Gender-based violence in Gaza Strip

Situation analysis – 20 March 2018 – GBV Sub-Cluster Palestine

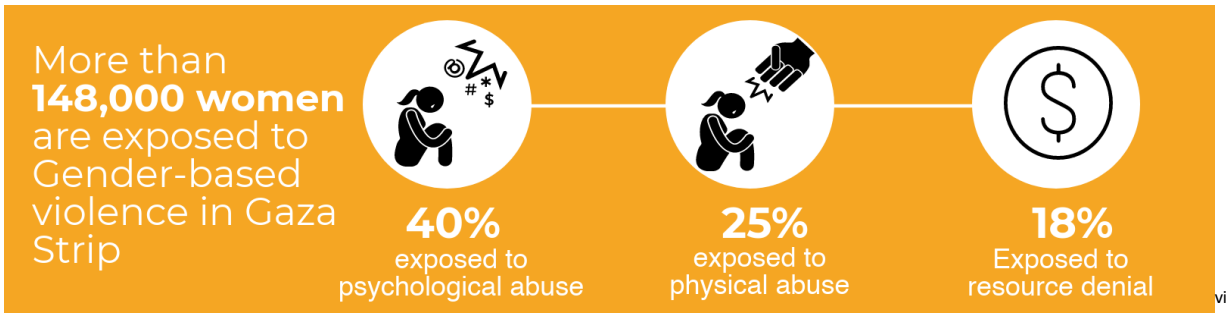


Photo: Union Health Work Committees

Gender-based violence (GBV) in the Gaza Strip is a key protection and health concern. The protracted humanitarian crisis in the occupied Palestinian territory and its impact on especially the Gaza Strip due to the blockade, has exacerbated GBV in all its forms, including sexual violence, domestic violence and child marriage. According to 2017 data from the GBV Sub-Cluster[i], more than 40 per cent of GBV survivors were exposed to physiological abuse, 25 per cent to physical abuse and 18 per cent resource denial. Around 40 per cent of these cases identified a current/former husband as the alleged perpetrator and 31 per cent other family members. Although, sexual assault and rape continues to be underreported, around 15 per cent of ever-married women have been exposed to sexual violence in the Gaza Strip[ii]. 2011 data indicates that at least 148,000 women[iii] are exposed to GBV in the Gaza Strip.

Recent studies[iv] clearly show the negative impact of the blockade (e.g. the dire economic situation) on women's conditions in the Gaza Strip especially concerning psychological stress, which threatens the stability of the family. The recent increased electricity and fuel crisis has only further intensified the situation making the living conditions of women worse, disrupting almost all aspects of daily life, especially the household tasks, which by society are considered the job of women.

61 per cent of women believe the blockade and electricity cuts have contributed to a higher rate of domestic violence against women[v]. The psychological effects of the crisis on women are larger as they become more exposed to tension, depression and violence compared to others as women are considered the corner stone of the family. The structural, cyclical and hierarchal nature of violence, therefore, means women often become “shock-absorbers” of the crisis.



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Challenges in GBV services

The siege has put major constraints on developing professional human capacity in many areas of GBV service provision[vii] and GBV services have additionally been negatively affected by the long hours of power cuts. Organisations such as Union of Health Work Committee and Women Health Center – Jabailya have reported an increased financial burden in order to guarantee the continuity of services to the most vulnerable and marginalized women and girls. This has resulted in cancelled activities and reduced working hours. Some hospitals are expected to close in order to preserve energy for the central hospitals with a larger catchment population. This will affect women, especially pregnant, elderly and those with chronic illnesses as well as GBV survivors as health is the culturally accepted entry point to detect treat and refer cases. Based on the GBV Sub-Cluster strategy, the following **key gaps** were identified by the GBV Sub-Cluster partners in Gaza Strip[viii].

1. Legal representation and counselling
2. Specialised mental health and psychosocial services (MHPSS)
3. Harmonized standard operating procedures
4. Shelter and alternative temporary protection
5. Rehabilitation and re-integration programmes
6. Coordinated referral system

Funding to humanitarian GBV interventions remains critical. In 2017, only 33 per cent of the requirement for GBV response were funded, resulting in interventions being scaled down, which has led to almost 7,000 GBV survivors registered not receiving the sufficient services.

67 per cent
of the requirement requested for humanitarian GBV interventions were not funded in 2017

Calculation based on OCHA's Financial Tracking System for 2017

6,874 GBV survivors
did not receive services due to lack of resources in 2017

GBV Sub-Cluster Information Management System (2018)

Action to be taken by GBV Sub-Cluster in 2018

1. Mainstream GBV prevention and mitigation strategies within humanitarian action
2. Equip non-GBV specialists to conduct initial detection and referral of GBV survivors
3. Advocate for funds being allocated to enhance mental health and psychosocial interventions (MHPSS) as well as legal assistance
4. Finalise the GBV standard operating procedures and referral pathways for Gaza Strip as well as to capacity build GBV service providers.
5. Identify a contextualized minimum standards for GBV response to ensure quality services

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[i] *GBV Information Management System, GBV Sub-Cluster Palestine (accessed on 14 March 2017)*
[ii] *Violence Survey, Palestinian Central Bureau of Statistics (2011)*
[iii] *Calculation based on Violence Survey, Palestinian Central Bureau of Statistics (2011)*
[iv][v] *Women and Men's Study, UNESCO (2016)*
[v] *Women and Men Voices Study, UNESCO (2014)*
[vi] GBV Information Management System, GBV Sub-Cluster Palestine (accessed on 14 March 2017)
[vii] *Navigaing through Shattered Paths: NGO Service Providers and Women Survivors of Gender-based Violence, UN WOMEN, 2017*
[viii] *GBV Sub-Cluster Strategy Palestine 2018-2020*