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The Association Between Gender-Based Violence, Wellbeing, and Mental Health Outcomes Among Palestinian Women

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Abstract

Objectives: The current study was designed to investigate the association between gender-based violence (GBV), wellbeing, and mental health outcomes among Palestinian women. **Methods**: A correlational method was used to examine the relationship between study variables. A geographical representation of the female participants showed that 162 were from cities, 69 were from villages, and 18 were from Palestinian camps. **Results**: Pearson's correlation coefficient was used to test the relationship between GBV, wellbeing, and mental health outcomes. Results showed that GBV was negatively associated with well-being, $r = -.20$, $p < .01$, and positively associated with stress, $r = .20$, $p < .01$, depression, $r = .25$, $p < .01$, and anxiety, $r = .14$, $p < .01$. Results also indicated that wellbeing was negatively correlated with stress, $r = -.30$, $p < .01$, anxiety, $r = -.32$, $p < .01$, and depression, $r = -.29$, $p < .01$. **Conclusion**: The current study supported previous findings demonstrating that GBV is positively correlated with depression, stress, and anxiety, and negatively correlated with well-being among Palestinian women. Further studies concerning risk factors of GBV, the personal characteristics of women who experience GBV, and intervention programs that targeting mental health and well-being issues among women who suffer from GBV are recommended.

Keywords: Gender-Based violence; wellbeing; mental health outcomes; Palestinian women

Background

Despite being a globally ubiquitous phenomenon, violence against women is the least recognized type of human rights violations in the world (Heise et al., 2002). When women are exposed to violence because of their sex or their socially constructed gender roles, this is called gender-based violence (GBV) (Carpenter, 2006). It is also defined as any act of violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women. This can include threats of violence, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (Shannon et al., 2009).

While GBV exists all over the world, the form it takes varies by geography. Women in Asia and the Middle East are killed in the name of honor (Gill, 2017). Girls in West Africa undergo genital mutilation in the name of custom (Hayashi, 2017). Migrant and refugee women in Western Europe are attacked for not accepting the social mores of their host community (Russo & Pirlott, 2006). Young girls in southern Africa are raped and infected with HIV/AIDs because the perpetrators believe that sex with virgins will cure them of their disease; and in the richest, most developed countries of the world, women are battered to death by their partners (Russo & Pirlott, 2006).

Violence against women is often categorized as emotional, physical, psychological, economic, and sexual violence (Rada, 2014). Physical violence is a means of intimidation, suppression and sanction through brute force; sexual violence is the use of sex as a method of threat, oppression and control; psychological violence or verbal abuse is the suppression, punishment and control of women with speech; and economic violence is the use of economic resources (i.e., money) as sanctions and threats towards women (Sen & Bolsoy, 2017).

Gender-based violence is considered as a global health and developmental issue, with an estimated 30% of women in the world, including 37% of women in the East Mediterranean Region, having been exposed to physical and/or sexual violence by their husbands or partners at one point in their lives (Gracia & Merlo, 2016; World Health Organization, 2014). Half a million women from 23 U.S. states are reported to have experienced rape or attempted rape (Black et al., 2014). In Arab World, 20% of Saudi Arabia women reported exposure to domestic violence of various types over the last year, including emotional (69%), social (34%), economic (26%), physical (20%), and sexual violence (10%) (Barnawi, 2017). And 44% of Jordanian women who have been married at some point in their lives have experienced physical violence at least once since age 15 (Kadi, 2017).

Female genital mutilation (FGM) is a particular form of GBV most common in Africa, and to a lesser extend the Middle East. While 87% of women and girls between age 15 and 49 have undergone FGM in Egypt and Sudan, an estimated 19% of women in Yemen and 8% in Iraq have experienced this form of violence since 2015 (Kadi, 2017).

The Palestinian context

Violence against women in Palestine can include: physical abuse by one's husband, father, brother or a male in-law; threats of being killed; rape by one's brother, father, uncle, father-in-law or husband; physical or sexual violence that leads to fleeing their home; sexual harassment; emotional apathy; verbal violence; neglect; and social discrimination of roles in the family that favors males over females (Banat, 2015). One study found that 37% of Palestinian women were exposed to some form of GBV. Of these, 58.6% were exposed to psychological violence at least once, 23.5 % were exposed to physical violence, 11.8 % to sexual violence, 54.8% to social violence, and 55.1% to economic violence (Okasha & Abu-Saada, 2014).

Palestinian women are more vulnerable to GBV due to various factors. Social factors include a culture of patriarchy and masculinity that perceives women as an auxiliary to men, and are seen as mothers, daughters or wives, but not as independent human beings. Economic factors lead to a situation in which Palestinian women are economically dependent on Palestinian men. And political factors related to the occupation exposes Palestinian women to high levels of violence and lack of physical security. In addition, the oppressive policies of the occupation and the various forms it uses to spread a culture of violence among Palestinian social groups play an important role in raising the levels of violent behaviors among Palestinians (Clark et al., 2010; Haj-Yahia & Clark, 2013; Tamimi, 2017).

GBV and well-being

Well-being is a construct that refers to the extent to which a person is satisfied, happy and enjoys life. The term *subjective well-being*" (SWB) aims to approximate this via self-reports of how people experience the quality of their lives and appraise their internal experiences (Agbaria & Natur, 2018). More specifically, SWB is defined as a person's cognitive and affective evaluations of his or her life, as these evaluations include emotional reactions to events as well as cognitive judgments of satisfaction and fulfillment (Abu-Raiya & Agbaria, 2016).

Gender-based violence has several consequences for women's mental health, including post-traumatic stress disorder, depression, anxiety, low self-esteem, substance abuse, psychosomatic symptoms, fear, suicide, sleep disorders, and overall low levels of well-being (Colucci & Montesinos, 2013; Decker et al., 2014; Dillon et al., 2013; García-Moreno et a., 2013; Kumar et al., 2013; Semahegn & Mengistie, 2015).

Gender-based violence has been found to affect women's wellbeing negatively, causing unhappiness, and difficulty in enjoying life, thinking, and making decisions (Ganster-Breidler, 2010). In a meta-analysis of studies on the relationship between GBV and psychological well-being, it was found that GBV is fundamental to its harmful effects on psychological well-being (Schmitt et al., 2014). And violence against women has also been found to be negatively associated with their quality of life (Rees et al., 2011).

Because of the negative effects of GBV on women's psychological well-being, it is considered as a primary risk factor for mental health problems (Fisher & de Mello, 2015). For example, GBV has been found to be significantly associated with mood/anxiety and substance use disorders among women (Walsh et al., 2015).

Chandan et al. (2019) explored the relationship between intimate partner violence (IPV) exposure and mental illness in a UK population, and found a strong association between exposure to IPV and depression, anxiety, and serious mental illness among women. And intimate partner violence has also been found to be associated with various forms of psychological stress, depression, and suicidal thoughts among women (Ali et al., 2013). Moreover, it has been found that Saudi Arabian female youth who experienced physical and emotional violence can suffer from depression as a result (Raheel, 2015) and that domestic violence is associated with depression and anxiety among women in Iran (Ahmadzad-Asl et al.. 2013). Furthermore, Thabet et al. (2015) found that psychological, physical, and sexual assault toward women were positively correlated with depression and anxiety among Palestinian women. Finally, in a study of Bolivian women's experiences with physical, psychological, and sexual intimate partner violence, and associated mental health outcomes, Meekers et al. (2013) found that psychological abuse is associated with an increased risk of experiencing symptoms of depression and anxiety, as well as psychogenic seizures.

The current study

The current study examines the relationship between GBV, wellbeing, and mental health outcomes (anxiety, depression, and stress) among Palestinian women. Despite the importance of these variables, there has been a lack of research on the relationship between these variables within a Palestinian context. Therefore, this study was designed to answer the following questions:

- What are the levels of GBV, well-being, stress, anxiety and depression among Palestinian women?
- Are there significant correlations between GBV and well-being, stress, depression and anxiety among Palestinian women?
- Are there significant differences in GBV, well-being, stress, depression and anxiety among Palestinian women with different levels of education and/or residency (city, village, or camp)?

Methodology

Participants

Participants included 249 Palestinian women recruited from online advertisements, e-mail campaigns, social media, and SMS campaigns. Of these, 65.1% of participants were from cities, 27.7% were from villages, and 7.2% were from Palestinian camps. All of the women had a post-secondary degree, including 28.7% of with a master's degree, and 72.3% with a bachelor's degree. Inclusion criteria for the study required participants to (1) be Palestinian, (2) be a native Arabic speaker, and (3) be women who have experienced GBV. The study was submitted for review by An-Najah Institutional Review Board (IRB) and received approval before data collection was initiated. Informed consent was obtained electronically before data were collected from the participants.

Instruments and procedures

The Scale of General Well-being (SGWB). Developed by Longo et al. (2018), the SGWB measures general well-being, as well as fourteen constructs as lower-order indicators of well-being: happiness, vitality, calmness, optimism, involvement, self-awareness, self-acceptance, self-worth, competence, development, purpose, significance, self-congruence and connection. The SGWB produced responses covering the entire range of the 5-point scale. On average, means approximate the middle value of the 5-point scale (i.e. 3). In the present study, the Cronbach's alpha of SGWB indicated very good internal consistency ($\alpha = .91$).

Violence Against Women Questionnaire (VAWI). Developed by World Health Organization (2005), the VAWI consists of behavior-specific items related to: (1) psychological violence, such as insults, belittling, constant humiliation, intimidation, threats of harm, threats to take away children (e.g., insulted me in a way that made me feel bad about myself), (2) physical violence, such as slapping, hitting, kicking and beating (e.g., hit me with his fist or with some other object that could have hurt me), (3) sexual IPV, including forced sexual intercourse and other forms of sexual coercion. (e.g., demanded to have sex with me even though I did not want to). For each question, respondents were asked whether they had experienced the specific act during the past year and earlier in life. The questionnaire 5-point scale ranges from 0 (never) to 4 (always). In the present study, the Cronbach's alpha of VAWI indicated very good internal consistency ($\alpha = .93$).

Depression, Anxiety and Stress Scale (DASS-21). The DASS-21 is a self- report questionnaire with 21 items designed to measure the severity of a range of symptoms of depression, anxiety, and stress. Respondents are required to rate the presence of a symptom over the previous week, with a score between 0 (did not apply to me at all over the last week) to 3 (applied to me very much or most of the time over the past week). The DASS allows not only a way to measure the severity of a patient's symptoms, but a means

by which a patient's response to treatment can also be measured. The scale to which each item belongs is indicated by the letters D (Depression), A (Anxiety) and S (Stress), and these comprise sub-scores by summing the items for each. Because the DASS 21 is a short form version of the DASS (the Long Form has 42 items), the final score of each item groups (Depression, Anxiety and Stress) needs to be (Gomez, 2016). In the present study, the Cronbach's alpha of DASS-21 indicated very good internal consistency ($\alpha = .89$).

Research Procedures

This research was conducted in April of 2020 and targeted Palestinian women who have suffered from GBV. The sample was recruited using convenience sampling techniques from women who reported they faced some types of GBV during the last year. Participants were provided with information about the purpose of the study and descriptions of the scales that enabled them to make a informed decision about participation in the research. Those who agreed to participate in the research signed an informed consent form. The research was conducted in line with the ethical guidelines of the American Psychological Association (APA, 2010) and the Declaration of Helsinki (1967) and had been approved by the An-Najah National University IRB.

Data Analysis

To examine the degree to which GBV is associated with well-being, stress, depression and anxiety among Palestinian women, Pearson's correlation coefficient was used. Multiple Analysis of Variance (MANOVA) was used to test the differences in experiences of GBV, well-being, stress, depression and anxiety between women of different education levels and residency (city, village, or camp).

Findings

Overall, the participants registered moderate scores on GBV, with high scores on well-being, depression, anxiety and stress (Table 1).

Table 1

Means and standard deviations for research variables (n = 249)

Variable	Mean	S.D	Min	Max	Range	Skewness	Kurtosis
GBV	2.094	.211	2.00	3.18	1.18	3.18	10.667
Well-being	3.068	.518	2.00	4.00	2.00	-.25	-.775
Stress	2.137	.229	2.00	3.00	1.00	2.13	4.079
Anxiety	2.096	.196	2.00	2.88	.88	2.56	6.245
Depression	2.118	.232	2.00	3.00	1.00	2.19	4.424

Experience of GBV was negatively correlated to well-being, and positively correlated to stress, depression, and anxiety (Table 2). Well-being was negatively correlated to stress, anxiety and depression. In addition, stress, anxiety and depression were positively correlated.

Table 2

Correlations among study variables (n = 249)

Measures	(1)	(2)	(3)	(4)	(5)
(1) GBV		-.20**	.20**	.14*	.25**
(2)Well-being			-.30**	-.32**	-.29**
(3) Stress				.51**	.76**
(4)Anxiety					.73**
(5)Depression					

**$p < 0.01$

Table 3 shows descriptive statistics on difference in GBV, wellbeing, stress anxiety and depression due to study academic level and residency.

Table 3

Means and standard deviations for study variables (n=249)

Dimension	**Variable**	**M**	**S.D**
GBV	*Academic level*		
	MA	2.12	.26
	BA	2.04	.08
	Residency		
	City	2.08	0.22
	Village	2.07	.17
	Camp	2.23	.20
Well-being	*Academic level*		
	MA	3.17	.46
	BA	2.90	.55
	Residency		
	City	3.08	.47
	Village	3.08	0.52
	Camp	2.820	0.74
Stress	*Academic level*		
	MA	2.16	.25
	BA	2.09	.17

	Residency		
	City	2.14	.24
	Village	2.08	.11
	Camp	2.26	.31
Anxiety	*Academic level*		
	MA	2.09	.19
	BA	2.10	.19
	Residency		
	City	2.07	.17
	Village	2.10	.22
	Camp	2.22	.22
Depression	*Academic level*		
	MA	2.13	.26
	BA	2.10	.16
	Residency		
	City	2.07	.17
	Village	2.10	.22
	Camp	2.22	.22

Multiple Analysis of Variance (MANOVA) was used to test the significance of differences in GBV, wellbeing, stress, anxiety and depression according to academic level and residency. Results showed significant differences on GBV, wellbeing and stress for those with MA degrees compared to those with a BA. and significant differences were also found on GBV, stress and anxiety due to residency (Table 4).

Table 4
MANOVA Test for study variables (n = 249)

Source	Dependent variables	SS	DF	MS	F	Sig.
Academic level	GBV	.367	1	.367	8.668	.004**
	Well-being	4.301	1	4.301	17.224	.000**
	Stress	.271	1	.271	5.423	.021*
	Anxiety	.002	1	.002	.045	.833
	Depression	.056	1	.056	1.029	.311
Residency	GBV	.431	2	.216	5.093	.007**
	Well-being	.942	2	.471	1.886	.154
	Stress	.551	2	.276	5.516	.005**
	Anxiety	.367	2	.184	4.879	.008**

	Depression	.054	2	.027	.501	.607
Error	GBV	10.372	245	.042		
	Well-being	61.178	245	.250		
	Stress	12.244	245	.050		
	Anxiety	9.220	245	.038		
	Depression	13.317	245	.054		
Total	GBV	11.127	248			
	Well-being	66.675	248			
	Stress	13.034	248			
	Anxiety	9.593	248			
	Depression	13.422	248			

*$p < 0.05$, **$p < 0.01$

To compare the differences between individual residency categories (city, village, camp), a Least Significant Difference (LSD) test was calculated (Table 5).

Table 5
LSD test to compare the difference of residency means (n = 249)

Residency	Mean	(1) City	(2) Village	(3) Camp
GBV				
(1) City	2.08		.005	-.150*
(2) Village	2.07	.005		-.156*
(3) Camp	2.23	-.150*	-.156*	
Stress				
(1) City	2.14		.067	-.113*
(2) Village	2.08	.067		-.181*
(3) Camp	2.26	-.113*	-.181*	
Anxiety				
(1) City	2.07		-.024	-.150*
(2) Village	2.10	-.024		-.125*
(3) Camp	2.22	-.150*	-.125*	

*$p < 0.05$

Discussion

This study examined the relationship between GBV, well-being, depression, stress and anxiety among Palestinian women who have experienced various forms of GBV.

Gender-based violence

Results of this study indicated a moderate level of GBV reported by Palestinian. This result is in line with the findings of the latest survey from the Palestinian Central Bureau of Statistics (2019).

Gender-based violence in Palestine could be related to the political and economic conditions Palestinians face because of the occupation, whereby Palestinian men without economic opportunity feel that they can't support their wives, leading to resentment and violent behavior (Banat, 2015). Moreover, social factors and heritage play an important role in violence against women, as women (wives or daughters) are seen as subservient to men, and not as independent individuals (Assaf & Chaban, 2013).

Gender based violence and well-being

Consistent with previous studies (Ganster-Breidler, 2010; Rees et al., 2011; Schmitt et al., 2014), the results of this study showed that GBV was negatively correlated with well-being. Women who had experiences with violence seemed to be less satisfied with life, and had less quality of life in various domains including work, love, family, home, and community (Oosthuizen & Wissing, 2005). In addition, violence against women appeared to undermine women's sense of self-worth, sense of autonomy, and their ability to think and act independently (Kumar et al., 2013). Because self-worth forms part of the self-concept, which grounds the capacity for autonomy and well-being (Grahame & Marston, 2012), this is another way that violence against women negatively affects their well-being. Moreover, women who experienced violence or abuse were more likely to be divorced and report low income and lack of social support, which also negatively affects their psychological well-being (Montero et al., 2011).

As with any Arabian society, there is a tendency to view a man abusing his wife as a private family issue rather than a social and criminal one. The latter would require the intervention of social welfare and social control agents, and this intervention may cause a breaking of the family unit, and tarnish their reputation (especially that of females). Palestinian women would therefore rather keep their problems to themselves, even at the expense of their well-being (Douki et al., 2003).

In accordance with this cultural tendency, As Alzahrani et al. (2016) found that 56% abused wives in Saudi Arabia told their family about experiencing intimate partner violence (IPV) to their families, 15.2% told their husband's family (15.2%), and 11.8% told their friends (11.8%). In

contrast, only a tiny minority of 3.3% reported the abuse to the police or a judge, and no one reported it to a family physician or women's protection agency. As one might expect, reporting it to family and friends does not prevent further abuse, but neither does it offer sufficient *emotional* support, and this can cause further damage to their well-being (Goodkind et al., 2003).

Gender based violence and stress, depression and anxiety

This study found that GBV was positively associated with stress, depression and anxiety, in line with previous research (Ahmadzad-Asl et al., 2016; Ali et al., 2013; Chandan et al., 2019; Raheel, 2015; Walsh et al., 2015). Other studies have also found that psychological, physical, and sexual assault toward women were positively correlated with depression and anxiety among Palestinian women (Thabet et al., 2015), and that experiencing higher levels of these abuses caused distress, anger, fear, depression, anxiety, stress; and low self-esteem in victims (Haj-Yahia, 2000a). Furthermore, intimate partner violence has been found to cause low self-esteem, feelings of worthlessness, feeling trapped, constant fear, stress, anxiety, disrupted sleep, and depression (Godoy-Ruiz et al., 2015).

Women who have been victims of violence have been found to suffer from mental health problems, have difficulty enjoying life, have difficulty thinking and making decisions, and have suicidal ideation. This stems from the psychological effects of the violence, which include feeling unhappy, loss of appetite, loss of interest in things normally enjoyed, feeling worthless, anxiety, headaches, fatigue, sleeplessness, nausea, and hand tremors (Ganster-Breidler, 2010). Moreover, various mental health problems including depression, stress and anxiety have been found to be related to physical and sexual violence (Klein, 2004). And there is also evidence that the anxiety and stress these women face can be directly related to fear of experiencing further abuse, as sometimes women look consider this abuse as something they have to tolerate and manage rather than escape (Gordon & Collins, 2013).

Gender based violence, mental health outcomes and academic level

Analysis of the differences between women of different levels of education, those with a master's degree were found to experience GBV more than women with bachelor degree, which is counterintuitive and inconsistent with previous studies (e.g., Azm et al., 2009; Kalaca & Dundar, 2010). This could be related to specifics of the Palestinian context, where it has been found that when a husband has less education than his wife, he is more likely to be domestically violent towards her (Haj-Yahia & Clark, 2013; Usta et al., 2007). Because of the patriarchal culture of Palestinian society, men tend to feel that they should be responsible for everything, while women focus on the home and raising children. So when a man has less education than his wife, he might feel diminished or emasculated, and feel compelled to establish dominance through violence (Bordignon, 2014).

Our results also showed that women with an MA experienced more stress levels than women with a BA, but also had higher levels of well-being. One possible explanation of this seemingly incongruous result is that Palestinian women with a master's degree work in prestigious professions (e.g., school principals, university lecturers, managers and community leaders), and therefore face more stressful events that are unrelated to family obligations than women with a BA. But at the same time, high educational attainment and prestigious professions can make Palestinian women feel more valued and productive, and therefore have higher levels of wellbeing and self-esteem, even if they are also more stressed.

Gender based violence, mental health outcomes and residency

The results showed that there were significant differences in GBV, stress and anxiety according to residency, with women who live in camps experiencing more GBV, stress and anxiety than those in cities or villages. This is in the line with previous evidence that women who live in refugee camps are experience different patterns of abuse than women in urban areas (Haj-Yahia, 2000) and face several mental health problems including stress and anxiety (Thabet et al., 2015).

Women in refugee camps suffer from particularly difficult social and economic conditions, as most do not have a personal source of income or a job and are totally dependent on men. And since the unemployment rate is much higher in these areas than in the neighboring urban areas, men in the camps face myriad stressors, which can be reflected through violent behaviors toward their wives or daughters (Al-Modallal, 2016). Women in these camps also have to deal with a number of local living and subsistence challenges besides GBV, including mounting critical issues related to their refugee status that was caused by the occupation that have been shown to negatively affect their mental health (Aal et al., 2014; Punamäki, 1990).

Limitations

The results of this study should be interpreted in light of the following limitations. First, the sample was not recruited using a randomized subset of the larger population, and it was applied to a specific population (Palestinian women who experienced different forms of GBV), using convenience sampling. The sample also consisted of only women with a post-secondary degree (MA or BA). Second, the quantitative data was obtained through self-reports only, which is vulnerable to concerns such as social desirability bias and non-response bias. Third, the demographic data available for the study was limited to academic level and residency. Finally, our study was correlational and based on a small sample size (n = 249), and therefore further studies are required to consolidate the findings and justify any causal relationships.

Conclusion

This study supported previous findings demonstrating that gender-based violence was positively related to depression, stress and anxiety, while negatively related to well-being among Palestinian women. Palestinian women reported experiencing moderate levels of GBV. Women living in refugee camps and women with a master's degree were found to be at higher risk of experiencing GBV. Further research on the risk factors for GBV, the personal characteristics of women who experience it, and the personal and psychological characteristics of those who inflict it are recommended. We also suggest conducting comparative studies to test the differences between women who experience GBV and those who do not, to help mental health providers develop intervention plans targeting mental health and well-being issues for women who experience the various forms of GBV.

Ethics statement

Ethical approval for the study was received from the research team's university's ethics committee, and complied with the Declaration of Helsinki (Approval number = (19) April).

Conflict of Interest

There is no conflict of interest.

Availability of data and materials

Data will be made available upon reasonable request.

Funding source

None.

Authors' contributions

All authors significantly contributed to the preparation of this manuscript.

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