



# Impact of COVID-19 Health Crisis on Psychosocial Conditions of Women in the Gaza Strip: Gender Based Violence

**Aisha Association for Woman and Child Protection** carried out a survey to explore the psychosocial effects of the health crisis caused by the new Corona Virus (COVID-19) on the issues of gender-based violence and its psychological and social consequences in the Palestinian society. Data collection began on 07/04/2020 and ended on 16/04/2020.



**Respondents:** The number of respondents reached was 1370 adults (1099 women and 277 men) from the five Governorates of Gaza Strip. The average age of the respondents was 34 years, and 89% were married. About 77% of the households had children (average 3.2). Thirty-five percent of the respondents carried a university degree. Eighty-two percent of respondents were not working at the time of the assessment (85% of women and 68% of men).



## Households:

6.6



The average size of the household was 6.6

3.2



The average number of children below 18 was 3.2 per household.

15%



... of households included a person with mental illness (psychiatric disorders and/or substance abuse)

20%



...of households included persons with disability

16%



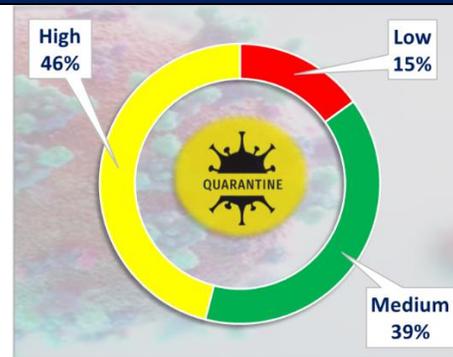
... of households included elderly persons above 70 years of age

**Methods:** The assessment was carried out electronically, Using a structured questionnaire, respondents were asked questions about conditions of their families under the impact of the house isolation during the COVID-19 crisis and focused on family relations, tensions, conflicts and violence.

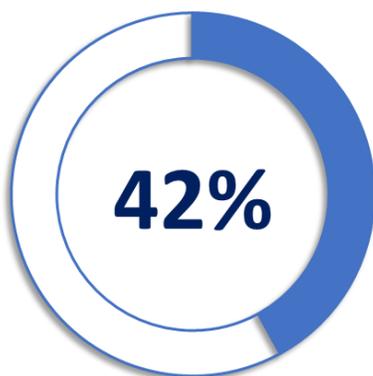
## Tensions and conflicts increased in most households

**Commitment to house isolation:** Respondents reported a high commitment to house isolation where 46% of households had an 80-100% level of commitment to house isolation.

**Rise in tensions and conflicts:** Respondents reported an increase in psychosocial tensions among family members. The impact of the health crisis and the consequent house isolation resulted in heightened tensions and conflicts.

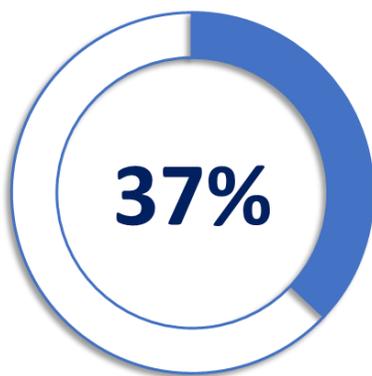


### Family Tension



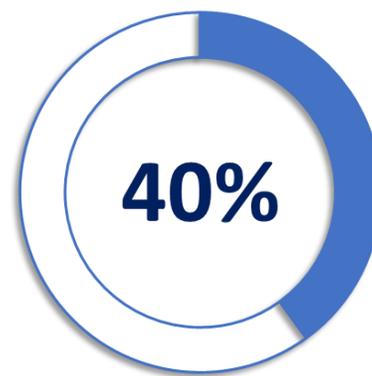
Family conflicts, quarrels and arguments heightened during house isolation. Especially in households with large numbers and children. Forty-two percent of households reported tension.

### Marital Conflicts



Married respondents reported they had a marital conflict in 37% of the households. Wives were more likely to report a marital conflict (45%) than husbands (30%).

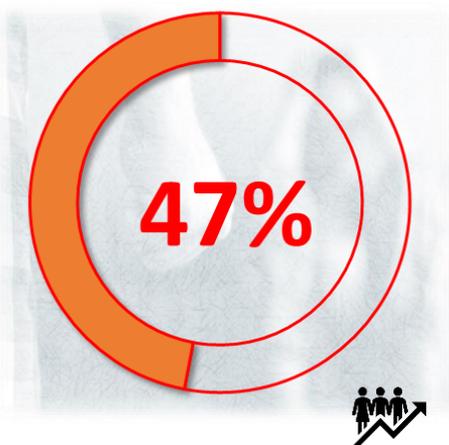
### Maltreatment of Children



Children were maltreated in forty percent of the households. The most frequently reported forms were psychological and verbal violence.

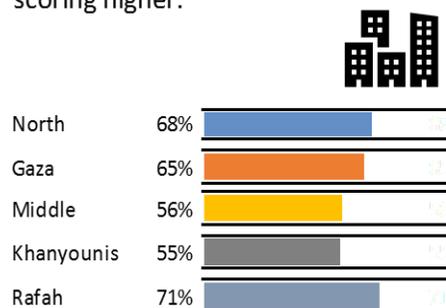
## Increase in the Levels of Gender Based Violence

About Half of households surveyed reported an increase in violence incidents during the house isolation. Psychological and economic violence were the most reported forms. This was observed in all Governorates with north and south recording the highest rise in violence.



### Residence

All Governorates showed increase in violence and the North and South scoring higher.



## Factors associated with increase in the level of violence in households

### Household size

Family size and the number of children per household increased the level of violence. Around half the households were extended families with 7-9 members.

### Family size

Households with large number of members witnessed more increase in violence



### Households with Children

Households with large number of children witnessed more increase in violence



### Economic hardship

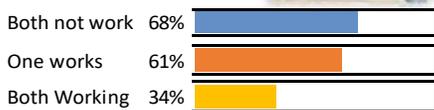
Households where both spouses are not working witnessed rise in marital conflicts and level of violence.

### Persons with illness or disability

Violence increased more in households with vulnerable individuals like children, people with disability or people with mental illness. These persons need special care with food, medicine and assistive devices.

### Work

There was a higher increase in violence if both spouses were not working



### Mental illness

Households with one or more patients with mental illness or substance abuse had the highest increase in violence



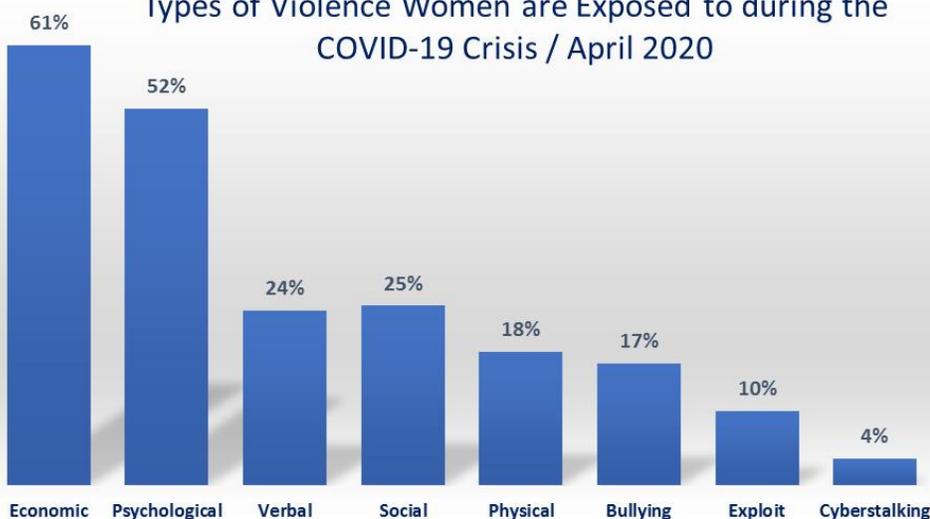
### Burden of care

Households with dependent adults (Elders, Disabled) showed higher increase in the level of violence



## Types of Violence reported by respondents

Types of Violence Women are Exposed to during the COVID-19 Crisis / April 2020



**Economic violence** was the highest form reported by respondents. It seems to be on the increase compared to previous assessments in Gaza. **Psychological violence** also seems to be higher than before the crisis. Bullying and exploitation and **cyberstalking** were reported frequently during the house isolation. Women are especially vulnerable to these forms.

## Women reported a rise in exposure to violence

- More than 2/3 of women reported exposure to some form of violence during house isolation.
- Half of the number of women reported an increase in the level of violence during house isolation
- The highest reported types of violence were Economic and Psychological violence.
- Other types of violence included bullying, sexual violence and cyberstalking by strangers.
- Economic violence involved economic exploitation and blackmail.
- Women also reported psychological, economic and sexual violence imposed on them through electronic social media.



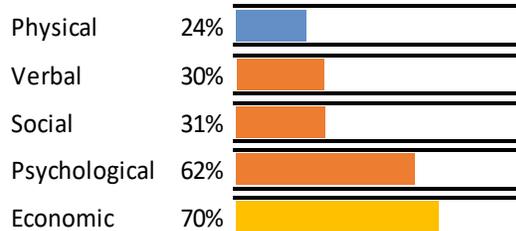
Reported violence



Reported increase

## Types of Violence

Women reported exposure to all forms of violence, economic and psychological were most reported



## Risk and Protective Factors

- **Older women, with lower education and unemployed**

**Education:** Those with a university degree or practical diploma were less likely to report increasing level of violence during house isolation while those women with less than secondary level of education reported higher levels of violence.

**Age:** Older women, especially those with illness or disability were at more risk for increasing violence. Younger healthy women were also less likely to report increasing violence.

**Employment:** Working women reported less increase in violence.

**Social status:** Married women were more likely to report increasing violence, especially if they had more children.



University graduate



Secondary or less

## Women age

Older women were more exposed to violence, while more than half of all age groups were exposed



➤ **Vulnerable Women**

Furthermore, other risk factors involved weakened health and dependency due to physical, mental illness or disability.

As well as having to breastfeed or care for a toddler or having to provide care for several children below 5 years. Women with chronic disease reported the highest rise in violence (77%).

➤ **Caring for the ill, weak or disabled**

Women carrying the burden of care for children, spouses of family members with mental illness or disability reported more increase in violence.

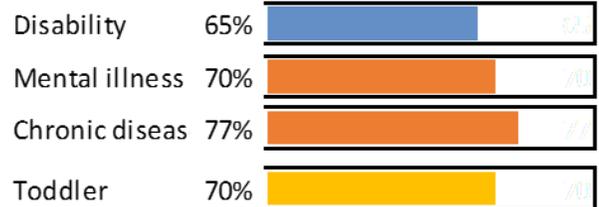
Caring for a family member with substance abuse had the highest rate of increase in violence.

Women caring for more than 3 children at home also reported increased violence.

Thus, younger age, health, education and having a job at the time, protected women from increasing violence during house isolation.

## Vulnerable Women

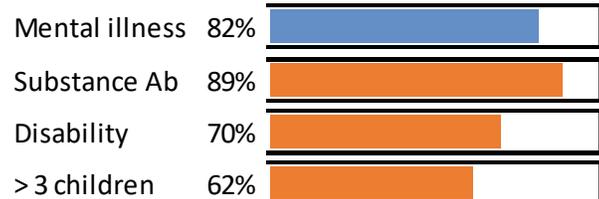
Chronic disease and mental illness and having a little child exposed women to increasing violence



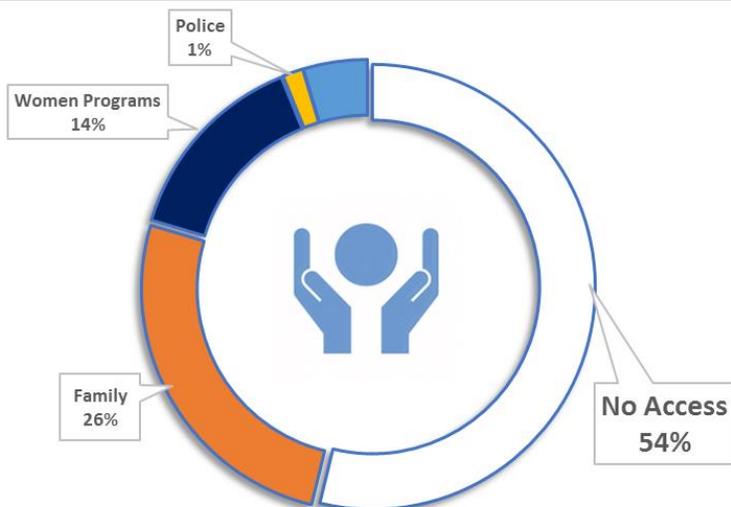
## Burden of Care

Having a care for a family member with mental illness or disability increased the risk for more violence

Also having 3 or more children



## Access to means of protection



## More than half of women at risk of violence had no access to means of protection

One quarter of women described their family or relatives as their only means of protection, while only 14% had access to women protection programs and 4% had access to the police.

## Conclusions and recommendations

Confinement in house isolation is always difficult for all people. The economic hardship in Gaza made it more difficult for large households with many children to maintain security and calm. Women had the added burden of providing both material and emotional care for their families and maintaining home education for their children.

Women with higher burden were more at risk to forms of economic and psychological exploitation and violence, while at the same time had less access to means of protection. Women institutions have worked to improve women's access to protection and justice mechanisms over the past years. But due to the health crisis have reduced their work.

Children are a sensitive and very vulnerable group and therefore we need to study the previous intervention methods and design new mechanisms that are compatible with the current conditions.

There is a significant increase in the level of gender-based violence, and possible of violence against children. The poor access to protection services and the significant decline in the work of protection institutions is a major threat to the safety and well-being of women and their children.

- Women organizations should work on innovative and adapted mechanisms and plans to reach and follow-up women and children at risk, with a focus on the recovery phase.
- Seeking family and relative protection will strengthens the tribal system which has not been fair to issues of women rights. Women and human rights organizations should adapt their approach and intensify efforts to save women and children from violence.
- The significant increase in the rate of economic violence is a dangerous indicator of the increase in violence in the coming stage. We need an in-depth study and recovery plans that consider the vulnerable and marginalized groups.
- There is a need to focus on providing services and creating innovative mechanisms to reach the most vulnerable groups in the community including people with disability, chronic disease and the elderly.

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