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## Domestic and political violence: the Palestinian predicament

In *The Lancet* today, Cari Clark and colleagues<sup>1</sup> present a cluster survey in which they investigated whether political violence was associated with male-to-female intimate-partner violence in the occupied Palestinian territory. They found that political violence was significantly related to higher odds of intimate-partner violence. Their report is a welcome addition to the scant literature that focuses on the sociopolitical context of intimate-partner violence, a subject that is under-researched, especially in the occupied Palestinian territory. The authors question the approach of isolating intimate-partner violence from political, economic, and social influences, and the assumption that domestic violence is about individuals and families, rather than also about the collective and the national. They link intimate-partner violence to chronic exposure to institutionalised structural violence, and thus contribute to a conceptual reframing of violence in terms of the inseparability of domestic and public spaces.<sup>2</sup>

In taking this approach, Clark and colleagues offer a rebuttal to the fixation on demonising Palestinian men and society with the use of a simple frequency to represent gender oppression in the occupied Palestinian territory.<sup>2</sup> When the Palestinian Central Bureau of Statistics first published their initial survey findings on intimate-partner violence,<sup>3</sup> the media, including human rights organisations, concluded that “23% of Palestinian women experience domestic violence”. A misrepresentation of both the severity and the frequency of domestic violence were pointed out in later analyses.<sup>2</sup>

In the occupied Palestinian territory, violence is everywhere, existing in the “weave of life”.<sup>4</sup> People face violence, brutality, and life chaos every day. Despite its pervasiveness, men are overwhelmingly the direct victims of political violence. By linking intimate-partner violence with exposure to direct and indirect forms of political violence, Clark and colleagues highlight some of

the complexities entailed in the occurrence of intimate-partner violence. Their paper simultaneously destabilises the facile and problematic dichotomy in which men are seen automatically as perpetrators, with women as victims.

Today’s Article supports a public health approach to understanding intimate-partner violence by inquiring about the interactions of psychological and social factors affecting the perpetration of violence between individuals.<sup>5</sup> The study acknowledges that family violence might be the result of multidimensional processes, with poverty as an associated factor,<sup>6</sup> and with poverty itself seen as a lethal form of violence.<sup>7</sup> In addition to poverty, the findings also point to Palestinian men’s exposure to political violence and its social effect, which in turn can lead to violence. That is, a cycle of violence can be associated with the violation of everyday life under Israeli military occupation and colonisation. In this sense, today’s Article raises the notion that intimate-partner violence might be the tip of the iceberg of violation and social suffering. Fanon<sup>8</sup> reminds us that when colonial aggression turns

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inward into terror, “the fury inside”, among natives, victimisation leaves scars, in the form of violation of others. This victimisation leading to violation of others does not deny that within a patriarchal society Palestinian women are also the victims of oppressive cultural practices and norms.

Clark and colleagues’ report compels the reader to raise the question of the effectiveness of human rights frameworks in addressing violence against women in situations of prolonged political violence. Although the Palestinian Authority has not sufficiently addressed the problem, the constraints are many. The Authority is “non-sovereign, fragmented and under attack”.<sup>2</sup> The absence of the Authority’s criminal jurisdiction beyond area A, the only area it controls on the West Bank, and amounting to 3% of the land, is an additional impediment.<sup>9</sup> The Palestinian Authority is also unable to establish a constitutional court, because of the dual governments of the Authority in the West Bank and the Hamas Government in the Gaza Strip. The failure of the Palestinian Authority together with its restricted powers makes it difficult, if not impossible, to adequately address the problem of intimate-partner violence. The specificity of Israeli military occupation and siege in the occupied Palestinian territory is a double-edged sword. On one hand, Israeli military occupation’s violence against the population as a whole is associated with the occurrence of intimate-partner violence; on the

other, it weakens the Palestinian Authority’s power to deal with social problems like intimate partner violence. These constraints show that the effective enforcement and implementation of law depends on resolution of the political crisis and establishment of democratic governance.

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## Provision of secondary care in fragile state contexts

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Despite the current focus on the health Millennium Development Goals (MDGs) and the renewed emphasis on comprehensive primary health care,<sup>1</sup> the need for secondary level care is rarely acknowledged in policy statements or supported to a level that is adequate, not only in acute emergency responses but also in longer-term postconflict recovery and transition contexts.<sup>2</sup> Yet the delivery of secondary level care (defined as health care provided at primary, secondary, and tertiary hospitals and referral) is fundamental to achieving the reductions in maternal, neonatal, and child mortality which are central to the MDGs.<sup>3</sup>

At the heart of this crucial oversight is confusion over the definition of secondary care and misconceptions over its role in the overall provision of comprehensive

care. There are two main reasons for this situation: first, the lack of an explicit reference to inpatient care as an integral aspect of primary health care in the Alma Ata Declaration; and second, the continuing debate on the cost efficiency of secondary and tertiary level hospitals which has also had a bearing on the views applied to primary level inpatient facilities. For many international non-governmental organisations that support health in crisis contexts, secondary care is often under-represented in both policy and programme terms. Most programmes rarely go beyond specifically targeted interventions to provide a more comprehensive package of support to hospitals within an overall strategy for primary health care, for which a comprehensive package of care consists of a full-hospital package across all