterranean Human Rights Monitor*, Accessed September 6, 2025. Available at: https://n9.cl/vxirv
[9] "Updates available on the website of the Palestinian Central Bureau of Statistics," Accessed at: https://www.pcbs.gov.ps/

from starvation in Gaza, including 83 children.[10] Infrastructure has suffered massive destruction, further deepening poverty and unemployment. After one year of war, unemployment in Gaza rose to 79.7%, compared to 34.9% in the West Bank.[11]

Marginalized groups, including persons with disabilities, face even harsher and more complex conditions amid widespread infrastructure destruction, continuous bombardment, and the absence of basic necessities such as food and water. Ongoing attacks have led to the loss of assistive devices and caregivers for persons with disabilities, posing grave risks to their lives, particularly during evacuation and displacement. They are currently living in catastrophic conditions in displacement shelters and tents that lack even minimum accessibility standards. Forced Deprivation of medication and healthcare services has led to the worsening of existing impairments and the emergence of new disabilities, particularly in light of the systematic targeting of healthcare institutions and civil society organizations, including rehabilitation centers.

The targeting of infrastructure, including hospitals, rehabilitation centers, and schools, constitutes a blatant violation of international law. Its catastrophic consequences are disproportionately borne by marginalized groups who were already deprived of the most basic forms of protection and care. The genocide in Gaza has coincided with a serious escalation in the West Bank, particularly in the northern governorates. Since the beginning of the war, the occupation has intensified its violations against Palestinians in the West Bank, where 9,034 people have been injured and 1,031 killed, including 660 injured children.[12] Arrest campaigns have also intensified, with approximately 18,700 Palestinians detained since October 7.[13]

The occupation has further isolated West Bank governorates from one another by imposing widespread closures, increasing the number of military checkpoints, and conducting extensive search operations. More than 40,000 people have been displaced from refugee camps, most of them from Jenin, Tulkarem, and Tubas. The governorates of Jenin and Tulkarem and their camps have witnessed some of the highest levels of violations and large-scale displacement. Military incursions have become nearly daily occurrences across multiple Palestinian cities, villages, and camps, involving violent raids accompanied by bombardment, home demolitions, destruction of roads and infrastructure, arrests, abuse, killings, and closures. These violations have had profound consequences for persons with disabilities, who face compounded challenges during times of war and emergency.[14]

[10] "122 Martyrs Due to Starvation in Gaza, and WHO Warns of a Sharp Rise in Deaths," *Al Jazeera* (2025), Accessed September 6, 2025. Available at: https://n9.cl/6s0mw
[11] "One Year of War: Unemployment Approaching 80% and GDP Contracting by About 85% in Gaza Over the Past Year," *International Labour Organization* (2024), Accessed September 6, 2025. Available at: https://n9.cl/niz81a
[12] "Palestinian Central Bureau of Statistics – Daily Updates," Accessed at: https://n9.cl/wap1d
[13] Ibid.
[14] Humanitarian Situation Update #264 | West Bank (5 February 2025). Website: https://n9.cl/9wlevh.

Disability and Colonialism

The occupation has deliberately sought to eradicate all forms of life in the Gaza Strip, including vital sectors such as hospitals, displacement shelters, educational institutions, and service providers of all kinds. As the war continues, the means of survival for Palestinians in Gaza are rapidly diminishing, becoming nearly nonexistent for marginalized groups amid the collapse of essential life-sustaining systems such as food, water, and medicine. This reality applies particularly to persons with disabilities, whose numbers are expected to increase significantly as a result of the war.

Persons with disabilities in Palestine already face mobility restrictions due to the absence of inclusive infrastructure, weak social protection systems, and limited access to sustainable empowerment opportunities. These constraints have sharply intensified since the beginning of the war on Gaza. With the widespread destruction of life-supporting infrastructure, persons with disabilities have lost even the limited environmental accommodations that were available prior to the war. This has significantly heightened the risk of death, either directly through bombardment, or indirectly through starvation, lack of medication, and the near-total collapse of rehabilitation and treatment services in the Strip. Many have also lost their assistive devices, making movement, access to services, or escape from indiscriminate attacks extremely difficult.

Since the beginning of the occupation, the infliction of injuries leading to permanent disabilities has been used as a weapon of war. During the First Intifada, approximately 80,000 Palestinians were injured, including around 15,000 who sustained permanent disabilities. At that time, the healthcare system lacked the capacity to address such a large number of injuries and impairments, resulting in severe medical complications for many.[15] Studies indicate that the disability rate rose to between 3–5%, compared to 1.9% in the years preceding the Al-Aqsa Intifada. The occupation deliberately targeted limbs with live ammunition, injuring approximately 7,000 individuals, representing 88% of total injuries, among which 156 cases resulted in amputations.[16] Sources also indicate that during previous assaults on Gaza, the occupation used munitions that caused severe injuries, including limb amputations, particularly those deployed by drones.[17] During the current genocidal war, the Palestine Liberation Organization has documented the use of 13 types of internationally prohibited weapons, including “DIME” (Dense Inert Metal Explosive) weapons, which cause devastating and often untreatable injuries.[18]

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[15] “A War Without Human Rights: Cutting Off the Means of Survival: Institutions Working in the Rehabilitation Sector” (Ramallah: Stars of Hope Society for the Empowerment of Women with Disabilities and the Social and Economic Policies Monitor, 2024). Available at: https://n9.cl/w13m5

[16] Rami Haidar, “Confessions of Occupation Snipers: The Caravan-Shattering Contest,” *Al-Assas* (October 2, 2020). Available at: https://alassas.net/6477/

[17] Hanne Heszlein-Lossius et. Al. "Severe Extremity Amputation in Surviving in Palestinian Civilians Caused by Explosives fired from Drones During the Gaza War," *The Lancent* 391 S15 (2018). Website: https://n9.cl/9b2pvk.

[18] “PLO: Documenting Israel’s Use of 13 Types of Internationally Banned Weapons in Gaza,” *Youm7* (2024). Available at: https://n9.cl/yon7ga

Today, in the context of the ongoing genocide in Gaza, the occupation is systematically destroying all forms of life in the Strip while causing injuries that result in permanent disabilities. This reproduces the same conditions experienced by Palestinians during and after the First Intifada, but on a far wider and more destructive scale. To date, the number of injured persons has exceeded 166,707,[19] many of whom are expected to experience long-term disabilities. By targeting hospitals and essential institutions throughout Gaza, the occupation is increasing both the number of disability cases and the severity of complications resulting from the lack of access to basic medical and rehabilitation services.

The creation of disability as a consequence of occupation weakens the Palestinian economy and exacerbates poverty rates. Many persons with disabilities face structural barriers to employment and require caregiving support from family members, which reduces overall labor force participation. In the context of weak social protection systems, families often bear the high financial costs associated with disability, further deepening poverty and affecting the broader economy, particularly amid the Palestinian Authority's high indebtedness, the withholding of al-Maqasa (clearance tax collected by the occupation on behalf of the Palestinians), and the absence of a comprehensive social protection system.

People with Disabilities in Emergencies: Between Rights and Domestic Policies

International human rights law and international humanitarian law constitute the primary legal frameworks for the protection of persons with disabilities, particularly in exceptional circumstances such as armed conflict, natural disasters, and humanitarian emergencies. The Convention on the Rights of Persons with Disabilities (CRPD) strengthened this protection through the explicit recognition in Article 11 of the obligation of States Parties to take all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk and humanitarian emergencies.[20] The State of Palestine ratified the CRPD and its Optional Protocol in 2014. Article 11 further obliges signatory states to incorporate the requirements of persons with disabilities into emergency preparedness and response plans.

International humanitarian law establishes general obligations to protect civilians in armed conflict, as codified in the four Geneva Conventions of 1949 and their Additional Protocols of 1977. Although these instruments do not explicitly refer to persons with disabilities, they fall within the category of protected persons.[21] International human rights law also provides comprehensive protections applicable in both peacetime and emergencies. The International Covenant on Civil and Political Rights guarantees the right to life (Article 6) and non-

[19] "Palestinian Central Bureau of Statistics – Daily Updates," Accessed at: https://n9.cl/wap1d
[20] "Convention on the Rights of Persons with Disabilities and its Optional Protocol," adopted in 2006 and entered into force on May 3, 2008. Available at: https://n9.cl/0d7ww
[21] "Persons Protected Under International Humanitarian Law," International Committee of the Red Cross (2010), Accessed August 25, 2025. Available at: https://n9.cl/skwwz

discrimination (Article 2), while the International Covenant on Economic, Social and Cultural Rights affirms the right to health and an adequate standard of living (Articles 11 and 12).[22] These rights become particularly urgent in crisis contexts, where persons with disabilities face heightened risks in accessing essential services. This international framework is further reinforced by practical guidance, including the Inter-Agency Standing Committee (IASC) Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action (2019), which provide operational standards to ensure disability inclusion across all phases of humanitarian response.[23]

Women with disabilities face additional risks during emergencies and armed conflict, including sexual violence, exploitation, and barriers to accessing shelters and healthcare services. The CRPD recognizes that women and girls with disabilities are often exposed to heightened risks both within and outside the home, including violence, injury, abuse, neglect, exploitation, and discrimination.[24] Article 16 obliges States Parties to enact legislation and policies to identify, investigate, and prosecute cases of exploitation, violence, and abuse against persons with disabilities, including women and girls. Article 28 further calls on states to ensure access to social protection and poverty reduction programs for persons with disabilities, particularly women and girls with disabilities and older persons with disabilities.[25]

The CRPD affirms the right to equality and non-discrimination on the basis of sex and requires States Parties to adopt targeted measures to protect women with disabilities in emergency contexts.[26] The 2019 IASC Guidelines emphasize the need for humanitarian response plans that address the specific needs of women with disabilities, including access to healthcare, violence prevention services, and safety awareness measures to ensure barrier-free access to assistance.[27] At the same time, the Committee on the Rights of Persons with Disabilities, in General Comment No. 7 (2018), calls for the meaningful participation of women with disabilities in the planning and implementation of emergency programs to ensure effective and sustainable protection.[28]

At both international and national levels, policies seek to integrate the needs and requirements of persons with disabilities into emergency preparedness and humanitarian response frameworks to ensure comprehensive protection. Internationally, the CRPD

[22] United Nations, General Assembly, International Covenant on Civil and Political Rights, entered into force on December 16, 1966, Articles 2, 6, 11, and 12. Available at: https://n9.cl/ux7x2.
[23] "Inclusion of Persons with Disabilities in Humanitarian Action," *Inter-Agency Standing Committee* (2019), accessed on 7/9/2025. Website: https://n9.cl/lrqef5.
[24] United Nations, General Assembly, Human Rights Council, Twentieth Session, Annual Report of the United Nations High Commissioner for Human Rights, March 3, 2012, p. 5.
[25] "Convention on the Rights of Persons with Disabilities and its Optional Protocol," adopted in 2006 and entered into force on May 3, 2008, Articles 16 and 28. Available at: https://n9.cl/0d7ww
[26] United Nations, General Assembly, Convention on the Rights of Persons with Disabilities and its Optional Protocol, 2006.
[27] United Nations, Inter-Agency Standing Committee (IASC), previous reference, p. 141.
[28] "General Comments of the Committee on the Rights of Persons with Disabilities," Office of the High Commissioner, General Comment No. 7, (21st Session, 2018), p. 167.

recommends the inclusion of persons with disabilities in all stages of emergency planning, including training, shelter design, and humanitarian service delivery.

The IASC Guidelines further operationalize disability inclusion by setting practical standards to ensure accessible delivery of assistance in areas such as food, health, transportation, and information.[29] Contemporary policy frameworks also emphasize the protection of women with disabilities, who face compounded risks during emergencies, including gender-based violence and barriers to accessing healthcare and shelter services. International conventions consistently affirm that states must adopt inclusive policies grounded in participation, ensuring the involvement of representative organizations of persons with disabilities at all stages of planning, implementation, and monitoring. National policies must likewise uphold principles of non-discrimination and equal access to services, preventing exclusion or restrictions in access to shelters and healthcare.[30]

In 2024, five months after the onset of the genocidal war on Gaza, the General Secretariat of the Council of Ministers issued a governmental Emergency Response Plan. Its core pillars included urgent humanitarian response to priority needs in the Gaza Strip; addressing war-related needs in the West Bank; ensuring the continued delivery of essential government services, particularly education and health; and responding to the needs of vulnerable populations. The plan also identified major challenges, including the withholding of Palestinian public revenues by the occupation, the unemployment of 200,000 workers, the displacement of hundreds of families, severe pressure on the healthcare sector amid shortages of medicine and medical supplies, accumulated debts preventing suppliers from continuing operations, and losses within the banking sector in Gaza alongside borrowers' inability to meet obligations in the West Bank.

The plan outlines three primary interventions: (1) relief for residents in the southern governorates as a top priority; (2) reconstruction and rehabilitation of infrastructure and public and private property damaged by occupation practices in the northern governorates; and (3) sustaining full government service delivery across all governorates.

The stated objectives include coordinating and delivering emergency relief to Gaza; addressing the humanitarian crisis resulting from the war; strengthening emergency health and social assistance in areas subjected to incursions in West Bank cities and refugee camps; and ensuring continued provision of routine government services. The plan allocates 28% of its total budget to maintaining essential government services, while 72% is designated for relief interventions, including emergency humanitarian assistance, social support, and job creation initiatives. The plan also calls for reducing operational expenditures to the maximum extent possible.

[29] United Nations, Inter-Agency Standing Committee (IASC), previous reference.
[30] "Convention on the Rights of Persons with Disabilities," Office of the United Nations High Commissioner for Human Rights, Articles 11 and 19, previous reference.

Within its Gaza-focused relief objectives, covering electricity, water supply, sanitation networks, emergency assistance, and medical aid, the plan does not include disability-specific indicators within its sub-objectives. While cash and food assistance are mentioned, targeting 85,000 households (500,000 individuals) for cash assistance and 765,000 individuals for food aid, there is no disaggregation by disability or gender within the monitoring indicators.

References to persons with disabilities appear only in limited and scattered sections of the plan. For example, within the third objective, "Sustaining Full Government Service Delivery", disability is mentioned in relation to vocational training and assistive devices. The sub-indicator refers to providing vocational training to 100 persons with disabilities in rehabilitation centers and distributing assistive devices to 400 persons with disabilities. However, these figures apply across all governorates and are not Gaza-specific, despite the growing number of persons acquiring disabilities as a result of the war. The plan also references the continuation of rehabilitation services in existing centers.

In discussing the sustainability of service provision, the plan does not adequately reflect the specific realities of Gaza. With the exception of the first objective, the plan appears more focused on the West Bank. There is a notable absence or limitation of indicators measuring access to services for persons with disabilities. Furthermore, there is no gender-disaggregated data concerning persons with disabilities, despite the presence of indicators addressing specific groups such as orphans and women. Within the Gaza-focused objective, there is no mention of women with disabilities in relation to women-specific interventions, violence response, or monitoring frameworks. No classification framework is specified for tracking cases or interventions by disability or gender.[31]

The Emergency Response Plan reflects a partial and inadequate response to the escalating needs resulting from the war on the Gaza Strip. It does not demonstrate a realistic assessment of the current situation nor of the allocated and available budgets. Despite the continuous increase in injuries and war-related disabilities in Gaza, the plan lacks specific objectives that address this issue, even at the level of monitoring and data collection. This omission is particularly concerning given the scale of destruction caused by the genocide, which has directly affected marginalized groups, foremost among them persons with disabilities, especially women with disabilities.

Although one of the plan's objectives focuses on urgent humanitarian response in Gaza, the associated indicators do not include any measures assessing access for persons with disabilities. Nor do they provide accurate disaggregation by disability or gender. This absence risks further marginalizing this population within relief operations and resource allocation. The limited references to persons with disabilities are scattered across broad objectives covering all governorates and relate to very small beneficiary numbers that do not correspond to the

[31] "Government Emergency Plan for 2024," *General Secretariat of the Council of Ministers* (2024), Accessed September 6, 2025. Available at: https://n9.cl/dvkp7q

magnitude of the catastrophe. There is also a clear neglect of the specific needs and requirements of persons with disabilities in Gaza in particular.

Moreover, the plan reflects an imbalanced focus on the West Bank, even in areas related to sustaining public service delivery, without adequately accounting for the scale of the humanitarian disaster in Gaza or translating that reality into targeted interventions under the service continuity objective. The absence of gender- and disability-disaggregated indicators, particularly concerning women with disabilities, undermines the plan's capacity to provide a comprehensive and equitable response. Furthermore, the plan covers only the year 2024, and to date, no national emergency plan has been publicly issued for 2025.

Furthermore, strategic objectives outlined in governmental plans frequently remain unimplemented in practice, particularly when budget allocations are unrealistic or not distributed in proportion to actual needs and prevailing financial constraints. These structural gaps often result in the repetition of the same objectives in subsequent planning cycles without substantive implementation.[32] Following the issuance of the governmental Emergency Response Plan, it is necessary for line ministries to develop sector-specific emergency plans aligned with the framework of the national plan and responsive to evolving realities and increasing needs. Such plans should prioritize key sectors, ensure the reallocation of available resources according to urgency, adopt a rights-based approach, and explicitly focus on marginalized and economically vulnerable populations. To date, most core ministries have not published updated emergency-responsive strategic plans beyond 2023. While the Ministry of Women issued a Strategic Plan for 2025–2027, the document does not explicitly reference women with disabilities, nor does it reflect the catastrophic humanitarian context produced by the war. Its objectives largely resemble those of previous planning cycles, and the plan lacks clearly defined monitoring indicators to measure implementation and impact.[33]

People with Disabilities During the Genocidal War

According to data from the Palestinian Central Bureau of Statistics (PCBS) for 2017, the proportion of persons with disabilities who experience at least one difficulty, based on the broad definition of disability,[34] was approximately 6% in Palestine: 7% in the Gaza Strip and 5% in the West Bank. Among them, 6.2% were male and 5.3% were female.[35] Based on the narrow definition of disability, persons with disabilities constituted 2% of the total population

[32] "Challenges of National Plans and Palestinian Planning at the Macro and Sectoral Levels Amid the War on Gaza," *Palestinian Economic Policy Research Institute – MAS* (6), 2024, Accessed September 7, 2025. Available at: https://mas.ps/publications/10778.html

[33] "Strategic Framework for Achieving Gender Equality and Reducing Forms of Violence: Addressing the Consequences of Israeli Aggression and Its Crimes," *Ministry of Women's Affairs* (2025), Accessed September 6, 2025. Available at: https://mowa.pna.ps/ar/single-post/150

[34] The broad definition of disability according to the Palestinian Central Bureau of Statistics: "Cannot do at all – Great difficulty – Some difficulty."

[35] The narrow definition of disability according to the Palestinian Central Bureau of Statistics: "Cannot do at all and great difficulty."

in Palestine, including 2% in the West Bank and 3% in the Gaza Strip. This percentage has increased significantly in Gaza in recent years due to the sharp rise in injuries during the genocide. PCBS indicates that occupation-related violence and repeated assaults on Gaza have resulted in approximately 6% of individuals aged 18 and above acquiring at least one disability, including 8% in Gaza compared to 4% in the West Bank.[36]

Currently, in the context of the genocidal war on Gaza, the Ministry of Health in Gaza reports that between October 7 and August 6, 2025, 151,442 Palestinians were injured. It is estimated that approximately 25% of these injuries may result in permanent disabilities or long-term impairments requiring rehabilitation services.[37]

More broadly, persons with disabilities constitute one of the most marginalized and impoverished groups in Palestine. They face systematic exclusion from fundamental rights and essential services, including healthcare, education, protection, and employment. Persons with disabilities are often excluded from the broader rights system, particularly from the right to work, which is a cornerstone of social justice. They encounter multiple barriers that prevent them from fully exercising these rights, and the absence of such rights contributes directly to the deepening of poverty.

These barriers include social obstacles manifested in discriminatory practices that contribute to exclusion and exploitation, as well as institutional, legislative, and policy-level shortcomings. Existing legislation and policies remain insufficient and do not comprehensively guarantee the rights of persons with disabilities, resulting in their exclusion from accessing basic rights and exposing them to multiple forms of exploitation and violence, both direct and symbolic.

PCBS data further indicate that 37.6% of persons with disabilities aged 15 and above have never enrolled in education, 33.8% dropped out, and 53.1% are illiterate. These educational barriers significantly affect labor market participation, which does not exceed 22.3%. Unemployment among persons with disabilities is approximately 37% (among those actively seeking work), underscoring the urgent need for empowerment in both education and employment.[38]

Women with disabilities experience compounded violence and exclusion, facing intersecting discrimination both as women and as persons with disabilities. The Convention on the Rights of Persons with Disabilities recognizes that women and girls with disabilities are often at heightened risk of violence, abuse, neglect, maltreatment, and exploitation in both private and public spheres. This compounded marginalization increases their vulnerability to violence in all its forms. The 2019 Violence Survey issued by PCBS found that 37% of married or previously married women with disabilities experienced at least one form of violence by their

[36] *Characteristics of Individuals with disabilities in Palestine* (Ramallah: Palestinians Central Bureau of Statistics, 2017).
[37] Situational Analysis – Persons with Disabilities in the occupied Palestinian Territory (United Nations Palestine and the Global Disability Fund, 2025). Website: https://n9.cl/88472b.
[38] Palestinian Central Bureau of Statistics issues a press release on the occasion of the International Day of Persons with Disabilities, 12/03/2019." *Palestinian Central Bureau of Statistics* (December 3, 2019). Website: https://n9.cl/go3ps

husbands. Their voices and specific needs are frequently overlooked in disability-related services and interventions.[39]

Women with disabilities face significant barriers to entering the labor market, similar to other persons with disabilities, but these challenges are further intensified by gender-based discrimination. According to PCBS, only 2% of women with disabilities participate in the Palestinian labor force.[40] These constraints stem from institutional, environmental, and cultural barriers that limit their access to employment opportunities, in addition to restricted access to education.

These challenges have been exacerbated during the war. Persons with disabilities urgently require basic necessities, including water, food, and medication. In a survey conducted among approximately 900 persons with disabilities in the West Bank and Gaza Strip, 92% reported being unable to access food, while 80% were unable to access medication and medical supplies. Additionally, 45% reported that their homes had been completely destroyed, and 38% indicated partial destruction. Around 24% reported that the occupation confiscated their homes and forced them to evacuate. Approximately 22% lost one or more family members. Furthermore, 21.2% reported inability to access healthcare services, 13.6% reported experiencing violations in displacement settings, 11% lost their assistive devices, and 12.7% were unable to evacuate due to their disability. Notably, 94% reported that they had not been contacted by any organization or entity.[41]

At the same time, occupation forces have targeted vital sectors and service-providing institutions. Since the beginning of the war, numerous institutions working in the disability sector have been partially or completely destroyed. These institutions provided essential rehabilitation and therapeutic services, as well as assistive devices, and were among the few entities maintaining databases and information on persons with disabilities and their locations.

With the destruction and suspension of most of these institutions, it is estimated that approximately 118,000 persons with disabilities have lost full access to services, while 38,000 have lost partial access. In a context already characterized by poverty and limited access to basic necessities, the closure of these institutions, on which many persons with disabilities depended as a lifeline, has significantly exacerbated their suffering and reduced their chances of survival during the war.[42]

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[39] "Press Release on the International Day of Persons with Disabilities," *Palestinian Central Bureau of Statistics*, December 3, 2019, https://n9.cl/go3ps.

[40] Palestinian Central Bureau of Statistics, "Press Release on the International Day of Persons with Disabilities," December 3, 2019, https://n9.cl/go3ps.

[41] Unpublished Research: *Preliminary Results of the Survey on the situation of Persons with Disabilities During the Genocidal War on Gaza and the West Bank* (Ramallah: Stars of Hope Society for the Empowerment of Women with Disabilities and Social and Economic Polices Monitor Al-Marsad, 2025).

[42] *A War Without Human Rights: Cutting Off the Means of Survival: Institutions Working in the Rehabilitation Sector* (Ramallah: Stars of Hope Society for the Empowerment of Women with Disabilities and Social and Economic Polices Monitor Al-Marsad, 2024). Available at: https://n9.cl/w13m5.

Women in War Contexts

Women generally face profound challenges during times of war, bearing disproportionate and often compounded burdens in periods of crisis and armed conflict. Women frequently constitute the majority of civilian victims. In the Gaza Strip, 70% of the victims of the genocidal war are women and children.[43] During armed conflicts and wars, women are exposed to multiple and intersecting forms of violence, including sexual violence and gender-based violence. The United Nations has reported that approximately 30% of women in conflict-affected areas experience various forms of sexual violence. Armed conflict and wars also severely disrupts economic structures, imposing an additional burden on women who may lose breadwinners or employment opportunities, particularly given that women already experience higher rates of unemployment. In Yemen, for example, more than 80% of women lack a stable source of income. Simultaneously, healthcare systems deteriorate, leaving women in heightened vulnerability due to limited access to essential health services, particularly sexual and reproductive healthcare. It is estimated that 50% of women in conflict-affected areas lack access to necessary healthcare services, while 2.2 million women suffer from pregnancy-related complications due to inadequate healthcare provision.[44] In 2023, United Nations reports indicated that the proportion of women killed in wars and conflicts doubled compared to 2022, while verified cases of conflict-related sexual violence increased by 50%.[45]

At the same time, women assume expanded responsibilities during war, including maintaining family cohesion and undertaking increased caregiving roles for injured family members, older persons, and children. Women are often among the first to experience malnutrition, frequently reducing their own food intake during times of famine. They face heightened risks related to pregnancy and childbirth, including premature deliveries and childbirth in conditions that fail to meet basic health standards. Access to medical consultation and follow-up care becomes increasingly limited. In displacement settings, some women resort to taking contraceptive pills either to avoid pregnancy or to suppress menstruation due to the harsh conditions and lack of privacy.[46]

In Palestine, Palestinian women have historically been targeted by the occupation, particularly given their central roles in both family life and national resistance. Palestinian history documents killings, forced displacement, imprisonment, and abuse of women. At the same time, Palestinian women have remained key actors in resistance and community resilience through multiple social and political roles. The targeting of Palestinian women dates back to the earliest phases of colonial violence, including documented massacres in which

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[43] "Dr. Awad Reviews the Situation of Palestinian Women on the Eve of International Women's Day," *Palestinian Central Bureau of Statistics* (2025), Accessed September 6, 2025. Available at: https://n9.cl/2o5no.
[44] "Women in Wars: Challenges and Social Change," *Arab NGO Network for Development* (2024), Accessed August 25, 2025. Available at: https://n9.cl/afg0a.
[45] "Percentage of women killed in war doubled in 2023: UN report," *United Nations.* (2025) accessed on 26 March 2025. Website: https://n9.cl/e9v2i.
[46] Rami Haidar, "Women in Wars: The Hardest Hit and the First Hopes," *Scene 48* (2024), Accessed September 6, 2025. Available at: https://n9.cl/hv77v

women were killed, such as the Deir Yassin massacre. Statements attributed to Israeli officials have further reflected this logic of demographic targeting, including a previously cited statement by Ariel Sharon suggesting that Palestinian women and children constitute a primary perceived threat because "the survival of one child means the continuation of future generations."[47]

According to Euro-Med Human Rights Monitor, since October 2023, the occupation has killed an average of 21.3 women per day through direct bombardment in Gaza during the course of the genocide, equivalent to nearly one Palestinian woman every hour. This figure does not include women who died as a result of siege conditions, starvation, or denial of medical care and were not included in official statistics. In a separate report, the organization documented field executions of women, including elderly women, in northern Gaza during ground incursions. Testimonies indicate that women were deliberately targeted inside their homes by sniper fire. One woman was reportedly shot while preparing a meal for her children on her rooftop, while another was killed by tank shelling while attempting to flee.[48]

With the destruction of an already fragile Palestinian economy, large numbers of Palestinian women have become financially responsible for their families, particularly following the killing of breadwinners or widespread job loss. The war does not target bodies alone; it also disrupts the social fabric as a whole. It has produced large numbers of widows and orphaned girls, reshaping social structures and imposing new responsibilities on women. Women are now expected to provide income, secure food, and sustain their households under extreme conditions. These responsibilities include traveling long distances to obtain water and food amid the absence of transportation, gathering firewood for cooking, and standing for extended periods in distribution lines. Many undertake these tasks while injured or grieving the loss of family members. Thousands of women have been forcibly displaced on foot under heavy bombardment, living in overcrowded homes, tents, or shelters. These conditions have had serious consequences for their sexual and reproductive health, with some women resorting to contraceptive pills to suppress menstruation due to the lack of sanitary supplies and personal hygiene products.[49]

A report issued by the Palestinian Center for Human Rights documented the severe conditions faced by women in displacement shelters. Women experience overcrowding and a complete lack of privacy, as families are confined to classrooms or tents without partitions, restricting mobility and autonomy. The shortage of sanitation facilities presents a serious challenge, with women often compelled to use shared bathrooms with men, undermining their sense of safety. The report highlights the deep psychological and social impact of these

[47] Madline Halabi, *Women of Gaza During Genocide: Women, War, and Resistance* (Ramallah: Institute of Palestinian Studies, 2024). Available at: https://n9.cl/5aeqr
[48] Ibid.
[49] Ibid.

conditions, reinforcing persistent feelings of insecurity and underscoring the absence of gender-sensitive humanitarian response mechanisms.[50]

The above demonstrates that the occupation directly targets women's bodies while simultaneously intensifying the burdens they carry during war. Women assume multiplied roles, including caregiving and financial responsibility in the absence of breadwinners. This targeting does not affect women alone; it destabilizes social structures more broadly, increasing societal fragility and undermining collective resilience in the face of war. In the context of weakened governmental capacity, limited emergency planning, and inadequate support mechanisms, these impacts become catastrophic.

Women with Disabilities: Compounded Challenges and Intensified Suffering

Women with disabilities experience intersecting and compounded discrimination, discrimination on the basis of disability and gender. In addition to the challenges faced by women more broadly, women with disabilities confront additional structural barriers related to limited access to education and employment, as well as the absence of inclusive environmental conditions. These constraints restrict their participation in society and limit their access to essential services.

The consequences of war and crisis affect persons with disabilities and marginalized groups differently. Persons with disabilities may be deprived of access to even the most basic needs and disability-specific requirements, and even when such necessities are available, they are often inaccessible due to the absence of accommodations and disability-inclusive design. Humanitarian and relief services are frequently not inclusive of persons with disabilities. Conditions of displacement and evacuation are further complicated by the loss of assistive devices, destruction of infrastructure, and the inaccessibility of shelters,[51] in addition to the inability to obtain medication and rehabilitation services.

The consequences of this genocidal war impose particularly compounded effects on women, and especially women with disabilities, given the absence of hygiene supplies, the collapse of healthcare services including sexual and reproductive health services, overcrowding, and the loss of family breadwinners. Many are forced to live in tents that fail to meet even the most basic standards of safe living and that lack any disability-inclusive accommodations. As confirmed by Iyad Krunz, Director of the Gaza Office of Stars of Hope Society: "Sometimes tents are not available at all, forcing women to remain in public spaces and open areas. When tents are available, they are extremely overcrowded, often housing more than 15 people, and

[50] "Palestinian Center for Human Rights Issues Report on the Lack of Privacy and Safety for Women in Shelters," *Palestinian Center for Human Rights* (2025), Accessed September 6, 2025. Available at: https://n9.cl/awacsf

[51] Whenever shelters are mentioned in this study, they refer generally to shelters for displaced persons, and are not limited to those managed by international organizations or UNRWA. This includes all gathering places for displaced persons, such as public squares and schools.

sometimes up to 30 in a single tent. These tents are usually erected on sandy ground, which is completely unsuitable for the movement of persons with disabilities. Even when assistive devices are available, they become ineffective because the environment is not accessible. In addition, there is a severe shortage of water and sanitation facilities, which are not adapted to the needs of persons with disabilities and are located far from the tents. All of this multiplies the suffering of persons with disabilities during the war."

Women with disabilities have faced compounded challenges during displacement, particularly regarding hygiene and reproductive health. The lack of sanitation facilities and the inaccessibility of displacement settings severely affect their ability to meet basic needs. These hardships intensify during menstruation, when privacy and hygiene are critical. Many women have resorted to harmful coping mechanisms, including the use of contraceptive pills to delay or suppress menstruation due to the absence of menstrual hygiene products and accessible sanitation facilities. This situation is further exacerbated by the collapse of healthcare services, including sexual and reproductive healthcare, overcrowding, and the loss of breadwinners. Many women are forced to live in tents that lack even minimal standards of safety and accessibility.

The absence of inclusive infrastructure and the acute shortage of hygiene and health supplies disproportionately affect women, especially women with disabilities. Overcrowding and limited access to sanitation facilities create significant challenges, particularly when bathrooms are not accessible and women must wait for extended periods in queues. As Al-Madhoun states: "Using the toilet is my greatest difficulty. I do not have a wheelchair or a walker. I crawl on the ground to reach the toilet."[52] A displaced woman with a disability stated: "I was unable to bathe during or after my menstrual period because the school bathroom was not accessible." Another noted: "Many women are taking contraceptive pills due to the lack of hygiene supplies."

Regarding healthcare services, women in general face severe shortages of medication and medical services in Gaza. Media interviews with healthcare workers indicate a noticeable increase in premature births due to ongoing bombardment. Medical staff have reported being forced to perform emergency deliveries under life-threatening conditions. Nearly two-thirds of primary healthcare clinics have been closed, negatively affecting pregnant women. The severe shortage of water and cleaning supplies further increases women's exposure to illness.[53]

The sexual and reproductive health of women with disabilities has been significantly impacted during the war. Acute water shortages in shelters increase suffering and make maintaining personal hygiene extremely difficult. One woman with a disability stated: "We are staying in a school where water is pumped from a well only once a day using solar power. Not everyone

[52] "Gaza: Devastating Impact of Israeli Attacks and Blockade on Persons with Disabilities," *Human Rights Watch* (November 1, 2023). Available at: https://cutt.us/NGC1b

[53] *Position Paper (4): A War Without Human Rights – Ethnic Cleansing Through Deprivation of Food, Water, and Medicine* (Ramallah: The Social and Economic Policy Monitor Al-Marsad & Stars of Hope Society for the Empowerment of Women with Disabilities, 2023). Available at: https://n9.cl/cenb0

can access it, and it is available for only a limited number of hours." Another woman stated: "I was unable to bathe during or after my menstrual period because the school bathroom was not accessible." Another added:

"Many women are taking contraceptive pills due to the shortage of hygiene supplies."[54]

Iyad Krunz, Director of the Gaza Office of Stars of Hope Society, explains: "At times, even tents are not available, forcing women to remain in public spaces and open areas. When tents are available, they are extremely overcrowded, often housing more than 15 people, and sometimes up to 30 in a single tent. These tents are typically erected on sandy ground, which is entirely unsuitable for the movement of persons with disabilities. Even when assistive devices are available, they become ineffective due to the lack of accessibility. In addition, there is a severe shortage of water and sanitation facilities, which are not adapted to the needs of persons with disabilities and are located far from the tents. All of this further intensifies the suffering of persons with disabilities during the war."[55]

Regarding access to sexual and reproductive health services, Stars of Hope Society conducted a study on access to such services among women with disabilities during the war in northern West Bank governorates and the Gaza Strip. The study found that 73% of respondents needed sexual and reproductive health services during the war, 60% in Gaza and 13% in the West Bank. Among those who required services, 96.2% reported that they either did not access services at all or accessed them only partially. Specifically, 89.2% reported being completely unable to access needed services, 76.4% in Gaza and 12.7% in the West Bank. Only 7% accessed some services (4.5% in Gaza and 2.5% in the West Bank).[56]

The data further show that 27.8% of married women participating in the study (25 out of 89 married women within a total sample of 215 respondents) experienced pregnancy during the war, with the majority (21.1%) residing in Gaza. Among pregnant women, 88% reported experiencing psychological or physical stress that negatively affected pregnancy or childbirth, particularly in Gaza (68%). Approximately 88% of pregnant respondents reported forced deprivation of water and hygiene supplies, and 68% were deprived of medication. All but two of these cases were in Gaza.[57]

Additionally, 68% of pregnant women reported receiving no medical services during pregnancy or childbirth. In Gaza, 44% experienced high-risk births in unprepared locations, and 40% reported postpartum complications due to inadequate healthcare. Around 80% were deprived of routine examinations (72% in Gaza). Furthermore, 16% sustained direct injuries affecting pregnancy, and 44% did not receive urgent treatment for pregnancy-related

[54] *war without human rights: Ethnic Cleansing through Weaponizing Food, Water, and Medicine* (Ramallah: Stars of Hope Society and the Social and Economic Policies monitor (Al-Marsad), 2024).
[55] Interview with Iyad al-Krunz – Director of Stars of Hope Society Office in Gaza, conducted on January 21, 2024.
[56] Hala Ali, Unpublished Study: Access of Women with Disabilities to Sexual and Reproductive Health Services During the Genocide War on Gaza (Ramallah: Stars of Hope Society for the Empowerment of Women with Disabilities, 2025).
[57] Ibid.

illnesses. The study documented testimonies reflecting the lived realities of pregnant women during the war. One woman stated:

"I miscarried three times during the war. Twice I miscarried at home without going to the hospital due to the war conditions. I could not receive necessary treatment because of the economic situation. The lack of water, bleeding, and lack of food affected my vision due to hunger."

Another woman stated: "I am five months pregnant. I have been displaced more than five times. I am under severe psychological stress. I am currently in a place without a tent, only pieces of cloth. There is no privacy or comfort. I have not been able to access any prenatal follow-up or consultations."[58]

Study Methodology

Study Objectives and Research Questions

This study seeks to deconstruct and analyze the forms of compounded violence experienced by women and girls with disabilities in the Gaza Strip within the context of the genocidal war. It examines both direct violence perpetrated by the occupation, including displacement, targeting, killing, and destruction of infrastructure, and structural and indirect gender-based violence manifested through exclusion from essential services, including protection services, healthcare, and disability-related requirements. The analysis is grounded in an intersectional feminist anti-colonial framework, linking the genocidal policies implemented by the occupation to the escalation of gender- and disability-based violence. The study is guided by the following core research questions:

- What forms of colonial violence have been inflicted upon women with disabilities during the war?
- What forms of gender-based and disability-based violence have emerged or intensified against women with disabilities during the war?
- To what extent do women with disabilities have access to essential services, including protection services?
- What challenges do service providers face during the war, and how do these challenges affect service delivery to women with disabilities?

Research Ethics and Field Procedures

Field interviews were conducted by trained female field researchers from Stars of Hope Society. The researchers received intensive training in research methodology, data collection, and research ethics. They also received specialized training in disability inclusion, protocols

[58] Ibid.

for engaging with persons with disabilities, protection standards, and safety procedures for operating in high-risk environments.

Field researchers conducted both structured field interviews and in-depth interviews. Verbal informed consent was obtained from participants prior to conducting interviews, and the purpose of the research and the role of the organization were clearly explained. For the in-depth case study interview, the participant provided written informed consent outlining the objectives of the study, the use of her narrative, and guarantees of confidentiality. This included the use of pseudonyms and the modification of identifying details to protect her identity. The study adheres to established research ethics standards, ensuring that data are used exclusively for research purposes and that participants' privacy and confidentiality are strictly protected.

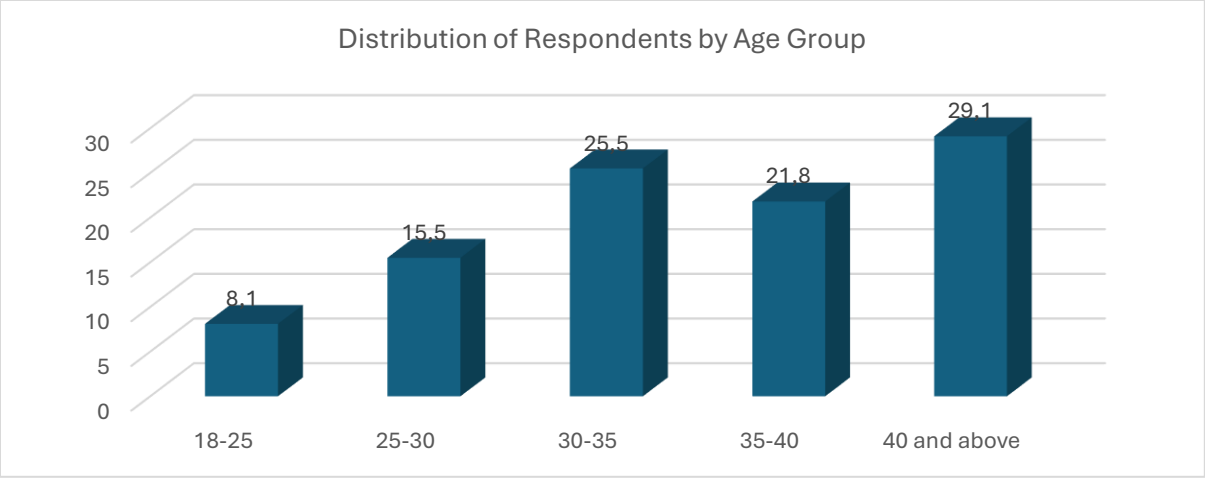
Sample

The study adopts a mixed-methods approach, combining quantitative and qualitative data collection and analysis. A structured questionnaire was administered to women with disabilities, using a purposive sample of 110 respondents.

In addition, 13 in-depth interviews were conducted with service providers and institutions operating in the fields of disability, gender-based violence, and health in the Gaza Strip. These were selected based on their relevance and role within the sector and included 7 institutions working in the field of gender, 4 institutions working in the disability sector, 1 institution working in both health and disability, and 1 institution working in health and gender. An additional in-depth interview was conducted with a woman with a disability who lost her husband during the war and is now the primary provider for her family. Her testimony was included as a case study to highlight the compounded challenges faced by women with disabilities during the war and the shifts in their social and economic roles.

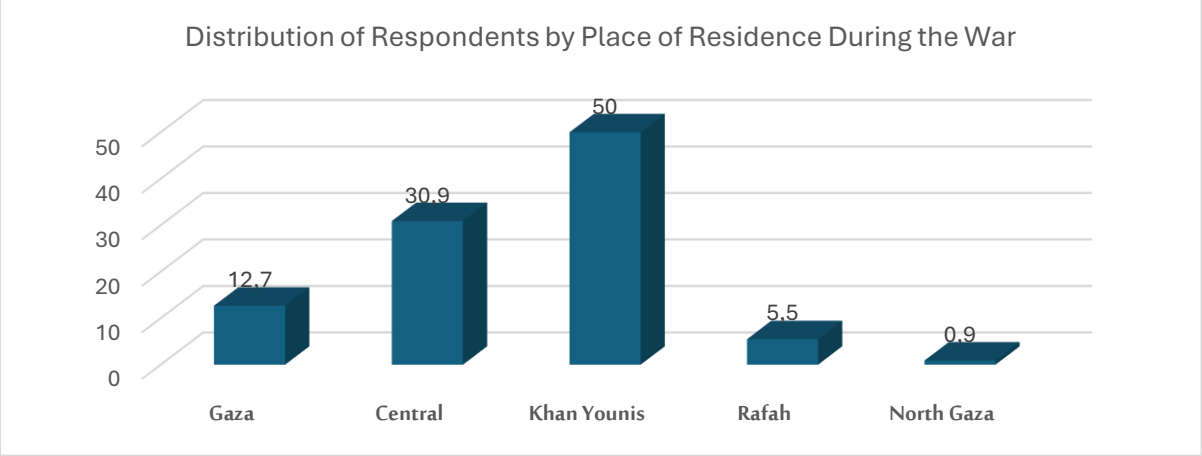
The total number of respondents in the study was 110 women with disabilities. Their age distribution was as follows: 18–25 years: 8.1%, 25-30 years: 15.5%, 30-35 years: 25.5%, 35-40 years: 21.8%, and 40 years and above: 29.1%

The following figure illustrates the distribution of respondents by age group.



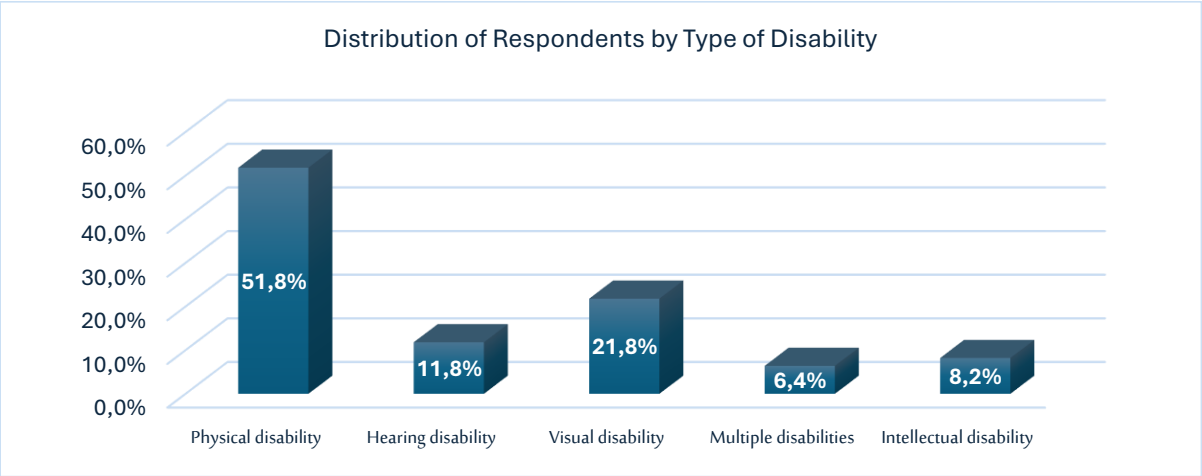
Regarding the distribution of respondents by educational level, 12.7% of respondents were illiterate, 21.8% reported having a middle-level education, 24.5% had completed secondary education, and 41% had attained university-level education. With respect to place of residence by governorate prior to the war, 27.3% of respondents resided in Gaza Governorate, 17.3% in the Central Governorate, 41.8% in Khan Younis, 3.6% in Rafah, and 10% in North Gaza Governorate.

Following the outbreak of the war, half of the respondents (50%) currently reside in Khan Younis Governorate. Meanwhile, 12.7% reside in Gaza Governorate, 0.9% in North Gaza, 5.5% in Rafah, and 30.9% in the Central Governorate. It is important to note that the distribution of respondents and access to them is shaped by patterns of displacement. Since the beginning of the war, the occupation has issued evacuation orders directing residents from one governorate to another, resulting in population concentration in areas designated for displacement. The following figure illustrates the distribution of respondents by place of residence during the war, by governorate.



Regarding the marital status of respondents, 59.1% were single, 31.8% were married, 3.6% were divorced, and 5.5% were widowed. With respect to the distribution of respondents by type of disability, 51.8% of the sample were women with physical disabilities, 11.8% had

hearing disabilities, 21.8% had visual disabilities, 6.4% had multiple disabilities, and 8.2% had cognitive disabilities.[59] Overall, the distribution of disability types in the sample generally reflects broader patterns within Palestinian society, where physical disabilities represent the largest proportion, followed by visual and multiple disabilities. The following figure illustrates the distribution of respondents in the study sample by type of disability.



Violations Experienced by Women with Disabilities and Their Families During the War

Violations at the Household Level

Families in the Gaza Strip have been subjected to grave violations that continue to escalate with the ongoing genocidal war. These violations include systematic killing, starvation, and forced displacement. Their impact is disproportionately severe on marginalized groups, including persons with disabilities, and particularly women with disabilities. This section presents findings related to the conditions experienced by women with disabilities and their families during the war.

Regarding household size,[60] 16.4% of respondents reported that their families consisted of 1–3 members, 39.1% reported 4–6 members, 35.5% reported 7–10 members, and 9.1% reported 10 or more members. Overall, 83.6% of respondents indicated that their households consisted of four or more members. A significant proportion reported households of 7–10

[59] Interviews were conducted with the primary caregiver of the female participant with an intellectual disability.
[60] In this study, the term "family" refers to the household, meaning the individuals who share the same place of residence as well as food and drink.

members, indicating that women with disabilities often live within relatively large family structures.

In terms of the number of persons with disabilities within the household, 92.7% reported that there were between 1–3 persons with disabilities in their families. Among them, 50.9% indicated that they were the only person with a disability in the household; 29.1% reported that there were two persons with disabilities in the family; and 12.7% reported three. Meanwhile, 6.4% reported that their households included between 4–6 persons with disabilities, and 0.9% reported 7–10. While the number of persons with disabilities per household is not generally high, these figures indicate that nearly half of respondents live in households that include additional persons with disabilities.

During the war, families of women with disabilities experienced severe violations, including inability to evacuate and forced deprivation of food, water, and essential services. All respondents (100%) reported that their families were deprived of food. Additionally, 83.6% reported that they and their families were deprived of access to water. Among those reporting water forced deprivation, distribution by type of disability was as follows: 45.5% physical disabilities, 7.3% hearing disabilities, 19.1% visual disabilities, 4.5% multiple disabilities, and 7.3% cognitive disabilities.

A total of 83.6% of families were forcibly displaced, while 16.4% reported not being displaced. Among displaced families, distribution by respondents' disability type was as follows: 48.2% physical disabilities, 10% hearing disabilities, 21.8% visual disabilities, 6.4% multiple disabilities, and 8.2% cognitive disabilities.

Regarding destruction of homes, 60% of respondents reported that their family homes were demolished. Distribution by disability type was: 34.5% physical disabilities, 3.6% hearing disabilities, 12.7% visual disabilities, 2.7% multiple disabilities, and 6.4% cognitive disabilities.

Most families (90.9%) were forced to be deprived of access to healthcare services. Distribution by disability type was: 50.9% physical disabilities, 7.3% hearing disabilities, 19.1% visual disabilities, 5.5% multiple disabilities, and 8.2% cognitive disabilities.

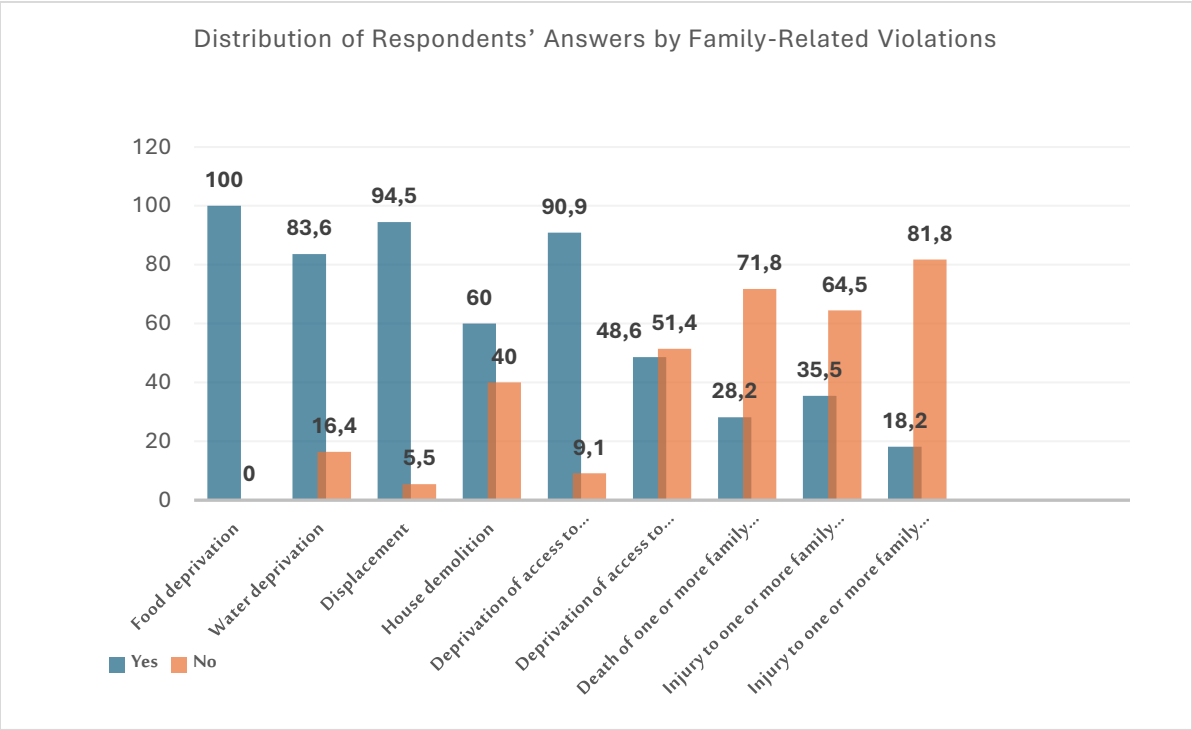
Additionally, 48.6% reported forced deprivation of rehabilitation services for themselves and/or their families. Distribution by disability type regarding lack of access to rehabilitation services was: 30.3% physical disabilities, 1.8% hearing disabilities, 8.3% visual disabilities, 3.7% cognitive disabilities, and %4.6 multiple disabilities.

Regarding loss of life, 28.2% of respondents reported that one or more family members were killed during the war. Distribution by disability type was: 15.5% physical disabilities, 3.6% hearing disabilities, 7.3% visual disabilities, and 1.8% cognitive disabilities.

With respect to injuries, 35.5% reported that one or more family members were injured during the war. Distribution by disability type was: 19.1% physical disabilities, 4.5% hearing disabilities, 5.5% visual disabilities, 3.6% multiple disabilities, and 2.7% cognitive disabilities. Furthermore, 18.2% reported that one or more family members acquired a disability as a

result of war-related injuries. Distribution by disability type among respondents was: 8.2% physical disabilities, 3.6% hearing disabilities, 1.8% multiple disabilities, and 0.9% cognitive disabilities.

The following figure illustrates the distribution of respondents according to the type of violation experienced by their families.



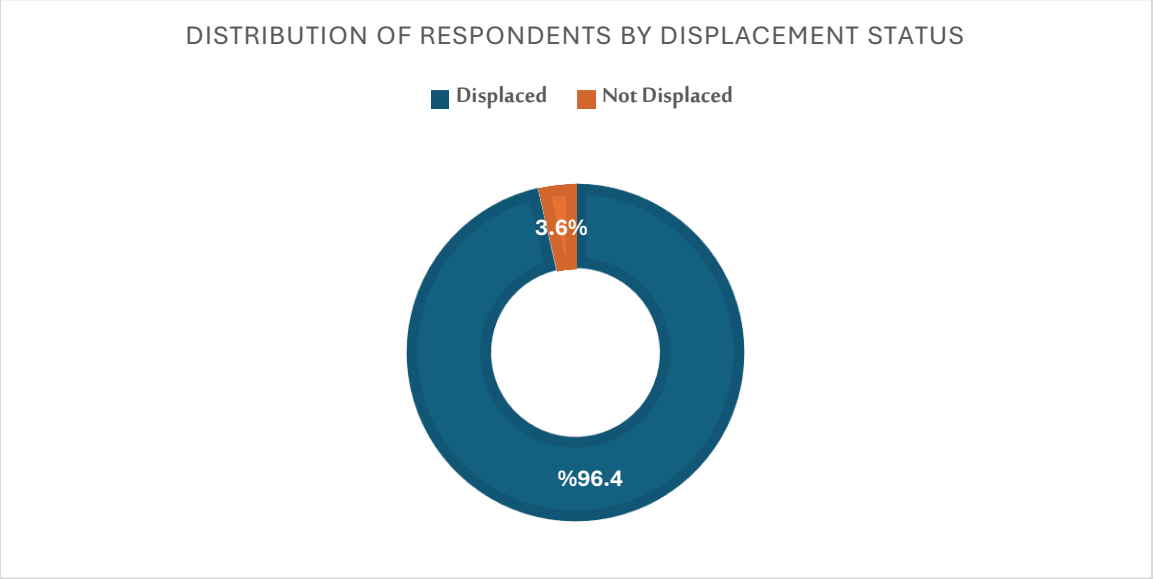
The findings indicate that women with disabilities and their families in the Gaza Strip are experiencing compounded levels of violations and suffering during the war. The results reflect near-total forced deprivation of basic life necessities, including food, water, shelter, and healthcare services.

The distribution by type of disability further reveals that women with physical and visual disabilities are among those most exposed to these violations. This reflects the structural limitations on mobility and movement within displacement environments characterized by a severe lack of accessibility and inclusive infrastructure.

These conditions significantly intensify the burdens faced by families, particularly in the context of hunger, limited access to healthcare services, and the absence of consistent support mechanisms. The combined effects of displacement, forced deprivation, and environmental inaccessibility exacerbate vulnerability and deepen the hardship experienced by women with disabilities and their households.

Violations at the Individual Level of Women with Disabilities

The findings indicate that the overwhelming majority of women with disabilities in the study were displaced at least once during the war. A total of 96.4% of respondents reported being forcibly displaced at least once, while only 3.6% indicated that they had not been displaced. Regarding the number of displacement incidents, 65.1% reported being displaced between 1–5 times, 25.5% were displaced between 6 and 10 times, and 9.4% reported being displaced 11 times or more. The following figure illustrates the distribution of respondents by displacement status.

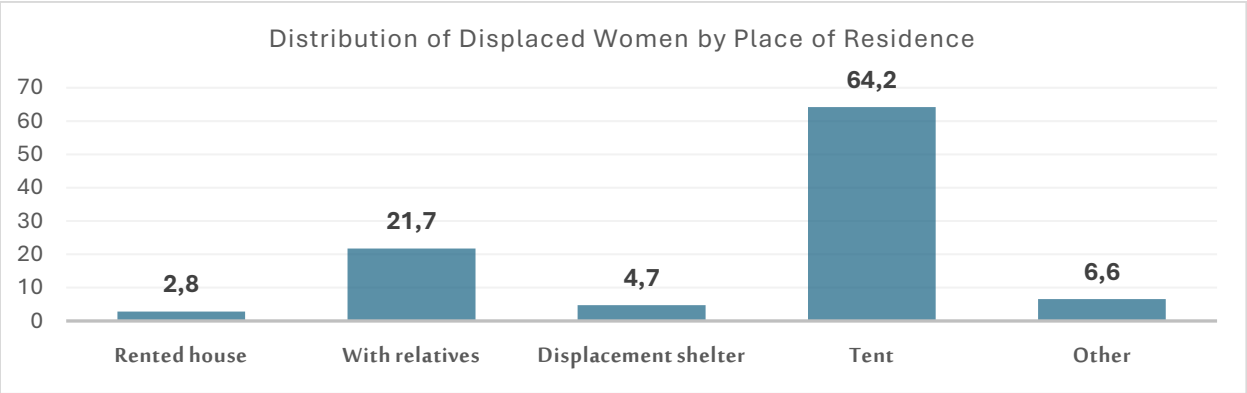


The findings indicate that displacement is not a single, temporary event for women with disabilities. Rather, it has become a prolonged, harsh, and repeated experience. Recurrent displacement significantly intensifies the suffering of women with disabilities across multiple dimensions, including evacuation and mobility challenges amid widespread infrastructure destruction. Many have lost their assistive devices, or these devices have become ineffective within environments filled with rubble and debris.

This is compounded by the absence of transportation or the sharp increase in transportation costs. Continuous movement and instability further limit their ability to access the already scarce and essential services, particularly in unfamiliar areas where they lack information and any previously available accommodations. These conditions are further aggravated by the persistent threat posed by the occupation during displacement.

Regarding current place of displacement, 64.2% of respondents reported living in tents, 21.7% reported residing with relatives, 4.7% reported staying in displacement shelters, and 2.8% reported living in rented housing. Additionally, 6.6% indicated “other” living arrangements; most of these respondents clarified that they remained in their permanent

homes, which were partially damaged. Two respondents reported living in public spaces or in makeshift wooden structures resembling tents. The following figure illustrates the distribution of respondents by place of residence following displacement.



Regarding the distribution of respondents by place of displacement and type of disability, women with physical disabilities were distributed as follows: 0.9% were living in rented housing, 13.2% were residing with relatives, 1.9% were staying in displacement shelters, and 29.2% were living in tents. Among women with hearing disabilities, 0.9% were residing with relatives, while 10.4% were living in tents. Women with visual disabilities were distributed as follows: 5.7% were residing with relatives, 0.9% were in displacement shelters, and 15.1% were living in tents. Women with multiple disabilities were distributed as follows: 0.9% were residing with relatives, and 4.7% were living in tents. Among women with cognitive disabilities, 1.9% were living in rented housing, 0.9% were in displacement shelters, 0.9% were residing with relatives, and 4.7% were living in tents. Some respondents also reported residing in other locations, such as public spaces or wooden structures resembling tents. Overall, the data indicate that respondents were more likely to reside in tents or with relatives than in formal displacement shelters. This pattern reflects broader population trends, as increasing numbers of displaced persons are living in tents, particularly given the overcrowding and repeated bombardment of collective shelters. In some cases, tents are perceived as a relatively safer or more flexible option, especially amid severe overcrowding and the reduced distribution of assistance within formal shelters. In addition, persons with disabilities often require the support of family members or environments that provide at least minimal accommodation. Such conditions are more likely to be available in relatives' homes or within extended family networks, which may facilitate access to assistance and basic support mechanisms.

Regarding the violations experienced directly by the respondents, 62.7% of women reported damage to accessibility adaptations in their homes. The responses were distributed by type of disability as follows: 35.5% women with physical disabilities, 6.4% with hearing disabilities, 12.7% with visual disabilities, 3.6% with multiple disabilities, and 4.5% with cognitive disabilities. Additionally, 88.2% reported that they were displaced to locations that were not accessible or adapted to their disability. Their distribution by type of disability was as follows: 43.6% physical disabilities, 10% hearing disabilities, 20% visual disabilities, 6.4% multiple

disabilities, and 8.2% cognitive disabilities. Furthermore, 49.1% reported losing their assistive devices, prosthetics, or other mobility or support aids. The distribution by type of disability was as follows: 26.4% physical disabilities, 5.5% hearing disabilities, 11.8% visual disabilities, 3.6% multiple disabilities, and 1.8% cognitive disabilities. In terms of access to protection services, 57.3% of respondents reported being unable to access such services. The distribution by disability type was: 34.5% physical disabilities, 3.6% hearing disabilities, 12.7% visual disabilities, 1.8% multiple disabilities, and 4.5% cognitive disabilities. Finally, 86.4% reported being unable to access medication and essential health supplies. Their distribution by type of disability was as follows: 46.4% physical disabilities, 9.1% hearing disabilities, 18.2% visual disabilities, 5.5% multiple disabilities, and 7.3% cognitive disabilities.

Furthermore, 67.3% of respondents reported being unable to evacuate due to their disability. The distribution by type of disability was as follows: 35.5% physical disabilities, 8.2% hearing disabilities, 13.6% visual disabilities, 5.5% multiple disabilities, and 4.5% cognitive disabilities.

Regarding direct violence perpetrated by the occupation forces, 19.1% of respondents reported being subjected to direct violence. Their distribution by type of disability was as follows: 7.3% physical disabilities, 1.8% hearing disabilities, 8.2% visual disabilities, 0.9% multiple disabilities, and 0.9% cognitive disabilities.

One respondent stated that during the bombing of her home, she did not hear the sound of the attack due to her hearing impairment and was injured as a result. Additionally, 9.1% reported being injured as a result of the war, while 3.6% stated that they sustained injuries that resulted in a disability. One respondent reported that she was injured and, due to her inability to access health services and appropriate treatment, was forced to undergo amputation of her foot.

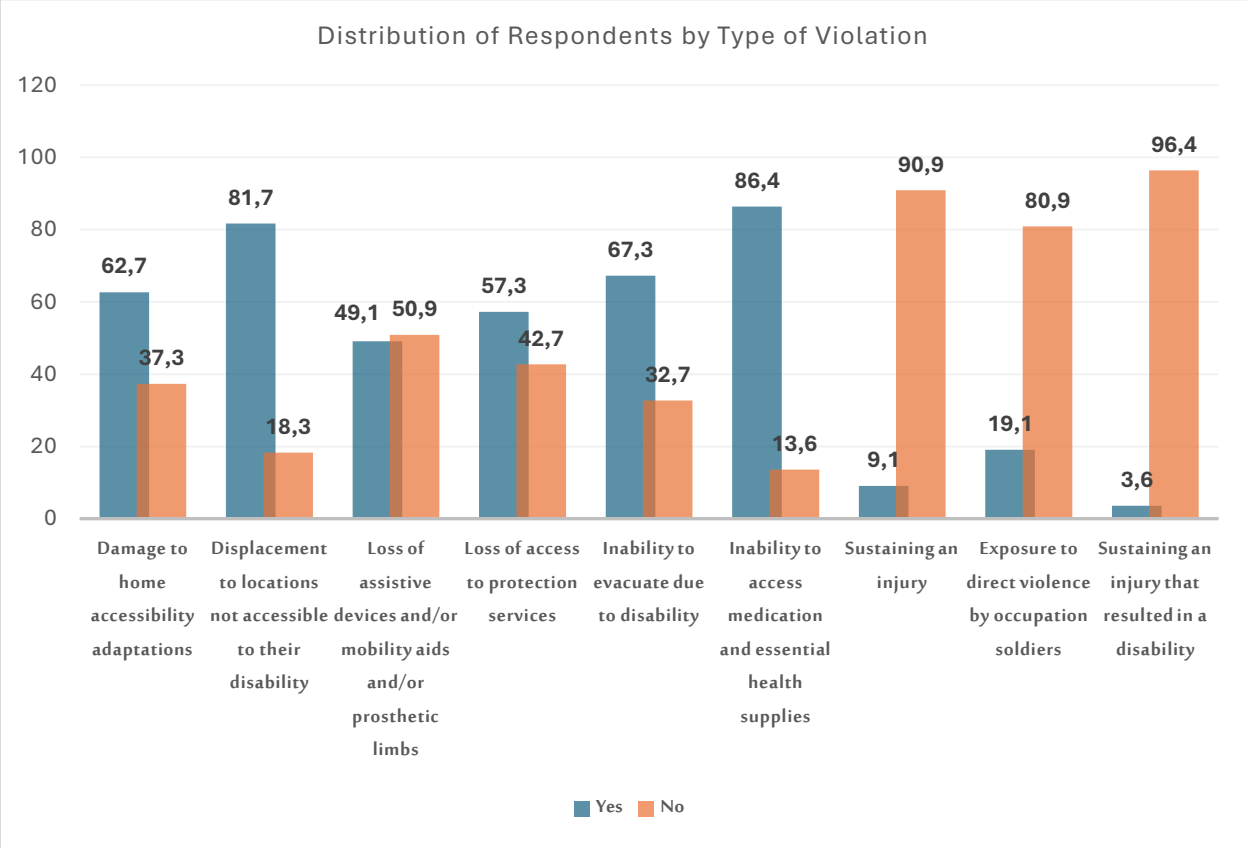
In relation to direct violence by occupation forces[61], several respondents reported being directly shot at by soldiers. Others reported exposure to tear gas bombs, particularly during displacement, or direct shelling while present in targeted locations. One respondent stated: “We were directly shot at during displacement from tanks and aircraft and were besieged for more than seven hours in one location.”[62] Another respondent confirmed that she and her family were detained: “I was detained with my family members in our home for six hours, with guns pointed at us.[63]” Another respondent indicated that she was stopped and experienced a severe panic episode, while one respondent reported being subjected to physical violence by occupation soldiers when they were forcibly evacuating individuals from a hospital.

[61] Here, “direct violence by the occupation” refers to acts of violence by the occupying forces in the presence of the affected individuals. This percentage does not include cases of home bombardment when the individuals were not present, deprivation of services, or forced displacement.

[62] Testimony of a woman with a visual disability collected during the field interviews; the form was completed on July 29, 2025.

[63] Testimony of a woman with a visual disability collected during the field interviews, with the form completed on July 29, 2025.

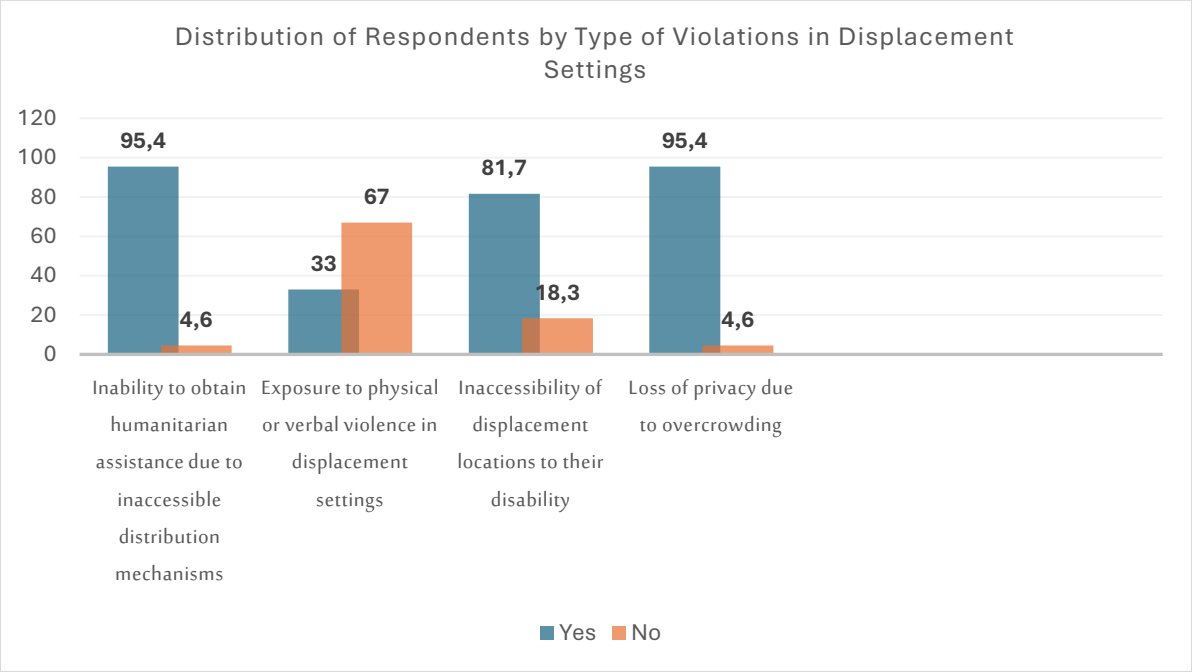
A significant number of respondents reported severe psychological impact, particularly during prolonged displacement under gunpoint and in the presence of occupation soldiers. Many stated that they were subjected to verbal abuse and deliberate intimidation by soldiers. One respondent stated: "The tank was next to me. They deliberately stirred up dust and sand, and at the same time they were firing randomly. They were insulting and humiliating us… we were subjected to humiliation."[64] Another respondent added: "We walked through what they called a 'safe corridor.' They deliberately stirred sand and dust into our faces. I stood for six hours, which was extremely difficult for me. I have a physical disability, and at the same time I was physically beaten and verbally abused by one of the soldiers."[65] Such practices by occupation forces inflict significant psychological harm on women, in addition to the compounded physical exhaustion experienced by women with disabilities due to prolonged detention, forced standing, and repeated stops. As women with disabilities, these conditions result in intensified physical pain and psychological distress. The following figure illustrates the types of violations experienced by women with disabilities.



A total of 81.7% of respondents reported that displacement locations were not accessible or adapted to their needs. The distribution by type of disability was as follows: 43.1% physical

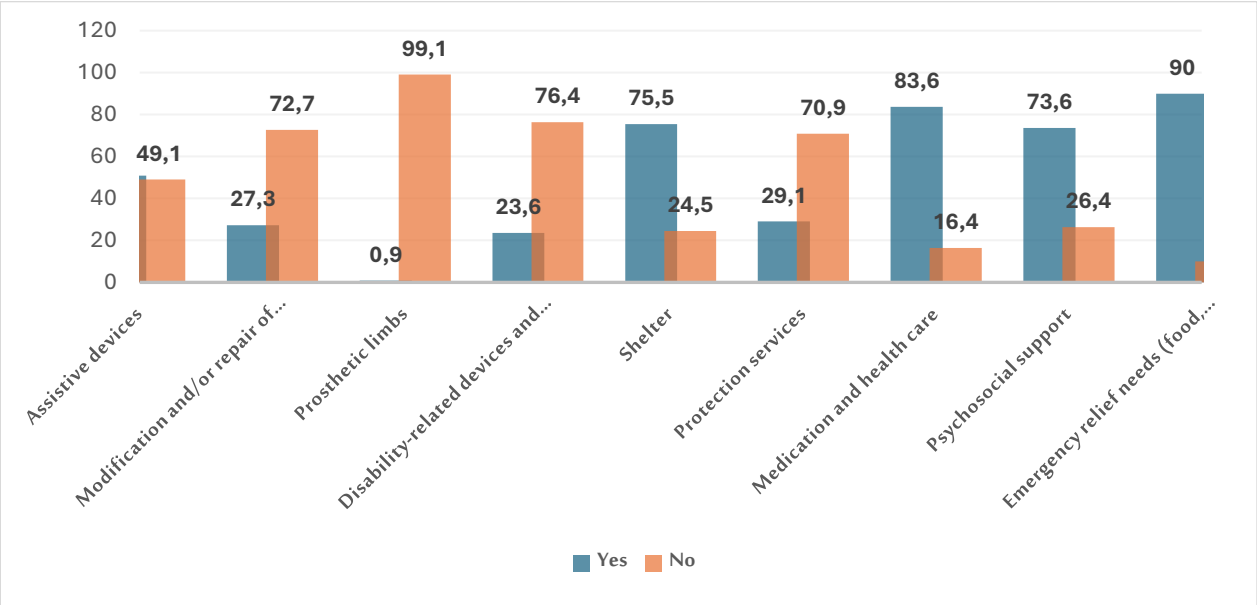
[64] Testimony of a woman with a physical disability collected during the field interviews, with the form completed on July 30, 2025.
[65] Testimony of a woman with a physical disability collected during the field interviews, with the form completed on July 30, 2025.

disabilities, 7.3% hearing disabilities, 19.3% visual disabilities, 5.5% multiple disabilities, and 6.4% cognitive disabilities. Additionally, 95.4% of respondents reported that they either did not receive humanitarian assistance or faced severe difficulty accessing it due to inaccessible distribution mechanisms. The distribution by disability type was as follows: 47.7% physical disabilities, 11.9% hearing disabilities, 21.1% visual disabilities, 6.4% multiple disabilities, and 8.3% cognitive disabilities. Similarly, 95.4% reported loss of privacy due to overcrowding in displacement locations. The distribution by disability type was: 47.7% physical disabilities, 11% hearing disabilities, 22% visual disabilities, 6.4% multiple disabilities, and 8.3% cognitive disabilities. Furthermore, 33% of respondents reported experiencing physical or verbal violence at least once in displacement settings. Their distribution by type of disability was as follows: 18.3% physical disabilities, 1.8% hearing disabilities, 5.5% visual disabilities, 2.8% multiple disabilities, and 4.6% cognitive disabilities. At the same time, 87.9% of respondents indicated that they were unable to access any institutions providing protection services. Meanwhile, 6.1% reported that they had contacted some institutions working in the field of protection and violence response, but no response was provided. The following figure illustrates the distribution of respondents by type of violation experienced in displacement settings.



The findings presented in this section reflect the complex and severe reality faced by women with disabilities during the war. They highlight repeated forced displacement, deteriorating displacement environments, the absence of accessibility and inclusion standards, and severe overcrowding. The results show that the overwhelming majority of women with disabilities were forced to flee multiple times under inhumane conditions, leading to the loss of assistive devices, forced deprivation of privacy, and the absence of even minimal stability. Most are currently residing in tents that lack the most basic services and infrastructure.

Regarding urgent needs, the highest reported category was emergency relief assistance, including food, water, and clothing, reported by 90% of the total sample. The distribution by type of disability was as follows: 48.2% physical disabilities, 10.9% hearing disabilities, 17.3% visual disabilities, 5.5% multiple disabilities, and 8.2% cognitive disabilities. This was followed by the need for medication and health care, reported by 83.6% of respondents. The distribution by type of disability was: 46.4% physical disabilities, 8.2% hearing disabilities, 17.3% visual disabilities, 3.6% multiple disabilities, and 8.2% cognitive disabilities. The need for adequate shelter ranked next at 75.5% of the total sample. The distribution was: 43.6% physical disabilities, 5.5% hearing disabilities, 15.5% visual disabilities, 2.7% multiple disabilities, and 8.2% cognitive disabilities. Psychosocial support was reported as an urgent need by 73.6% of respondents. The distribution by type of disability was: 38.2% physical disabilities, 9.1% hearing disabilities, 17.3% visual disabilities, 5.5% multiple disabilities, and 3.6% cognitive disabilities. Protection services were identified as a need by 29.1% of respondents. The distribution was: 12.7% physical disabilities, 4.5% hearing disabilities, 6.4% visual disabilities, 1.8% multiple disabilities, and 3.6% cognitive disabilities. Additionally, 23.6% reported the need for disability-related devices and supplies. The distribution by type of disability was: 9.1% physical disabilities, 2.7% hearing disabilities, 9.1% visual disabilities, 0.9% multiple disabilities, and 1.8% cognitive disabilities. Furthermore, 13.6% of respondents who selected “other” indicated the need for cash assistance and/or economic empowerment opportunities. The following figure illustrates the urgent needs identified by respondents.



Women with Disabilities in War: Emerging and Transformed Roles

The large size of households, combined with the merging of multiple families into a single living space due to displacement, constitutes a compounded factor in the context of war. A large household size becomes a reinforcing driver of poverty and unemployment, particularly in the context of genocide and starvation in the Gaza Strip. Gaza is experiencing unprecedented unemployment rates, severe deterioration of public services, and acute shortages of essential resources, including food and water. This intensifies pressure on already scarce resources. Larger household sizes increase financial strain and consumption of basic necessities within a single household, thereby deepening economic vulnerability. This impact is significantly harsher on marginalized groups, particularly persons with disabilities, who already faced structural barriers to employment prior to the war and were among the poorest segments of society. The destruction of infrastructure, severe damage, and conditions of displacement further exacerbate this impact, increasing their dependence on other family members and deepening patterns of marginalization.

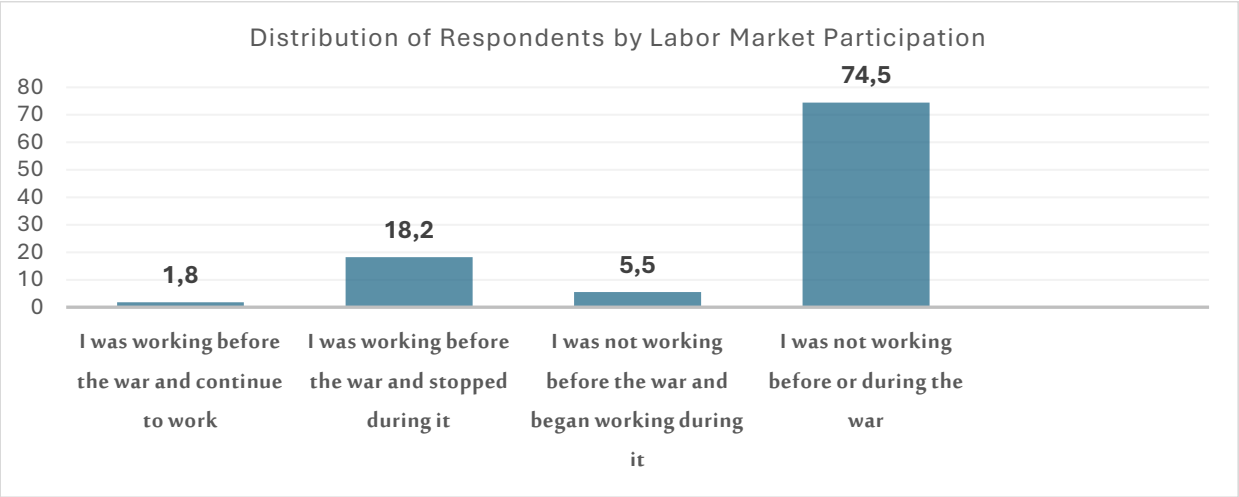
According to the Palestinian Central Bureau of Statistics, the cost-of-living index increased by 67.65% in the first half of 2025 compared to the first half of 2024.[66] At the same time, the Gaza Strip is experiencing a comprehensive blockade and severe famine. These conditions become even more critical in light of the sharp and unprecedented rise in unemployment across the Strip, as previously noted. Simultaneously, many women in Gaza have lost their sources of income or the primary breadwinner of the household and have been compelled to assume responsibility for family survival. In the current context of war, the concept of "breadwinning" has shifted significantly. It no longer refers solely to paid employment and financial provision, although that remains a possibility, but increasingly involves standing in long queues for humanitarian aid, soup kitchens, and water distribution points in order to secure food for the family. Many women have taken on this role in addition to their primary caregiving responsibilities, which intensify during war, particularly for the injured, wounded, children, and older persons. These roles become even more challenging when considering women with disabilities, especially in conditions of displacement, destroyed infrastructure, lack of accessibility, and the absence or unusability of assistive devices due to rubble and severe destruction. One respondent highlighted the difficulty of obtaining food and standing in long queues, stating: "I was burned during overcrowding while waiting in line at a food distribution point."[67]

Although employment can significantly support access to food, despite its scarcity, the majority of respondents indicated that they are not working. Only 1.8% of respondents

[66] "Palestinian Statistics Announces the Cost-of-Living Index for June 2025," Palestinian Central Bureau of Statistics (2025), Accessed September 7, 2025. Available at: https://n9.cl/t87xcj

[67] Testimony of a woman with a physical disability collected during the field interviews, with the form completed on July 30, 2025.

reported that they maintained their employment from before the war and continue to work to this day. Meanwhile, 18.2% stated that they were employed before the war but stopped working afterward, meaning they lost their jobs during the war. Additionally, 5.5% reported that they were not employed before the war but began working during the war. In contrast, 74.5% stated that they were not working either before or during the war. The following figure illustrates the distribution of respondents according to their participation in the labor market.



Regarding the relationship between educational level and employment, the highest proportion among respondents who were working before the war and continue to work was 0.9% with secondary education and 0.9% with university education. Among those who were working before the war but stopped during it, 2.7% had intermediate education, 0.9% had secondary education, and 14.5% had university education. For women who were not working before the war but began working during it, 1.8% had intermediate education, 1.8% had secondary education, and 1.8% had university education. As observed, employment rates increase with higher levels of education.

Regarding disability type and employment, respondents who were working before the war and continue to work were distributed as follows: 0.9% physical disabilities and 0.9% hearing disabilities. Among those who were working before the war but stopped during it, the distribution was: 10% physical disabilities, 1.8% hearing disabilities, and 6.4% visual disabilities. Those who were not working before the war but began working during it were distributed as follows: 3.6% physical disabilities, 0.9% hearing disabilities, and 0.9% visual disabilities. Meanwhile, respondents who were not working before or during the war were distributed as follows: 37.3% physical disabilities, 8.2% hearing disabilities, 14.5% visual disabilities, 6.4% multiple disabilities, and 8.2% cognitive disabilities. The data indicate that women with cognitive and multiple disabilities did not participate in the labor market either before or during the war. More broadly, even prior to the war, higher levels or complexity of disability were associated with greater exclusion from the labor market.

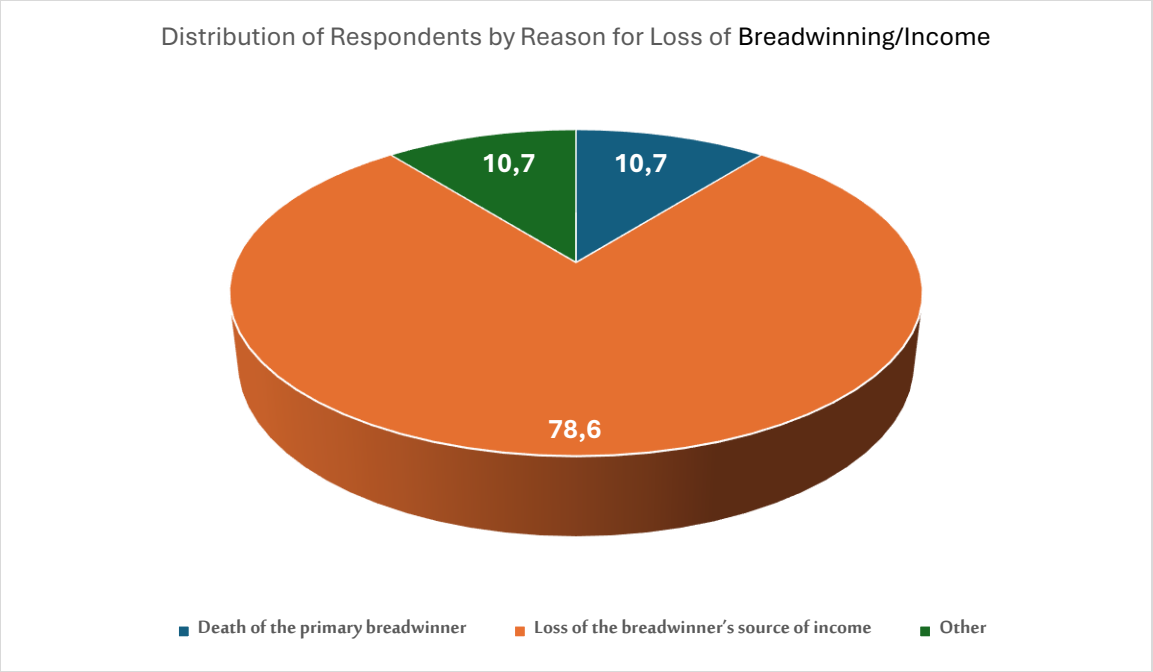
A total of 30% of respondents reported that they were the primary breadwinners for their families before the war, while 70% indicated that they were not. This suggests that the majority of respondents were not family providers prior to the war.

Regarding the distribution by type of disability and family breadwinning before the war, the breakdown was as follows: 19.1% of women with physical disabilities were family breadwinners prior to the war, 3.6% of women with hearing disabilities were breadwinners, and 7.3% of women with visual disabilities were breadwinners. None of the women with cognitive or multiple disabilities were family breadwinners before the war.

The above findings reveal a notable difference between the percentage of women who were employed before and/or during the war and the percentage of women who were family breadwinners prior to the war. Some women with disabilities supported their families not through formal employment but through other means, such as registering with associations or organizations to receive cash assistance, engaging in temporary or short-term employment[68] schemes, or participating in short-term public employment programs. Despite not holding stable employment, they remained primarily responsible for meeting their families' needs on a continuous basis.

A total of 70% of respondents reported that they had lost the primary breadwinner or main source of household income during the war. In contrast, 23.6% stated that they had not lost the primary breadwinner, while 6.4% reported partial loss of income. Regarding the reasons for the loss, 10.7% indicated that martyrdom of the breadwinner was the cause, while 78.6% reported that the loss resulted from the breadwinner losing their primary source of income. An additional 10.7% selected "other," explaining that the breadwinner had been injured or had fallen ill and was therefore unable to work, or that social assistance payments had been suspended, or employment had been lost. With respect to whether respondents were compelled to work after losing the breadwinner in order to support their families, the following figure illustrates the distribution of respondents according to loss of the breadwinner or primary income source.

[68] Unemployment system: refers to employment opportunities provided by some non-governmental organizations, typically for temporary work of short duration, usually lasting around three months.



A total of 17.6% of respondents reported that they were compelled to work after losing the primary breadwinner in order to support their families. Among them, 11.8% were women with physical disabilities, 4.7% were women with visual disabilities, and 1.2% were women with hearing disabilities. In contrast, 82.4% reported that they were not compelled to work for family support. This may currently be attributed to the absence of employment opportunities and the general reliance on humanitarian assistance, as well as the high unemployment rates that already existed among persons with disabilities prior to the war. In addition, approximately 12% of the sample were illiterate, and more than 40% had only reached secondary education or had not reached that level. Considering that access to the labor market is strongly associated with educational attainment, these factors further limit employment opportunities for women with disabilities.

The distribution of respondents who lost the primary breadwinner or the main source of income by type of disability was as follows: 40.9% were women with physical disabilities, 8.2% were women with hearing disabilities, 13.6% were women with visual disabilities, 1.8% were women with multiple disabilities, and 5.5% were women with cognitive disabilities. Disaggregating by reason and type of disability, 47.6% of women with physical disabilities reported losing the source of income, while 4.8% reported the death of the breadwinner. Among women with hearing disabilities, 9.5% reported loss of income, while 1.2% reported the death of the breadwinner. For women with visual disabilities, 14.3% reported losing the source of income, while 4.8% reported the death of the breadwinner. Additionally, 1.2% of women with multiple disabilities reported loss of income. Similarly, 6% of women with cognitive disabilities reported loss of income. However, none of the women with cognitive or multiple disabilities reported the death of the breadwinner.

The aforementioned realities have created compounded challenges and new roles for women with disabilities during the war. In an in-depth interview conducted with a woman with visual impairment in the Gaza Strip who lost her husband during the war, she described her circumstances, particularly following her husband's death. She is the mother of four children, one of whom also has a visual disability. Naela's experience embodies an example of compounded structural colonial violence affecting women with disabilities, intersecting with gender, disability, and poverty. She currently lives in a deteriorating tent that lacks the most basic conditions of dignified living. After the death of her husband, she found herself alone with her children, without a breadwinner, in extremely harsh circumstances.

Naela states:

> *"I heard the news of my husband's death while I was in the displacement camps… From that moment, the journey of suffering during the war became doubled. I am from Khan Younis, the wife of a martyr, and a woman with a visual disability. I also have a child who has a visual disability. The war has had a severe negative impact on my life, especially after my husband's death. He was the sole provider for me and my children in all aspects of life.*
>
> *My health condition is specific and requires continuous treatment, so losing him placed a heavy burden on me. I became the breadwinner for myself and my four children amid this harsh war, marked by repeated displacement from one place to another, malnutrition, famine, and lack of medical treatment. My son and I both suffer from severe eye pressure and need eye drops continuously to relieve it, in order to cope with the life imposed upon us…. Suddenly, I found myself alone with my children in a worn-out tent, without support."*[69]

Naela's case reflects a forced transformation in social roles as a result of the war. This shift occurred within catastrophic economic and living conditions, rendering it a compounded challenge and a manifestation of structural, gendered colonial violence. Her testimony illustrates how direct colonial violence materializes in the daily lives of women with disabilities, through the destruction of homes, forced displacement, living in uninhabitable tents, instability, and the inability to access essential services, basic needs, and medication. These conditions are further intensified by the fact that she is a woman with a disability, compounding her vulnerability within an already devastating context.

> *"There is a crazy rise in prices. I am unable to provide even a basic meal for my children… I cannot secure the simplest necessities of life. If bread is available, its price is extremely high. The tent needs constant repair in both summer and winter. I*

[69] In-depth interview with a woman with a visual disability in the Gaza Strip, conducted on August 28, 2025.

suddenly found myself carrying a heavy burden, supporting four children with no source of income… with every new evacuation and displacement."[70]

Naela describes the details of her daily life in attempting to secure the bare minimum of food and water for her family. She refers to long waiting lines that extend for hours and the severe scarcity of humanitarian assistance. Naela explains that even when she manages to obtain food aid, it is insufficient. She notes that she can barely secure enough to sustain her children. Every day, she struggles to obtain water or any available food to alleviate her children's hunger:

"I stand in line for hours just to fill water containers, which is not consistently available, and when we do get it, it only lasts for a few days. I go out for the sake of my children, searching for anything that can keep them alive. I stand for long hours in the soup kitchen lines, and sometimes I return with nothing… with no food at all. Even when we receive food from the soup kitchen, it is not enough for two people, it is just a plate of yellow lentils. Occasionally, it is plain white rice, with no value other than slightly easing my children's hunger.

I tried to set up a small street stall for my son so we could survive from it, but life is harsh. The rise in prices and the inability of displaced people to afford anything destroyed this simple dream of mine…I speak with my children's tears, with the meaning of exhaustion, fatigue, and emaciation… I see the look of need in their eyes every day, and I have nothing I can do."

Regarding living conditions in the tent and the realities of displacement, Naela describes in detail her daily life within a devastated environment and a displacement setting that is not accessible, even at a minimal level, to accommodate her disability. The area is informal and established on sandy, uneven ground. With the increasing number of displaced persons arriving daily, this environment has become unsafe for her mobility and movement. Naela describes her movement between the tents and her attempts to access the sanitation facilities:

"Every so often there is a new escalation and another evacuation. The number of displaced people keeps increasing, and the problems inside the camp grow. Movement is extremely difficult for me, especially when I try to move between the tents and through the narrow pathways. There are ropes stretched out that obstruct my movement; sometimes they cause me to fall to the ground. I am careful with myself for the sake of my children, I fear getting a fracture. My children have no one but me… In addition to that, there is my daily suffering due to overcrowding,

[70] Ibid.

> *the severe difficulty in accessing and using the bathroom, and the bitterness of living without privacy."*[71]

Naela explains that she continues to live in the hope of obtaining a small income-generating project that would allow her and her children to survive under these harsh conditions. She indicated that she had contacted several institutions seeking support, yet she has not received any assistance in this regard. Naela notes that the closure of border crossings, limited funding, and the inability of displaced residents to afford purchases have all constituted major obstacles during the past period. With regard to her attempts to reach out to institutions and various entities for support in establishing a small livelihood project, she confirmed that she has not received any assistance in this area:

> *"I have not left a single door un-knocked, from institutions to charitable organizations. I wanted a small project for myself and my children, but no one was listening. Everyone told me that opportunities are unavailable due to the closure of the crossings and limited funding."*[72]

Naela's testimony represents more than an individual account of suffering; it exemplifies compounded structural colonial violence generated by the war, incorporating intersecting layers of gender, poverty, and disability. This reality not only deepens the marginalization experienced by women with disabilities but also reshapes and reproduces additional forms of exclusion and social vulnerability.

Colonial violence cannot be reduced solely to its direct manifestations, bombing, forced displacement, killing, and starvation. The occupation also operates through mechanisms that produce suffering, exclusion, and marginalization within society. Its impact extends beyond massive physical destruction to the dismantling of social networks and the long-term reproduction of poverty and exclusion. Through war, the occupation restructures geography, social roles, and social relations, generating wide-ranging violations whose consequences cannot be remedied even in the near aftermath of the war. Naela's experience illustrates the reproduction of fragility within Palestinian society through the targeting of its social fabric. She is not an isolated case but one among thousands of women currently bearing compounded social burdens as a result of the war, particularly women with disabilities, who face significant barriers to labor market access. As previously demonstrated, approximately 74% of women with disabilities did not participate in the labor market either before or during the war. This does not merely indicate limited access to employment due to disability-based exclusion, whether within workplaces, educational systems, or the public sphere—but also reveals that most respondents had limited prior engagement with the labor market and minimal experience navigating access to employment. As a result, in the context of genocide and economic collapse, their ability to secure work has become even more complex,

[71] Ibid.
[72] Ibid.

particularly amid the total absence of inclusion mechanisms and the lack of institutional support or protection. This has left many women with disabilities in a state of profound vulnerability in the face of catastrophic realities.

Service Providers in the Gaza Strip: Major Challenges

Services Provided

To examine the reality of service provision in the Gaza Strip for persons with disabilities, particularly women with disabilities, in-depth interviews were conducted with a group of organizations operating in Gaza across three main sectors: gender, disability, and health. Of these organizations, seven operate in the field of gender, four in disability, one in the health sector, and one at the intersection of health and disability. The services provided by these organizations vary. Gender-focused organizations work in advocacy, economic empowerment and small projects, case management, psychosocial support, and legal counseling. Disability-focused organizations primarily provide rehabilitation services, counseling, and advocacy. Health institutions provide comprehensive rehabilitation services for persons with disabilities, including physiotherapy, medical services, and psychosocial support.

Most organizations indicated that they provide services to women with disabilities, with the exception of cases involving severe disabilities or cognitive disabilities. In general, these organizations receive persons with disabilities as beneficiaries, except for disability-specialized organizations, which primarily provide services to persons with disabilities within specific categories according to their specialization. One organization specifically focuses on women with disabilities. Meanwhile, gender-focused organizations primarily provide services to women in general while also receiving persons with disabilities, though not severe or cognitive disability cases. Regarding disability inclusion and staff training, all organizations stated that their staff had received training related to disability inclusion. Gender-focused institutions indicated that although they provide services to persons with disabilities, they do not receive severe or cognitive disability cases. Staff had received training on engaging with persons with disabilities, excluding severe cases. Some organizations also noted the need for additional supportive services, particularly for engaging with persons with hearing disabilities. Health institutions reported that their staff are trained to some extent, with one institution indicating comprehensive training. organizations specialized in disability affirmed that their staff are capable of working with persons with disabilities as this constitutes their core area of expertise.

Most organizations reported having received training related to emergency response, particularly service delivery staff. These trainings were generally aligned with each institution's field of work. For example, institutions working in the field of women and children focused on child protection and emergency engagement with children. However, some organizations reported receiving no such training. Among those that did receive training,

disability-related training was often conducted separately from emergency response training. An exception was disability-focused organizations, where emergency training was integrated with mechanisms for serving persons with disabilities in emergency contexts. Only half of the organizations reported having a written emergency response policy. Two of these policies were developed or revised after the war to adapt to the current context, while the remaining institutions reported having no written emergency policy to date. Despite the existence of training initiatives, a representative of the General Union of Persons with Disabilities stated: "Even with available training on emergency response mechanisms, the reality is complex and difficult… It is challenging for us to engage with persons with disabilities amid repeated displacement and direct targeting."[73]

Challenges in Service Provision

All organisations interviewed during the study reported facing major challenges in delivering services and maintaining operations. Most organisations experienced partial or total destruction of their headquarters or branch offices (where applicable). Many suspended their services at the beginning of the war, either fully or partially, particularly due to intense bombardment and forced evacuation. Repeated displacement of staff and beneficiaries further disrupted continuity of work and communication between teams and service users. The widespread destruction of infrastructure, including office premises and public facilities, constituted a significant obstacle to implementing activities. This was compounded by electricity and internet outages, as well as severe fuel shortages required to operate generators and elevators. These conditions significantly limited access to beneficiaries, particularly persons with disabilities, who faced severe mobility challenges due to the loss of assistive devices and the destruction of infrastructure, which rendered movement difficult even when assistive devices were available, especially in the absence of transportation.

A representative of the General Union of Persons with Disabilities explained: "Our headquarters was destroyed and sustained major damage. We are currently working remotely… At the beginning of the war, the damage was partial, which complicated our ability to access the building. Our staff are persons with disabilities themselves, and therefore the destruction of infrastructure and partial damage to the building created significant challenges in access. Assistive devices were also damaged, and electricity outages further worsened the situation. After the invasion of the central area, the building was severely damaged. Our staff were also displaced, lost their assistive devices, and were exposed to psychological and emotional harm."[74] Similarly, a representative from Aisha Association for Women and Children stated: "We lost qualified staff, some left the country and others were killed. Our office was also bombed, and operations at the premises stopped. In addition to continuous displacement and transportation difficulties, most cases now require humanitarian response, yet we are unable to provide beneficiaries with what they need. Medicines are unavailable due to the closure of the crossings and rising costs. The issuance of official documents has

[73] In-depth interview with the General Union of Persons with Disabilities in the Gaza Strip, conducted on August 24, 2025.
[74] In-depth interview with the General Union of Persons with Disabilities in the Gaza Strip, conducted on August 24, 2025.

stopped due to commission fees. Community mediation[75] and medical screening services were suspended due to the need for intervention. The building was destroyed, and we lost a significant number of staff."[76]

A representative of the General Union of Persons with Disabilities further noted the difficulty in meeting basic needs: "There is a major shortage in the provision of essential health services, alongside severe shortages in cleaning supplies and food. Many necessary services were simply unavailable. As a union concerned with persons with disabilities, this limited our ability to respond to their needs under emergency conditions."[77] A representative from the Palestinian Medical Relief Society added: "Repeated displacement and continuous bombardment have paralyzed the daily lives of persons with disabilities. Transportation difficulties, mobility barriers, and the loss or absence of assistive devices have crippled daily life. The services currently provided meet no more than 1% of the need during the war. If before the war, services met no more than 10% of needs by international and local organizations, imagine the situation now during the war, for all persons with disabilities of all types. The system has become incapable of delivering services." [78]

Organizations working in the rehabilitation sector confirmed serious challenges in delivering rehabilitation and physiotherapy services to persons with disabilities due to limited resources. Some services stopped entirely, while others continued under significant constraints: "Despite the major difficulties in accessing workplaces, we faced challenges in meeting the basic needs of persons with disabilities, especially in rehabilitation and therapy services, which were often delivered manually due to the scarcity of equipment available in the country under these difficult conditions."[79] In some organizations, services resumed after repairs were conducted: "Physiotherapy was dangerous due to the bombardment. During the ceasefire period, they repaired the premises and equipment, and beneficiaries resumed coming to receive services."[80] Nevertheless, service provision remains under constant threat due to ongoing bombardment, blockade, and repeated displacement. Some organizations indicated that services are geographically restricted; for example, services may not be provided in Gaza City as they are in the southern areas, depending on displacement patterns, intensity of bombardment, and accessibility. This leaves residents of certain areas unable to access services, particularly persons with disabilities who already face mobility challenges due to the absence of accessibility measures.

Despite these obstacles, most organizations resumed operations after a temporary suspension at the beginning of the war. The Legal Research and Consultancy Center stated: "After displacement to Rafah, services did not stop. We moved to the central area and then

[75] Legal representation services were replaced by community mediation services, which serve as an alternative for dispute resolution during the war. Committees attempt to find solutions related to matters such as alimony, inheritance, and other issues.
[76] Interview with Aisha Association for Women and Children in the Gaza Strip, conducted on August 20, 2025.
[77] In-depth interview with the General Union of Persons with Disabilities in the Gaza Strip, conducted on August 24, 2025.
[78] An in-depth interview was conducted with the General Union of Persons with Disabilities in the Gaza Strip on August 24, 2025.
[79] In-depth interview with the National Rehabilitation Association in the Gaza Strip, conducted on August 21, 2025.
[80] In-depth interview with Al-Nuseirat Rehabilitation Association in the Gaza Strip, conducted on August 20, 2025.

to Gaza, and we opened a camp in Al-Mawasi to protect women from danger. We have three offices; of course, our main office sustained significant damage to all its contents, and during the invasion the staff narrowly escaped."[81] A representative from the Women's Affairs Center noted: "At the beginning of the war, like other organisations, we partially suspended operations due to evacuations and staff displacement. Some services stopped, such as legal representation, which was replaced by community mediation. Some services were postponed and later resumed once displacement stabilized. However, our center sustained damage, and we lost some staff."[82] The Atfaluna Society for Deaf Children stated: "The beginning was weak due to the shutdown of some organisations, but later we rented premises in the south and focused on psychosocial and relief services according to available capacity, as well as legal support and coordination with other organisations to provide appropriate services."[83]

Challenges at the Level of Staff and Access to Beneficiaries

Staff members faced severe psychological distress and immense pressure due to continuous bombardment and the absence of safety, which directly affected their ability to work effectively. The crisis in essential supplies, including shortages of equipment and tools, also disrupted project implementation, particularly in the areas of economic empowerment and community-based initiatives. In addition, rising prices, limited access to liquidity due to bank closures, the closure of border crossings, and the blockade preventing the entry of medicines, food, and other essential materials, whether required for operational purposes or for distribution to beneficiaries, further hindered service delivery. At times, organisations were unable to provide services or assistance to beneficiaries. Access was also severely constrained due to widespread destruction, the loss of organisational databases, and the erosion of operational capacities. Many organisations confirmed that these challenges were compounded by the loss of privacy and dignity in displacement settings and the sharp increase in beneficiaries' needs, particularly following the loss of basic necessities. This significantly intensified the suffering of women, persons with disabilities, and other marginalized groups, and imposed an ethical and humanitarian dilemma on organisations striving to deliver at least minimal services under unprecedented and coercive conditions.

Responses from different organisations revealed that the most prominent shared challenges in reaching beneficiaries, or beneficiaries reaching service providers, stemmed from repeated forced displacement caused by ongoing bombardment. This resulted in the dispersal of beneficiaries and constant changes in their locations, making regular service provision extremely difficult. Furthermore, staff themselves faced serious mobility challenges, including the absence of transportation, physical exhaustion due to long travel hours, and unsuitable

[81] In-depth interview with the Center for Legal Research and Consultations in the Gaza Strip, conducted on August 17, 2025.
[82] In-depth interview with the Women's Affairs Center in the Gaza Strip, conducted on August 17, 2025.
[83] In-depth interview with Our Deaf Children Association in the Gaza Strip, conducted on August 20, 2025.

working conditions, such as operating from tents or in the absence of adequate facilities and essential supplies.

Organisations also suffered from weakened infrastructure, including the destruction of roads and premises, as well as electricity and telecommunications outages, which severely disrupted communication with beneficiaries. This was particularly critical for women who had lost privacy and safety in displacement settings, including women with disabilities. Such conditions limited their ability to seek or receive assistance, especially in cases of violence.

A severe crisis also emerged in the provision of assistive devices for persons with disabilities, such as wheelchairs and adult diapers, due to their scarcity and inflated prices in the local market. In addition, the closure of border crossings led to acute shortages of essential materials and the absence, or prevention of entry, of many medical and humanitarian supplies. This significantly intensified the challenges faced by organisations, which found themselves compelled to expand the scope of their work despite extremely limited resources, in an attempt to respond to the growing number of beneficiaries living under severe humanitarian conditions. A representative from the Culture and Free Thought Association stated: "Assistive devices such as wheelchairs and adult diapers are among the most urgent needs, particularly given the noticeable rise in disability rates. Unfortunately, their availability in the local market is rare, and when available, prices are extremely high, beyond the reach of most families. The destruction of roads and infrastructure has further complicated beneficiaries' access to facilities, making the rehabilitation of hospitals and health centres essential to meeting the needs of persons with disabilities amid severely limited capacities."[84] Similarly, a representative from Atfaluna Society for Deaf Children added: "One of the biggest challenges we faced was the severe shortage of assistive devices, which constitutes a major barrier to providing services to persons with disabilities, particularly women. Most displacement sites are not accessible or adapted to their needs, which has further complicated daily life. Despite efforts to establish a camp adapted to different types of disabilities, hearing, visual, and physical, services remain limited, and the shortage of essential tools and supplies continues to prevent adequate and dignified support."[85]

With regard to challenges related to service provision for persons with disabilities, particularly women, during the war, these challenges were primarily reflected in the difficulty of reaching them due to repeated displacement and the lack of accurate information regarding their whereabouts. In addition, many families and persons with disabilities themselves lacked awareness of available services or service providers. A representative from the Community Media Center noted: "During the current war, families of women with disabilities do not know who the service providers are, whether NGOs or other entities. Sometimes, even when organisations reach them, some families assume the purpose is merely to distribute in-kind aid."[86] This may also be linked to pre-war gaps in awareness among persons with disabilities and their families regarding available services, possibly due to weak or non-accessible

[84] Interview with the Culture and Free Thought Association in the Gaza Strip, conducted on August 24, 2025.
[85] In-depth interview with Our Deaf Children Association in the Gaza Strip, conducted on August 20, 2025.
[86] In-depth interview with the Community Media Center in the Gaza Strip, conducted on August 17, 2025.

outreach and communication mechanisms. As reflected in the quotation above, this gap effectively deprives women with disabilities of access to assistance specifically tailored to their disability-related requirements. A representative from Aisha Association added: "One of the biggest challenges we faced was the absence of basic services adapted to persons with disabilities, especially those with visual impairments, as no adequately equipped tents were available to meet their needs. There was also a severe shortage of assistive devices and a dramatic increase in their prices, the cost of a wheelchair reached between 3,000 and 4,000 NIS, making them extremely difficult to procure. In addition, the shortage of adult diapers and the high demand for them reduced the number of beneficiaries who could be supported. There was also an urgent need for hygiene kits and cleaning materials, alongside the absence of sign language interpreters, which further isolated some groups and complicated their communication with service providers."[87] Similarly, a representative from Stars of Hope Society in Gaza stated: "There is difficulty in building sustainable services with the same beneficiaries, particularly due to the constant changes in their locations and their loss of communication with us. Service providers are still not fully able to grasp the concept of disability-related requirements. For example, assistance is often delivered at the household level, even though many persons with disabilities are unmarried. The service packages provided do not include items related to disability-specific needs, such as larger quantities of sanitary pads or increased water allocations. Most service providers offer general services to all women; there are no specialized services that specifically target women with disabilities."[88]

At the same time, organizations highlighted the severe challenges faced by women with disabilities. Displacement centres and tents are entirely unadapted to the requirements of persons with disabilities, particularly in terms of privacy, accessible sanitation facilities, and ease of movement, thereby compounding the difficulties they experience. These challenges are further intensified by the absence or loss of assistive devices during displacement, such as wheelchairs, medical mattresses, and adult diapers, whose prices have risen dramatically.

Organisations also reported acute shortages of hygiene and cleaning materials, as well as the absence of specialised services that address the specific needs and requirements of women with disabilities, particularly those living with chronic illnesses. This situation is further aggravated by the limited availability of supportive services among some providers.

In addition, several organisations noted that many women with disabilities have been exposed to forms of neglect, verbal abuse, and bullying, and have experienced serious deterioration in their physical and psychological well-being due to inhumane living conditions, placing them among the most marginalised groups in the current context. A representative from the Women's Affairs Team stated: "Women with disabilities are left behind during the war; their situation is catastrophic. Some may even be forgotten by their families or cannot be evacuated because relatives are physically unable to carry them due to the lack of assistive devices. Living in a tent is extremely difficult, especially for women with physical

[87] Interview with Aisha Association for Women and Children in the Gaza Strip, conducted on August 20, 2025.
[88] In-depth interview with Stars of Hope Society in the Gaza Strip, conducted on September 9, 2025.

disabilities, as the ground is sandy. Some women with disabilities require specific food and medications that are unavailable. There is no access to medical mattresses, and sanitation facilities are not accessible, even for persons without disabilities, let alone those with disabilities. Roads are not accessible, overcrowding is severe, people are crammed into tents, privacy is absent, transportation is extremely difficult, and access to medical points has declined due to road destruction and mobility barriers. The inability to bathe has led to the spread of diseases and skin infections. In addition, psychological trauma from bombardment, displacement, fear, verbal abuse, bullying, and the inaccessibility of shelters have further worsened their situation."[89]

Mechanisms of Operation Amid Challenges and the State of Emergency

During the war, organisations operating across multiple sectors developed new mechanisms to ensure the continuity of service provision to target groups despite severe field-level challenges. Based on the responses gathered, 10 out of 12 organisations reported that they introduced new services during the war, while 3 organisations did not add any new services. The newly introduced services varied according to each organisation's sector of work, but primarily focused on protection, relief assistance, disability services, education, and psychosocial support. These expansions emerged as a direct response to escalating needs resulting from mass displacement, loss of shelter, widespread destruction of infrastructure, and the collapse of basic services. They also reflected the urgent necessity to provide specialised and immediate interventions, particularly for women and girls, persons with disabilities, and women with disabilities, who were disproportionately affected by the compounded impacts of war and displacement.

Within the protection and gender sectors, six organisations relied on direct outreach to shelters and displacement camps to provide support, primarily targeting women and girls in general. One of these organisations also delivered physiotherapy services, relief assistance, and assistive devices to women with disabilities. Across different sectors (protection, disability, and health), five organisations utilised technological tools such as WhatsApp, phone calls, and Zoom to deliver remote services and maintain communication with beneficiaries. In addition, five organisations, mostly operating in the gender sector, established safe spaces. Meanwhile, one disability-focused organisation established a camp specifically designed to meet the needs and requirements of persons with physical, visual, and hearing impairments. Within the disability sector, three organisations used digital tools such as Google Forms and database systems to update beneficiary information. Four other organisations reported collaboration with partner entities to provide services or assistive devices. One organisation in the protection sector arranged transportation for staff and beneficiaries to overcome mobility constraints, while another opened new offices in the southern, central, and Gaza governorates to facilitate access. One organisation reported actively involving persons with disabilities in the planning and implementation of services, while another issued advocacy and community awareness papers focused on disability

[89] In-depth interview with the Women's Affairs team in the Gaza Strip, conducted on August 17, 2025.

rights. Additionally, two organisations integrated women with disabilities into their target groups, either through defined representation quotas or through inclusive programming approaches, within both the protection and disability sectors. Furthermore, the Independent Living Center conducted peer counselling sessions to facilitate experience-sharing among women with disabilities, while another organisation launched an online advocacy and media campaign.

In addition, one organisation reported providing training to community and medical committees on issues related to sexual exploitation, emphasising that women with disabilities are implicitly included within a comprehensive protection framework and are not excluded from targeting. This diversity of approaches reflects tangible efforts by several organisations to adapt their interventions to include women with disabilities, particularly in light of their intensified marginalisation during the war. However, it also reveals notable gaps in certain sectors or geographic areas where no new services were introduced that directly respond to the specific needs of this group. Linking this to previously identified challenges, namely the absence of reliable data on the whereabouts of persons with disabilities, particularly within gender-focused organisations; limited training and supportive services; and the reported lack of awareness among persons with disabilities regarding available services, it becomes evident that outreach to women with disabilities remains structurally constrained. Without dedicated mechanisms designed specifically to enhance their access, especially in emergency contexts, their inclusion remains partial and largely indirect. Moreover, as many organisations do not provide specialised services explicitly tailored to women with disabilities, reliance on general protection frameworks may not be sufficient to address disability-specific needs. This suggests that inclusion, while often acknowledged at the level of intent, is not consistently translated into systematic, targeted, and accessible service design.

Regarding newly introduced services specifically targeting women with disabilities during the war, 8 out of 12 organisations reported that they either launched new services for women with disabilities or expanded existing programmes to include them. In contrast, 4 organisations did not introduce services specifically tailored to this group.The newly introduced services varied and included psychosocial support, distribution of assistive devices, provision of dignity kits and hygiene packages, advocacy campaigns, awareness-raising and training activities, and the integration of women with disabilities into broader activities and projects. Only one organisation reported providing specialised and comprehensive services exclusively for women with disabilities across multiple areas, including in-kind and cash assistance, legal counselling, psychosocial support, and violence-related services. Although this organisation primarily operates in the field of advocacy, it expanded its operational role during the war to provide direct services. It also extended its interventions to include persons with disabilities and children with disabilities in response to the realities of the conflict. The most prominent newly introduced service was individual and group psychosocial support, provided by 6 organisations across the protection, disability, and health sectors. In addition, 4 organisations distributed assistive devices such as wheelchairs and crutches. Another 4 organisations provided dignity kits and women's hygiene packages targeting women with

disabilities, primarily within the protection and health sectors. A representative from Stars of Hope Society in Gaza explained: "A Disability Working Group was established to coordinate efforts between international and local organisations and all service providers. Trainings were delivered on disability inclusion for service providers, and their performance was monitored. Regular meetings were held with organisations to advocate for designated quotas and defined geographic distribution areas to protect persons with disabilities from discrimination. A service mapping directory was developed and distributed to persons with disabilities, and we request them to update their information periodically to ensure continued access."[90]

Referral Services and Violence

In 2011, the Council of Ministers issued Regulation No. (9) of 2011 concerning the Protection Centres for Abused Women, which regulated the mandates of these centres and restricted responsibility for referral and follow-up of cases of abused women to official bodies. This was followed by Cabinet Decision No. (18) of 2013 regarding the National Referral System for Abused Women, aimed at regulating the work of service providers. However, this system contained significant gaps related to the inclusion of women with disabilities. In addition to challenges concerning the distribution of roles and communication mechanisms among service providers, the system did not explicitly mention women and girls with disabilities nor the necessity of ensuring accessibility requirements. Furthermore, the Protection Centres Regulation explicitly excluded women with cognitive disabilities from receiving services. Women with multiple or severe disabilities were also not admitted to protection centres due to the absence of accessibility measures and adequately trained staff.

Until 2018, services provided by organisations in the Gaza Strip in the field of gender-based violence (GBV) were delivered by 15 international NGOs and 40 local civil society organisations. This occurred in the absence of a unified strategic framework, particularly in light of the political division between the West Bank and Gaza and the lack of coordination among organisations operating within Gaza.[91] By 2020, only a limited number of organisations were providing services to women with disabilities in general, and there remained low awareness among women with disabilities regarding available protection services and service providers. At the same time, buildings of institutions working in violence protection, including the Ministry of Health, police, and prosecution offices, were not accessible to women with disabilities. In 2022, Cabinet Decision No. (28) was issued amending the National Referral System. However, a report by MIFTAH on the implementation of the referral system in Gaza indicated that, despite the governmental decision to adopt the system, significant implementation gaps persisted due to the political division and unclear role distribution.[92] This demonstrates that substantial gaps existed in violence protection services in Gaza prior to the war. The war has since further reduced, or in some cases entirely eliminated, these

[90] In-depth interview with Stars of Hope Society in the Gaza Strip, conducted on September 9, 2025.
[91] "Addressing Gender-Based Violence in the Gaza Strip," United Nations Office for the Coordination of Humanitarian Affairs (2018), Accessed September 9, 2025. Available at: https://n9.cl/xnktz.
[92] "Special Ma'an Session in Gaza on the Status of Implementing the National Referral System in the Gaza Strip," *Ma'an News Network* (2022), Accessed September 9, 2025. Available at: https://n9.cl/vt0nm.

services. While some organisations continue to provide violence-related services, access for women with disabilities has become doubly restricted due to compounded barriers related to accessibility and inclusion. This section focuses on the general reality of service provision for women with disabilities across three sectors, gender, disability, and health, during the war, as well as the broader challenges faced by service providers operating in these fields.

Out of 12 organisations interviewed, 11 reported documenting cases of violence directed against women with disabilities. These cases included physical, verbal, psychological, sexual violence, and exploitation. The most severe cases documented by one organisation included pregnancies resulting from sexual exploitation, neglect, and harassment within displacement centres.

Eight organisations indicated that they continued to provide violence-related services during the war in Gaza, despite major constraints. However, most of these services were limited to psychosocial support and legal counselling. Some organisations considered relief assistance as part of violence response services. Notably, none of the organisations explicitly reported systematic referrals of identified violence cases. Only two organisations mentioned referral processes, primarily between partner organisations and in coordination with UNRWA. In some instances, cases were referred to shelters operated by partner organisations. Only one organisation reported direct coordination with the Ministry of Social Development for case follow-up. The Women's Affairs Center stated: "Yes, referral pathways between organisations are in place and ongoing, and referral directories for gender-based violence cases and high-risk situations have been distributed, whether referrals are to Hayat Center, Aman Center, health services, or psychiatric support."[93] Meanwhile, the Center for Research and Legal Consultations noted: "This is what prompted us to open offices and establish a camp. Despite institutional disruption, the organisation stabilised and continues operating, but at a minimum level, limited to relief cases or high-risk cases. For ordinary cases, everyone manages as they can."[94]

Most organisations confirmed that key governmental bodies involved in the referral process, such as ministries, police, and prosecution offices, were either non-operational or functioning intermittently and at minimal capacity. A representative from the Culture and Free Thought Association stated: "Since the beginning of the war, we have continued to provide our services without interruption, working within available capacities and focusing on violence cases according to risk levels, particularly medium and high-risk cases, based on our established referral system. We attempt to adhere to the standard approach, but we are unable to manage some high-risk cases due to limited resources and the absence of safe shelters or specialised institutions currently operating.[95] Such cases require interventions including shelter, legal support, and official involvement, which remains extremely challenging under current conditions." In this context, legal counselling often remains a preliminary and

[93] In-depth interview with the Women's Affairs Center in the Gaza Strip, conducted on August 17, 2025.
[94] In-depth interview with the Center for Legal Research and Consultations in the Gaza Strip, conducted on August 17, 2025.
[95] Interview with the Culture and Free Thought Association in the Gaza Strip, conducted on August 24, 2025.

suspended measure, despite being one of the most cited services alongside relief and psychosocial support. The General Union of Persons with Disabilities noted: "There is a case of a woman with a disability who cannot see her son due to the suspension of services. She currently lacks the capacity to initiate legal custody procedures."[96] Aisha Association stated: "Yes, referrals are made to the Ministry of Social Development, the Center for Research and Legal Consultations, and Hayat Center, and cases are transferred to Aisha's shelter. Legal mediation between spouses is conducted, as well as coordination with the Orphans Center and partner organisations."[97] It is important to note that all organisations interviewed are not specialised in providing services exclusively to women with disabilities, with the exception of one organisation. Rather, women with disabilities are included among broader target groups. At the same time, the vast majority reported documenting cases of violence against women with disabilities, including incidents occurring in displacement settings. The Palestinian Medical Relief Society stated: "There are no safe spaces for persons with disabilities. Protection itself becomes a violation in the absence of privacy, support, and assistance. Through our centres, we provide what protection we can within our limited capacity."[98]

Recommendations from Service Providers

During the in-depth interviews, service providers presented a set of recommendations outlined below:

First: Protection and Psychosocial Support

1. Strengthening protection mechanisms for women with disabilities through the development of clear and comprehensive policies.
2. Establishing safe and accessible spaces tailored to the needs of women with disabilities, particularly within shelters and displacement camps.
3. Providing systematic and sustainable psychosocial support, given the compounded pressures faced by women with disabilities due to displacement and the loss of supportive environments.
4. Training local staff and organisations on addressing gender-based violence against women with disabilities.
5. Promoting the economic and social empowerment of women with disabilities to enhance their independence and reduce their vulnerability during crises.

Second: Health Services and Assistance

[96] In-depth interview with the General Union of Persons with Disabilities in the Gaza Strip, conducted on August 24, 2025.
[97] Interview with Aisha Association for Women and Children in the Gaza Strip, conducted on August 20, 2025.
[98] Interview with the Palestinian Medical Relief Society in the Gaza Strip, conducted on August 21, 2025.

1. Advocating with international donors and humanitarian actors to ensure the provision of assistive devices (such as wheelchairs, shower chairs, physiotherapy tools, adult diapers, etc.) both during and after the war.
2. Ensuring the availability of accessible sanitation facilities and health services within shelters and displacement centres, as these represent one of the most pressing challenges faced by women with disabilities.
3. Securing the entry of humanitarian aid and essential medical supplies through border crossings and advocating for facilitation measures.
4. Providing hygiene supplies and sanitary materials for women with disabilities on a regular and organised basis.

Third: Accessibility and Accommodation

1. Adapting shelters and displacement sites in terms of infrastructure and internal camp layouts to reduce the risk of harassment or assault against women with disabilities.
2. Enhancing access to basic services through response plans that integrate disability- and gender-sensitive considerations.

Fourth: Coordination and Networking

1. Developing a dedicated service protocol for responding to the needs of women with disabilities during emergencies.
2. Establishing an updated procedural guide for classifying and documenting new disabilities resulting from the war and tailoring services accordingly.
3. Strengthening coordination and networking between organisations working in the fields of disability and gender to facilitate information-sharing, service provision, and referrals.
4. Ensuring the participation of disability-focused organisations in planning and response efforts alongside actors in other sectors (protection, health, education, etc.).

Fifth: Research, Documentation, and Advocacy

1. Disseminating the findings of the study widely to ensure their use as an advocacy tool for policy development and improved response mechanisms.
2. Conducting further research on the situation of women with disabilities in emergency contexts to highlight gaps and strengthen interventions.
3. Using the study findings as an advocacy tool at the international level to hold the occupation accountable for violations against women with disabilities.

4. Establishing an accurate and updated database on women with disabilities to facilitate outreach and appropriate service delivery.
5. Enhancing community awareness of the rights of women with disabilities and reducing discrimination against them, particularly during crises.

Conclusion

Women with disabilities have been subjected to compounded colonial violence in both direct and indirect forms, including targeting, displacement, injuries, and physical and verbal abuse. They have faced immense challenges during displacement, particularly due to difficulties in evacuation and the loss of assistive devices. At the same time, they have endured harsh displacement conditions, most notably the inaccessibility of shelters, especially as the majority are residing in tents. Many have also lost their primary source of income or the main breadwinner of their households, forcing them into new roles as heads of households under extremely difficult circumstances, in addition to being exposed to physical and psychological violence within displacement settings.

The findings indicate limited direct targeting of women with disabilities by service providers, particularly within the gender sector. With the exception of one organisation, no entity provides services exclusively and directly tailored to women with disabilities. Organisations working in the disability sector often focus on specific categories, which may be defined by type of disability or age group (such as children). Furthermore, variations in organisations' responses regarding referral mechanisms and violence-related services point to weaknesses in communication systems or the absence of clear coordination mechanisms, particularly concerning referral pathways and violence response services for persons with disabilities.

The findings also reveal the absence of clear and systematic mechanisms for reaching women with disabilities in displacement areas or shelters. Instead, outreach often relies on ad hoc initiatives or temporary interventions. Most organisations working with women in the gender sector, including those providing violence-related services, indicated that they do not specifically target women with disabilities but rather address women in general, without dedicated programmes or outreach strategies. Combined with previously mentioned barriers, such as limited awareness among women with disabilities regarding available services and difficulties in accessing providers, this significantly deepens the marginalisation of women with disabilities in accessing institutional support. Additionally, there is a lack of comprehensive emergency response procedures that integrate disability inclusion.

The results further indicate that 96.3% of respondents did not receive any services from governmental entities, while only 3.7% received limited support, primarily medical referrals, an assistive device for one respondent, and a surgical procedure for another. Meanwhile, 77% of respondents did not receive assistance from any non-governmental entity, and only 23% received support, mostly from civil society organisations, primarily in the form of dignity kits.

These findings clearly demonstrate the severe weakness of governmental intervention, which does not correspond to the magnitude of the catastrophe in the Gaza Strip. This is closely linked to previously mentioned policy gaps and structural deficiencies, reflecting shortcomings in response planning, budget allocation, and resource mobilisation.

This reality cannot be understood in isolation from the broader colonial structure that reproduces violence against the most vulnerable groups through policies of starvation, forced displacement, systematic destruction of infrastructure, and the denial of civilians' fundamental rights, accompanied by the absence of a comprehensive and equitable humanitarian response.

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