

Women Asylum Seekers in Israel

**Submission to the Pre-Sessional Working Group of the
Committee on the Elimination of Discrimination Against Women
(CEDAW)**

Adoption of List of Issues to Israel

June 2016

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Reporting Organization

ASSAF - Aid Organization for Refugees and Asylum Seekers in Israel and the Eritrean Women's Community Center in Tel Aviv, Submits this report to the United Nations Committee on the Elimination of Discrimination Against Women (hereinafter: CEDAW).

ASSAF - Aid Organization for Refugees and Asylum Seekers in Israel is an independent, non-profit, Israeli human rights organization that aims to promote the human rights of asylum seekers living in Israel and to change public discourse and official Israeli policy through public advocacy work. ASSAF also offers psycho-social support programs for the direct benefit of asylum seekers living in Israel without legal status.

The Eritrean Women's Community Center is an initiative designed and run independently by a group of Eritrean refugee women. Established in November 2011, the center aims to provide Eritrean women with a safe space as well as access to important services, information and support. The center is the first and only one of its kind in Israel, utilizing a grass roots approach to support Eritrean women.

Summary of Issues:

- 1. Women asylum seekers are a minority in the asylum seekers community in Israel. As such they are more vulnerable and an easier target for exploitation and abuse within both the asylum seeker community and the Israeli society.**
- 2. Asylum seekers in Israel are denied access to public welfare and medical services. This jeopardizes the health and welfare of all asylum seekers but especially endangers the weakest sectors in the community, such as women.**
- 3. Thousands of asylum seekers victims of torture are living in Israel without rehabilitation services or access to health and social care. They suffer from post-trauma and other illnesses that are left untreated. Women victims of torture are sometimes forced to enter into marriages as a survival strategy, which leads to the continued exploitation and abuse of the women.**
- 4. Many women asylum seekers are victims of domestic violence, however without adequate solutions they are left exposed to continued harm. They are eligible for shelter and rehabilitation facilities only upon immediate “threat to life”, yet even then they lack the appropriate conditions for successful rehabilitation.**
- 5. Many women asylum seekers are single mothers, but due to their lack of status in Israel they are not eligible to any assistance from the welfare ministry, and thus are facing numerous hardships while struggling to support their child and themselves, on their own.**
- 6. Women asylum seekers are sometimes forced to turn to prostitution as a survival strategy and out of financial distress. Often they are single mothers and victims of torture.**
- 7. The continuous institutional insensitivity and neglect towards these women aggravates their ongoing distress. Only a systemic solution by the Ministries of Health and Social Affairs will prevent deterioration to extreme or life-threatening situations. This type of systemic solution must include full welfare and health services, financial support and access to legal aid.**

Application of the Convention on Women Asylum Seekers in Israel

The Convention on the Elimination of all Forms of Discrimination Against Women primarily refers to the prevention of discrimination between women and men, whereas in the case of women asylum seekers in Israel they are discriminated twice: Firstly, compared to men asylum seekers, and secondly compared to Israeli women. Indeed, women are exempt from detention and deportation, and in that sense their legal situation is better than men; however, as women in a society with a clear male majority, they are more vulnerable than men and many times face exploitation. As women, they are more exposed to domestic violence, poverty, rape and sexual abuse, and frequently carry the responsibility of childcare on their own.

The lack of status and rights of women asylum seekers in Israel severely exacerbates these problems: Without remedies from the authorities and with no treatment or rehabilitation, women asylum seekers are sweepingly discriminated compared with Israeli women. Women asylum seekers are on one hand, one of the neediest groups in Israeli society, and on the other hand, one of the most discriminated against in terms of available remedies. Therefore, in the case of women asylum seekers, it is difficult to nearly impossible to separate their hardships as women from their hardships as asylum seekers. Hence, in the following report we will address these two aspects at the same time, by concentrating on five subjects which demonstrates discrimination against women asylum seekers: women asylum seekers' lack of medical and welfare services, women asylum seekers who are victims of torture, women asylum seekers who are victims of domestic violence, women asylum seekers who are single mothers and prostitution among women asylum seekers.

Women Asylum Seekers in Israel

According to the most recent figures by Israel's Ministry of Interior approximately 42,000 asylum seekers live in Israel;¹ of these around 30,500 are Eritrean asylum seekers and around 8,200 are Sudanese.² The state of Israel applies today a "non-return policy" or "non-deportation policy", under which the vast majority of asylum seekers from Sudan and Eritrea are granted temporary stay permits, pursuant to Article 2(a)(5) of the Entry into Israel Law, that do not confer any rights.³By utilizing this policy, the government of Israel acknowledges

¹ Population, Immigration and Border Authority (PIBA), *Data on Foreigners in Israel*, April 2014. P. 4. Available at: https://www.gov.il/BlobFolder/reports/foreign_workers_report_q1_2016/he/Q1_2016_0.pdf (Hebrew).

² Ibid.

³Yonatan Berman, Hotline for Refugees and Migrants, the Association for Civil Rights in Israel (ACRI), and Physicians for Human Rights exposes the depth of bureaucracy and systematic human rights violations occurring in the systems of the Population and Immigration Authority (PIBA), "[The Labyrinth: Migration, Status and Human Rights](#)", January 2016. pp.

the danger in these countries and does not deport asylum seekers to their countries of origin, especially to countries with significant well documented evidence of widespread systematic torture and other ill treatment, such as Sudan⁴ and Eritrea.⁵

Out of the entire population of asylum seekers, only some 7,000 are women, 3,340 of whom are registered as mothers.⁶ Women constitute about 17% of the asylum seekers' community and are considered to be a more vulnerable population: as status-less persons, they are denied welfare and health rights and are exposed to abusive employment; as women, they are an easier target for exploitation and abuse within both the asylum seeker community and Israeli society.

Many women asylum seekers have fled from their countries due to violence or persecution and some of them have endured months of rape, torture and severe abuse in their countries of origin or on their way to Israel. In order to survive with no status nor rights, they are sometimes forced to enter an abusive and dangerous relationship, which is founded on an element of exploitation and lack of commitment between the partners. In a reality in which psychological, medical, social and financial problems are not appropriately addressed, the family unit often crumbles and the women are left to fend for themselves.

In light of the current circumstances, it is extremely difficult for women to maintain a healthy and stable family life. Families suffer from noticeable insecurity with regard to permanent housing and adequate nutrition as well as from limited access to public healthcare and welfare services of parents and children alike. In consequence, the intra-familial support mechanisms are frequently weakened, and children sometimes suffer from a low presence and availability of their parents. All of these factors cause severe and long-term damage to the health and well-being of the children, who suffer from high morbidity rates, inadequate nutrition, developmental delays, behavioural problems and sometimes neglect.

50-51.

⁴ See: <https://www.icc-cpi.int/iccdocs/doc/doc639078.pdf>; ICC-02/05-01/09. See also Tsai AC, Eisa MA, Crosby SS, Sirkin S, Heisler M, et al. (2012) Medical Evidence of Human Rights Violations against Non-Arabic-Speaking Civilians in Darfur: A Cross-Sectional Study. *PLoS Med* 9(4): e1001198. Available at:

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001198> Amnesty International, *Agents of Fear: The National Security Service in Sudan*, 19 July 2010, AFR 54/010/2010, available at:

<https://www.amnesty.org/en/documents/AFR54/010/2010/en/>

⁵ See: *UN Commission of Inquiry on Human Rights in Eritrea, Report of the detailed findings of the commission of inquiry on human rights in Eritrea - A/HRC/29/CRP.1*

⁶ According to information received by ASSAF from the ministry of interior, November 2015.

A) Lack of Medical and Welfare Services

The policy of The Ministry of Social Affairs denies all asylum seekers, women and men alike, access to most services offering therapy, treatment, support and rehabilitation. Under this policy, women asylum seekers are not eligible for welfare services, and are thus at risk that their already precarious physical and mental conditions will further deteriorate.⁷

In the State Comptroller's report for 2014, concerning "foreigners who are not deportable", the Israeli State Comptroller Harshly criticized the policy of the Ministry of Social Affairs for not being compatible with the Basic Law: Human Dignity and Liberty:

"The policy of the Ministry of Social Affairs concerning foreigners who are not deportable holds that in the absence of an overall government policy, social services will not be provided to foreigners, except when they face an immediate life-threatening situation. It is doubtful whether social services are capable of identifying foreigners who are in a life-threatening situation, as foreigners have very limited access to social services. In this state of affairs, outside of the circle of social services remain battered women who are not in a shelter, foreigners who were tortured on their way to Israel and never had their physical and mental condition evaluated and foreigners acknowledged as trafficking victims who did not have a place in shelters. There is real cause for concern that the treatment offered to these weak and vulnerable groups as a result of the aforementioned policy does not meet the provisions of the Basic Law: Human Dignity and Liberty, does not guarantee protection from harm to the body or dignity of a person belonging to these groups and does not maintain this person's right to basic social security".⁸

The Israeli National Health Insurance Law does not apply to asylum seekers, thus denying them access to public health services, other than in times of medical emergency that immediately endangers person life or that may cause severe, irreversible disability⁹. In principle, asylum seekers should be insured by their work place through private health insurance plans, regardless of their legal status or lack of a formal working permit. Nevertheless, this arrangement has many problems, such as: preliminary condition uncovered, reliance on the employer due to inability of the worker to insure himself, lack of enforcement, and more.¹⁰

Instead, asylum seekers may receive basic and partial medical care at the Health Ministry's "Terem" clinic, at the new "Gesher" mental-health clinic, or reach one of the very few services offered by human rights organizations, such as ASSAF and PHR. All of these limited services are located solely in south Tel-Aviv region. Consequently, women asylum seekers living outside of

⁷ASSAF (April 2014), [Asylum Seekers in Israel Lacking Access to Welfare Services](#).

⁸State Comptroller's Report 64c, ["Foreigners Who Are Not Deportable"](#) (Hebrew), 64.

⁹ Patient's Rights Law, 5756-1996, s. 2.

¹⁰ Knesset center for Research and Information (June 2013). [Health services for foreign workers and status-less people \(Hebrew\)](#), 8.

Tel-Aviv have no access to medical or welfare services.

On this subject as well, the Israeli State Comptroller criticized the lack of healthcare services for asylum seekers and the incompatibility of this state of affairs with the Israeli and international law:

*“There is real concern that providing limited access to health services for foreigners who are not deportable, who suffer from mental illnesses or certain chronic diseases, and sometimes even to foreigners who need rehabilitation and nursing, as detailed in the findings of the audition, does not meet the provisions of Basic Law: Human Dignity and Liberty, as interpreted in the rulings of the Supreme Court, and the conditions of the Covenant on Social Rights. Hence, it is necessary to take actions to ensure the provision of the medical service required by law to these groups”.*¹¹

In addition, according to the information we have – gathered from patients as well as from professional sources in hospitals, social services and institutions of various authorities – public services and institutions lack cultural and lingual compatibility for the asylum seeker population. It is clear that the various services and institutions do not possess an adequate knowledge of the cultural background of asylum seekers and of the circumstances of their stay in Israel. Moreover, there is a lack of awareness with regards to their legal situation – their lack of a legal status in Israel, lack of rights and lack of access to public services. Furthermore, to the best of our knowledge, in most national institutions there is no language accessibility for the asylum seeker population.

The lack of accessible, ongoing medical treatment jeopardizes the health of all asylum seekers and especially endangers the weakest sectors in the community, such as women, who are many times single mothers, victims of domestic violence, in charge of a child with disability, or victims of sexual harassment and torture.¹²

Due to the shortage of adequate solutions in the areas of healthcare and welfare for asylum seekers in Israel in general and for women in particular, following the severe and ongoing harm to their health and in light of the harm to the public systems forced to confront this issue with no organized policy, we propose the following recommendations:

1. The Ministry of Social Affairs and the local authorities should provide services to women asylum seekers defined as “needy”, in accordance with the obligation derived

¹¹ State Report, p. 111.

¹²ASSAF (April 2014). [Asylum Seekers with Physical Disabilities and Mental health disorder](http://assaf.org.il/en/sites/default/files/Health%20Services%20Asylum%20Seekers%20ASSAF%20A pril%202014.pdf), available at: <http://assaf.org.il/en/sites/default/files/Health%20Services%20Asylum%20Seekers%20ASSAF%20A pril%202014.pdf>

from the Welfare Services Law (1958).

2. The Minister of Social Affairs should employ his authority, as afforded to him under section 378(b)(1) of the National Insurance Law (Consolidated Version) (1995), to apply social services to the asylum seeker community, to the extent and under the conditions determined, regardless of their status in Israel. This will enable, for example:
 - Applying the Community-Based Rehabilitation of Persons with Mental Disabilities Law (2000)
 - Providing welfare benefits and rehabilitation frameworks
3. The Minister of Health should employ his authority, as afforded to him under section 56(A)(1)(d) of the National Health Law (1994), to apply the national health insurance to the asylum seeker community, to the extent and under the conditions determined, regardless of their status in Israel. This will enable, for example:
 - Access to rehabilitation services after release from hospital
 - Access to ongoing follow-up in a community clinic
 - Access to public health services
4. The Minister of Social Affairs should extend the application of the Protection of Wards Law (1966) to asylum seekers.

B) Women Victims of Torture

In 2009, reports started pouring in about abductions and imprisonment of asylum seekers en route to Israel by gangs of smugglers in the Sinai Peninsula in Egypt. The imprisonment involved cruel sexual and physical violence, including systematic rape of men and women, in the process of attempts to extort payments from the families and friends of the hostages. Human rights organizations estimate that approximately 5,000-7,000 victims of torture are currently living in Israel.¹³ However, except for 250 persons who had been acknowledged as victims of trafficking and were granted a rehabilitation process by the state,¹⁴ Israel does not have a mechanism for the identification and rehabilitation of victims of torture. The survivors live in Israel without status, work permits or access to health and social services and with no

¹³According to estimations by Physicians for Human Rights together with the Hotline for Refugees and Migrants. See: Physicians for Human Rights, "[No Longer Status-Less, No Longer Right-Less: Position Paper Ahead of the Discussion in the Committee on Foreign Workers, Attended by Health Minister Yael German](#)" (Hebrew), 12 June 2012. Similar estimated figures were reached by Van Reizen, Estefanos and Riken at the end of 2013 (see note 6).

¹⁴According to information received by ASSAF from sources in the Justice Ministry.

opportunity for rehabilitation. This reality intensifies the deterioration of their physical and mental state, which is already severe.

Women survivors of torture camps suffer from post-trauma, disabilities, pain and different diseases. As a result of the rape they endured, some of them were impregnated or infected by HIV. Rape victims feel shame and guilt and are forced to hide their sexual abuse from the community and from their partners. With no policy or mechanism for treating victims of torture, the medical and rehabilitative care for asylum seekers who are victims to rape and sexual violence is restricted to emergency treatments and antibody tests for HIV only.

Many survivors come to Israel after a large sum of money was paid in order to release them from captivity in Sinai, sometimes from donations and loans of men in their community. In some cases, women suffer from physical and mental condition which prevents them from making a living independently as well as from social isolation, which leads them to enter into relationships and marriages as a survival strategy. Sometimes, they are forced to marry or to enter a relationship with the creditors. These forced marriages lead to the continued exploitation and abuse of the women.

UN Committee Against Torture's concluding observations on Israel expressed deep concern about the lack of identification and rehabilitation for torture victims seeking asylum in Israel and recommended to establish a mechanism that will identify and rehabilitate victims of torture that do not qualify as victims of trafficking . Additionally, The Committee emphasized the state's obligation to identify victims of torture as early as possible and to *"ensure that specialized, holistic rehabilitation services, including medical and psychological assistance, are available and promptly accessible to all victims of torture and ill-treatment"*.¹⁵

The harsh situation of torture victims in general and women in particular, demands an urgent response on behalf of the state and authorities. The state must establish a system to identify torture victims and provide them rehabilitation services, access to adequate health and social services, as well as legal aid.

¹⁵ UNCAT (May 2016). [Concluding observations on the 5th periodic report of Israel](#), p. 11.

C) Victims of Domestic Violence

The family unit, which is supposed to provide women protection and safety, many times becomes yet another violent trap. Without adequate solutions, women asylum seekers who are victim to daily abuse by their partners are left exposed to continued harm.

- **Lack of information and lack of access to information:** The asylum seeker community has little access to information about the rights of women who are victims of violence. Many women asylum seekers are unaware of the fact that the violence used against them is illegal and that they are entitled to receive protection.
- **Difficulties in turning to the police:** Often, asylum seekers in Israel are afraid in advance of any contact with the police, which they perceive as a threatening element. Among women who are victims of violence, the fear is even greater. When the women arrive at the police station on their own, without a translator, there is usually no one there who can talk to them and document their request in their own language. Human rights organizations have received testimonies that in some cases, the police refrains from intervening and even demonstrates rejection and disrespect towards complainants who are women asylum seekers.
- **Cultural obstacles to filing a complaint and receiving treatment:** Some women asylum seekers encounter community and familial obstacles that have to do with social perceptions regarding domestic violence and the status of women in the family unit and in society in general, which prevent them from filing a complaint or receiving treatment.
- **Fear of reporting and receiving treatment, in light of the consequences of turning to the police:** The filing of a complaint to the Israeli Police could lead to the incarceration of the abusive partner for an extended period. This fact places the woman, who is ineligible for an alternative source of support (such as rent assistance for single mothers or an adjustment benefit after leaving the shelter), in front a difficult dilemma: she must choose between her ability to independently provide for her children or a life in the shadow of violence. For this reason, in most cases where the battered woman has children, her choice is to continue living with the violent partner. Furthermore, turning to the police carries social consequences, which prevent the community or family from providing support and assistance to the complainant. Many times, an asylum seeker who files a complaint against her spouse finds herself exposed to criticism from within the community and in extreme cases even social ostracism.
- **Financial dependence:** The fact that asylum seekers are ineligible for official work

permits influences their capacity to sustain themselves with dignity, increases their vulnerability within the asylum seekers community and outside of it and makes it more difficult for them to handle situations of domestic violence. Women avoid filing a complaint to the police due to fear for their children's sustenance; women have difficulties in separating from a violent partner because of financial dependence; and many women are forced to return to a violent partner at the end of their stay in a shelter due to a grave financial situation.

- **Incomplete treatment by social services:** Pursuant to the policy of the Ministry of Social Affairs, a woman asylum seeker who is not defined as facing immediate danger does not receive routine treatment from the social services and centers for prevention of domestic violence. The only treatment currently provided is emergency protection in battered women's shelters, for a brief period of time.¹⁶ Yet, even there, the women asylum seekers do not have health insurance and there is no language and culture accessibility, which hinders the provision of appropriate treatment. Upon leaving the shelter, the women are ineligible to receive support and treatment from social services, and they do not enjoy an adjustment benefit. Therefore, having no other choice they are often forced to return to the violent partner.¹⁷ This reality leads women asylum seekers who are victims of domestic violence to choose between the lesser of two evils: living alone, as sole providers for their children, or continuing to live in the shadow of violence.

The State Comptroller summarized the situation as follows:

"Israeli women are entitled to a full array of services and a wide spectrum of solutions, and the most difficult cases are admitted into shelters. In contrast, foreign women are only eligible for the solution offered to the most difficult cases – referral to the shelter. Moreover, the usual process of treatment in the shelter, which includes also coaching, support and counseling aiming at an independent post-shelter existence, based on the exploration of future possibilities available to each individual woman – is not offered to foreign victims. Unlike her Israeli peers, a foreign woman is not entitled to any assistance with rent upon exiting the shelter and trying to find accommodation, in an attempt to set up independent existence away from the cycle of violence. She is not eligible for long-term group therapy, nor is she provided with the full array of services

¹⁶See: Meeting of the Committee for Reviewing the Foreign Workers Problem (4 March 2014), "Protocol 34", 4.

¹⁷Under the Social Services Law (Adjustment Benefit to Women Who Stayed in a Shelter for Battered Women) (2012), women who stayed for more than 60 days at a shelter for battered women, and did not return to their home after that, are eligible to receive an adjustment benefit, which is not limited by the law to Israeli residents. In practice, asylum seekers do not enjoy access to this benefit.

(including coaching and mental counseling, rehabilitation and family therapy) offered to Israeli victims. Often she finds herself altogether excluded from medical treatment, since she's not covered by state insurance. In the absence of all of the above, the usual rehabilitation process (including that of the shelter protection period) does not take place in cases of foreign female victims".¹⁸

Due to the inadequate solutions available today, we suggest the following enhancements:

- 1. An ongoing treatment of women who are victims of domestic violence must be guaranteed and the conditioning of said treatment upon immediate "threat to life" should be abolished.** Asylum seekers who are victim to violence should be given access to centers for the prevention of domestic violence, which provide a review and evaluation of threat levels, protective measures for the victims, emergency intervention, treatment to victims, assailants and children who are exposed to violence and so on.
- 2. Support networks must be guaranteed for asylum seekers who are victim to violence and for their families.** The Single-Parent Families Law, Social Services Law and Alimony Law should all be applied to women asylum seekers, in order to ensure that those seeking to separate from an abusive spouse will have a support network that will enable their financial survival (through rent benefits, counseling from a social worker and so on).
- 3. At the end of their stay in the shelter, women asylum seekers should be given an adjustment benefit** pursuant to the provisions of the Social Services Law.
- 4. The services provided in shelters for women who are victims of violence should be made lingual and culturally accessible** to asylum seekers.
- 5. Full medical services** should be provided in the shelters.
- 6. The authorities and responsible institutions (police, social services, shelters and others) should act to enhance the cultural capacities of the professional teams** treating women asylum seekers. In addition, the number of **translators** integrated into these institutions needs to be raised.

¹⁸ State Report, P. 64.

D) Single Mothers

The crisis of immigration, hardships of the journey, lack of status in Israel and absence of solutions from the authorities cause severe daily distress to women in general and single mothers in particular. Since they are not officially residents of Israel, single mothers who are asylum seekers are not defined as a single parent under the Law of Assistance to Families Headed by an Independent Parent, and they are therefore excluded from receiving designated support from the National Insurance Institute and social services. Without enforcement of child support payments, most of these women live in extreme poverty, with no financial assistance from their former spouse. The children of single mothers, who are additional victims of the same problem, suffer from high disease morbidity, malnutrition, developmental delays, behavioural problems and sometimes neglect. Mothers find it difficult to pay rent and health insurance for their children and at times even to buy food.

As a result, many single mothers are dependent on support from others, and find themselves at the mercy of community members for financial support or a place to stay. Many times, this dependency on others exposes them to exploitation and abuse – the housing problem and lack of a safe space of their own renders the mothers exposed to rape and sexual harassment in the domestic sphere. At times, this means abuse and attempted control by relatives or a demand made by men for sexual services in return for free housing, low rent or other types of assistance.

In order to assure their independence and prevent further deterioration as described above, single mother asylum seekers should be eligible for the same support as Israeli single mothers, in accordance with The Single-Parent Families Law.

E) Prostitution among Women Asylum Seekers

In extreme cases, the financial distress leads women to work in prostitution. Asylum seekers in prostitution are often single mothers and victims of torture in Sinai. This reality perpetuates and recreates the past traumas of these women, many of whom were forced to provide sexual services as part of the compulsory military service in their countries of origin, or fell victim to torture and rape in Sinai.

There is no documentation of the scope of prostitution among women asylum seekers. However, it is known that women are forced to turn to prostitution as a survival strategy and out of financial distress. Prostitution among asylum seekers frequently takes place inside bars

and cafes of the Eritrean community and is facilitated by a pimp. Women asylum seekers in prostitution pay a heavy social price – they are frequently excluded from their community and ostracized by their families. The social isolation further exacerbates their vulnerability and impedes their departure from the prostitution.

Conclusions

Women asylum seekers in Israel are exposed to extreme harm and distress and face a string of violence and abuse – which sometimes begins in their country of origin, extends to the torture camps in Sinai and continues in Israel. The continuous institutional insensitivity and neglect towards these women aggravates their ongoing distress. Only a systemic solution by the Ministries of Health and Social Affairs will prevent deterioration to extreme or life-threatening situations. The ministers should employ the authority afforded to them by law, or establish alternative mechanisms for assistance and support, in order to alleviate the human suffering and lower the exorbitant costs of emergency treatment. This type of systemic solution must include full welfare and health services, financial support and access to legal aid, as also recommended by the State Comptroller.

The Committee on the Elimination of Discrimination against Women should address this important issue among the *list of issues* it is planned to convey to the State of Israel. It should be noted that the issue of women asylum seekers has not been mentioned in Israel's previous periodic report, despite the fact that women asylum seekers are one of the most disadvantaged and discriminated groups among women in Israel.