AN ABSTRACT OF THE DISSERTATION OF

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Abstract approved:

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ABSTRACT

Background: A report published by the Palestine Central Bureau of Statistics revealed that 37% of ever-married women in the occupied Palestinian territories (oPt) reported having experienced some form of violence by their husband in the previous year. The same report revealed that less than 1% of those women sought help from formal services. While various studies have shown that violent conflict is associated with intimate partner violence (IPV) and that collective violence raises the risk of IPV, few studies have explored the direct association between exposure to political violence and IPV. Additionally, there is a lack of research to explain factors contributing to the low percentage of women impacted by IPV who seek formal services in the oPt. While the literature suggests that social factors such as gender norms in Arab-Muslim society play a role in the help-seeking behavior of women affected by IPV, few consider the influence of a context of political violence on help-seeking. This is important because rationalization of IPV, in light of the political context, may

contribute to a lower likelihood of seeking formal services. This study explored the relationship between exposure to political violence and IPV, as well as factors influencing access to services for women affected by IPV in the oPt.

Research Questions: This study sought to answer the following research questions:

Question 1: What is the impact of exposure to political violence on the perpetration of IPV against women in the oPt, and, given their differing contexts in terms of severity and frequency of political violence, does this impact differ between Gaza and the WB?

Question 2: What are the individual factors associated with help-seeking by women affected by IPV in the oPt, and do they differ between Gaza and the WB?

Question 3: What are women's perceptions of and experiences with IPV and help-seeking in Gaza, and how do these influence their decision to seek help?

Study Design: This dissertation was structured as a three-part, mixed methods study. In Part I, I empirically analyzed a secondary data set collected by PCBS (2011), using linear probability regression to understand the extent to which exposure to political violence was associated with IPV perpetration, and whether this association differed significantly between Gaza and the West Bank. In Part II, I empirically analyzed the same data set, this time using linear probability regression to investigate individual factors associated with a woman's decision to seek help for IPV, as well as which type of help sought, formal vs. informal. In Part III, I recruited women in Gaza to participate in semi-structured in-depth interviews and elicited their narratives about IPV and help-seeking. This data was analyzed qualitatively using an inductive approach, coding for themes and patterns.

Study Population: The population studied in Parts I and II included Palestinian women ages 18-64 living in both Gaza and the West Bank. The study sample in Part III included Palestinian women ages 18-49 years who had lived in Gaza for the previous ten consecutive years. Participants were recruited from each of Gaza's five governorates, and broadly representative of female population demographics in terms of education, refugee status, locale, and employment.

Principal Findings: This study found exposure to political violence to be a significant factor influencing the perpetration of IPV in the oPt. Further, no evidence of statistical difference was found in magnitude of the effect of exposure to political violence on IPV between Gaza and the West Bank, suggesting that severity and frequency of exposure to political violence may not matter as much as *perceived* severity of exposure, in its influence on IPV perpetration. Various sociocultural and geopolitical factors were found to impact survivors' decision whether or not to seek help for IPV, and what type of help was sought (formal vs. informal), including employment, locale type, education level, and living in the WB vs. Gaza. Formal help-seeking was very low for both oPt, across all factors considered. Narratives from women in Gaza revealed potential reasons for the low rates of formal help-seeking for IPV survivors, such as cultural perceptions of help-seeking as a transgression of traditional values, negative perceptions of formal services, and an acceptance of IPV in order to cope with their political and social situation.

Conclusion: These findings reveal that political conflict is associated with increased interpersonal violence within communities, and that variations in severity of political violence may not differ in its impact on perpetration of violence. The burden of such

interpersonal violence tends to be concentrated in marginalized subgroups such as women, especially in societies where heightened gender inequities exist. Further, women survivors in such societies may face greater barriers to accessing formal services for IPV due to increased stigma, social consequences, and negative perceptions of the efficacy of such services.

Implications for Policy and Practice: Substantial consideration must be taken in formulating policy, both at the local and international level, which influences contexts of political conflict and violence toward a solution in which basic human rights are restored to affected populations. Further, this study provides evidence for the necessity of both local and foreign policy that support the sustainability of organizations providing services to women affected by IPV, as well as interventions that involve the community, especially men, in raising awareness about IPV and reducing stigma so women survivors feel supported in seeking assistance.

Factors Impacting Intimate Partner Violence and Access to Services among Women in the Occupied Palestinian Territories

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I understand that my dissertation will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my dissertation to any reader upon request.

Meghan Fitzgerald, Author

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CONTRIBUTION OF AUTHORS

Meghan Fitzgerald has conceptualized the study, collected data, and conducted all data analyses presented. Dr. Chunhuei Chi guided all aspects of the research, providing editorial comments and suggestions. Dr. Jangho Yoon provided guidance with statistical analysis. Dr. Melissa Cheyney provided guidance with qualitative design and analysis.

TABLE OF CONTENTS

TABLE OF CONTENTS (cont'd)

TABLE OF CONTENTS (cont'd)

Page

TABLE OF CONTENTS (cont'd)

LIST OF FIGURES

LIST OF TABLES

LIST OF APPENDICES

CHAPTER 1. INTRODUCTION

1.1 Background and Overview

According to a report published by the Palestine Central Bureau of Statistics in 2011, 37% of ever-married women in the occupied Palestinian territories (oPt) reported having experienced some form of violence by their husband in the previous year (PCBS, 2011). However, the same report revealed that less than 1% of those women sought help from formal women's centers and organizations. While various studies have shown that violent conflict is associated with intimate partner violence (IPV) and that collective violence raises the risk of IPV (Clark, Everson-Rose, Suglia, Btoush, Alonso & Haj-Yahia, 2010; Catani, Schauer, Elbert, Missmahl, Bette & Neuner, 2009; Catani, Jacob, Schauer, Kohila, & Neuner, 2008; Catani, Schauer, & Neuner, 2008; Usta, Farver & Zein, 2008; Al-Krenawi, Graham, & Sehwail, 2007; Haj-Yahia & Abdo-Kaloti, 2003), few studies have explored the direct association between exposure to political violence and IPV. One such study by Clark et al. (2010) found a significant association between exposure to political violence and IPV in the occupied Palestinian territories, but used data collected in 2005, before the Israeli siege of Gaza and three successive military offensives from 2007 until the present. Further, it did not explore differences in the effect of exposure to political violence on IPV between Gaza and the West Bank. Having similar cultures but differing in severity and frequency of exposure to political violence, these findings can give important insights into the degree to which severity of political violence predicts IPV perpetration. This knowledge can inform policymakers and programs seeking to prevent and/or reduce

rates of violence in Gaza and similar populations, such as Arab-Muslim refugees fleeing conflict. Additionally, there is a lack of research to explain factors contributing to the low percentage of women impacted by IPV who seek formal services in the oPt. While the literature suggests that cultural and social factors such as gender roles and norms in Arab-Muslim society play a role in the help-seeking behavior of women affected by IPV, none consider the potential influence of a context of political violence, especially the prolonged context of occupation unique to the oPt, on the help-seeking behavior of women affected by IPV. Rationalization of IPV by women, in light of the political context, may contribute to a lower likelihood of seeking formal services. Such research can provide valuable information to program planners regarding the sociocultural barriers faced by women in accessing health services, as well as direct efforts to prevent and reduce the occurrence of such violence in the first place.

1.2 Study Purpose

The goal of this study is to advance understanding of root causes of IPV in Arab-Muslim populations in contexts of political conflict, and to improve access to health services for women affected by IPV in the oPt.

1.3 Research Questions

This dissertation used a mixed methods approach to investigate political violence, IPV, and access to services for women affected by IPV in the oPt. Taking an upstream approach, we investigated exposure to political violence as a root cause of IPV in the oPt; additionally, we took a downstream approach in exploring barriers

related to accessing health services for women affected by IPV. A mixed methods approach is vital to understanding the strength and scope of the association between variables, while simultaneously garnering a breadth and depth of information that can provide context, explanation, and validation for these findings.

Thus, the first part of this study used quantitative methods to analyze a secondary data set, which collected population data on women in the oPt in 2011, to describe the direction and magnitude of the relationship between women's self-reported experience of IPV and their husbands' exposure to political violence, as well as any differences in the strength of this association between Gaza and West Bank. In the second part of this study, quantitative analysis was carried out on the same data set to describe factors that influence the help-seeking behavior by women affected by IPV in the oPt. The third part of this study used qualitative methods to elicit Gazan women's perceptions of and experiences with IPV and help-seeking, in order to understand barriers inhibiting women's access to formal services for survivors of IPV in Gaza. The three parts of the study were addressed by investigating the following research questions:

1. To what extent is exposure to political violence associated with experienced IPV among women in the oPt?
    a) Given their differing contexts in terms of severity and frequency of political violence, does this impact differ between Gaza and the WB?

2. What are the individual factors associated with help-seeking by women affected by IPV in the oPt, and do they differ between Gaza and the WB?
3. What are women's perceptions of and experiences with IPV and help-seeking in Gaza, and how do these influence their decision to seek help?

The qualitative portion of this study was carried out in the Gaza Strip, with the support of Gaza Community Mental Health Programme (GCMHP), a grassroots organization located in Gaza City that administers mental health services to the population of Gaza as well as training and oversight to various centers and institutions throughout the region. This stage of the study was carried out under the guidance of a local professional, Mr. Marwan Diab, who is Palestinian and has a PhD in psychology and is the Head of Research and Studies Unit at GCMHP. Exposure to political violence was found to be significantly associated with IPV in both Palestinian territories, the Gaza Strip and the West Bank 2006 (Clark et al, 2010). In the decade since this study's findings, Gaza specifically has experienced increasingly restrictive political changes such as the Israeli siege - a blockade by land, air and sea, a civil war between opposing government parties, and 3 successive wars by Israeli military forces and frequent smaller-scale attacks such as the bombing of mosques, factories, and farms, shooting of fishing boats and civilians, and raids resulting in arrests. The Gaza Strip has a high frequency of political violence, that has been protracted over decades. The unique situation of Gaza makes it a fitting location to

study how protracted exposure to state-sponsored and collective violence impact the experience and perceptions of violence among a population, as well as the ways in which women affected by violence access help. Such knowledge has the potential to assist policymakers in making legislative changes necessary to reduce state-sponsored and collective violence in the oPt, as well as improve access to health services for those exposed to violence, thereby improving the health of Palestinians and progressing toward peace and stability in the region overall.

1.4 Significance and Implications

The goal of this research is twofold: namely, to shed light on the impact of protracted political violence on IPV in the oPt, as well as to improve access to health services for women affected by IPV there. It is my hope that the findings will provide evidence necessary to push policymaking, both domestically and globally, toward an upstream approach to reducing the occurrence of IPV and interpersonal violence in general, by addressing root causes of such violence - in this case, political violence. In a global climate where collective violence resulting in displaced persons and refugees is at the highest it's ever been, an approach that considers the long-term impacts of political contexts on the health of individuals, especially women, is not only necessary, but a step toward achieving social justice for those afflicted.

This research is innovative in that it builds on previous research within the field of IPV against women in the Arab world, which has been limited. While a number of studies have examined facets of gender-based violence in the Arab world, such as

honor killings or female genital mutilation, there has been little research on violence against women committed by their intimate partners (Boy & Kulczycki, 2008). Further, this study is unique in the methods used to investigate the subject. The association between exposure to political violence and IPV has been analyzed quantitatively by Clark et al. and found to be significant in the oPt (2010). However, the study used data from 2005, which was prior to increasingly restrictive policies enforced on the Gaza Strip in 2007, namely the installment of a land, air, and sea blockade by the Israeli military that has remained in place for more than a decade. This research uses more recent population data collected in 2011 in order to reflect the degree to which increasing political violence has influenced IPV in the Gaza Strip, compared to the West Bank. Further, beyond simply describing the magnitude and direction of the association between political violence and IPV, this study takes a downstream approach, analyzing factors that influence the help-seeking process of women affected by IPV to identify potential barriers to accessing health services. Additionally, there is a qualitative component that seeks to elicit Gazan women's direct narratives regarding IPV and their perceptions of health services for IPV; such narratives have not been directly represented in academic research previously, to my knowledge. In policy research, a mixed methods approach is rarely used to explore research questions with depth and triangulation; by using this integrative strategy, this study aims to achieve both. This data will be of great import to policy-makers and programs seeking to increase access to services for women affected by IPV in Gaza, as well as other Arab-Muslim populations globally.

Further, findings from this research have implications that reach far beyond reducing IPV in the oPt; forms of collective violence exist in various locations and forms globally and understanding how such exposure affects populations exposed to it can inform policy as well as programming aimed at reducing interpersonal violence among other groups, particularly Arab-Muslim refugees fleeing conflict areas.

1.5 Research Gaps

Given the research that exists on IPV among Arab-Muslim populations, most focuses narrowly on individual and societal-level influences, such as cultural institutions (Clark, 2005; Douki Nacef, Belhadj, Bouasker & Ghachem, 2003), while very few take into account the particular political contexts within which such violence is occurring, and how such contexts may contribute to rates of IPV. Further, the lack of such research can imply that violence against women, such as IPV, is inherent in Arab-Muslim culture or social values. This implication can perpetuate negative stereotypes and increase stigma toward Arab-Muslims, especially in nations where they are a minority group such as refugees or immigrants, and can hinder efforts toward preventing IPV and assisting women affected by it in such populations.

Further, while research has been conducted in other predominantly Arab-Muslim nations to understand sociocultural influences on help-seeking behavior of women affected by IPV (Department of Statistics Jordan & ICF International [DSJ & ICF], 2013; Clark, 2005; Douki, et al., 2003) few studies to date have explored the relationship between exposure to political violence and such help-seeking behavior.

This is an important factor to consider, especially among groups exposed to conflict or protracted political violence such as refugees, as the normalization or rationalization of violence by women in such contexts may serve as a barrier to accessing relevant health services. This research could provide an intellectual argument against harmful negative stereotypes about Arab-Muslims and IPV, as well as valuable information for policymakers and service providers involved in efforts to prevent IPV among such populations, and to better assist those affected by it.

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CHAPTER 2. LITERATURE REVIEW

2.1 Intimate Partner Violence Against Women

According to a World Health Organization multi-country study, intimate partner violence (IPV) is one of the most common forms of violence against women (WHO, 2012). Globally, the lifetime prevalence of IPV against women 15 years and older is estimated to be as high as 30% (Tran, Nguyen & Fisher, 2016). While definitions of IPV vary across organizations, it is generally defined as any behavior occurring within an intimate relationship that causes physical, sexual, or psychological harm to those in the relationship. IPV can take various forms, including psychological, physical, sexual, emotional, and/or controlling behaviors. It is a widespread public health issue that occurs in all settings and across all cultural, socioeconomic, and religious groups. Further, it is an issue that disproportionately affects women. While IPV against men does occur, it is less frequent and less severe than that perpetrated against women (Fisher, Tran, T.D., Biggs, Dang, Nguyen, & Tran, T., 2013; Fisher, Tran, T.D., Nguyen, & Tran, T., 2012; Caldwell, Swan, & Woodbrown, 2012; Tjaden & Thoennes, 2000). Further, fewer men may report experiencing IPV due to greater stigma surrounding male victims and perceived gender roles.

2.1.1 IPV Effects on Health

The literature has cited various adverse health outcomes related to experiencing IPV. IPV affects health both directly and indirectly, whether by injury resulting from the violence or through the development of chronic health issues arising from prolonged

exposure to stress originating from IPV, making IPV a risk-factor for many diseases (WHO, 2012).

In a WHO Multi-Country Study, abused women were twice as likely as non-abused women to report health problems (Garcia-Moreno, Heise, Jansen, Ellsberg, & Watts, 2005). Further, research has found that the impact of abuse may persist long after the incident of violence. Specifically, the greater the severity of the violence, the greater its impact on a woman's physical and mental health and the impact over time of different types and multiple episodes of abuse seems to be cumulative (Heise & Garcia-Moreno, 2002).

Physical injuries include stress-related conditions or functional disorders such as gastrointestinal symptoms, exacerbation of asthma, fibromyalgia, and various chronic pain syndromes. The impacts on mental health are substantial as evidence suggests women who suffer from IPV experience higher levels of depression, anxiety and phobias than other women (Heise & Garcia-Moreno, 2002). Additionally, IPV against women can contribute to a spectrum of adverse reproductive and sexual health outcomes including sexually transmitted diseases, sexual dysfunction, unwanted pregnancy, unsafe abortion, and pregnancy complications (Campbell, 2002; Campbell & Soeken, 1999; Champion & Shain, 1998; Gazmararian, Adams, Saltzman, Johnson, Bruce, Marks & Zahniser, 1995). Evidence also supports that IPV may account for a proportion of maternal mortality, though rarely recognized by policymakers. Aside from women, studies show that childhood exposure to IPV against a mother is one of the largest factors associated with both male perpetration and female experience of

IPV later in life (Abramsky et al., 2011; Kishor & Johnson, 2004; Heise & Garcia-Moreno, 2002). Perhaps more staggering, Krug et al. found that in North America, about half of all female homicides were perpetrated by the woman's intimate partner (2002).

2.1.2 IPV Risk Factors

The Social Ecological Model is the model most often used to understand the various factors influencing IPV, and examines risk factors at the individual, relationship, social and community levels. While individual and relationship-level factors have been widely researched, studies analyzing social and community factors have been limited (WHO, 2012).

Across settings, individual level risk factors for a man's likelihood of perpetrating IPV have been found to include low education level, young age, acceptance of violence, and witnessing or experiencing violence as a child, and a history of abusing past partners. Factors associated with women's experiencing IPV include exposure to IPV as a child, sexual abuse during childhood, low education level, acceptance of violence, and exposure to other forms of prior abuse (Abramsky et al., 2011; WHO & London School of Health and Tropical Medicine [LSHTM], 2010; Heise & Garcia-Moreno, 2002). At the relationship level, risk factors consistently found to be associated with both perpetration by men and victimization by women are economic stress, disparity in educational attainment (i.e. a woman has a higher education level than her male partner), conflict or and/or dissatisfaction in the relationship, a male

partner having multiple partners, and male dominance in the family (Abramsky et al., 2011; WHO & LSHTM, 2010; Chan, 2009; Garcia-Moreno et al., 2005; Heise & Garcia-Moreno, 2002).

Among societal and community risk factors, studies have found evidence that communities in which IPV is culturally normative and attitudes predominantly accept IPV are one of the most significantly associated factors with the likelihood of perpetration and social response to perpetration (Guoping, Yalin, Yuping, Momartin & Ming, 2010; Flood & Pease, 2009; McKinney, Caetano, Ramisetty-Mikler & Nelson, 2009; Khawaja, Linos & El-Roueiheb, 2008). Among both women and men, those living in rural areas, the lowest level of wealth, and low education level were risk factors for acceptance of IPV against women. However, acceptance rates of IPV were found to be higher in rural vs. urban areas, despite controlling for wealth and education level (Waltermaurer, Butsashvili, Avaliani, Samuels & McNutt, 2013; Sayem, Begum, & Moneesha, 2012; Rani & Bonu, 2009; Uthman, Lawoko & Moradi, 2009; Khawaja, Linos & El-Roueiheb, 2008; Hindin, 2003). Tran et al. theorized that those living in poverty and having low educational attainment might be more likely to accept IPV against women as they are more prone to witnessing IPV against their mothers in childhood and have less access to education about human rights and global norms around gender equity (2016). Other societal level risk factors include gender inequitable social norms, low social/economic status of women, social acceptance of violence as a solution to conflict, weak legal sanctions against IPV within marriage, lack of women's civil rights, armed conflict and high levels of violence in the

community in general. Societal beliefs about gender roles, such as the belief that men are socially superior to a woman, men have the right to physically discipline a woman for incorrect behavior, sexual intercourse is a man's right in marriage, sexual activity including rape is a marker of masculinity, women should tolerate violence for the sake of keeping the family together, and women deserve to be beaten in certain scenarios (WHO & LSHTM, 2010; Swart, Seedat, Stevens & Ricardo, 2002; Heise & Garcia-Moreno, 2002; Heise, Ellsberg & Gottemoller, 1999), serve to exacerbate the prevalence of IPV and inhibit support for victims.

Attitudes toward IPV are shaped by social norms and beliefs about traditional gender roles (Flood & Pease, 2009). Glick et al. concluded that societies structured by patriarchal hegemony in low and middle-income countries (LMIC), as many predominantly Arab-Muslim nations are, generally support attitudes that view male partners' violence against women as instigated by women's behaviors, and that such violence is often justified as a form of discipline for women's transgressions (2002). Furthermore, these attitudes were revealed to be passed down through generations, increasing tolerance of IPV. In 1998, Heise found that children witnessing violence perpetrated by fathers against their mothers were more likely to have the attitude that violence against women is both appropriate and justifiable.

2.1.3 IPV in the Arab World

While many studies have explored different aspects of gender-based violence in the Arab world, including genital mutilation and honor killings, few have researched violence perpetrated against women by an intimate partner (Boy & Kulczycki, 2008),

making prevalences challenging to ascertain. Further, most studies on IPV prevalence in the Arab world have not been carried out at the population level using rigorous methods, making it difficult to generalize to the greater population. Additionally, accurate comparisons between countries and regions is nearly impossible due to varying definitions of abuse across studies and differing interpretations of what constitutes IPV across sociocultural contexts.

However, a 2008 review found that seven of the eight studies reporting prevalence of IPV in the Arab world reported rates of lifetime physical IPV as greater than 20% (Boy & Kulczycki). One such study, a Demographic and Health Survey (DHS) carried out in Egypt, provided nationally representative IPV data indicating that 34% of ever-married women ages 15 to 49 had been physically abused by their spouse since they were married (El-Zanaty, Hussein, Shawkey, Way, & Kishor, 1996). In Syria, 23% of women 14 and older had experienced IPV at least once in their lifetime as well as 51% of married women over the age of 19 in Turkey (Mayda & Akkus, 2004; Maziak & Asfar, 2003). Married Palestinian refugee women in Lebanon were found to have a lifetime IPV prevalence of 22% (Khawaja & Tewtel-Salem, 2004), and 24% of ever-partnered women ages 15-49 years in Jordan reported experiencing physical and/or sexual IPV at least once in their lifetime in 2011 (DSJ & ICF, 2013).

It is important to note that prevalence statistics may largely underestimate the true prevalence of IPV due to sociocultural factors such as the importance in the region given to family honor and cohesiveness, making it more likely that some women do

not report being abused by a relative or intimate partner. Underreporting can also be expected in the Arab world where the nature of domestic violence and women's rights tend to be more culturally sensitive topics (Boy & Kulczycki, 2008).

2.1.4 IPV Risk Factors in the Arab World

While much remains to be researched in terms of IPV predictors specific to the Arab world, some studies have identified risk factors specific studies conducted in the region. Individual predictors in Egypt and Syria included locality type, with rural women being somewhat more at risk for abuse (Maziak & Asfar, 2003; El-Zanaty et al., 1996). In addition, lower financial support indicated a greater likelihood of physical IPV among Egyptian women (El-Zanaty et al., 1996), and wealthier women in Syria reported lower levels of IPV than poorer women (Maziak & Asfar, 2003). Multiple studies found that higher rates of violence were perpetrated against women who had lower levels of educational attainment (Mayda & Akkus, 2004; Maziak & Asfar, 2003; Sahin & Sahin, 2003; Fisher, Yassour-Borochowitz & Neter, 2003; Haj-Yahia, 1999).

Beyond individual predictors, societal attitudes shaped by norms and beliefs about gender roles, largely influence the likelihood of IPV and can be passed down through generations (Flood & Pease, 2009). Patriarchal hegemonies are widespread in many Arab-Muslim countries, and tend to support attitudes that men's violent behaviors toward women are triggered by such women, and that men are justified in disciplining their wives for transgressions (Glick et al., 2002). Further, Islam, the predominant

religion in the region, is often used to prove that men who abuse their wives are acting in accordance to god's commandments, although this interpretation of the Koran has been debated by many feminist scholars who argue that violence against women is a result of culture rather than religion (Douki et al., 2003). Regardless, Islam remains predominantly interpreted and implemented in Arab-Muslim society by male leaders and supports patriarchal systems of governance that perpetuate gender inequities in policy and practice.

Such structural inequities create societal attitudes that support and perpetuate violence against women. For example, a 2005 study in Jordan revealed that 78.7% of women suffered from husband control and were not allowed to express their opinion, 54% of husbands felt jealous resorting to confining the wife's movement, and 50% had banned the wife from visiting the doctor (Clark, 2005). Clark cites prevalent societal beliefs and culture regarding violence as the main reasons behind such attitudes (2005).

Studies carried out in the Arab world have found substantial prevalence of female acceptance of IPV against women. In Israel, three out of five Palestinian women agreed that nagging or insulting the husband justified IPV against his wife as well as one in three married Palestinian women living in refugee camps in Jordan and almost one in seven married Turkish women (Hortacsu, Kalaycioglu & Rittersberger-Tilic, 2003; Haj-Yahia, 2000). Other commonly cited reasons for a husband being justified in using physical violence against his wife included dishonoring the family, neglecting the children, and burning food or other kitchen-related problems (Khawaja

& Tewtel-Salem, 2004; Haj-Yahia, 1998). In Jordan, as many as 87% of ever-married women agreed with at least one justification of physical abuse (Government of Jordan & ORC Macro, 2003), and in Egypt, 86% believed that husbands were sometimes justified in beating their wives, with the highest specified reason being the refusal of sexual intercourse (El-Zanaty et al., 1996). This study found education level had the greatest variance in attitudes toward IPV out of any other background characteristic, with less educated women more likely to justify wife abuse. Similarly, approximately 60% to 90% of Jordanian men and women believe that violence against women is acceptable under certain circumstances (Clark, Hill, Jabbar, & Silverman, 2009; Department of Statistics [Jordan] and Macro International Inc., 2008; Khawaja & Tewtel-Salem, 2004; Haj-Yahia, 2002). 60% of married men in Palestinian refugee camps in Jordan agreed that wife beating was sometimes justified, and those less than 30 years old were more likely to agree with at least one justification for abuse (Khawaja & Tewtel-Salem, 2004).

While it is difficult to make exact comparisons across studies and national prevalences, one can generally compare Jordan's 24% physical and/or sexual IPV prevalence of ever-partnered women (DSJ & ICF, 2013) to the 49.4% IPV prevalence of the same type, reported in the same year, by women in Gaza (PCBS, 2011). Jordan is similar to Gaza in geographical proximity as well as culture, hosting a predominantly Arab-Muslim population of which 25% are Palestinian refugees (United Nations Relief and Works Agency for Palestine Refugees in the Near East [UNRWA], 2017); thus, the substantial difference in IPV prevalence between the two

nations warrants further investigation into factors influencing IPV perpetration beyond culture alone, such as economic and political context.

2.2 Political Violence

In the WHO *World Report on Violence and Health*, collective violence is defined as "the instrumental use of violence by people who identify themselves as members of a group, against another group or set of individuals, in order to achieve political, economic or social objectives" (p.215, Krug, Dahlberg, Mercy, Zwi & Lozano, 2002). Various forms of collective violence include organized violent crime such as gang warfare; terrorism, war, and other violent political conflicts occurring within or between states; and state-perpetrated violence such as repression, torture, genocide, and other abuses of human rights. In this study, the author uses the term political violence to refer to the collective violence used by the state of Israel against Palestinians in order to achieve their political, economic, and social objectives.

UNHCR's Handbook for Emergencies (UNHCR, 2001) uses the term *complex emergency* to describe a humanitarian crisis where there is total or considerable breakdown of authority resulting from internal or external conflict and requires an international response that goes beyond the mandate or capacity of a single agency and/or the UN country program. Leaning (1999) describes 4 outcomes of such emergencies, all of which have profound consequences for public health: the destruction of social networks and ecosystems; insecurity affecting civilians and others not engaged in fighting; dislocation of populations; and abuses of human

rights. Goodhand and Hulme (1999) build on the concept of complex emergencies, using the term *complex political emergencies* to distinguish between natural disasters and the political nature of certain crises. They characterize complex political emergencies as occurring across national boundaries, being protracted in duration, relating to competition for resources and power, taking place within and often reflecting economic, social, political, and cultural structures and divisions, and often resulting in "predatory" social domination. According to these definitions, the Israel-Palestine situation can be considered an example of a complex political emergency that has endured for nearly 70 years. Conditions are especially dire for Palestinians living in the Gaza Strip, which has been under Israeli siege and economic blockade for a decade and has faced frequent Israeli military operations, further damaging an already deteriorating market and infrastructure without time for economic recovery. The most recent offensive in 2014 lasted 51 days and displaced 500,000 persons from their homes, only a third of which have been rebuilt; critical damage was inflicted on Gaza's only power plant which has been unable to be fully repaired due to blockade restrictions, limiting electricity to just 6-8 hours per day; and inhabitants rely on coastal aquifers for their main source of freshwater, 95% of which is unsafe to drink (UNCTAD, 2015; UNRWA, 2015). All of these factors, compounded by unemployment rate of 44%, and an increasingly restrictive economic blockade, are cited by a UN report which predicts that Gaza will become uninhabitable by 2020:

> "…the Palestinian economy is the economy of an occupied territory, and therefore the efficacy of donor support has been undermined by occupation. No amount of aid would have been sufficient to put any economy on a path of sustainable development under conditions of frequent military strikes and destruction of infrastructure, isolation from global markets, fragmentation of domestic markets and confiscation

> and denial of access to national natural resources [by the occupier].” (UNCTAD, 2015)

2.2.1 Health Impacts of Collective Violence

In his opening address in the WHO’s *World Report on Violence and Health*, Nelson Mandela states,

> “The world is still learning how best to respond to the various forms of collective violence, but it is now clear that public health has an important part to play...the role of health workers in promoting and preserving peace is a significant factor for achieving health for all” (p.215, 2002).

In considering the impacts of collective violence globally over the 20th century, it has been reported that some 191 million people lost their lives, either directly or indirectly, in the 25 largest instances of collective violence in the 20th century, with 60% of those deaths occurring among persons not engaged in fighting. Further, indirect impacts of collective violence, such as famine related to genocide and/or conflict, killed an additional 40 million people (Rummel, 1994). Increased civilian mortality during conflict typically results from the confluence of several interacting factors: decreased access to food and health services, poor environmental conditions, increased risk of communicable diseases, reduced public health programming, and psychosocial distress (Krug et al., 2002). Quirk and Casco (1994) found that psychological stresses related to conflicts are associated with or result from various symptoms of the conflict, including: loss and grief; loss of community; displacement (forced or voluntary); social isolation; and sometimes, acculturation to new environments. These stresses often manifest in psychosocial symptoms including

intra-familial conflict; depression and anxiety; suicidal behavior; alcohol abuse; antisocial behavior, and other mental health ailments (Quirk & Casco, 1994).

2.2.2 Political Violence and IPV

Studies carried out in Palestine, Sri Lanka, Afghanistan & the West Bank have shown an association between violent conflict and IPV, and that collective violence increases the risk of IPV (Clark et al., 2010; Catani et al., 2009; Catani, Jacob, et al., 2008; Catani, Schauer, et al., 2008; Usta et al., 2008; Al-Krenawi et al., 2007; Haj-Yahia & Abdo-Kaloti, 2003).

However, there has been little research looking at the process through which collective violence influences IPV. A possible pathway may be through the effects of exposure to collective violence and conflict on mental health. In a UN report following the 2014 Israeli bombardment of the Gaza Strip in which over 500,000 people were internally displaced and living in UNRWA shelters, families described "moving from one shelter to another, and from shelter to host families and then again to a shelter" (p.35, Shaar, Abueita, Hammad, Awadallah, & Abu Ward, 2014). The uprooting of families during insecure and dangerous conditions, loss of family members, as well as interruptions to normal life including loss of privacy, increased sense of anger, unfairness and vulnerability to violence, all were reported to lead to increased stress on families. Further, all family members and professionals interviewed reported the occurrence of violence; specifically, women reported

physical, psychological, and verbal violence practiced by male family members and service providers in the shelters (Shaar et al., 2014).

Several studies have shown an association between experienced IPV and poor mental health among women in both developed countries and LMICs (Ishida, Stupp, Melian, Serbanescu, & Goodwin, 2010; Deyessa, Berhane, Alem, Ellsberg, Emmelin, Hogberg, & Kullgren, 2009; Ribeiro, Andreoli, Ferri, Prince, & Mari, 2009; Kumar, Jeyaseelan, Suresh, & Ahuja, 2005). Jayaseelan et al. make the argument that this association is likely more complex in post-conflict settings given the higher rates of violence experienced (2004).

A study on the mental health of both victims and perpetrators of IPV in Rwanda found that poor mental health appeared to be a risk factor for both IPV perpetration and victimhood (Verduin, Engelhard, Rutayisire, Stronks, & Scholte, 2013). Verduin et al. found that those who both perpetrated and were victims of IPV reported higher rates of mental health issues than victims alone, which suggests that the association between mental health and IPV may work in both directions - i.e., poor mental health may increase the likelihood of perpetration. In post-conflict settings, perpetrators of IPV may suffer from mental health problems as much as or even more than victims (2013). Hence, as protracted exposure to political violence and IPV may increase the risk of poor mental health, those suffering from resulting mental health disorders such as PTSD may be more apt to perpetrate IPV (Teten, Schumacher, Taft, Stanley, Kent,

Bailey, & White, 2009). Poor mental health provides one theory for the potential pathway of exposure to political violence to IPV perpetration.

2.3 Help-Seeking Behavior of Women Affected by IPV

While research focusing on the factors influencing help-seeking among women affected by IPV in the Arab world has been scant, most studies have shown an overwhelming majority of such women do not seek help from formal services, seeking assistance mainly from family members, if they seek help at all (Boy & Kulczycki, 2008; Sahin & Sahin, 2003; Haj-Yahia, 2000; El-Zanaty et al., 1996). For example, a 1995 Demographic and Health Survey (DHS) conducted in Egypt found that less than half of abused women sought help (El-Zanaty et al., 1996). The percentage was found to be substantially lower in the occupied Palestinian territories, where less than 1% of women who had experienced IPV reported seeking help from formal services; only about 30% sought recourse from family, and 65% preferred to remain silent (PCBS, 2011).

The "Model of Help-Seeking and Change" is a theoretical framework conceptualized by Liang et al. (2005), that provides a theoretical framework for understanding the processes of help-seeking among survivors of IPV. The model includes three general stages, or processes, based on the literature: recognizing and defining the problem; the decision to seek help or not; and the selection of the type of help the survivor will seek (formal vs. informal). There is a fourth element in the model that represents the various individual, interpersonal, and sociocultural factors that influence all three stages of the help-seeking process. This model highlights the ways in which women's

sociocultural, interpersonal, and individual experiences influence their IPV help-seeking behavior.

2.3.1 Individual Factors Influencing Help-Seeking

Little exists in terms of empirical studies examining individual predictors of help-seeking behavior for Arab-Muslim women affected by IPV. However, one study carried out in Jordan revealed that sociodemographic characteristics were not strongly associated with help-seeking outside of the family. The authors found a minimal association between higher levels of education among women and greater odds of help-seeking outside the family, and that having 5 or more children appeared to decrease the odds of help-seeking (Spencer, Shahrouri, Halasa, Khalaf, & Clark, 2012).

2.3.2 Sociocultural Factors Influencing Help-Seeking

Research on IPV and help-seeking among women in the Arab world reveals that IPV often is not reported by victims due to a fear of isolation or social ostracism (Sahin & Sahin, 2003; Haj-Yahia, 2000). Further, family reactions to IPV disclosures may be hostile (Boy & Kulczycki, 2008). Much of the literature cites cultural norms and attitudes around IPV against women as reasons why women do not seek help. For example, a report on knowledge, attitudes, and experiences of gender-based violence among Afghan refugees showed that most women reported staying silent about their abuse because they considered the violence to be normal and believed that speaking out would not change their circumstances (International Medical Corps Pakistan,

2009). Sociocultural attitudes about IPV may inhibit efforts to increase women's help-seeking from formal services (Liang et al., 2005). In Jordan, it was shown that women who accept IPV or live in societies that are tolerant of wife beating may seek help less frequently for less severe violence (Garcia-Moreno et al., 2005). Neville, Heppner, Oh, Spanierman & Clark found that women who believe that IPV is acceptable are more likely to blame themselves for the violence, to experience long-term mental health problems, and less likely to report the problem to family members or civil authorities (2004). Further, attitudes toward IPV by persons other than the perpetrator or victim can impact the response to violence; people who regarded IPV as a cultural norm tended to respond with lower levels of support and empathy toward victims (West & Wandrei, 2002; Pavlou & Knowles, 2001).

Traditional Arab society is built on a patriarchal system that infiltrates society at all levels, including the family (Gharaibeh & Oweis, 2009; Haj-Yahia, 2000; Al-Krenawi & Graham, 1999), which serves as the main source of support and social status for women (Barakat, 1993). Women who seek support outside of the family may fear retaliation for revealing family secrets (Haj-Yahia, 2000) or risk abuse by family members (Shalhoub-Kevorkian, 1999). Additionally, women commonly fear losing custody of children as a result of a divorce (Haj-Yahia, 2000) as children are counted among the husband's lineage (Clark et al., 2010). While Clark et al. found that families are the most preferred source of assistance and are perceived to be capable of protecting their daughter against IPV, women spoke about numerous conditions under which families would be unable or unwilling to help, such as poor

economic situation or blaming the woman for instigating the abuse (Clark et al., 2010). Families may tolerate IPV against women in an effort to maintain a social "contract" that places greater value on the collective rather than on the individual (Al-Krenawi & Graham, 2000; Haj-Yahia, 2000; Lev-Wiesel & Al-Krenawi, 1999; Barakat, 1993). Since women tend to live with their natal family until they are married and then many live with or near their husband's family, women are vulnerable to domestic violence from other family members as well (Clark et al., 2010). Exposure to natal family violence was found to be a barrier to seeking and receiving help from the family as those exposed to family violence in childhood might be conditioned to believe that violence is normal or that it can or should be tolerated for the sake of the family (Clark et al., 2010).

Perceived severity of abuse may also influence the likelihood of women seeking help outside the family. Clark et al. found that severity of physical violence increased the likelihood of help seeking outside the family by almost 3 times as much among Jordanian women. Further, sexual violence was strongly associated with help-seeking from formal services, suggesting that sexual violence may be considered a more severe form of violence in Arab-Muslim society (Clark et al., 2010). In the Arab world, a woman's sexuality is often considered a taboo subject that can easily bring shame to a family. Thus, there may be grave consequences for disclosing sexual violence to family members, especially if the woman is perceived as refusing sexual activity with her husband (Haj-Yahia, 2002; Faqir, 2001; Shalhoub-Kevorkian, 1999;

Haj-Yahia, 1998), limiting her help-seeking options for this particular type of IPV to sources outside the family, in order to avoid family repercussions.

In a society where violence is permitted and perpetuated by patriarchal institutions and prevailing beliefs about gender roles, chronic exposure to violence at the structural and political levels, such as in the oPt, may serve to exacerbate not only the perpetration of such violence, but the normalization and tolerance of violence as an everyday occurrence, further decreasing the likelihood of help-seeking by women affected by IPV.

2.4 Theoretical Framework

This research takes a feminist and postcolonialist approach to understanding root causes of IPV against women, and barriers faced by women in accessing health services. A feminist perspective considers the patriarchal ideologies and institutional practices that foster and perpetuate violence against women (Dobash, 1979). A postcolonialist framework takes the specific political context of IPV into consideration – the case of Palestinians in the oPt, which is semi-colonized by Israel (the situation is unique in that there is no precedent in recent world history, and no proper term to describe it), and complements a feminist perspective. In regions where forms of political violence between states exist, resulting social and physical environmental conditions challenge traditional gender roles and increase stress, exacerbating any pre-existing gender inequalities (United Nations, 2000). Further, the research is grounded in Critical Biocultural Theory; *biocultural* refers to an

integration of both biological and cultural theories and methods in order to answer key questions (Hruschka, Lende & Worthman, 2005). Applying a critical biocultural framework frames health in an analysis of history and macro-level political and economic contexts in order to understand the processes through which biological suffering and adaptation occur (Goodman & Leatherman, 2010). In the case of Palestine, high rates of IPV are prevalent and it is known that stress, poor mental health, low education, and low income are associated with perpetration of IPV. A critical biocultural framework looks beyond individual level predictors to consider the broader political and economic context unique to Palestinians in the oPt, and the processes by which such circumstances manifest from this context. Such a framework can illuminate the impact of political and economic factors on human health.

Additionally, this research applies the "Model of Help-Seeking and Change" (Liang et al., 2005) in order to understand the various contextual and individual factors that influence the help-seeking process of women affected by IPV. This research expands upon this model by us elucidating the pathway of influence between the external environment (political violence and sociocultural factors) and the decision to seek help, as well the type of help sought (formal health services vs. informal), using qualitative methods to understand how the process may differ for Arab-Muslim women living in a context of protracted political violence.

2.5 Specific Aims

The first aim of this research is to understand the extent to which exposure to political

violence influences IPV in the oPt, and whether differences in severity of exposure to political violence, as would be observed between the West Bank and Gaza, may impact perpetration of IPV differently. In 2010, Clark et al. published a study that showed a significant association between IPV experienced by Palestinian women and their reported exposure of their husbands and households to various forms of political violence. However, the data used was collected in 2005, 2 years before the beginning of the Israeli siege on Gaza and successive large-scale military offensives in 2008, 2012, and 2014. Thus, the severity and type of political violence Gazans have been exposed to since 2007 have changed substantially; by using 2011 data we may be able to more accurately observe differences in association between IPV and exposure to political violence, between WB and Gaza.

Secondly, this research aims to empirically identify individual factors that influence women's decision whether or not to seek help for IPV, and what type of help to seek (formal vs. informal). These results can be utilized by organizations and programs seeking to increase women's access to services for survivors of IPV and to mitigate its detrimental effects on health.

A third aim is to investigate sociocultural and ecopolitical influences on the help-seeking behavior of women affected by IPV in the oPt, by integrating a qualitative component that elicits women's perceptions about IPV, help-seeking, and formal services which assist survivors in their communities. These findings can provide context to empirical results, and can be used broadly, beyond the oPt, to inform

efforts to assist survivors of IPV among Arab-Muslim populations fleeing or experiencing political violence.

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Chapter 3

MANUSCRIPT 1

Impact of exposure to political violence on intimate partner violence in the occupied Palestinian territories.

3.1 Introduction

According to a report published by the Palestine Central Bureau of Statistics in 2011, 37% of ever-married women in the occupied Palestinian territories (oPt) reported having experienced some form of violence - psychological, sexual, economic, or physical - by their husband in their lifetime (PCBS, 2011). However, the same report revealed that less than 1% of women who had experienced intimate partner violence (IPV) sought help from formal services. While various studies have shown that violent conflict is associated with domestic violence and that collective violence raises the risk of IPV (Clark, Everson-Rose, Suglia, Btoush, Alonso & Haj-Yahia, 2010; Catani, Schauer, Elbert, Missmahl, Bette & Neuner, 2009; Catani, Jacob, Schauer, Kohila, & Neuner, 2008; Catani, Schauer, & Neuner, 2008; Usta, Farver & Zein, 2008; Al-Krenawi, Graham, & Sehwail, 2007; Haj-Yahia & Abdo-Kaloti, 2003), few studies have explored the direct association between exposure to long-term political violence, which is unique to the oPt, and IPV. One such study by Clark et al (2010) found a significant association between husband's exposure to political violence and IPV among women in the oPt, however this study was completed using data collected in 2005; since then, Gaza specifically has experienced increasingly restrictive occupation policies and suffered more severe consequences due to an Israeli blockade and frequent Israeli military offensives. Thus, analysis of more recent data will more accurately reflect the relationship between political violence and IPV recently, as well as allow for comparison of the impact of exposure to political violence on IPV rates between Gaza and the West Bank (WB), two populations with similar cultures but differing in severity and frequency of political violence.

Thus, this study sought to answer the following research questions:

- What is the impact of exposure to political violence on the perpetration of IPV against women in the oPt?
- Given their differing contexts in terms of severity and frequency of political violence, does this impact differ between Gaza and the WB?

3.2 Background

3.2.1 Intimate Partner Violence

According to a World Health Organization multi-country study, IPV is one of the most common forms of violence against women (WHO, 2012). Globally, the lifetime prevalence of IPV against women 15 years and older is estimated to be as high as 30% (Tran, Nguyen & Fisher, 2016). While definitions of IPV vary across organizations, it is generally defined as any behavior occurring within an intimate relationship that causes physical, sexual, or psychological harm to those in the relationship. IPV is a widespread public health issue that occurs in all settings and across all cultural, socioeconomic, and religious groups. Further, it is an issue that disproportionately affects women (Fisher et al., 2013; Fisher et al., 2012; Caldwell et al, 2012; Tjaden et al., 2000;). The literature has cited various adverse health outcomes related to IPV (WHO, 2012). Studies show that exposure to IPV against a mother is one of the largest factors associated with both male perpetration and female experience of IPV later in life (Abramsky, Watts, Garcia-Moreno, Ellsberg, Jansen, Kiss & Heise, 2011; Kishor & Johnson, 2004; Heise & Garcia-Moreno, 2002).

Attitudes toward IPV are shaped by social norms and beliefs about traditional gender roles (Flood & Pease, 2009). Glick, Skalli-Ugurlu, Ferreira and De Souza concluded that societies structured by patriarchal hegemony generally support attitudes that view male partners' violence against women as instigated by women's behaviors, and that such violence is often justified as a form of discipline for women's transgressions (2002). Furthermore, these attitudes were revealed to be passed down through generations, increasing tolerance of IPV. In 1998, Heise found that children witnessing violence perpetrated by fathers against their mothers were more likely to have the attitude that violence against women is both appropriate and justifiable.

3.2.2 IPV in the Arab World

While many studies have explored different aspects of gender-based violence in the Arab World, including genital modification and honor killings, few have researched violence perpetrated against women by an intimate partner (Boy & Kulczycki, 2008), making prevalence challenging to ascertain.

A 2008 review found that seven of the eight studies reporting prevalence of IPV in the Arab World reported rates of lifetime physical IPV as greater than 20% (Boy & Kulczycki). One such study, a Demographic and Health Survey (DHS) carried out in Egypt indicated that 34% of ever-married women ages 15 to 49 had been physically abused by their spouse since they were married (El-Zanaty, Hussein, Shawkey, Way, & Kishor, 1996). In Syria, 23% of women 14 and older had experienced IPV at least once in their lifetime as well as 51% of married women over the age of 19 in Turkey (Mayda & Akkus, 2004; Maziak & Asfar, 2003). Married Palestinian refugee women

in Lebanon were found to have a lifetime IPV prevalence of 22% (Khawaja & Tewtel-Salem, 2004), and 24% of ever-partnered women ages 15-49 years in Jordan reported experiencing physical and/or sexual IPV at least once in their lifetime in 2011 (DSJ & ICF, 2013).

It is important to note that prevalence statistics may largely underestimate the true prevalence of IPV due to sociocultural factors such as the importance in the region given to family honor and cohesiveness, making it more likely that some women do not report being abused by a relative or intimate partner. Underreporting can also be expected in the Arab World where the nature of domestic violence and women's rights tend to be more culturally sensitive subjects (Boy & Kulczycki, 2008).

3.2.3 IPV Risk Factors

While much remains to be researched in terms of IPV predictors specific to the Arab World, some studies have identified risk factors. Predictors in Egypt and Syria included locality type, with rural women being somewhat more at risk for abuse (El-Zanaty et al., 1996; Maziak & Asfar, 2003). In addition, wealthier women in Syria reported lower levels of IPV than poorer women (Maziak & Asfar, 2003). Multiple studies found that higher rates of violence were perpetrated against women who had lower levels of educational attainment (Mayda & Akkus, 2004; Fisher et al., 2003; Maziak & Asfar, 2003; Sahin & Sahin, 2003; Haj-Yahia, 1999).

Societal attitudes shaped by norms and beliefs about gender roles largely influence the likelihood of IPV and can be passed down through generations (Flood & Pease, 2009). Heise found that experiencing or witnessing violence increases tolerance of

IPV, and children who witness violence perpetrated by their fathers towards their mothers are more likely than other children to believe that violence is appropriate and justifiable (1998).

Patriarchal hegemonies are common across predominantly Arab-Muslim countries and tend to support attitudes that men's violent behaviors toward women are triggered by such women, and that men are justified in disciplining their wives for transgressions (Glick et al., 2002). Further, Islam, the predominant religion in the region, is often used to prove that men who abuse their wives are acting in accordance to God's commandments, although this interpretation of the Koran has been debated by many feminist scholars who argue that violence against women is a result of culture rather than religion (Douki et al., 2003). Regardless, Islam, like other world religions, remains predominantly interpreted and implemented by male leaders and supports patriarchal systems of governance, such as Shari'ah Law, that perpetuate gender inequities in policy and practice.

Such structural inequities create societal attitudes that support and perpetuate violence against women. For example, a 2005 study in Jordan revealed that 78.7% of women suffered from husband control and were not allowed to express their opinion, 54% of husbands felt jealous resorting to confining the wife's movement, and 50% had banned the wife from visiting the doctor (Clark, 2005). Clark cites prevalent societal beliefs regarding violence as the main reasons behind such attitudes (2005).

Studies carried out in the Arab world have found substantial prevalence of female acceptance of IPV against women. In Israel, three out of five Palestinian women agreed that nagging or insulting the husband justified IPV against his wife, as well as

one in three married Palestinian women living in refugee camps in Jordan and almost one in seven married Turkish women (Haj-Yahia, 2000; Hortacsu et al., 2003). Other commonly cited reasons for a husband being justified in using physical violence against his wife included dishonoring the family, neglecting the children, and burning food (Haj-Yahia, 1998a; Khawaja, 2004). In Jordan, as many as 87% of ever-married women agreed with at least one justification of physical abuse (Government of Jordan & ORC Macro, 2003), and in Egypt, 86% believed that husbands were sometimes justified in beating their wives, with the highest specified reason being the refusal of sexual intercourse (El-Zanaty et al., 1996). El-Zanaty et al. found education level had the greatest variance in attitudes toward IPV out of any other background characteristic, with less educated women more likely to justify wife abuse (1996). Similarly, approximately 60% to 90% of Jordanian men and women believe that violence against women is acceptable under certain circumstances (Clark, Hill, Jabbar, & Silverman, 2009b; Department of Statistics [Jordan] and Macro International Inc., 2008; Haj-Yahia, 2002; Khawaja, 2004).

While it is difficult to make exact comparisons across studies and national prevalence, one can generally compare Jordan's 24% physical and/or sexual IPV prevalence of ever-partnered women (DSJ & ICF, 2013) to the 49.4% IPV prevalence of the same type, reported in the same year, by women in Gaza (PCBS, 2011). Jordan is similar to Gaza in geographical proximity as well as culture, hosting a predominantly Arab-Muslim population of which approximately 25% are Palestinian refugees (United Nations Relief and Works Agency for Palestine Refugees in the Near East [UNRWA], 2017); thus, the substantial difference in IPV prevalence

between the two nations warrants further investigation into factors influencing IPV perpetration beyond culture and religion alone.

3.2.4 Political Violence

In the WHO *World Report on Violence and Health*, collective violence is defined as "the instrumental use of violence by people who identify themselves as members of a group, against another group or set of individuals, in order to achieve political, economic or social objectives" (p.215, Krug et al., 2002). Various forms of collective violence include organized terrorism, war, and other violent political conflicts occurring within or between states, and state-perpetrated violence such as repression, torture, genocide, and other abuses of human rights. In this study, the authors use the term political violence to refer to the collective violence used by the state of Israel against Palestinians in order to achieve their political, economic, and social objectives.

UNHCR's Handbook for Emergencies uses the term *complex emergency* to describe a humanitarian crisis where there is total or considerable breakdown of authority resulting from internal or external conflict, and requires an international response that goes beyond the mandate or capacity of a single agency and/or the UN country program. Leaning (1999) describes 4 outcomes of such emergencies, all of which have profound consequences for public health: the destruction of social networks and ecosystems; insecurity affecting civilians and others not engaged in fighting; dislocation of populations; and abuses of human rights. Goodhand and Hulme (1999) build on the concept of complex emergencies, using the term *complex political emergencies* to distinguish between natural disasters and the political nature of certain

crises. They characterize complex political emergencies as occurring across national boundaries, being protracted in duration, relating to competition for resources and power, and often resulting in "predatory" social domination.

According to these definitions, the Israel-Palestine situation can be considered an example of a complex political emergency that has endured for nearly 70 years. Conditions are especially dire for Palestinians living in the Gaza Strip, which has been under Israeli siege and economic blockade for more than a decade and has faced frequent Israeli military operations, further damaging an already deteriorating infrastructure. The most recent bombardment in 2014 lasted 51 days and displaced 500,000 persons from their homes, only a third of which have been rebuilt; critical damage was inflicted on Gaza's only power plant which has been unable to be fully repaired due to blockade restrictions, limiting electricity to just 3-4 hours per day; and inhabitants rely on coastal aquifers for their main source of freshwater, 95% of which is unsafe to drink (UNCTAD, 2015; UNRWA, 2015). All of these factors, compounded by an unemployment rate of almost 50%, are cited by a UN report that predicts Gaza will become uninhabitable by 2020 (UNCTAD, 2015).

3.2.5 Health Impacts of Political Violence

Quirk and Casco (1994) found that psychological stresses related to conflicts are associated with or result from various symptoms of the conflict, including: loss and grief; loss of community; displacement (forced or voluntary); social isolation; and sometimes, acculturation to new environments. These stresses often manifest in psychosocial symptoms including intra-familial conflict; depression and anxiety;

suicidal behavior; alcohol abuse; antisocial behavior, and other mental health ailments (Quirk & Casco, 1994).

Studies carried out in Palestine, Sri Lanka, Afghanistan & the West Bank have shown an association between violent conflict and IPV, and that collective violence increases the risk of IPV (Clark et al., 2010; Catani et al., 2009; Usta et al., 2008; Catani, Jacob, Schauer, Kohila, & Neuner, 2008; Catani, Schauer, & Neuner, 2008; Al-Krenawi, Graham, & Sehwail, 2007; Haj-Yahia & Abdo-Kaloti, 2003). However, there has been little research looking at the process through which political violence influences IPV.

3.3 Conceptual Framework

This study is grounded in Critical Biocultural Theory (Hruschka, Lende & Worthman, 2005). Applying a critical biocultural framework frames health in an analysis of history and macro-level political and economic contexts in order to understand the processes through which biological suffering and adaptation occur (Goodman & Leatherman, 2010). In the case of Palestine, high rates of IPV are prevalent and it is known that stress, poor mental health, low education, and low income are associated with perpetration of IPV. A critical biocultural framework looks beyond individual level factors to consider the broader political and economic context unique to Palestinians in the oPt, and the impact such contexts have on human health.

A possible pathway through which political violence influences IPV may be through the effects of exposure to political violence on mental health. In a UN report

following the 2014 Israeli bombardment of the Gaza Strip in which over 500,000 people were internally displaced and living in UNRWA shelters, families described "moving from one shelter to another, and from shelter to host families and then again to a shelter" (p.35, Shaar, Abueita, Hammad, Awadallah, & Abu Ward, 2014). The uprooting of families during insecure and dangerous conditions, loss of family members, as well as interruptions to normal life including loss of privacy, increased sense of anger, unfairness and vulnerability to violence, all were reported to lead to increased stress on families. Further, all family members and professionals interviewed reported the occurrence of violence; specifically, women reported physical, psychological, and verbal violence practiced by male family members and service providers in the shelters (Shaar et al., 2014).

Several studies have shown an association between experienced IPV and poor mental health among women in both high-income countries and LMICs (Ishida, Stupp, Melian, Serbanescu, & Goodwin, 2010; Deyessa, Berhane, Alem, Ellsberg, Emmelin, Hogberg, & Kullgren, 2009; Ribeiro, Andreoli, Ferri, Prince, & Mari, 2009; Kumar, Jeyaseelan, Suresh, & Ahuja, 2005). Jayaseelan et al. make the argument that this association is likely more complex in post-conflict settings given the higher rates of violence experienced (2004).

A study on the mental health of both victims and perpetrators of IPV in Rwanda found that poor mental health appeared to be a risk factor for both IPV perpetration and victimhood (Verduin, Engelhard, Rutayisire, Stronks, & Scholte, 2013). Verduin et al. found that those who both perpetrated and were victims of IPV reported higher rates of mental health issues than victims alone, which suggests that the association

between mental health and IPV may work in both directions - i.e., poor mental health may increase the likelihood of perpetration. In post-conflict settings, perpetrators of IPV may suffer from mental health problems as much as or even more than victims (2013). Hence, as protracted exposure to political violence and IPV may increase the risk of poor mental health, and those suffering from resulting mental health disorders such as PTSD may be more likely to perpetrate IPV (Teten, Schumacher, Taft, Stanley, Kent, Bailey, & White, 2009). Further, it is understood that violence is normalized in a society that experiences political violence; thus, we expect that exposure to political violence increases the likelihood of IPV perpetration. Further, as Gaza's political situation has become increasingly different in nature over the last decade than the West Bank, with more restrictive occupation policies in place that may affect the type and severity of political violence experienced, we expect that the impact of exposure to political violence on IPV will be greater for respondents living in Gaza vs. the WB.

3.4 Data & Variables

The authors analyze data collected by the Palestine Central Bureau of Statistics [PCBS] in the 2011 Violence Survey on the Palestinian Society. This is the most recent and expansive population data covering violence in the oPt. This survey was planned and implemented by a technical team from PCBS and a national committee of government and non-governmental organizations, including the Palestinian National Authority (PNA), UNDP/PAPP, UNFPA and UNICEF.

The survey was implemented on a household sample of 5,811 in the Palestinian territories (Gaza Strip and the West Bank) in 2011 in order to provide comprehensive and representative statistics about violence in the Palestinian territories mainly against women, youth, children, the elderly and male spouses. While it consists of 5 sections, this analysis will use data from the ever-married women questionnaire, as the study is interested primarily in women's experiences of IPV.

The sample frame was comprised of enumeration areas as defined in the Population, Housing, and Establishment Census 2007. The sample design was a cluster strata sample that consisted of 3 stages: first, a cluster random probability sample comprised of 190 enumeration areas was selected; second, 30 households were randomly selected from each enumeration area, and third, one individual of each household was randomly selected according to target group (women, spouses, children, and elderly) using Kish Tables.

Respondents of the women's survey included ever-married women living in the occupied Palestinian territories (Gaza and the West Bank), ages 18-64 years, with a final sample size of 4506.

Given some variables in the original data set were missing all values due, we presume, to technical error, we went to the original survey instrument to find missing observations, and when found, coded them into the data set. Due to this process, there may be minor discrepancies between what was found in our study and findings published by PCBS (2011).

3.4.1 Dependent Variables

IPV equals 1 if the respondent experienced violence perpetrated by her husband in the last 12 months, and includes sexual, physical, and/or psychological IPV. About 51% of respondents reported having experienced IPV in their lifetime.

3.4.2 Exposure to Political Violence

Exposure to political violence (EPV) is defined by PCBS as the husband's exposure to violence carried out by the state of Israel and occupation policies against Palestinians, including barriers, detentions, physical and psychological violence, war, repression of freedom, confiscation of land, and suppression of citizens' human rights. This exposure may be directly experienced by the husband, for example in the form of physical violence by Israeli military, indirectly experienced either through the exposure of his family or wife, or through the economic effects of occupation policies on his household. This study examined the effect of any EPV - direct, indirect and/or economic - on the probability of women experiencing sexual, psychological, and/or physical IPV. EPV is a binary variable that takes the value of 1 if the respondent's husband was exposed.

3.4.3 Control Variables

Education consists of dummy variables of level of formal education, including primary school (henceforth, primary), secondary or preparatory school (henceforth, secondary), and diploma, higher diploma, Bachelor's or Master's degree (henceforth, higher). No women in this sample reported having a PhD. Those with no exposure to formal schooling serve as the reference category (henceforth, < primary).

Other individual factors controlled for include demographic and socioeconomic characteristics including age, refugee status, and employment status. All covariates were found to be significantly associated with EPV in a previous study conducted in the occupied Palestinian territories (Clark et al., 2010).

3.5 Methods

3.5.1 Empirical Specification and Estimation

The analysis consists of two main models, which assume all other variables associated with outcome variables are held constant.

We specified the following linear probability regression model to determine the association between husband's exposure to political violence and IPV perpetration in the oPt:

$$IPV_i = \beta EPV_i + \gamma Gaza_i + XC_i + \varepsilon_i \quad \textbf{[Eq.1]}$$

where i refers to an individual, IPV corresponds to the binary indicators reflecting an individual's experience of sexual, physical, or psychological IPV in the last year, EPV refers to a husband's exposure to political violence, Gaza is the binary indicator where 1 = Gaza and 0 = West Bank, and C includes the vector of individual-level covariates described above.

We then specified the following linear probability regression model to understand the difference in impact of EPV on IPV for Gaza vs. West Bank:

$$IPV_i = \beta EPV_i + \gamma Gaza_i + \alpha EPV \times Gaza_i + XC_i + \varepsilon_i$$

[Eq.2]

Summary statistics were run on respondent background variables in order to determine frequency of IPV and EPV by type. Multicollinearity between covariates was tested for by running pairwise correlation and variance influence factor tests. Outliers and influential data points were detected and model sensitivity assessed (**Appendix F**); no observations were dropped from the final models. All results were adjusted for survey weights.

Breusch-Pagan and White tests were run to detect heteroskedasticity and provided conflicting evidence regarding heteroskedasticity, thus there was not substantial evidence supporting that the homoskedasticity assumption was not violated. None of the predicted probabilities of IPV fell outside the 0-1 range and computed average marginal effects for logistic regression did not differ substantially from ordinary least squares results **(Appendix G)**. As OLS renders more consistent results, a linear probability model was used to estimate the degree of association between IPV and EPV, controlling for covariates. Wald and Likelihood Ratio tests were used for parsimony in specifying which covariates to include in the model. Breusch-Pagan and White tests were used to detect heteroskedasticity, and Pseudo R^2 and AIC/BIC tests supported model fit, and sensitivity to outliers was assessed **(Appendix F)**.

3.6 Results

3.6.1 Summary Statistics

The mean age of respondents in Gaza was 33 years compared to 40 years in WB. In Gaza, 79% lived in an urban area (vs. rural or refugee camp) vs. 64% in WB; 8% of Gazan respondents and 9% of WB respondents were employed; 56% of Gazan respondents had completed a secondary level of education vs. 47% of WB respondents, and 70 % of Gazan respondents were registered refugees vs. 32% in WB.

Table 1. Summary of key variables.

Variable	Definition	Mean (S.D.)
IPV	Respondent reported experiencing physical, sexual, and/or psychological violence from their husband in the last 12 months.	.608 (.448)
Sexual IPV	Includes sexual harassment, rape, refusal to use contraceptives during sexual intercourse, using physical force or threat to force the victim to have sexual intercourse, and other violent means to control them.	.112 (.316)
Physical IPV	Includes any behavior directed against the body in order to express physical power over the victim, including punching, hair-pulling, arm-twisting, slapping, kicking, strangling, scorching, dragging, and beating.	.205 (.403)
Psychological IPV	Includes the use of degradations, insults, damaging belongings, shouting, mocking, demeaning language, terrorization, and continuous threats to cause anxiety and fear, and undermine the self-respect of the victim.	.586 (.493)
EPV	Respondent reported husband was exposed to any type of political violence in his lifetime.	.674 (.469)
Direct EPV	Husband was directly exposed to physical, verbal, or structural violence by occupation forces.	.251 (.433)

Indirect EPV	Exposure of husband's family or community to physical, verbal, or structural violence by occupation forces.	.630 (.483)
Economic EPV	Exposure to economic consequences of occupation policies, including loss of employment.	.438 (.496)
Region Type	Region type in which the respondent resided.	
Rural	Respondent resided in a rural area.	.179 (.383)
Camp	Respondent resided in a refugee camp.	.118 (.323)
Urban (Ref.)	Respondent resided in an urban center.	.703 (.457)
Age	Respondent's age in years (18-64).	39 (12.831)
Employed	Respondent reported working in the previous week.	.089 (.285)
Refugee	Respondent is a registered refugee.	.449 (.497)
Education	Respondent's highest level of formal education.	
Higher	Includes Diploma, Higher Diploma, Bachelor's Degree, or Master's Degree (no respondents had a PhD)	.180 (.384)
Secondary	Includes preparatory or secondary school.	.502 (.500)
Primary	Includes elementary school.	.187 (.390)
< Primary	No formal education.	.131 (.337)

S.D. = Standard Deviation
N = 4506

3.6.2 Intimate Partner Violence

According to our findings, 61% (S.D. = 0.488) of respondents experienced sexual, physical and/or psychological IPV in the last year. Psychological IPV was the most frequent type (59%), followed by physical (20.4%), and sexual (11%). It is expected that the true frequency of sexual IPV is much higher, based on research that has shown hesitancy in reporting sexual violence, especially in regions where it is culturally taboo (Boy & Kulczycki, 2008). As expected based on the literature, women who had a higher education level were 11 percentage points less likely to experience IPV (β = -0.108*), and women who were employed were 10 percentage

points more likely to experience IPV (β = 0.099**). This may be due to tension caused by the challenge of traditional gender roles that an employed woman in a largely patriarchal society represents, an added challenge to masculine gender norms in a community such as Gaza, in which unemployment is high and men are often unable to provide financially for their families.

3.6.3 Intimate Partner Violence and Exposure to Political Violence

Results showed that 67% (S.D. = 0.469) of respondents reported that their husbands had been exposed to some form of political violence in their lifetime (including direct, indirect, and/or economic), with the majority (63%) having experienced political violence indirectly through the exposure of his family or relatives, 44% experiencing economic exposure through the loss of a job due to occupation policies, and/or having a house damaged or demolished by occupation forces, and 25% experiencing direct exposure to political violence **(Table 1)**. Holding all other variables constant, women whose husbands had been exposed to political violence, were significantly more likely to experience IPV in the last year ($p < .001$). On average, these women were 12 percentage points more likely to experience IPV than women who reported their husbands had not been exposed to political violence **(Table 2)**. These findings align with the literature citing increased gender-based violence in areas affected by war and conflict, as well as the association between poor mental health and conflict (Clark et al., 2010; Catani et al., 2009; Catani, Jacob, Schauer, Kohila, & Neuner, 2008; Usta et al., 2008; Catani, Schauer, & Neuner, 2008; Al-Krenawi, Graham, & Sehwail, 2007; Haj-Yahia & Abdo-Kaloti, 2003).

Women living in Gaza were 28 percentage points more likely to experience IPV than women living in WB ($p < .001$) **(Table 2).** This result is supported by women in Gaza having a higher frequency of reported IPV in the previous year than women in WB (81% vs. 50.4%), and what would be expected given 72% of women in Gaza reported their husbands being exposed to political violence vs. 64.5% of husbands in WB and the severity and frequency of political violence being greater in Gaza as compared to the West Bank. Thus, we would expect that the effect of EPV on IPV should be greater for those living in Gaza compared to the effect for those in WB. However, when adding the interaction term *EPV* × *Gaza* into the equation in model 2, no significant difference in effect between Gaza and WB was found **(Table 2)**. This finding is substantial in that it suggests that frequency and severity of exposure to political violence may not be as impactful as *perceived* severity on mental health, and thus, perpetration of IPV; further, it indicates that these findings regarding the effect of exposure to political violence on perpetration of violence may be generalizable to various contexts and types of conflict involving political violence.

TABLE 2. EFFECT OF HUSBAND'S EXPOSURE TO POLITICAL VIOLENCE (EPV) ON PERPETRATION OF INTIMATE PARTNER VIOLENCE (IPV).

		Model 1	Model 2
EPV		0.122***	0.151***
		(0.031)	(0.041)
Gaza[†]		0.283***	0.341***
		(0.031)	(0.059)
EPV × Gaza			-0.089
			(0.061)
Education	Higher	-0.108*	-0.109*
		(0.043)	(0.043)
	Secondary	-0.004	-0.001
		(0.035)	(0.035)
	Primary	-0.033	-0.028
		(0.038)	(0.038)
	< Primary	Ref	Ref
Locality Type	Refugee Camp	0.00	0.001
		(0.052)	(0.051)
	Rural	-0.010	-0.011
		(0.040)	(0.040)
	Urban	Ref	Ref
Age		-0.003**	-0.004**
		(0.001)	(0.001)
Married		-0.042	-0.041
		(0.091)	(0.091)
Employed		0.099**	0.101**
		(0.033)	(0.033)
Refugee		0.006	0.007
		(0.028)	(0.028)

Notes: All results adjusted for survey weights; all covariates are included.
[†]West Bank is reference group.
N = 4348
*p < .05; **p < .01; ***p < .001.

3.7 Discussion

3.7.1 Policy Recommendations

Based on these findings, policies should be established that work toward mitigating conditions of political violence, especially for prolonged periods such as in the case of the Israeli occupation of the oPt. While it was not explicitly studied here, it is important to recognize large impact the overarching political environment can have on interpersonal violence and health. The results point toward past and present occupation policies as a major contributor to high rates of intimate partner violence in the oPt. In order to mitigate such violence against women, actions must be taken to address root causes, beyond culture and society alone.

That said, patriarchal values and gender inequities that exist within Palestinian society must also be addressed at a policy level to deter gender-based violence in all forms, as well as to increase women's access to health services, especially for those who have suffered from IPV or other forms of gender-based violence. This must be complemented by the transformation of harmful gender norms at the community level, through interventions that raise awareness of gender norms; promote shared decision-making between partners; improve services to ensure women's agency; and increase women's access to educational, economic, or political resources (Kraft et al., 2014).

3.7.2 Future Directions

Future research should use qualitative data to triangulate study results and ensure validation, as well as to explain the context and process through which exposure to

political violence influences IPV perpetration. Data should be collected to better understand the effects of occupation policies on the mental health of Palestinians, and the normalization of violence in Palestinian society. Further, research should be done that measures the impact of perceived severity of exposures to political violence on perpetration of violence to better understand how subjective experience of violence and injustice regulates violent behavior, and the degree to which violence is normalized in situations of protracted and extreme political violence such as in the oPt.

While this study considered the aggregate impact of multiple types of EPV on IPV, future research should analyze the impact of frequency of exposures to political violence on severity of IPV. Further, longitudinal data should be compiled to analyze how EPV has changed (in form and frequency) from before the Israeli military blockade of Gaza, as well as successive wars of increasing aggression, to the present, to measure the change in effect on IPV over time. This study analyzed the impact of EPV on male perpetration of IPV because women are victims of IPV far more often than men, however, future research should consider the impact on female behavior within relationships to further understand the overall impact of EPV on violence within intimate relationships.

While this study showed that differing geographical and conflict contexts did not differ in terms of the effect of EPV on IPV perpetration, future research should do a similar study that compares the impact of EPV on IPV across various cultural and geo-political contexts to understand the degree to which this impact is generalizable.

3.7.3 Limitations

Our models are limited by the potential exclusion of other factors that may mediate the effect of exposure to political violence on IPV and help-seeking behavior, for example, household wealth and mental health status were not available in the data, but may be associated with both, leading to biased coefficients and increased variance.

Further, this survey was asking women in oPt to respond about their experiences with IPV as well as their perceptions of their husbands' exposure to political violence. Intimate partner violence is a highly taboo topic in Palestinian culture, especially sexual IPV, which leads us to believe IPV experiences were likely underreported leading to response bias. Also, women may not have accurately remembered their husband's exposures to political violence, leading to recall bias, or may not have felt comfortable sharing such information for fear of retaliation by occupying forces.

And finally, there may be measurement bias in our instrument for measuring EPV. While the constructs that constitute the variable cover 3 forms of EPV (direct, indirect, and economic), the survey questions did not include forms of political violence that would be specific to the Gaza Strip, such as exposure to drones, frequent airstrikes, wars, lack of electricity due to political clashes, and physical destruction of meaningful community and religious institutions, such as universities, mosques and beaches, and occupation policies that forbid materials to rebuild structures necessary to maintain such institutions. Exposure to these unique forms of political violence may have a differential impact on IPV.

3.7.4 Conclusion

This study examined the relationship between women's experiences of IPV and their husbands' exposure to various types of political violence in the oPt. Our analysis indicates a statistically and substantially significant positive effect between perpetration of IPV and husbands' exposure to political violence in the oPt. At the same time, we did not find a statistically significant difference in effect between Gaza and the WB, two Palestinian territories under occupation but differing in terms of severity and frequency of exposure to political violence. This suggests that severity and frequency of EPV may not necessarily be indicative of the magnitude of the impact of political violence on perpetration of violence. These findings hold important implications for policymakers interested in addressing root causes of domestic violence and suggest that the effect of exposure to long-term political violence on IPV does not differ based on severity and frequency and may be generalizable across varying contexts of political conflict.

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Chapter 4

MANUSCRIPT 2

Factors associated with help-seeking among women affected by intimate partner violence in the occupied Palestinian territories.

4.1 Introduction

According to a published report by the Palestine Central Bureau of Statistics in 2011, 37% of ever-married women in the occupied Palestinian territories (oPt) reported having experienced some form of violence - psychological, social, sexual, economic, and/or physical - by their husband at least once in the previous year (Palestine Central Bureau of Statistics [PCBS], 2011). However, the same report revealed that less than 1% of women who had experienced intimate partner violence (IPV) sought formal help from women's centers or organizations. While various studies have shown that violent conflict is associated with IPV and domestic violence (Clark, Everson-Rose, Suglia, Btoush, Alonso, & Haj-Yahia, 2010; Catani, Schauer, Elbert, Missmahl, Bette, & Neuner, 2009; Catani, Jacob, Schauer, Kohila, & Neuner, 2008a; Catani, Schauer, & Neuner, 2008b; Usta, Farver, & Zein, 2008; Al-Krenawi, Graham, & Sehwail, 2007; Haj-Yahia & Abdo-Kaloti, 2003), there is a paucity of research that identifies factors contributing to the low percentage of women who seek help from formal services for IPV in the oPt, or that explores differences in the help-seeking of women in Gaza vs. the West Bank (WB).

4.2 Background

4.2.1 IPV in the Arab World

A 2008 review found that seven of the eight studies reporting prevalence of IPV in the Arab world reported rates of lifetime physical IPV as greater than 20% (Boy & Kulczycki, 2008). One such study, a Demographic and Health Survey (DHS) carried out in Egypt, provided nationally representative data indicating that 34% of ever-

married women ages 15 to 49 had been physically abused by their spouse since they were married (El-Zanaty, Hussein, Shawkey, Way, & Kishor, 1996). In Syria, 23% of women 14 and older had experienced IPV at least once in their lifetime as well as 51% of married women over the age of 19 in Turkey (Mayda & Akkus, 2004; Maziak & Asfar, 2003). Married Palestinian refugee women in Lebanon were found to have a lifetime IPV prevalence of 22% (Khawaja & Tewtel-Salem, 2004), and 24% of ever-partnered women ages 15-49 years in Jordan reported experiencing physical and/or sexual IPV at least once in their lifetime in 2011 (DSJ & ICF, 2013). Similar rates of IPV have been found in the U.S. (25%) (Tjaden & Thoennes, 2000) and Canada (28%) (Canadian Centre for Justice Statistics [CCJS], 2016). The rate of IPV among women in the oPt was found to be higher still, at 37% (PCBS, 2011), warranting a need for research to improve access to support services for women affected by IPV.

4.2.2 Social Determinants of IPV

Societal attitudes shaped by norms and beliefs about gender roles, largely influence the likelihood of IPV and can be passed down through generations (Flood & Pease, 2009). Patriarchal hegemonies are widespread in much of the Arab World, and support attitudes that men are justified in disciplining their wives for transgressions (Glick, Sakalli-Ugurlu, Ferreira, & De Souza, 2002). Such structural inequities create societal attitudes that support and perpetuate violence against women and may deter victims from seeking help.

Studies carried out in the Arab world have found substantial prevalence of female acceptance of IPV against women. In Israel, three out of five Palestinian women agreed that nagging or insulting the husband justified IPV against his wife, as well as one in three married Palestinian women living in refugee camps in Jordan, and almost one in seven married Turkish women (Haj-Yahia, 2000; Hortacsu, Kalaycioglu, & Rittersberger-Tilic, 2003). In Jordan, as many as 87% of ever-married women agreed with at least one justification of physical abuse (Government of Jordan & ORC Macro, 2003), and in Egypt, 86% believed that husbands were sometimes justified in beating their wives, with the highest specified reason being the refusal of sexual intercourse (El-Zanaty et al., 1996). Approximately 60% to 90% of Jordanian men and women believe that violence against women is acceptable under certain circumstances (Clark, Hill, Jabbar, & Silverman, 2009; Department of Statistics [Jordan] and Macro International Inc., 2008; Haj-Yahia, 2002; Khawaja, 2004). Female acceptance of IPV is a symptom of normalization of violence, whether at the societal and/or familial level, and may serve as a barrier to help-seeking.

4.2.3 Help-Seeking for IPV

Help-seeking in the context of people affected by IPV may be defined as the disclosure of victimization in an effort toobtain some form of assistance (Mays, Caldwell, & Jackson, 1996; Taylor, Hardison, & Chatters, 1996). While research focusing on the factors influencing help-seeking among women affected by IPV in the Arab world has been scant mainly due to sociocultural challenges in addressing the topic, most studies have shown an overwhelming majority of such women do not

seek help from formal services, seeking assistance mainly from family members, if at all (Boy & Kulczycki, 2008; El-Zanaty et al., 1996; Haj-Yahia, 2000; Sahin & Sahin, 2003). In the oPt, less than 1% of women IPV victims reported seeking help from formal services, only about 30% sought recourse from family, and 65% preferred to remain silent (PCBS, 2011). Similar help-seeking behavior has been found among women victims in countries outside the Arab world as well, including India (Leonardsson & San Sebastian, 2017), New Zealand (Fanslow & Robinson, 2010), and Canada (Barrett & St. Pierre, 2011).

4.2.3.1 Factors Associated with Help-Seeking

Cho, Shamrova, Han, & Levchenko found that IPV victims' help-seeking, both formal and informal, was influenced by the pattern of victimization, IPV consequences, and victims' characteristics (2017). Little exists in terms of studies examining individual predictors of women's help-seeking in the Arab world. However, a study carried out in Jordan revealed that sociodemographic characteristics were not strongly associated with help-seeking outside of the family. The authors found a minimal association between higher levels of education among women and greater odds of help-seeking outside the family, and that having 5 or more children appeared to decrease the odds of help-seeking (Spencer, Shahrouri, Halasa, Khalaf, & Clark, 2012).

Research reveals that IPV is often not reported by victims in the Arab World, due to a fear of isolation or social ostracism (Haj-Yahia, 2000; Sahin & Sahin, 2003). Further, much of the literature cites cultural norms and attitudes around IPV as barriers to

help-seeking. In Jordan, it was shown that women who accept IPV or live in societies that are tolerant of it, seek help less frequently for less severe violence (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005). Further, attitudes toward IPV by persons other than the perpetrator or victim can impact the response to violence; people who regarded IPV as a cultural norm tended to respond with lower levels of support and empathy toward victims (West & Wandrei, 2002; Pavlou & Knowles, 2001). A perceived negative response may be an important factor influencing a woman's decision to seek help.

Traditional Arab society is built on a patriarchal system that infiltrates society at all levels, including the family (Al-Krenawi & Graham, 1999; Gharaibeh & Oweis, 2009; Haj-Yahia, 2000), which serves as the main source of support and social status for women (Barakat, 1993). Women who seek support outside of the family may fear retaliation for revealing family secrets or risk abuse by family members (Haj-Yahia, 2000; Shalhoub-Kevorkian, 1999). Additionally, women commonly fear losing custody of children as a result of divorce (Clark, Silverman, Shahrouri, Everson-Rose, & Groce, 2010; Haj-Yahia, 2000). While Clark et al. found that families are the most preferred source of assistance and are perceived to be capable of protecting their daughter against IPV, women spoke about numerous conditions under which families would be unable or unwilling to help, such as poor economic situation or blaming the woman for instigating the abuse (Clark et al., 2010). Families may tolerate IPV against women in an effort to maintain a social "contract" that places greater value on the collective rather than on the individual (Al-Krenawi & Graham, 2000; Barakat, 1993; Hall, 1976; Lev-Wiesel & Al-Krenawi, 1999; Haj-Yahia, 2000).

In a society where violence is permitted and perpetuated by patriarchal institutions and prevailing beliefs about gender roles, chronic exposure to violence at the structural and political levels, such as in the oPt, may serve to exacerbate not only the perpetration of such violence, but the normalization and tolerance of violence as an everyday occurrence, further decreasing the likelihood of help-seeking by women affected by IPV.

Given the background presented, this study sought to identify factors associated with help-seeking, from both formal and informal sources, for women affected by IPV in the occupied Palestinian territories, as well as differences in help-seeking between Gaza and the WB.

4.2.4 Theoretical Framework

This research is grounded in a feminist and postcolonialist approach to understanding IPV and barriers faced by women in accessing services for survivors of IPV. A feminist perspective considers the patriarchal ideologies and institutional practices that foster and perpetuate violence against women (Dobash, 1979). A postcolonialist framework takes the specific political context of IPV into consideration – the case of Palestinians in Gaza, which is semi-colonized by Israel (the situation is unique in that there is no precedent in recent world history, and no proper term to describe it), and complements a feminist perspective. In regions where forms of political violence between states exist, resulting social and physical environmental conditions challenge traditional gender roles and increase stress, exacerbating any pre-existing gender inequalities (United Nations, 2000).

Additionally, this research was informed by the Model of Help-Seeking and Change (Liang, Goodman, Tummala-Narra & Weintraub, 2005) which provides a framework for understanding the various contextual and individual factors that influence the help-seeking process of women affected by IPV.

4.3 Methods

4.3.1 Data & Variables

The authors empirically analyzed data collected by the Palestine Central Bureau of Statistics [PCBS] in the 2011 Violence Survey on the Palestinian Society. This survey was implemented on a household sample of 5,811 in the oPt (Gaza Strip and the West Bank) in 2011 in order to provide comprehensive and representative statistics about violence the oPt. This analysis used data from the ever-married women questionnaire. The sample frame was comprised of enumeration areas as defined in the Population, Housing, and Establishment Census 2007. Respondents of the women's survey included women living in the oPt who were ever-married, ages 18-64 years. The final sample size was 4506.

Given some variables in the original data set were missing all values due, we presume, to technical error, we went to the original survey instrument to find missing observations, and when found, coded them into the data set. Due to this process, there may be minor discrepancies between what was found in our study and findings published by PCBS (2011).

4.3.1.1 Dependent Variable

Help-seeking (HS) was a binary variable we derived from participants' responses to the original survey instrument. HS equals 1 if the respondent sought assistance for IPV from informal sources such as family, friends, coworkers or neighbors, or if they sought help from formal services in the community such as women's centers, NGOs, healthcare providers, police, or other legal advocates. According to our analysis, 61% of respondents reported having experienced either physical, sexual, or psychological IPV in the last 12 months; about 53% of these women sought recourse from informal sources, and 6% sought assistance from formal services.

4.3.1.2 Control Variables

Studies carried out in Palestine, Sri Lanka, Afghanistan & the West Bank have shown an association between violent conflict and IPV, and that collective violence increases the risk of IPV (Clark et al., 2010; Catani et al., 2009; Usta et al., 2008; Catani et al., 2008a; Catani et al., 2008b; Al-Krenawi, et al., 2007; Haj-Yahia & Abdo-Kaloti, 2003). Chronic exposure to political violence exacerbates violence and may contribute to normalization and tolerance of violence that would inhibit help-seeking by victims. Thus, we chose to include husbands' exposure to political violence (EPV) as a control variable. Respondents reported whether or not their husbands had been exposed to political violence, defined by PCBS as violence carried out by the state of Israel and occupation policies against Palestinians including barriers, detentions, physical and psychological violence, war, repression of freedom, confiscation of land,

and suppression of citizens' human rights. EPV is a binary variable that takes the value of 1 if the respondent's husband was exposed.

Education consists of dummy variables of level of formal education, including primary school (henceforth, primary), secondary or preparatory school (henceforth, secondary), and diploma, higher diploma, Bachelor's or Master's degree (henceforth, higher). No women in this sample reported having a PhD. Those with no exposure to formal schooling serve as the reference category (henceforth, < primary).

Other individual factors controlled for include demographic and socioeconomic characteristics including age, refugee status, and employment status.

4.3.2 Empirical Specification and Estimation

We estimated the following linear probability model to identify predictors of help-seeking for women affected by IPV:

$$HS_i = \beta EPV_i + \alpha Gaza_i + CX_i + \varepsilon_i \qquad \textbf{[Eq.1]}$$

where *i* refers to an individual, HS corresponds to the binary indicators where 1 reflects an individual sought either informal assistance (from a family member, coworker, neighbor or friend) or from a formal service (such as a healthcare clinic, women's center, NGO, hospital, police, or other legal professional). EPV refers to a husband's exposure to political violence, and Gaza is a binary variable where 1 refers to participant living in Gaza, and 0 living in the West Bank (WB). *X* includes the vector of individual-level covariates described above.

Summary statistics were run on respondent background variables in order to calculate frequency of various predictor variables. Multicollinearity between covariates was tested for by running pairwise correlation and variance influence factor tests. Outliers and influential data points were detected using the difference in fits statistic (**Appendix H**), and no observations were dropped from the final model. All results were adjusted for survey weights.

OLS is often a good approximation of nonlinear models, when less than 5% of predicted outcome probabilities fall outside the 0-1 range. No predicted probabilities fell outside 0-1, and OLS results did not differ from computed average marginal effects based on logistic regression coefficients (**Appendix I**). Thus, we used a linear probability model to estimate our final model, controlling for covariates. Breusch-Pagan and White tests were used to detect general heteroskedasticity. Pseudo R^2 and AIC/BIC tests supported model fit. As with any regression model, variable omission bias poses a risk to estimation accuracy.

4.4 Results

4.4.1 Summary Statistics

Almost all of the respondents (98.8%) reported having experienced either physical, sexual, and/or psychological IPV at least once in their lifetime. The mean age of respondents was 39, with 70% living in an urban area (vs. rural or refugee camp), 9% employed, 50% having completed a secondary level of education (13% had less than primary, and 18% completed higher education), and 45% were registered as refugees.

Sixty-seven percent of respondents reported their husbands had been exposed to political violence.

4.4.2 Help-Seeking for IPV

Our study findings showed that only about 52% (S.D. = .500) of respondents who experienced sexual, physical, and/or psychological IPV in their lifetime sought help. About half (51%) of women sought help from an informal service such as relatives, neighbors, or community leaders, and 6% of women reported seeking help from a formal service such as a women's center, local organization/NGO, medical center, lawyer, or police (**Table 1**); 49% of respondents reported not seeking help for IPV.

Table 1. Summary of key variables.

Variable	Definition	Mean (S.D.
IPV	Respondent reported experiencing physical, sexual, and/or psychological violence at least once from their husband in their lifetime.	.988 (.011)
HS	Respondent sought any help (formal and/or informal) for intimate partner violence.	.518 (.500)
HS - informal	Respondent sought help from an informal source, such as family members, neighbors, co-workers, religious figures, or community leaders.	.511 (.500)
HS - formal	Respondent sought help from a formal service, such as a women's center, organization, medical center, lawyer, or the police.	.057 (.232)
EPV	Respondent reported husband was exposed to political violence in his lifetime.	.673 (.469)
Region Type	Region type in which the respondent resided.	
Rural	Respondent resided in a rural.	.179 (.383)
Camp	Respondent resided in a refugee camp.	.118 (.323)
Urban (Ref.)	Respondent resided in an urban center.	.703 (.457)
Age	Respondent's age in years (18-64).	39 (12.831)
Refugee	Respondent is a registered refugee.	.449 (.497)
Employed	Respondent reported working in the previous week.	.089 (.285)
Education	Respondent's highest level of formal education.	
Higher	Includes Diploma, Higher Diploma, or post-graduate degree.	.180 (.384)
Secondary	Includes preparatory or secondary school.	.502 (.500)
Primary	Includes elementary school.	.187 (.390)
< Primary	No formal education.	.131 (.337)

S.D. = Standard Deviation
N = 4506

Women living in Gaza were significantly more likely to seek informal help than women living in the WB, by about 11 percentage points (**Table 2**); however, there was no significant difference in formal help-seeking. The significant difference in informal help-seeking between Gaza and the WB may be due to geographical differences between the two oPt, with the WB being divided by large concrete walls built by the Israeli government to separate new land forcefully confiscated by Israelis, often dividing single Palestinian communities and adversely impacting mobility and communication. Geographical and political distance (large number of check points in the community) between social networks, as well decreased awareness and services in rural regions, may also support the finding that women living in rural areas were significantly less likely (β = -0.109*) to seek informal help than women living in urban localities. Additionally, women living in a refugee camp had a greater probability of seeking help from formal services (β = 0.047*) than women in urban localities.

Women who reported working outside of their home in the previous week were 10 percentage points more likely to seek informal help than women who had not worked and the difference was statistically significant. Interestingly, there was no difference between employed and unemployed women in terms of help-seeking from formal services. In the same vein, higher education levels were negatively associated with informal help-seeking, and the magnitude and significance increase with level of education. Women with secondary education were 10 percentage points (β = -0.103*) less likely to seek informal help than women with no education, and those with higher education were 15 percentage points less likely (β = - 0.151**). This is counter to

what one would expect given that highly educated women have greater knowledge about their rights and access to resources to uphold those rights, warranting further investigation. As with other predictors, there was no difference in formal help-seeking between education levels. Age was not a significant predictor of help-seeking, nor was refugee status – likely due to the extremely high number of Palestinians registered as refugees in the oPt. Similarly, a husband's exposure to political violence as a variable suffered from lack of variability in this study. We will need to compare this sample with Palestinians in other countries to extract more information about the impact of exposure to political violence on help-seeking behavior. In summary, these results suggest that social and cultural norms, in addition to geographical and political context, are strong predictors of help-seeking in the oPt.

Table 2. Effect of various factors on help-seeking (HS) of women affected by IPV in the occupied Palestinian territories.

	Any HS	Formal HS	Informal HS
Gaza[↓]	0.116*	-0.011	0.114*
	(0.046)	(0.011)	(0.046)
EPV	-0.024	0.007	-0.028
	(0.047)	(0.009)	(0.047)
Refugee	0.063	0.012	0.067
	(0.042)	(0.013)	(0.042)
Employed	0.103*	0.003	0.107*
	(0.043)	(0.015)	(0.043)
Age	-0.000	0.000	-0.000
	(0.001)	(0.000)	(0.001)
Urban Area	----	----	----
Rural Area	-0.105	-0.007	-0.109*
	(0.055)	(0.012)	(0.054)
Refugee Camp	-0.067	0.047*	-0.071
	(0.046)	(0.018)	(0.047)
< Primary Edu	----	----	----
Primary Edu	-0.009	0.001	-0.015
	(0.049)	(0.019)	(0.049)
Secondary Edu	-0.099*	-0.011	-0.103*
	(0.043)	(0.018)	(0.043)
Higher Edu	-0.148*	-0.025	-0.151**
	(0.057)	(0.019)	(0.057)
N	2749	2843	2743

[↓]Reference is the West Bank.
Notes: Robust standard errors in parentheses. All results adjusted for survey weights. All covariates are included.
*p < .05; **p < .01; ***p < .001.

4.5 Discussion

The low prevalence rate of women with IPV who sought help from formal services (6%) is consistent with rates found in some countries outside the Arab world: 1% in

India (Leonardsson & San Sebastian, 2017); 5.6% in New Zealand (Fanslow & Robinson, 2010), but inconsistent with others such as Canada (66%) and the U.S. (20%) (Barrett & St. Pierre, 2011; Kaukinen, 2004). Women in the oPt who experienced IPV in the last year were slightly more likely to seek help from formal services than women affected by IPV in Jordan (0-1% depending on the service), according to small study (n = 153) conducted by Spencer et al. (2014). Differences in rates of formal help-seeking may be due to changes in Arab-Muslim societal norms from 2011 when the survey data was collected, differences in sample size, data collection methods, and/or definitions of IPV. However, in lieu of nationally representative data on help-seeking in Jordan or other countries in the Arab world, it provides a culturally similar but geopolitically different point of reference. Further, severity of IPV has been found to be correlated with help-seeking outside the family (Leonardsson & San Sebastian, 2010; Garcia-Moreno et al., 2005), which leads us to theorize that the higher percentage of formal help-seeking among women in the oPt results from experiencing more severe forms of IPV than women in Jordan, which would be expected given the extreme and chronically politically violent context in which they live. Thus, further studies should be done in the oPt that measure the association between exposure to political violence and IPV; additionally, cross-national population studies comparing the oPt to surrounding countries in terms of frequency and severity of IPV should be conducted to further understand the impact of the occupation and protracted conflict on IPV perpetration as well as help-seeking.

The significant difference in informal help-seeking between Gaza and the WB may be due to geographical differences between the two oPt; the Gaza Strip is a small and extremely densely populated region whereas communities tend to be more spread out in the WB, and often divided by large concrete walls and many check points separating social networks. This theory is further supported by the finding that women living in rural areas were significantly less likely to seek informal help than women living in urban localities. Additionally, women living in a refugee camp had a greater probability of seeking help from formal services than women in urban localities, which may reflect the organizational presence of UN schools, healthcare clinics, and women's centers concentrated in refugee camps. In Gaza especially, there is a necessity to rely on social networks and community in order to survive the harsh economic and emotional conditions of living under siege and frequent military attacks by the Israelis, which may also contribute to the difference in informal help-seeking between Gaza and the WB. The lack of difference in formal help-seeking between the two oPt may be reflective of shared cultural norms around family and protecting family reputation among Palestinians collectively, as well as the authority of family in solving domestic issues.

Women who were employed were significantly more likely to seek informal help than unemployed women. This may be reflective of the association of agency and employment among women; women who are employed would have greater access to resources, facilitating help-seeking for IPV. However, this does not explain the lack of difference between employed and unemployed women in terms of help-seeking from formal services. This could be due to other intervening variables such as lack of

availability, social values placed on protecting the family reputation, and other sociocultural barriers to access. Higher education levels were inversely associated with informal help-seeking, and the magnitude and significance increase with level of education. This is counter to what one would expect given that highly educated women have greater knowledge to their rights and access to resources to uphold those rights; however, this finding may be reflective of differences in community status among highly educated women, and their desire to preserve their subsequent reputation, especially in a society where few women hold jobs due to gender discrimination. Interestingly, age was not a predictor of help-seeking, nor was refugee status – likely because the extremely high number of Palestinians registered as refugees in the oPt, about 48%, according to the United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA) (UNRWA, 2018), many of whom do not live in designated refugee camps. There may be little socioeconomic or demographic difference between refugees and non-refugees. In summary, these results suggest that social and cultural norms, in addition to geographical and political context, are strong predictors of help-seeking in the oPt.

Based on our findings, we recommend policies that support the presence and sustainability of organizations that provide services to Palestinian refugees, especially women, in the oPt. Our results showed that women living in official refugee camps, which are organized and serviced by UNRWA, were significantly more likely to seek formal help for incidents of IPV than women living in urban areas. Having previously been UNRWA's largest donor nation, the U.S. government's recent decision to cut all

funding to UNRWA will greatly impact Palestinian women's access to health services, including those affected by IPV.

Further, increasing the quantity of programs and interventions that promote gender equality and raise awareness about IPV as a prevention measure may help to reduce IPV and stigma surrounding the issue and increase the rate of help-seeking among women affected by it, especially for those who face the greatest barriers – highly educated women and women living in the WB and more rural areas, according to this study. Palestinian women should be involved in program development in order to ensure community ownership, cultural appropriateness, and efficacy.

Of course, improving access to services is a downstream approach to the issue of IPV in the Gaza Strip. In order to mitigate such violence against women, actions must be taken to address root causes of IPV, including changing harmful social norms inherent in traditions and institutions that encourage and/or permit the use of violence to enforce gender roles; and critically examining the larger political-economic context of occupation and political violence and its contribution to IPV and other forms of gender-based violence in the oPt.

We recommend further research using qualitative methods to triangulate study results and describe sociocultural and structural barriers to help-seeking, from both formal and informal sources, for women affected by IPV in the oPt. Further, studies should be conducted that look upstream to better understand the impact of Israeli occupation policies on the mental health of Palestinians living in the oPt, and how this may influence perpetration of IPV.

Our model is limited by the potential exclusion of other variables that may mediate the effect of included covariates on women's help-seeking behavior. For example, the help-seeking variable measured women's help-seeking during their lifetime, however, there was no data available on specific years that help was sought. For both informal and formal help-seeking, time-period would be an important factor to control for as sociopolitical contexts and thus, infrastructure and available resources, have varied over the last decade in both Gaza and WB, as well as cultural zeitgeist. This omission could lead to biased estimated coefficients and increased variance.

Further, this survey solicited women's self-reported experiences with help-seeking; as with any survey inquiring about past experiences, women may not have accurately remembered their experiences, leading to recall bias, or may have falsely reported seeking-help in order to answer in a way perceived as favorable to the interviewer, leading to response bias.

4.5.1 Conclusion

This study sought to identify factors associated with help-seeking, from both formal and informal sources, for women affected by intimate partner violence (IPV) in the occupied Palestinian territories.

In general, we found that women in Gaza were significantly more likely to seek help from an informal source, such as a family member, friend, co-worker or neighbor, than their counterparts in the West Bank. Women living in rural areas were significantly less likely to seek informal help than women living in urban localities. Additionally, women living in a refugee camp had a greater probability of seeking

help from formal services than women in urban localities, which may reflect the organizational presence of UN schools, healthcare clinics, and women's centers concentrated in refugee camps. The lack of difference in formal help-seeking between Gaza and the West Bank may reflect strong cultural norms around family and protecting family reputation shared among Palestinians in both oPt. However, similarly low rates of formal help-seeking have been found in various countries outside the Arab world and may more accurately represent the nature of stigma and social/institutional bias faced by female victims of IPV and other forms of gender-based violence globally. In summary, our results suggest that social and cultural norms, in addition to geopolitical context, are strong predictors of help-seeking in the oPt.

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Chapter 5

MANUSCRIPT 3

"Women hope the situation in Gaza will change, and her husband will change with it": Gazan women's intimate partner violence narratives.

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5.1 Introduction

Intimate partner violence (IPV) affects women disproportionately and causes a wide spectrum of adverse health outcomes both mentally and physically (WHO, 2012). Further, children who witness their father's violence against their mother are far more likely to become perpetrators or victims of IPV, depending on their sex (Watts, Garcia-Moreno, Ellsberg, Jansen, Kiss & Heise, 2011; Kishor & Johnson, 2004; Abramsky, Heise & Garcia-Moreno, 2002). Collective violence, as experienced in the Gaza Strip under Israeli siege and frequent wars in the last decade, has been shown to increase the risk of IPV (Clark, Everson-Rose, Suglia, Btoush, Alonso, & Haj-Yahia, 2010; Al-Krenawi, Graham, & Sehwail, 2007; Catani, Jacob, Schauer, Kohila, & Neuner, 2008; Catani, Schauer, Elbert, Missmahl, Bette, & Neuner, 2009; Catani, Schauer, & Neuner, 2008; Haj-Yahia & Abdo-Kaloti, 2003; Usta, Farver, & Zein, 2008). The rate of IPV against women in Gaza was 51% in 2011, yet data shows that only 0.8% of women affected by IPV sought help from formal services (PCBS, 2011). Since 2011, Gaza's political situation has become increasingly restrictive, meaning the current rate of IPV may be much higher. The purpose of this study was to investigate the cultural models associated with IPV and help-seeking in Gaza, as expressed by women through their narratives of experience with and perceptions of IPV and formal services in place to address IPV. Identifying and interpreting key themes allowed for describing how various social values and beliefs around family

violence and gender roles influence IPV help-seeking behaviors among this population.

5.2 Background

A 2008 review of IPV in the Arab world found the majority of studies reported rates of lifetime physical IPV as greater than 20% (Boy & Kulczycki, 2008). One such study conducted in Egypt, provided nationally representative data indicating that 34% of ever-married women ages 15 to 49 had been physically abused by their spouse since they were married (El-Zanaty, Hussein, Shawkey, Way, & Kishor, 1996). Married Palestinian refugee women in Lebanon were found to have a lifetime IPV prevalence of 22% (Khawaja & Tewtel-Salem, 2004), and 24% of ever-partnered women in Jordan reported experiencing physical and/or sexual IPV at least once in their lifetime in 2011 (DSJ & ICF, 2013). Similar rates of IPV have been found in the U.S. (25%) (Tjaden & Thoennes, 2000) and Canada (28%) (Canadian Centre for Justice Statistics [CCJS], 2016). The rate of IPV among women in the oPt was found to be higher still, at 37% (PCBS, 2011), warranting a need for research to improve access to support services for women affected by IPV.

Societal attitudes shaped by norms and beliefs about gender roles, largely influence the likelihood of IPV and can be passed down through generations (Flood & Pease, 2009). Patriarchal hegemonies are widespread in much of the Arab world, and support attitudes that men are justified in disciplining their wives for transgressions (Glick, Sakalli-Ugurlu, Ferreira, & De Souza, 2002). Such structural inequities create societal attitudes that support and perpetuate violence against women and may deter

victims from seeking help. Studies have found high prevalence of female acceptance of IPV against women in the Arab world. In Jordan, as many as 87% of ever-married women agreed that the use of physical IPV as discipline was justified (Government of Jordan & ORC Macro, 2003). Female acceptance of IPV is a symptom of normalization of violence, whether at the societal and/or familial level, and may serve as a barrier to help-seeking.

Help-seeking may be defined as the disclosure of victimization in an effort to obtain some form of assistance (Mays, Caldwell, & Jackson, 1996; Taylor, Hardison, & Chatters, 1996). While research focusing on the factors influencing help-seeking among women affected by IPV in the Arab world has been scant, most studies have shown an overwhelming majority of female victims do not seek help from formal services, seeking assistance mainly from family members, if at all (Boy & Kulczycki, 2008; El-Zanaty et al., 1996; Haj-Yahia, 2000; Sahin & Sahin, 2003). In the oPt, less than 1% of female IPV victims reported seeking help from formal services, only about 30% sought recourse from family, and 65% preferred to remain silent (PCBS, 2011). Similar help-seeking behavior has been found among women victims in countries outside the Arab world as well, including India (Leonardsson & San Sebastian, 2017), New Zealand (Fanslow & Robinson, 2010), and Canada (Barrett & St. Pierre, 2011).

Cho, Shamrova, Han, & Levchenko found that IPV victims' help-seeking, both formal and informal, was influenced by the pattern of victimization, IPV consequences, and victims' characteristics (2017). Little exists in terms of studies examining individual predictors of women's help-seeking in the Arab world.

However, a study carried out in Jordan revealed that sociodemographic characteristics were not strongly associated with help-seeking outside of the family. The authors found a minimal association between higher levels of education among women and greater odds of help-seeking outside the family, and that having 5 or more children appeared to decrease the odds of help-seeking (Spencer, Shahrouri, Halasa, Khalaf, & Clark, 2012).

Research reveals that IPV is often unreported by victims in the Arab world, due to a fear of isolation or social ostracism (Haj-Yahia, 2000; Sahin & Sahin, 2003). Further, much of the literature cites cultural norms and attitudes around IPV as barriers to help-seeking. In Jordan, it was shown that women who accept IPV or live in societies that tolerate it, seek help less frequently for less severe violence (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005). Further, attitudes toward IPV by persons other than the perpetrator or victim can impact the response to violence; people who regarded IPV as a cultural norm tended to respond with lower levels of support and empathy toward victims (West & Wandrei, 2002; Pavlou & Knowles, 2001). A perceived negative social response may be an important factor influencing a woman's decision to seek help.

Traditional Arab society is built on a patriarchal system that infiltrates society at all levels, including the family (Al-Krenawi & Graham, 1999; Gharaibeh & Oweis, 2009; Haj-Yahia, 2000), which serves as the main source of support and social status for women (Barakat, 1993). Women who seek support outside of the family may fear retaliation for revealing family secrets or risk abuse by family members (Haj-Yahia, 2000; Shalhoub-Kevorkian, 1999). Additionally, women commonly fear losing

custody of children as a result of divorce (Clark, Silverman, Shahrouri, Everson-Rose, & Groce, 2010; Haj-Yahia, 2000). While Clark et al. found that families are the most preferred source of assistance and are perceived to be capable of protecting their daughter against IPV, women spoke about numerous conditions under which families would be unable or unwilling to help, such as poor economic situation or blaming the woman for instigating the abuse (Clark et al., 2010). Families may tolerate IPV against women in an effort to maintain a social "contract" that places greater value on the collective rather than on the individual (Al-Krenawi & Graham, 2000; Barakat, 1993; Lev-Wiesel & Al-Krenawi, 1999; Haj-Yahia, 2000).

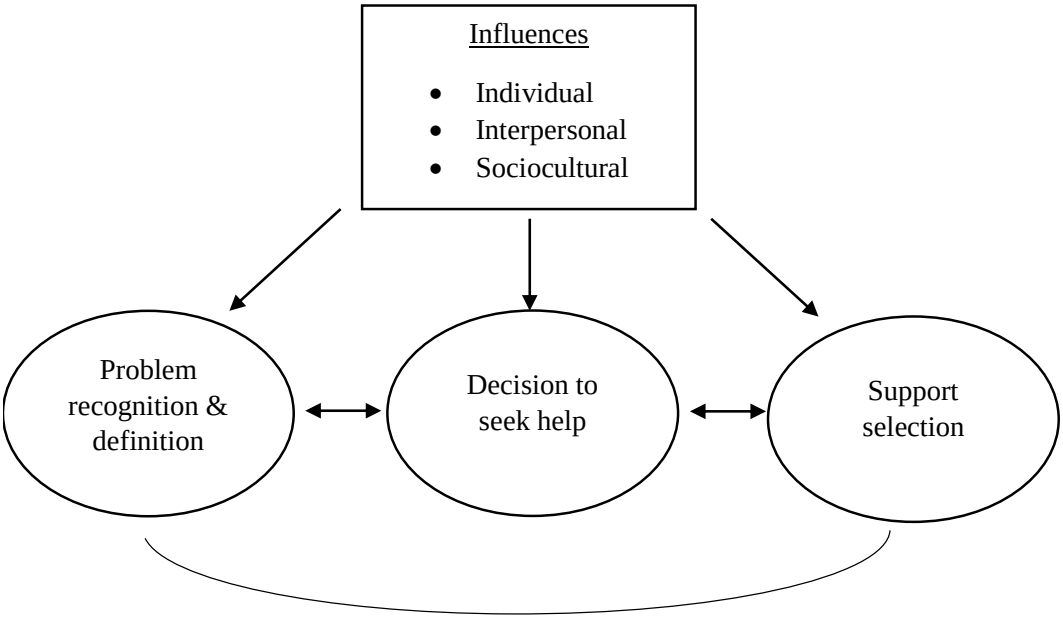
In societies where gender-based violence is permitted and perpetuated by patriarchal institutions and prevailing beliefs about gender roles, chronic exposure to violence at the structural and political levels, such as in the oPt, may serve to exacerbate not only the perpetration of such violence, but the normalization and tolerance of violence as an everyday occurrence, further decreasing the likelihood of help-seeking by victims of IPV.

5.3 Conceptual Framework

This research was informed by the "Model of Help-Seeking and Change" (**Figure 1**) conceptualized by Liang, Goodman, Tummala-Narra, and Weintraub (2005). This model provides a theoretical framework for understanding the processes of help-seeking among survivors of IPV, and includes three general stages, or processes, based on the literature. These processes include recognizing and defining the problem, the decision to seek help, and the selection of the type of help the survivor

will seek (formal vs. informal). There is a fourth element in the model that represents the various individual, interpersonal, and sociocultural factors that influence all three stages of the help-seeking process. Each stage does not necessarily occur in a specific order, and all stages influence one another and provide feedback affecting other stages (Liang et al., 2005). We use this model to frame our findings and understand how women's cultural experiences with help-seeking and IPV in Gaza fit into the aforementioned elements, and how they may deviate.

Figure 1. Model of Help-Seeking and Change (Liang et al., 2005).



5.4 Methods

In order to investigate women's perceptions and experiences with IPV and help-seeking, we used semi-structured in-depth interviews to obtain qualitative and comprehensive information. Participants included Palestinian women living in Gaza,

ages 18-49 years, who had lived in Gaza for the previous ten years so as to ensure they had experienced prolonged exposure to life under Israeli siege (see Table 1 for a summary of sample characteristics). The sample consisted of 25 women from the 5 governorates of the Gaza Strip, with the majority (9) from the urban center – Gaza City. The sample was predominantly comprised of women who were married (56%), and between 30-49 years old (52%). Very few participants had less than a high school education, and education level was split fairly evenly between high school (32%) and university or graduate degree (40%). Most women were registered refugees (68%) and unemployed (92%) which reflect population statistics for Gaza.

Table 1. Sample characteristics (N=25).

Characteristic		**N**	**(%)**
Age			
	18 – 29 yrs.	10	(40%)
	30 – 39 yrs.	7	(28%)
	40 – 49 yrs.	6	(24%)
	Unknown	2	(8%)
Marital Status			
	Single	7	(28%)
	Married	14	(56%)
	Divorced	3	(12%)
	Widowed	1	(4%)
Education			
	Primary	2	(8%)
	High School	8	(32%)
	University degree or higher	10	(40%)
	Unknown	5	(20%)
Employment			
	Employed	2	(8%)
	Unemployed	23	(92%)
Governorate			
	North Gaza	4	(16%)
	Gaza City (Center)	9	(36%)
	Deir AlBellah (Midzone)	3	(12%)
	Khan Yunis (South)	5	(20%)
	Rafah (South)	4	(16%)
Refugee Status			
	Refugee	17	(68%)
	Non-refugee	2	(8%)
	Unknown	6	(24%)

Upon approval from the Institutional Review Board for Human Subjects Research at Oregon State University and the Palestinian Health Research Council's Helsinki Committee for Ethical Approval, participants were recruited via convenience

sampling (Bernard, Wutich, & Ryan, 2017) from various women's centers throughout the Gaza Strip. The first author contacted community leaders and health professionals in Gaza during a visit preceding data collection. Staff from the Gaza Community Mental Health Program expressed a willingness to assist in the recruitment of participants for this study. Thus, they contacted directors and professional staff from the women's centers where recruitment would take place and explained the study. Upon invitation, the fist author then traveled to each center accompanied by a local translator and met with women visiting the center who expressed interest in the study, during which time the recruitment script was read out loud to them and any questions were answered. If women were interested in participating, they were asked to return to the center on a certain date and time during which interviews would be conducted. Each woman was taken into a designated, private room at the center and questioned to ascertain they fit the inclusion criteria (18-49 years, Palestinian, had lived in Gaza for at least the last 10 years), verbal consent was obtained, and the session was audio recorded (all participants consented to audio recording).

Data was collected via semi-structured in-depth interviews to elicit participants' IPV and help-seeking narratives, with the presence of a local female translator. Interviews were conducted in English by the first author, with questions being translated into Arabic by the translator. Participants' responses were then translated back into English to the first author. Sessions lasted between 40-60 minutes on average. Recorded interviews were assigned pseudonyms to protect participants' identity and transcribed in Arabic. Transcriptions were then translated into English and coded for themes using open or inductive coding, an approach to qualitative analysis in which

codes are allowed to emerge from the data, rather than beginning with a pre-determined set of categories and codes (Creswell, 2007; Glaser & Strauss, 2006). Once all interviews were completed, transcribed, translated, and coded, data was organized into key themes representing the shared experience of women affected by IPV in Gaza. These themes were then mapped into a cultural model to simplify the concepts and their relationships to each other, which formed the basis for our interpretations.

In general, participants seemed to be cautious at the beginning of interviews, responding briefly and without emotion to questions. As the interviews progressed, most women transformed their responses to frank accounts of their experiences and opinions about IPV and seeking help expressed with deep emotion. Participants often shed tears in relaying their own stories and/or those of women they knew and cared for. We had the impression that most participants felt some relief in revealing their experiences, and that their willingness to share may have been in part due to the fact that the interviewer was not a member of the participant's community in Gaza. Normally, one would expect this to result in a general distrust of the interviewer by participants; however, as women revealed in their narratives, the fear of gossip and scandal contributed to a distrust of their own community members and acted as a barrier to help-seeking. Thus, revealing personal experiences to an outsider may have been perceived as a lesser risk, and a rare opportunity to share such taboo and painful stories without consequence.

5.5 Results

5.5.1 Help-seeking as a transgression of cultural values and traditional gender roles.

The most pervasive theme conveyed by the women was the association of help-seeking for IPV with a transgression of cultural values and women's traditional roles in Palestinian society. In Palestinian society, significant meaning and importance are placed on the family unit, and it is the center around which all aspects of society revolve. This is especially true in Gaza, where the paucity of employment opportunities, frequent wars, and lack of electricity create daily hardships; strong family ties are relied upon heavily for financial and other forms of assistance in order to survive. More specifically, great value and respect is placed on the role of the mother and wife; fulfilling these roles affords women respect and status in her community as well as security in a highly patriarchal society where women can rarely achieve such security through employment and education. Both women and men speak with pride about how hard the Palestinian mother works compared to other cultures, and how she sustains the family and household. Thus, if a woman fails to achieve and sustain matrimony and/or motherhood, it may undermine her position in society. When asked about reasons why women don't seek help for IPV, women consistently spoke of the traditional belief that family matters are private and should not be revealed. For example, Naima explained: "In Gaza we are against violence, we consider it a big issue and it should not be revealed." When asked why some women don't seek help for IPV, Maisa revealed: "[Women don't seek help] because of their children, the community traditions and habits… In our society, it is shameful to go and complain about her husband."

Further, it appears there is greater social stigma around seeking help for forms of IPV considered more severe, such as sexual violence. When discussing the different types of violence that women experience in Gaza, Rimah at first states that only physical and verbal violence exist. She then goes on to explain: “The sexual violence is indeed [present], but when I listen to radio programs, I rarely hear anyone reveal sexual violence stories, as people consider such violence as a private issue that cannot be revealed to people.”

Additionally, the implied value placed on preserving the family and its reputation in Palestinian society was a pervasive concept that surfaced among women’s reasons for not seeking help. This includes tolerating violence for the sake of the children or to avoid divorce. For example, Karima spoke about being exposed to violence by her husband for seven years. She describes an especially severe incident: “Once, my husband beat me so badly, and I fell into a coma. I was about to die, and my child was next to me. It was the most difficult situation for me, and until now I don't know why he beat me.” At the time of interview, Karima had divorced her husband twice: “My first divorce lasted for three months from August to November, then I came back to him. After that I completely was separated from him.” She went on to reveal that she wished to return to him, because: “Life with my [violent] husband is better than facing the community as a divorced mother, even though I am exposed to violence. To provide a family for my daughter is better than nothing.” She elaborated on the need to protect her family’s reputation: “A relative of my husband encouraged me to complain against him after they saw him mistreat me…[I withdrew the complaint because] I did not want things to go that far, and I wanted to preserve my daughter's

dignity." Karima's account portrays the importance attached to preserving the family structure, as well as the social stigma associated with divorce, both of which are given greater value than her physical safety and individual wellbeing.

These barriers to help-seeking were compounded by an expressed fear of the consequences of transgressing such traditional values and culturally prescribed gender roles. Perceived social punishment for transgressions included "scandal" or gossip, a loss of status or respect in the community, and retaliation from the husband or family members in the form of violence.

Naima explains the consequences a woman who seeks help for sexual violence specifically, will face in her community: "She will be avoided by society and rejected by people. She will become marginalized and she will lose confidence in herself. It is common that she will be subjected to verbal violence everywhere and when she goes out on the street." Latifa, in telling a story about a 17 year old girl who was exposed to severe physical violence from her husband, when asked if the girl sought help, replied: "No, she didn't [seek help] because her husband would kill her if she told anyone." Rania, a 49 year-old woman with children, explained: "Most [women] request help from their families or friends because they fear requesting help from institutions…because they fear that this will cause problems for them." Bushra, a divorced woman, describes her family's response to her seeking help for IPV: "When I used to live with [my husband], I told my family about him and the problems as I wanted to get rid of him. However, they told me to endure all that he has done." Women are expected to "endure", or "bear" the hardship in their marriage, as well as

in daily life Gaza, while men are permitted to release their frustrations through violence, or through leaving the home to socialize in the evenings.

Naima conveys her strategy for visiting a women's center and avoiding the social stigma associated with it:

> "[Access] to these centers is not direct, for example, my husband and mother allow me to go to this center but they do not know I [go here] to seek protection…I tell them I'm learning tailoring to sell and increase income. If they know that I come to this center to ask for protection they will prevent me from coming…I have a goal which is to become a professional in sewing in order to improve the family income and this association promised to give me a sewing machine when I learn the profession. This will help me improve the income of my house greatly, so my husband allows me…to go to the association."

Naima is permitted by her husband and family to attend the center for economic reasons, but not to seek help for her violent husband. This reveals the significance of such centers offering multiple services, such as development of skills to increase economic opportunities for families, in order to provide a culturally acceptable reason for women to attend such centers. While there, women may also seek the appropriate services for victims of IPV.

Interestingly, despite describing various forms of social disapproval and punishment for women who seek help for IPV, most women still perceived that society looked down on men who perpetrate IPV. Samira expresses this: "In my opinion, violence is unacceptable and unacceptable to society as society looks at the man who practices violence against his wife as a bad man and no one respects him; he has no social status." Karima supports this by expressing: "The Gaza community doesn't respect the violent man and doesn't consider beating as a type of masculinity." However, we see these ideas contradicted by other women who convey that society sees violence as

a badge of masculinity or a man's right, by some in the community. Rania illuminates this contradiction:

> "Unfortunately the community looks at [a husband who uses violence against his wife] as a man, a strong man, but some people look at him negatively…Those who look at a man who exposes his wife to violence negatively are more than people who think it's an act of strength."

Or Feyrouz, "[The community views violence as] his right because she is his wife; even if the community intervenes it will not change anything because he will simply tell them she is his wife and it's not their business." Feyrouz's statement reveals that women are seen as the property of their husband and thus the husband has the right to mistreat her without consequence.

This paradox implies that despite policies and laws that may be in place to protect women from violence, they are rarely practiced on the ground at the community level. As Feyrouz explains: "We have laws but they are not active; we have laws to protect women that are not implemented…Community men are more in control than the law here." Her statement reveals the status and influence that male community leaders hold over civil law in Gaza, and the challenge of both implementing and translating policy into sociocultural attitude and practice.

5.5.2 Negative perceptions of formal services

Many women interviewed expressed negative perceptions about formal services such as women's centers, associations, and other institutions, both in general and in the context of reasons that IPV victims do not seek their services. Their negative perceptions stemmed specifically from a distrust of the staff at the centers in terms of maintaining confidentiality (not "gossiping"), as well as experiences of sexual

harassment by male staff. It is not surprising that women would harbor concern that center staff might gossip about their situation if they were to reveal their situation, as many women expressed distrust even of those within their closer social network, such as family and neighbors, as reasons women do not seek help at all. For example, Naima tells the story of a woman she knew who was abused by her husband: “She couldn’t tell anyone about what she was experiencing. She knew that if she told her mother or brothers no one will help her.”

Further, Gaza is a geographically small region (26 miles by 5 miles, approximately) and hosts a population of just under 2 million, making it one of the most densely populated regions in the world. This proximity, coupled with the collective nature of Gazan society, makes for increased opportunity and ease in sharing others’ personal stories. Thus, the risk that someone might share private information told in confidence is a very real possibility for women in Gaza, with substantial social consequences. For example, when asked why women don’t seek help from formal services, Nasim replied: “Because they don't trust the associations and people and their fear of spreading their secrets.” Latifa supports this idea: “There are a large number of women [who] know about these centers and the services they provide but they are afraid to go because they don't trust them enough or maybe because of their fear of scandal.”

Wafaa conveys the overlap between mistrust and the fear of betraying what is forbidden in Gazan culture: “[Barriers to seeking help include] fear of her husband and mistrust of others, in addition to the fear of traditions and that telling secrets is prohibited by norms and traditions.” Another woman, Maryam, further confirms this

notion: “I think that not all women find people who they can trust to talk about their stories, especially because we are a conservative society.”

A few women mentioned experiencing sexual harassment by a male staff member when seeking help at a women’s center, which adds another level of distrust among women. Most staff encountered at women’s centers were women were recruited from were in fact female, however occasionally the director of such a center was male. Thus, women seeking help for sensitive issues such as IPV, may have to come in contact with male directors whose positions held the power of deciding whether and what type of assistance a woman may receive. Farida describes her experience of harassment with the male director of a women’s center:

> “…Once I went to a [women’s center] to request help, and the director misbehaved with me. He tried to hold my hands; he wanted me to sit next to him and he started asking about sexual issues. [The] director was a man. When he knows your financial situation is hard, he will treat you badly and abuse you. He asked me to come alone to receive financial support and if I refused he wouldn’t help me…He wanted to have sex with me, but of course I knew and I preferred eating salt rather than doing that.”

In addition, Bushra shares her story in which she was inappropriately touched by a male staff member at a different center:

> “I went to the director, and when I went to the center, I was welcomed by a man to whom I told my problems. He said he will help me and he called me the next day telling me to come to the center. When I went there, his eyes were weird, and he tried to touch me…He was sitting at his office, and he told me to bring a chair and have a seat. I thought he might ask me anything or need something. He gave me a paper, and told me to write down my name, title, and number. When I took the pen, he touched my hand…I decided to not go back.”

These two cases reveal male misuse of gendered power dynamics to sexually harass and assault vulnerable women seeking formal help for IPV. These incidents could be viewed as yet another form of social punishment for female transgression of the

social code of conduct prescribed by men in the community and reinforced by both men and women through various modes of discipline.

Other views of women's centers, associations, and other formal service providers included the perceived efficacy of such services. Some women conveyed that formal services were indeed effective, such as Tala who described her satisfaction with the services sought at an association in the north of Gaza:

> "…I was always subjected to violence from my husband and went to […] association, they provided me with the needed financial assistance. They also gave educational support for my children and food parcels. All these services helped to reduce the violence I was subjected to from my husband."

It is interesting to note that in Tala's case, it was not the services specifically geared towards victims of violence but the financial, educational, and food assistance that reduced violence from her husband. This points to the economic situation in Gaza as a cause of IPV, and highlights the importance of formal centers and institutions offering a wholistic service model in order to reduce violence in the family. This theme of efficacy in the form of financial services was shared by other women as well.

Other women perceived services were effective at short-term mitigation of the issue, by offering counseling for victims, workshops on how to manage a husband's anger to avoid violence, or awareness raising activities about gender-based violence and women's rights, however, such services were not effective at reducing the occurrence of violence in the long term. Eva shared her experience seeking help from a women's center for her husband's violence:

> "[Formal services are] effective but not fully; [they] only alleviate the problem and do not eliminate it…I took advantage of the services provided by the center, where I learned how to absorb my anger and my husband's anger and how to

> respond to him when there was any dispute so that I treated my children better and I became less violent."

Services are described as focusing on helping the woman to do what is in her control: her reaction and her anger, in order to de-escalate the situation; in Eva's case, teaching her to repress her own anger and violence toward her children.

Other women illustrate the need for policy and attitude changes in order for formal services to be effective. For example, Rania exhibited frustration at the ineffectiveness of such services, implying the need to address violence against women at the policy-level in order to ensure full efficacy:

> "[Services are] not fully [effective] - most people don't benefit. My brother's daughter had many problems with her husband. She experienced physical and verbal violence; he beat her really hard. She brought a divorce case to court but it was useless. She is not allowed to see her children; she stayed for 8 months at her family's house; she didn't ask for help from the centers…Women in our community are marginalized and they have no rights."

Another woman, Aliya, describes how stigma around help-seeking for IPV serves as a barrier to the efficacy of services: "[They are] not always [effective] because when a woman tells her problem to these centers, she does not inform them about it fully. They, at these centers, cannot give her an effective solution for her problem."

Contrastingly, some women believed the services were not effective at all, and that seeking help for IPV may actually increase the problems with her husband and family. For example, Eva shared her story: "I actually went to one of these centers to receive help and my husband was against that and I was subjected to violence as a result..." Feyrouz told the story of a girl who was beaten by her husband and sought help from her family; her family returned her to her husband so she went to a center for women: "She went to an institution and received psychological support, but the

level of violence she was subjected to was very high and this did not alleviate her pain a lot."

Sarah believed that one reason formal services were not effective in reducing IPV was that did not target both men and women: "Institutions and centers do not provide adequate assistance and provide only awareness services, which may lead to chaos in [women's] lives because awareness and change must be provided to both husband and wife together to [see] results." Gender transformative interventions, which engage men in the effort to reduce IPV, have been shown to have increased efficacy and potential in increasing gender equitable attitudes as well as decreasing reported IPV (Casey, Carlson, Two Bulls, & Yager, 2018). Naima, a woman who works for a women's association in the north of Gaza, shared the success story of a woman and her husband who sought help together:

> "She only wanted to debrief, but we provided her with all the needed support. She changed in many aspects. We also invited her husband to come and he responded. She informed us that she was subjected to violence by him. We gave him some advice, they responded positively and their life changed completely."

5.5.3 Acceptance as a coping mechanism.

The third pervasive theme underlying women's help-seeking behavior was women's seeming acceptance of their situation – whether their situation of IPV or the hardships of life in Gaza in general – which was expressed in the form of the belief that her situation was her destiny; alluding to the normalization of violence in society and the family; and forgiveness of the husband for his violence, rationalizing it as a product of the stress of life in Gaza and thus justifying it.

Several women attributed their situation to fate or destiny, allowing for acceptance, and was also cited as a reason that women do not seek help for IPV. For example, Rimah mentions that acceptance of one's fate among other barriers to help-seeking: "…the society, culture and the unavailability of a person whom she trusts, and fear of her husband. She might believe that what she is going through is something [she was destined for]." Rita also speaks of a woman's satisfaction with the lot she's been given in life as a reason for not seeking help: "A woman might feel afraid of her husband, or she considers herself satisfied about her reality and destiny to complete her life..."

Some women, such as Eva, alluded to religion as a form of acceptance of her husband's violence toward her:

> "I was subjected to violence by my husband who beat me severely with sharp instruments and pulled me out of my hair and wrapped me around the house until I lost my hair; he beat me on the face until I lost some of my teeth. He always beat me as a result I have blue marks on my body. I will never forgive him, but I always say *thank god*."

Religion is central to Palestinian life, and many men and women in Gaza attribute the situation and hardships they are faced with to god and god's will, in order to make sense of and assign reason to an otherwise unfathomably unjust situation that may have no accessible solution in the foreseeable future due to gender inequalities in society as well as a lack of resources for women in Gazan society.

The normalization of violence was another way in which a women's acceptance of the situation was conveyed. In discussing barriers to women seeking help for IPV, Feyrouz reveals: "Some women are used to being beaten by their husbands, so this becomes a normal thing." Various studies have shown increased likelihood of IPV in

societies exposed to conflict (Clark et al., 2010; Catani et al., 2009; Catani et al., 2008; Usta et al., 2008; Al-Krenawi et al., 2007; Haj-Yahia & Abdo-Kaloti, 2003), and thus violence may be accepted as an ordinary part of existence and perpetrated against family members.

Many women also expressed acceptance of a husband's IPV through forgiveness for his violence and understanding it as a result of the stressful situation in Gaza. For example, Latifa explained: "Yes I forgive [my husband for his violence] because I know my husband well and he is doing this because he is under stress and I try to excuse him." Rania described forgiving her husband and thus not seeking help for his violence, out of love for him: "I [forgive him] because I understand how he feels, it's a result of the hard living conditions we are experiencing. I feel shy to seek help or to tell the house secrets…because I love him and I don't want him to be humiliated." Intimate relationships are complex and often violence and love coexist within them simultaneously and the latter can actually act as a barrier to seeking help for IPV; this has been shown in other cultures as well (Liang et al., 2005). Women can suffer but face difficulty leaving their partner or reporting him to law enforcement out of love for him. The Just World Theory explains how victims of IPV can often come to blame themselves for his violent behavior having incited him or done something deserving of violence because it is easier to understand than someone whom they love and trust causing them harm (Lerner, 1997).

This theme of acceptance was also mentioned in terms of coping mechanisms for women. Women's strategies for coping with IPV and the hardships of living in Gaza tended to be internal and having to do with hoping, enduring or bearing it. Samira

revealed how she deals with her situation: “[Women] hope the situation in Gaza will change and her husband will change with it…I feel depressed and I try to forget, that’s why I try to busy myself with my children always.” Wafaa expressed: “[A woman] is forced to endure and she cannot even go out for fun because there is no money.” Another woman, Huda, stated: “Some women tell their story to their parents but most women reserve her own problems and bear them for her children.” Farida expressed: “[Women] get used to it; there is no other place to go to.”

Men, on the other hand, had external coping mechanisms as perceived by women, such as socializing with friends, partaking in recreational activities and substances, or perpetrating violence. For example, Tala described: “[Men cope] by going out with friends and playing cards and going out to sea.” Feyrouz described substance use as another coping mechanism for men: “[Men cope] by smoking cigarettes, drugs…by using anything to escape reality.” Nasim mentions her husband’s use of violence as his way of dealing with his frustration with the situation: “[My husband copes] by breaking something, beating me or hitting his children.”

The coping mechanisms cited for men, are activities that are not accessible to women due to traditional gender roles, such as leaving the family or the home to socialize with friends, smoking shisha or other substance use, and the use of physical violence. Women are often in the home tending to domestic chores such as cooking, laundry, and child rearing from the early morning until late in the evening, leaving only to visit with family or neighbors, whereas men are free to go out after work and socialize should they choose. Rimah illuminated the duality of gendered expectations in Gazan

society, and the assigning of a heightened sense of morality and ability to tolerate hardship to women:

"There are differences between men and women in [coping] with the harsh economic conditions. While men tend to commit illegal [acts], women are subjected to criticism in society more than men due to the community habits and traditions which [require] her to be committed to religion and morals…The societal culture imposes on the woman being committed to morals and religion [from] birth. Therefore, she becomes more [morally aware] than men.".

5.6 Discussion

Our analysis of women's narratives of help-seeking for IPV revealed three major themes: 1) help-seeking for IPV as a transgression of cultural values and traditional gender roles; 2) negative perceptions of formal services for IPV; and 3) acceptance of IPV as a coping mechanism. When women experience IPV in Gaza, they are faced with the options of seeking help from family, from formal services such as women's centers and/or law enforcement, or remaining silent and tolerating the abuse. Many women do not seek help from formal services due to the significance placed on preserving the family and its reputation, and they (and their families) often view help-seeking outside of the family as a betrayal of cultural values, gender roles, and family honor. The role of the "good" mother and/or wife affords women status in a patriarchal society which allows few other avenues to achieve such status and security. When asked about reasons why women don't seek help for IPV, women consistently spoke of the traditional belief that family matters are private and should

not be revealed. The undesirable state of losing one's status and value in society served as a powerful barrier to help-seeking, and was further compounded by the fear of perceived consequences of seeking help, including "scandal" or gossip and retaliation from the husband or family members in the form of violence. Many women expressed negative perceptions of and experiences with women's centers and their staff; these narratives included distrust that staff would betray their confidence and "gossip" about their situation, as well as past experiences of sexual harassment by male staff members that elicited further distrust. Doubt regarding the efficacy of such centers' services in actually resolving the IPV or improving the victim's situation created a further barrier; this doubt stemmed from both indirect and direct experience with formal help-seeking.

Two of the main themes, help-seeking as a transgression of cultural traditions and gender roles as well as negative perceptions of and experiences with formal services, act as barriers in women's decision-making process about whether or not to seek help for IPV, especially outside of the family. The third major theme - acceptance of IPV as a coping mechanism - illustrates how women, faced with such barriers, may resort to acceptance and justification of their husband's abuse as a modality for coping with their situation psychologically, with a perceived lack of viable options for resolving the IPV, given that most of them understood the violence to a symptom of the greater ecopolitical situation. This acceptance was related in women's narratives in the form of religion – her situation was her destiny, or god's doing and thus must be tolerated; in the form of forgiveness of her husband's abuse and understanding it as a symptom of the larger ecopolitical situation; and acceptance in the form of violence

normalization in a society where violence is pervasive and chronic, from the political to the family level, and multiple generations have been exposed to it in both forms. These themes fit within and affirm the elements of the "Model of Help-Seeking and Change" developed by Liang et al. (2015). In terms of problem recognition and definition, Liang et al. discuss the complexity and shifting nature of love in intimate relationships contributing to difficulty in clarifying abuse at the interpersonal level; this was supported by participants' narratives of forgiveness for their husband's abuse, and not seeking help out of love and not wanting to cause him embarrassment. Liang et al. discuss sociocultural influences on problem recognition, that women perceive abuse within a context of social, religious, and cultural institutions that reinforce power inequities between men and women. This aligned with our findings, as participants discussed societal views against revealing private matters outside the family, as well as emphasis on preserving the family reputation at all costs. Further, Liang et al. describe women in poverty and/or with limited resources as less free to conceptualize the IPV as intolerable or unacceptable due to the unlikelihood that the problem will be resolved. These phenomena seemed to be immersed in our participants' narratives as most women in Gaza are poor, jobless and completely dependent upon their husband (and his family) for income/support. Many women expressed an acceptance of their situation, which took the form of the belief that her situation was her destiny determined by god and thus should not be questioned, or rationalization of the IPV as a product of the stress of life in Gaza and thus justifying it.

In terms of the decision to seek help, Liang et al. discuss sociocultural and interpersonal influences including traditions that emphasize family privacy, fear of divorce, and gender roles that put men in superior social standing may prevent women from seeking help outside family, as well as potential costs of seeking help: loss of privacy, stigmatization, threats by abusive partner. These were influences that were represented in all women's accounts of reasons why they or other women don't seek help for IPV. Further, women's prior experiences with friends/family and formal services (both directly and indirectly) affected their perceptions about the effectiveness of formal services, and trust of staff at women's centers specifically in terms of sexual harassment and gossip.

In terms of selecting the type of support should the woman decide to seek help, Liang et al. discuss the cost-benefit analysis of the situation (the intangible costs of seeking informal and formal help) that takes place at the individual level, influencing whether the victim seeks formal or informal help. Examples of perceived costs included in the model are stigma, loss of privacy, potential divorce, loss of children, loss of income/support. All of these factors were discussed as influential in participants' decisions whether or not to seek help, but primarily when they were speaking about seeking formal help, outside of the family. Barriers to help-seeking were compounded by an expressed fear of the consequences of transgressing traditional values and culturally prescribed gender roles. Further, the loss of children as a result of divorce enforced by government policy is a legitimate fear that women must factor into their decision. Interpersonal influences on seeking formal vs. informal help in the model include the level of availability and supportiveness of friends & family which would

influence women's willingness and ability to seek formal support. In our study, many women spoke about their family members' disapproval of seeking formal help for IPV, which prevented them from seeking this type of support. One woman shared how she had to deceive her mother and husband as to the purpose of her visiting the women's center in her city, knowing they would not have approved her seeking help for IPV. Liang et al. speak of sociocultural influences on type of help sought being gender roles and acquire gendered attributes determined by men and patriarchal institutions that women are expected to follow. In Gaza, women recounted how these qualities are instilled in girls from birth and encouraged by threat of social punishment for transgressions throughout a woman's life. Through cultural norms, women learn that they are more tolerant than men, thus able to endure men's tempers and that they have a greater morality than men. Thus, it is more acceptable to seek help within the family, but to seek formal help would be perceived as a transgression of social values and gendered scripts in Gaza.

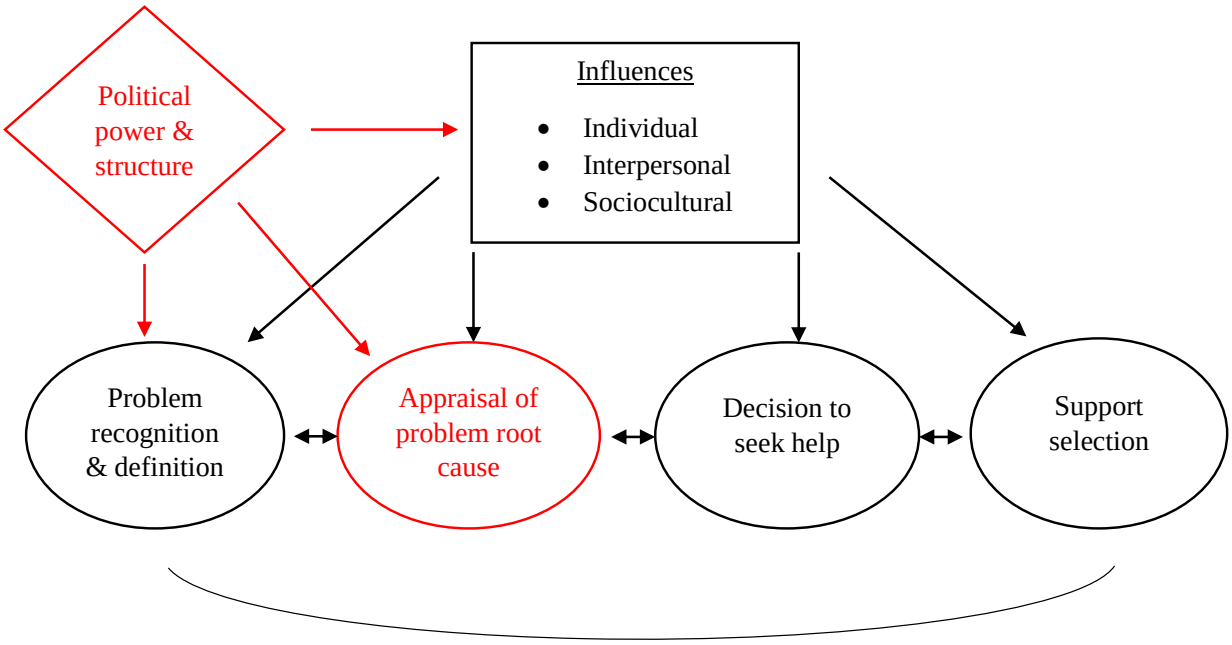
While the vast majority of our findings affirm and validate the model illustrated by Liang et al. (2005), they also lend implications for ways in which this model of help-seeking could be refined for further accuracy, especially in contexts of political violence and conflict. As the model illuminates, the decision to seek help is a complex process influenced by the victim's relationships with the perpetrator and potential source of help, as well as the nuanced ecopolitical environment in which the IPV occurs. These relationships and environment interact to influence the victim's (and her society's) perception or understanding of the IPV. As was stated by several participants in our study, Gazan society views a man who perpetrates IPV as a "bad

man"; however, several women's narratives contradict this view by expressing sentiments of forgiveness and compassion toward their abusive husbands because they understand the IPV as a symptom of stress from the broader ecopolitical situation. Further, many participants recounted family members encouraging them to stay with their abusive husbands rather than confronting him or supporting the victim in leaving him. While there are clearly cultural norms that emphasize preserving the family unit/reputation as well as economic reasons for a woman to stay with an abusive husband, this behavior seems counter to the notion of the IPV perpetrator as a "bad man".

Ergo, we propose adding a fifth element to the model, between "Problem recognition and definition" and "Decision to seek help" that captures the process of appraisal of the IPV as externally or intrinsically caused (**Figure 2)**. For example, in the specific context of Gaza, the victim may perceive the IPV as a result of the perpetrator's flawed or "bad" character (intrinsic), or as a result of economic hardship and political violence resulting from the larger political power and structure (externally). Almost all of our participants were aware of the IPV as a problem, and as a violation of their human rights, yet the causal framework through which they (and their families) understood their partner's violence appeared to significantly impact their decision to seek help, beyond problem recognition, gender and culture, perceptions of and prior experiences with help-seeking, and perceived costs. Certainly, a woman's appraisal/understanding of the root cause of the IPV, would also be influenced by individual, interpersonal, and sociocultural factors as with the other 3 elements; relatedly, the larger political context would also influence a woman's ability to

recognize IPV as a problem through the potential normalization of violence, and would also impact individual, interpersonal, and sociocultural factors. Adding this element would further elucidate women's lived political, cultural, and social experience of gender and violence in Gaza.

Figure 2. Authors' adaptation of the Model of Help-Seeking and Change (Liang et al., 2005).



*Authors' adaptations in red.

5.6.1 Conclusion

In conclusion, our study revealed three key themes related to women's narratives of help-seeking for IPV in Gaza: 1) help-seeking for IPV as a transgression of cultural values and traditional gender roles; 2) negative perceptions of formal services for IPV; and 3) acceptance of IPV as a coping mechanism. When women experience IPV in Gaza, they are faced with the options of seeking help from family, from formal services, or remaining silent. Many women do not seek help from formal services due

to the significance placed on preserving the family and its reputation, and they (and their families) often view help-seeking outside of the family as a betrayal of cultural values, gender roles, and family honor, the transgression of which often equates to loss of status, security, and consequences including "scandal" or retaliation in the form of additional violence. Negative perceptions of and experiences with women's centers were further barriers to seeking help, and included distrust in staff's ability to maintain confidentiality, and experiences of sexual harassment by male staff members. Additionally, women expressed a lack of confidence in the ability of formal services to resolve IPV and/or improve the survivor's situation. Women, faced with such barriers and a perceived lack of viable options for resolving the IPV, may be more inclined to cultivate acceptance and justification of their husband's abuse as a modality for coping with their situation psychologically. This acceptance took the form of religion, forgiveness of her husband's abuse and understanding it as a symptom of the larger ecopolitical situation, and violence normalization in women's narratives.

These themes affirm and fit within the elements included in the Model of Help-Seeking and Change developed by Liang et al. (2005) as a theoretical framework for understanding the process of IPV help-seeking. Our findings suggest that women's appraisal of the root cause of IPV as either intrinsic or external to the perpetrator, may be a significant element in the process of deciding whether or not to seek help as well as what kind of help to seek, especially in a context of prolonged political conflict, beyond problem recognition and definition. As such, we recommend it as an

additional element for consideration in enhancing this model. While the intent of this research was to provide a robust description of women's experiences with IPV help-seeking in Gaza specifically, we recommend expanding the study to include women from various countries in the Arab world which may exist in different geo- and ecopolitical contexts; this would allow for comparing the help-seeking process and its barriers across Arab-Muslim contexts to better inform policy and service-provision targeting Arab-Muslim women affected by IPV, as well as render deeper understanding of how broader ecopolitical contexts play a role in IPV help-seeking. Looking upstream, effort should be made to reduce the incidence of IPV; future studies should be conducted to understand how contexts of chronic political violence may exacerbate IPV perpetration in the Arab world. Limitations exist in that only women of reproductive age were included in this study, and the perspectives represented were those of the victims or potential victims of IPV. We recognize that in order to achieve a more holistic understanding of the process of and barriers to help-seeking, the perspectives and experiences of those providing formal services to victims should be solicited as well as those of men. Despite these limitations, we believe a more complex understanding of emic notions of IPV and help-seeking among women is necessary to describe the various factors influencing the help-seeking process, thus informing interventions and policy aimed at improving women's access to services for IPV in Gaza.

As researchers external to the Gazan community, we do not possess the emic knowledge necessary to make suggestions regarding cultural change there. As health

policy researchers, we use research to impart policy and practice recommendations based on the findings of our research, while also attempting to approximate what the Gazan community's desires for improving population health. Therefore, operating within these etic constraints and based on our results, we certainly acknowledge the need for an upstream approach that aims to prevent the occurrence of IPV by relieving the political context which has weakened Gaza's economy and exposed its civilians to extreme and frequent forms of political violence and poverty. While this approach is beyond the scope of this study, we cannot ignore that Gaza has a much higher rate of IPV than its surrounding nations with similar cultures, including the West Bank, pointing to factors beyond culture that contribute to IPV, such as the ecopolitical environment.

The focus of this study was downstream, thus we make recommendations that can increase availability of and access to assistance for survivors of IPV. In order to help women survivors, there are broader cultural norms and public policy that needs to shift. Many women mentioned the fear of losing their children if they divorced their husbands due to a policy that turns children over to the father once they reach a certain age, and thus stayed with abusive husbands in order to remain with their children. This policy should be reformed to reflect a more gender-equitable solution to parental rights in divorce which considers various factors beyond gender, including parents' ability to provide a safe home for their children. Stigma around IPV, as well as distrust of women's centers and their staff were prevalent themes in our interviews; thus we recommend interventions which seek to increase awareness of and education

around IPV, as well as activities that encourage relationship-building between women's centers and their communities in order to foster trust and combat stigma. Further, involving men in such interventions is vital to shifting harmful gender norms that create environments accepting of violence against women (Casey et al., 2018). While men should be included in target populations, wherever possible, women's centers or other organizations that are providing services for sensitive issues such as IPV or other forms of violence against women should consider policies that prohibit the hiring of male staff or prevent men from holding positions of authority within such organizations, such as directors. The power endowed in such roles could be used to commit further acts of gender-based violence, or inadvertently discourage women from seeking help for fear of further violence, as was revealed in this study.

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CHAPTER 6. POLICY IMPLICATIONS & CONCLUSION

6.1 Overall Discussion

Political violence has profound impacts on the health and well-being of those civilians exposed to it (Verduin et al., 2013; Krug et al., 2002; Rummel, 1994; Quirk & Casco, 1994), especially in situations where such violence is protracted over long periods of time as in the oPt. Specifically, collective violence has been associated with an increased risk of IPV against women (Clark et al., 2010; Catani et al., 2009; Catani, Jacob, et al., 2008; Catani, Schauer, et al., 2008; Usta et al., 2008; Al-Krenawi et al., 2007; Haj-Yahia & Abdo-Kaloti, 2003). While much of the research on IPV in the Arab world has focused on the patriarchal nature of social institutions and local governing policies, there has been a paucity of literature which examines the impact of the larger ecopolitical context on perpetration of IPV in these regions. As members of high-income western nations, such as the U.S., we participate in foreign policy which directly causes and/or supports political violence and conflict in this region; thus, if we are to be genuine in our efforts to reduce violence against women, and ethical in our academic endeavors on the topic, an approach which recognizes that health is indeed political and which takes the effect of policies (both foreign and local) on gender-based violence into consideration, is of the utmost necessity. The goals of this study were: (1) to explore protracted political violence as a root cause of IPV perpetration; and (2) to advance the body of literature on IPV help-seeking in the Arab world, which aims to improve access to health services for women affected by IPV in this region. My approach was two-pronged in nature, addressing both

upstream and downstream facets of the issue of IPV in the context of political violence. For the upstream aspect, I used a 2011 population data set (PCBS, 2011) to statistically defined the magnitude and significance of the relationship between exposure to various forms of political violence and IPV perpetration in the oPt. I subsequently compared this same relationship between the West Bank and Gaza strip, to investigate whether the effect differed significantly by territory. These findings gave further information about whether differences in severity and type of political violence matter in their effect on IPV. For the downstream approach, I used regression analysis on the same data set to statistically estimate which individual factors significantly influenced the help-seeking behavior of women affected by IPV in the oPt. I then conducted one-on-one semi-structured interviews with women in Gaza to elicit their direct perspectives and experiences with IPV and help-seeking. These gave valuable information regarding sociocultural and ecopolitical barriers to health services for women affected by IPV in the Gaza Strip.

Overall, this study has led to 3 main conclusions. The first set of conclusions relates to the association between exposure to political violence and IPV, and differences in this association between Gaza and the WB. These findings hold meaningful implications for understanding how the degree of severity and type of political violence impacts IPV perpetration. The second set of results describes factors which influence the decision to seek help, and type of help sought, by women affected by IPV in the oPt. These results are critical components to understanding both general and culturally-specific barriers to accessing health services for women in the oPt, and

for informing programs and policies aimed at increasing such access. And finally, the third set of conclusions offer an exploratory understanding of women's perceptions of and experiences with IPV and help-seeking for IPV in the Gaza Strip. These firsthand narratives provide valuable personal accounts of sociocultural and ecopolitical barriers to help-seeking in Gaza, that augment existing theoretical frameworks and provide scaffolding for building culturally-relevant and effective services for Arab-Muslim female survivors of IPV.

Manuscript One provided an empirical analysis of the degree and magnitude of association between husbands' exposure to political violence and IPV perpetration in the oPt, as well as the difference in this association between Gaza and WB. The first part was necessary to understand whether and by what magnitude political violence may affect IPV in the oPt. The second part, given Gaza and the WB are two Palestinian territories in close proximity with similar cultures, would give insight into whether or not severity and/or frequency of political violence impacts the effect of exposure to political violence on IPV. Among its primary conclusions, this paper illustrated that women in the oPt whose husbands had been exposed to political violence were significantly more likely to experience IPV in the last year than those women whose husbands had not been exposed. Relatedly, though women in Gaza were significantly more likely to experience IPV than women in the West Bank, the magnitude of association between exposure to political violence and IPV did not differ significantly between the two territories, which has substantial implications for policies aimed at reducing IPV in areas of protracted conflict. Because Gaza and the WB do not differ culturally, but differ substantially in terms of severity and frequency

of exposures to political violence from the Israeli occupation, we expected that exposure to political violence would have a greater effect on IPV perpetration in Gaza, which had been under blockade for 5 years at the time of data collection (2011), suffers frequent airstrikes, 50% unemployment, and had a major Israeli offensive in 2008, than in the WB where political violence mainly exists in the form of settler violence, house raids by Israeli soldiers, and Palestinian land being taken for illegal Israeli settlements. This finding implies that changes in severity and frequency of exposure to political violence do not necessarily change its impact on perpetration of IPV. This is substantial in that it suggests that the effect of exposure to political violence on perpetration of violence may be generalizable to varying contexts and types of conflict involving political violence. Such knowledge is informative for policymakers interested in addressing root causes of violence against women and reducing its occurrence, especially in regions exposed to conflict and political violence.

Manuscript Two empirically investigated factors that influenced women's decision whether or not to seek-help in the oPt, as well as what kind of help they sought – formal or informal. An example of informal help-seeking would be reaching out to family and/or friends; an example of formal help-seeking would be seeking the support of services provided by a health center or women's center in the community. Analysis of the results revealed that sociocultural norms, as well as geographic and political context, influence women's help-seeking behavior in the oPt. In particular, being employed had a significantly greater probability of seeking informal help than

being unemployed, which may be reflective of the association of agency and employment among women; women who are employed would have greater access to resources, facilitating help-seeking for IPV. However, this does not explain the lack of difference between employed and unemployed women in terms of help-seeking from formal services. This could be due to other intervening variables such as lack of availability, social values placed on protecting the family reputation, and other sociocultural barriers to access. Higher levels of education were inversely associated with informal help-seeking, and the magnitude and significance increase with level of education. Though counter to what one would expect based on the literature, this finding may be reflective of differences in community status among highly educated women, and their desire to preserve their subsequent reputation, especially in a society where few women hold jobs due to gender discrimination.

A secondary set of results showed a significant difference in informal help-seeking between Gaza and the WB. This may be due to geographical differences between the two territories; the Gaza Strip is a small and extremely densely populated region whereas communities tend to be more spread out in the WB and often divided by large concrete walls and check points separating social networks. Additionally, women living in a refugee camp had a greater probability of seeking help from formal services than women in urban localities, which may reflect the organizational presence of UN schools, healthcare clinics, and women's centers concentrated in refugee camps. In Gaza especially, there is a necessity to rely on social networks and community in order to survive the harsh economic and emotional conditions of living

under siege and frequent military attacks by the Israelis, which may also contribute to the difference in informal help-seeking between Gaza and the WB. The lack of difference in formal help-seeking between the two oPt may be reflective of shared cultural norms around family and protecting family reputation among Palestinians collectively, as well as the authority of family in solving domestic issues. These findings not only provide a list of individual factors that may influence women's help-seeking behavior, both sociocultural and geopolitical, but give insight into culturally-specific stigmas that may inhibit help-seeking in general, especially formal help-seeking. This information is critical for developing culturally-specified programs aimed at increasing access to formal services for female survivors of IPV in the oPt as well as other Arab-Muslim societies and may serve as further evidence of the need for policies that reduce stigma around IPV and increase gender equity.

Manuscript Three is a qualitative investigation of women's perceptions and experiences with IPV and help-seeking in Gaza, leading to a set of themes that illuminate barriers faced by survivors to accessing assistance, both formal and informal. Analysis of the results revealed three key themes among participants' narratives, including (1) help-seeking as a transgression of cultural values and traditional gender-roles; (2) negative perceptions of and experiences with formal services; and (3) acceptance of IPV as a coping mechanism. The first two themes acted as barriers in women's decision-making process about whether or not to seek help for IPV, especially outside of the family. The third theme illustrates how women, faced with such barriers, may resort to acceptance and justification of their husband's

abuse as a modality for coping with their situation psychologically, with a perceived lack of viable options for resolving the IPV. These themes largely supported the elements of the "Model of Help-Seeking and Change" developed by Liang et al. (2015). Based on our findings, we proposed the addition of a fifth element to the model which captures the process of appraisal of the IPV by the survivor as externally- or intrinsically-caused. In our results, women's perceptions of the IPV as resulting from the perpetrator's flawed or "bad" character (intrinsic), or as a result of economic hardship and political violence resulting from the occupation (externally), appeared to impact their decision whether or not to seek help. These findings provide valuable firsthand narratives of women in the Gaza Strip about their perceptions and experiences with IPV help-seeking which can inform programs and policies aimed at increasing access to services for survivors in the oPt. Further, they offer context and triangulation for the empirical results of Manuscript Two. To our knowledge, this study is the first of its kind in Gaza, using qualitative methods to document and analyze women's narratives regarding IPV and help-seeking.

6.2 Limitations of this Study

This study has several limitations which must be cited. First, the use of opportunistic sampling does not guarantee a sample that accurately represents the ideas and opinions of the female population of Gaza due to biases that may exist in environmental, cultural, or socio-economic factors, thus the degree of generalizability may be limited. However, in qualitative research, broad generalizability is not the goal. Rather, non-random sampling methods and small sample size is often necessary

for the depth of the data collected (Hirsh, 2008). Further, there are multiple biases inherent in conducting interviews with participants, such as response bias, if the participant responds in a way they perceive desirable to the interviewer. This can be minimized by practicing asking questions in a way that is not leading to increase validity. Further, since I conducted the interviews as an outsider to the community, I did not have pre-established relationships with participants which may have further biased the content that they were willing to share as well as the way in which they expressed themselves. Another inherent bias is intra-observer bias, as I was the only interviewer, and potentially asked questions differently from one participant to the next, this may have compromised study reliability. This risk was reduced by adhering to a well-planned interview guide. In any qualitative analysis, it is ideal to have multiple reviewers participating in the coding process, which allows for triangulation and helps to reduce intra-observer bias in the results and increases the reliability of the findings. Thus, I shared the coding process with another member of the study team.

Additionally, limitations exist in the quantitative analyses. While we attempted to control for all potential confounding variables in the empirical models, the potential exclusion of other variables that may interact with the exposure to political violence and/or mediate its effect on IPV may have created additional error. The secondary data used is cross-sectional and thus temporal direction cannot be described and causation cannot be ascertained between exposure to political violence and IPV. Also, the data used to denote exposure to political violence was reported by women about

their husband's exposures, not by the husbands themselves. Thus, any results must be considered with this potential for bias in mind. Moreover, women's experiences of IPV were self-reported, which, in a society where IPV is a culturally sensitive subject and largely not discussed for fear of the reprisal of family members, we may assume that reported rates of various forms of IPV may actually be much lower than the true rates occurring in the oPt.

Further, the definition used by PCBS for the exposure to political violence variable did not include specific types of political violence that would be unique to Gaza, such as airstrikes, drones, and other traumatic events of warfare. This would inhibit the ability to detect a significant difference in the impact of exposure to political violence on IPV between Gaza and the WB. However, many items included in the definition of exposure to political violence were items that could be results of warfare, such as the loss of family members, homes, etc. Additionally, one could argue that everyone in Gaza has been exposed to some form of political violence due to its small size geographically, the duration and proliferation of occupation policies that include limitation of Palestinians' travel into and out of Gaza, and their effects on Palestinian society. Similar studies should be done that measure exposure to specific types of political violence, including those specific to Gaza, as well as frequency, and their impacts on IPV perpetration.

6.3 Policy Implications

In the context of the oPt, this study dually lends support to foreign policy that aims to relieve oppressive occupation policies in the oPt, especially those placed on Gaza, as

well as local policies that combat institutional and systemic gender inequities. Rates of IPV were found to be substantially greater in Gaza than WB, likely reflecting the increasingly restrictive occupation policies that have been enforced in Gaza since the beginning of the Israeli siege in 2007. Further isolation of Gaza's society and economy has led to increased financial burden as well as conservatism – both contributing to the perpetration of IPV, as well as barring access to services for those affected by it via intensified traditional sociocultural barriers such as stigma. Thus, local policies that promote gender equitable attitudes and human rights would work to mitigate harmful social beliefs around IPV; however, such policies must coincide with the alleviation of political violence and human rights violations resulting from the Israeli occupation. It is extremely difficult to advocate for women's right when the entire population's human rights are continuously violated.

Relatedly, as this study found that women in Gaza face various barriers to accessing resources for IPV, it provides evidence for the necessity of policy for both local and foreign policy makers and researchers that support the sustainability of grassroots and international organizations providing such services. This necessity is underscored by the finding that women living in refugee camps were significantly more likely to seek help from formal services for IPV, likely due to the increased availability and promotion of such services in camps managed by large international organizations such as UNRWA. Such organizations rely heavily on high-income countries for funding and donor support, which has been recently cut substantially by the current U.S. administration. The current political climate in many OECD countries and

increasing nationalist sentiments is concerning in terms of the sustainability of international organizations in many low-income nations, especially those exposed to conflict.

A third policy implication is more specifically related to reducing interpersonal violence, especially IPV, in populations exposed to prolonged conflict and resulting political violence. The finding that the effect of exposure to political violence on IPV perpetration was significant but did not differ between Gaza and the WB implies that varying severities of political violence may have similar influence on the perpetration of interpersonal violence. This study was limited in its broad definitions of political violence, thus further research should be conducted to affirm the validity of these results. Additionally, Clark et al. (2010) call for further investigation "into the potential pathways leading from political to intimate-partner violence, taking into account a range of explanations and their interactions, because any one explanation is insufficient to explain the relation" (p. 315). Thus, future research should incorporate a qualitative component to explore and explain the relationship between political violence and IPV among women in the oPt. However, it provides valuable information for violence prevention efforts in such regions and supports the need for policies that reduce and/or avoid political conflict in order to improve population health and reduce interpersonal violence, especially against women.

6.4 Conclusion

IPV and violence against women in general is a major public health concern and social justice issue globally (Tran et al., 2016; WHO, 2012), especially in populations where gender equity is not commonly practiced, and whose political contexts include conflict and political violence, which may exacerbate existing gender inequities and their symptoms, including violence against women. Thus, this study has sought to advance current knowledge about the relationship between conflict and IPV, as well as factors influencing women's access to services in such populations, with the ultimate goal of influencing policymaking and programming aimed at reducing the occurrence of violence against women, including IPV in contexts of prolonged conflict.

This study found exposure to political violence to be a significant factor influencing the perpetration of IPV in the oPt, affirming findings from previous research by Clark et al. (2010). Further, though women were much more likely to experience IPV in Gaza and their husbands more likely to be exposed to political violence than in WB, no evidence of statistical difference was found in magnitude of the effect of exposure to political violence on IPV between Gaza and WB, suggesting that severity and frequency of exposure to political violence may not matter as much as perceived severity of exposure, in its influence on IPV perpetration. Various sociocultural and geopolitical factors were found to impact survivors' decision whether or not to seek help for IPV, and what type of help was sought (formal vs. informal). Being employed and living in a refugee camp significantly increased the probability of seeking informal and formal help, respectively. Higher education levels and living in

the WB significantly decreased the likelihood of seeking informal help, implicating the presence of stigma and geographical barriers to accessing help. Overall, frequency of formal help-seeking was very low for both oPt, across all factors considered. Narratives from women in Gaza revealed potential reasons for the low rates of formal help-seeking for IPV survivors; among these are cultural perceptions of help-seeking as a transgression of family and traditional values/gender roles, negative perceptions of formal services, and an acceptance of IPV in order to cope with their political and social situation. These results lend themselves to several policy recommendations for those interested in both upstream and downstream approaches to mitigating IPV in the Arab world, especially regions experiencing political conflict.

Given these findings, it is evident that political conflict, and hence the exposure of populations to the resulting political violence, contributes to increased interpersonal violence within communities. The burden of such interpersonal violence tends to be concentrated in oppressed and/or marginalized subgroups such as women, especially in societies where heightened gender inequities exist within cultural beliefs as well as social and government institutions. Thus, substantial consideration must be taken in formulating policy, both at the local and international level, which influences such contexts of political conflict and violence toward a swift, just and peaceful solution in which basic human rights, especially that of self-determination, are restored to affected populations.

6.5 References

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Appendix A.

Verbal Recruitment Guide

Hello. My name is Meghan Fitzgerald and I am a PhD student from Oregon State University in the Department of Public Health. I am looking for women ages 18-49 to participate in a research study called “The effects of political violence on women’s health in Gaza”.

The purpose of this study is to understand women’s perceptions about the effects of the occupation on women’s health, and how to improve access to health services for women affected by violence in Gaza.

Participation in this study involves an interview with myself and a female translator, and should take no more than 1 hour of your time. For accuracy of information, I would like your permission to audio-record the interview.

Appendix B.

Sample Interview Questions

1. Have you ever traveled outside of Gaza? What was that experience like?
2. If Gaza was not under siege, how would things change for people and their families?
3. Would you say violence is a problem in Gaza?
4. What kinds of violence do you see or hear about most often in your community or neighborhood?
5. Have you ever witnessed or heard stories of violence occurring in your community?
6. What do you think are the main causes of violence in Gaza?
7. Do you think this is experienced differently by men and women?
8. What kind of violence is experienced by men? By women?
9. What do you think the reasons are that a man might use violence against his wife?
10. How is that perceived by the community?
11. In your opinion, do you think that many women know about women's centers like_____, or other services that are available for women who suffer from violence by their husbands?

Appendix C.

Human Research Protection Program
Institutional Review Board
Office of Research Integrity
B308 Kerr Administration Building, Corvallis, Oregon 97331-2140
(541) 737-8008
IRB@oregonstate.edu | http://research.oregonstate.edu/irb

DETERMINATION

Date of Notification	03/17/2017		
Study ID	7964		
Study Title	Association beween intimate partner violence and exposure to political violence among women in Gaza, and predictors of help-seeking behavior		
Person Submitting Form	Meghan Fitzgerald		
Principal Investigator	Chunhuei Chi		
Study Team Members	Meghan Fitzgerald		
Funding Source	None	Proposal #	N/A
PI on Grant or Contract	N/A	Cayuse #	N/A

DETERMINATION: RESEARCH, BUT NO HUMAN SUBJECTS

The has been determined that your project, as submitted, does meet the definition of research but **does not** involve human subjects under the regulations set forth by the Department of Health and Human Services 45 CFR 46.

Appendix D.

المجلس الفلسطيني للبحث الصحي
Palestinian Health Research Council

تعزيز النظام الصحي الفلسطيني من خلال مأسسة استخدام المعلومات البحثية في صنع القرار

Developing the Palestinian health system through institutionalizing the use of information in decision making

Helsinki Committee
For Ethical Approval

Date: 2017/04/03 **Number:** PHRC/HC/209/17

Name: MEGHAN FITZGERALD :الاسم

We would like to inform you that the committee had discussed the proposal of your study about:

نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم حول:

Womens perceptions about the relationshsip between exposure to political violence and intimate partner violence (IPV), and access to services for women affected by IPV in Gaza.

The committee has decided to approve the above mentioned research. Approval number PHRC/HC/209/17 in its meeting on 2017/04/03

و قد قررت الموافقة على البحث المذكور عاليه بالرقم والتاريخ المذكوران عاليه

Signature

Member **Member**

Yehia Abed

Chairman

2017

Genral Conditions:-

1. Valid for 2 years from the date of approval.
2. It is necessary to notify the committee of any change in the approved study protocol.
3. The committee appreciates receiving a copy of your final research when completed.

Specific Conditions:-

E-Mail:pal.phrc@gmail.com

Gaza - Palestine غزة - فلسطين
شارع النصر - مفترق العيون

Appendix E.

Oregon State University
Research Office

Human Research Protection Program
& Institutional Review Board
B308 Kerr Administration Bldg, Corvallis OR 97331
(541) 737-8008
IRB@oregonstate.edu
http://research.oregonstate.edu/irb

Date of Notification	11/30/2018		
Notification Type	Approval Notice		
Submission Type	Continuing Review Application	Study Number	8071
Principal Investigator	Chunhuei Chi		
Study Team Members	Melissa Cheyney, Meghan Fitzgerald, Susan Shaw		
Study Title	The effects of long-term political violence on women's health in Gaza		
Review Level	Expedited		
Expedited Category	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☒ 7 ☒		
Waiver(s)	Documentation of Informed Consent		
Risk Level for Adults	Minimal Risk		
Risk Level for Children	Study does not involve children		
Funding Source	None	Cayuse Number	N/A

APPROVAL DATE: 11/30/2018 **EXPIRATION DATE:** 11/29/2019

Continuing review applications are due at least 30 days prior to expiration date

Comments: Closed to enrollment; data analysis only

The above referenced study was reviewed and approved by the OSU Institutional Review Board (IRB). The IRB has determined that the protocol meets the minimum criteria for approval under the applicable regulations, state laws, and local policies.

This proposal has not been evaluated for scientific merit, except to weigh the risk to the human subjects in relation to potential benefits.

Appendix F.

Sensitivity: Effect on intimate partner violence.

	Naive	Robust Standard Error	W/o outliers	Survey	Survey w/o outliers
EPV	0.080***	0.080***	0.076***	0.122***	0.119***
	(0.015)	(0.015)	(0.015)	(0.031)	(0.032)
N	4348	4348	4256	4348	4256
R^2	0.105	0.105	0.128	0.111	0.127
F	47	56	85	20	51

Notes: Standard errors in parentheses. All covariates are included.
*p < .05; **p < .01; ***p < .001.

Appendix G.

Effect on IPV: Linear probability model vs. logistic regression.

	OLS[†]	Logistic[¥]	AME[ɬ]
EPV	0.080***	1.44***	0.078***
	(0.015)	(1.25, 1.65)	(0.015)

Notes: All covariates are included.
[†]Coefficients are average marginal effects. Standard errors are in parentheses.
[¥]Coefficients reported as odds ratios. Confidence intervals in parentheses.
[ɬ]Average marginal effects for logistic regression coefficients. Bootstrapped standard errors in parentheses.
N = 4348
*p < .05; **p < .01; ***p < .001.

Appendix H.
Sensitivity: Effect on help-seeking.

	Naive	Robust Standard Error	W/o outliers	Survey	Survey w/o outliers
Gaza	0.086***	0.086***	0.089***	0.116*	0.118*
	(0.021)	(0.021)	(0.021)	(0.046)	(0.046)
EPV	0.081***	0.081***	0.083***	-0.024	-0.024
	(0.021)	(0.022)	(0.022)	(0.047)	(0.047)
Age	-0.003***	-0.003***	-0.003***	0.000	-0.000
	(0.001)	(0.001)	(0.001)	(0.002)	(0.002)
Refugee	0.015	0.015	0.014	0.063	0.062
	(0.022)	(0.022)	(0.022)	(0.042)	(0.042)
Employed	0.069	0.069	0.074*	0.103*	0.107*
	(0.037)	(0.037)	(0.037)	(0.043)	(0.043)
Region – Rural	-0.044	-0.044	-0.042	-0.105	-0.104
	(0.030)	(0.030)	(0.030)	(0.055)	(0.055)
Region – Camp	0.007	0.007	0.008	-0.069	-0.069
	(0.029)	(0.029)	(0.029)	(0.046)	(0.047)
Edu – Primary	-0.031	-0.031	-0.036	-0.010	-0.012
	(0.037)	(0.037)	(0.037)	(0.049)	(0.049)
Edu – Secondary	-0.105**	-0.105**	-0.110***	-0.100*	-0.102*
	(0.035)	(0.034)	(0.034)	(0.043)	(0.043)
Edu - Higher	-0.154***	-0.154***	-0.162***	-0.148**	-0.153**
	(0.042)	(0.042)	(0.042)	(0.057)	(0.058)
N	2749	2749	2747	2749	2747
R^2	0.019	0.019	0.020	0.035	0.035
F	6.3	6.5	6.8	3.8	3.8

Notes: Standard errors in parentheses. All covariates are included.
*p < .05; **p < .01; ***p < .001.

Appendix I.

Effect on help-seeking: Logistic regression vs. linear probability model for various covariates.

	LPM[†]	Logisitc[¥]	AME[ɟ]
EPV	0.081***	1.42***	0.081***
	(0.022)	(1.20, 1.69)	(0.018)
Gaza	0.086***	1.39***	0.086***
	(0.021)	(1.17, 1.65)	(0.023)
Age	-0.003***	0.99**	-0.003**
	(0.001)	(0.98,0.10)	(0.001)
Refugee	0.015	1.06	0.015
	(0.022)	(0.89, 1.27)	(0.021)
Employed	0.069	1.32	0.068
	(0.037)	(0.99, 1.77)	(0.036)
Region – Rural	-0.044	0.84	-0.044
	(0.030)	(0.66, 1.06)	(0.028)
Region – Camp	0.007	1.03	0.007
	(0.029)	(0.82, 1.30)	(0.029)
Education – Primary	-0.031	0.88	-0.031
	(0.037)	(0.65, 1.18)	(0.038)
Education – Secondary	-0.105**	0.65**	-0.104***
	(0.034)	(0.49, 0.86)	(0.033)
Education - Higher	-0.154***	0.533***	-0.150***
	(0.042)	(0.38, 0.75)	(0.038)

Notes: All covariates are included. Results not adjusted for survey weights.

[†]Coefficients are average marginal effects. Standard errors are in parentheses.

[¥]Coefficients reported as odds ratios. Confidence intervals in parentheses.

[ɟ]Average marginal effects for logistic regression coefficients. Bootstrapped standard errors in parentheses.

N = 2749

*p < .05; **p < .01; ***p < .001.