



Palestinian Center for Democracy & Conflict Resolution

PCDCR · GAZA · PALESTINE

Psychological, Social, Economic, Emotional and Legal Needs of Gaza Widows

Two and a Half Years into the Israeli War on the Gaza Strip

An Integrated Quantitative–Qualitative Field Study · English Edition

FIELDWORK PERIOD

February – May 2026

PLACE OF PUBLICATION

Gaza Strip — Palestine

Study Team

Research leadership and the field team who carried out data collection and analysis

1 Research Leadership

3 roles

- Principal Investigator **Saeed Ahmed Al-Maqadma**
- Statistical Analysis, Review & Design **Mohammed Omar Al-Habbash**
- Field Team Coordination **Rabea Mohammed Hamouda**

2 Field Research Team

17 researchers

1 Ibtihal Samir Ismail	2 Adeebah Jaber Khader Karajeh	3 Mahdi Jawad Al-Hattab
4 Huda Bassam Deeb Al-Naffar	5 Heba Nabil Al-Shawa	6 Samah Wael Faisal Khudair
7 Mu'tasem Mahmoud Abed Awad	8 Alaa Majdi Al-Ghafri	9 Nesma Samir Hamouda
10 Sahar Saeed Issa Abu Aitah	11 Amani Marwan Adnan Mohammed Khaled	12 Aya Mahmoud Ruweished
13 Mujahid Ahmed Youssef Abu Halabiya	14 Saja Ishaq Abed Shaheen	15 Islam Ishaq Shaheen
16 Ziyad Hussein Ziyad Al-Toum	17 Mohammed Izzat Roshdi Abu Sido	

Acknowledgements: The Center extends its deepest gratitude to every widow who participated in the survey and focus group discussions, to the key informants who took part in the in-depth interviews, and to the field research team — all of whom contributed despite the conditions of war and displacement. PCDCR also thanks the administrations of displacement camps and shelters that facilitated field access.

Statistical Symbols

A guide to the symbols used throughout the study

1 Sample & Central-Tendency Symbols

Symbol	Meaning (English)
n	Sample Size
M	Mean (Arithmetic Average)
SD	Standard Deviation
%	Percentage
df	Degrees of Freedom

2 Significance, Correlation & Effect-Size Symbols

Symbol	Meaning (English)
p	Statistical Significance Level (p-value)
α	Cronbach's Alpha — Internal Reliability
F	F-ratio (ANOVA)
η²	Eta-squared — Effect Size (variance explained)
d	Cohen's d — Mean Difference Effect Size
r	Pearson's r — Linear Correlation
ρ	Spearman's rho — Rank Correlation
χ²	Chi-square Test

Note: $p < 0.05$ indicates a statistically significant result (error probability below 5%). Effect size η^2 : small ≥ 0.01 · medium ≥ 0.06 · large ≥ 0.14 ; Cohen's d : small 0.2 · medium 0.5 · large 0.8 (Cohen, 1988).

Glossary

Glossary (1/3) — Methodological Instruments & Psychological Concepts

1 Methodological Instruments & Tools

Term	English
GHQ-12	General Health Questionnaire (general distress)
IES-6	Impact of Event Scale — short form (trauma)
CD-RISC-2	Connor-Davidson Resilience Scale (2 items)
PTSD	Post-Traumatic Stress Disorder
ANOVA	One-Way Analysis of Variance
Snowball Sampling	Sampling for mobile, hard-to-reach vulnerable groups
Grounded Theory	Constructivist; inductive theory from data (Charmaz)
Triangulation	Convergence of quantitative → qualitative → specialist testimony
Joint Display	Visual integration of quantitative & qualitative results
Member Checking	Participant validation of the researcher's interpretations
Transferability	Applicability to similar contexts, not statistical generalization
Convergent Validity	Multiple indicators converging on the same result
Straight-lining	Quality flag for mechanical responding

2 Inductively-Generated Psychological Concepts

Concept	Meaning in the study context
Coerced Resilience	Resilience born of the absence of alternatives, not a voluntary capacity
Coerced Empowerment	Compulsory decision-making autonomy (91.63%) as a response to the breadwinner's loss
Existential Paralysis	Freezing of decision-making capacity — the flip side of coerced empowerment
Sustained Hope	Hope preserved despite every distress scale exceeding its threshold
Children as Existential Anchor	Children generate the meaning that keeps the widow going
Faith-Based Coping	Faith as an active rebuilding structure, not a mere sedative

Glossary

Glossary (2/3) — Social, Emotional & Economic Concepts

3 Social Concepts

Concept	Meaning in the study context
Passive Disengagement	Support network recedes without conflict — a silent loss of presence
Honour-Based Solidarity	Limited family intervention grounded in honour rather than capacity
Widow Peer Network	A new network forming among widows in the camp — a positive face of displacement
Economic Severance of Visiting	Visits stop due to economic inability, not emotional rupture
Layered Stigma	Compound stigma across four layers: religious, social, economic, bodily
Sexual Predation	Systematic exploitation of a vulnerable group — 7 patterns (emotional, financial, visual via aid)
Coerced Social Withdrawal	Defensive withdrawal imposed by the environment, not a personality trait
Closed Cycle of Violence	Intergenerational transmission of violence within the collapsed family

4 Emotional & Gendered Concepts

Concept	Meaning in the study context
Feminine Identity Dissolution	Dissolution of feminine identity and adoption of the male role (“we don’t have to become Jaafar”)
Resistant Agency	Decision-making power as a response to intervention, not a search for it
Extreme Sacrifice of a Legitimate Right	Forgoing the right to remarry in order to protect the children
Listening as Vulnerability	Listening to the widow exposes her to further intrusion

5 Economic Concepts

Concept	Meaning in the study context
Aid-Dependent Survival Economy	A relief-consumption cycle, not a productive economy
Structural Subsistence Gap	The gap between the aid basket and actual survival needs
Structural Provider-Dependence	The system is designed assuming a male breadwinner
Compound Healthcare Crisis	Intersection of absent services + absent funding + bodily trauma
Debt-Driven Poverty Cycle	Borrowing to close the gap creates a larger gap
Female Financial Erasure	Historical absence of registered ownership — a structural precondition predating widowhood
Untapped Empowerment Window	A structural readiness for empowerment that programs fail to capture
Supply-Side Gap	The deficit is in supply, not in the widow’s demand

Glossary

Glossary (3/3) — Legal, Programmatic & Cross-Cutting Concepts

6

Legal Concepts

Concept	Meaning in the study context
Post-Destruction Documentary Gap	Loss of civil documents under the rubble
De Jure Orphans	A child who lost his father without a death certificate — administratively invisible
Civil Erasure of the Child	A link in the Quadruple Erasure Chain
Patriarchal Inheritance Withholding	Withholding of the widow's inheritance by the husband's family
Atomized Custody Conflict	Transfer of guardianship upon the widow's remarriage as scattered conflict
Legal Punishment for Rights-Claiming	Punishing the widow when she claims her right
Silenced Powerlessness	Resorting to informal family mediation instead of the courts

7

Programmatic Concepts

Concept	Meaning in the study context
Inverted Needs Hierarchy	The stated priority (money) conceals a deeper emotional need
Integrated Service Design	No separation between psychological / legal / economic support
Structural Readiness for Empowerment	Widows are structurally qualified — the gap is in programs
Temporal Flexibility Requirement	Scheduling programs around the widow's family rhythm
Logistical Not Volitional Barriers	Not unwillingness but incapacity

8

Cross-Cutting Theoretical Chains (Meta-Concepts)

Chain	Sequence
Coerced X Chain	Coerced Resilience → Coerced Empowerment → Constrained Sociality → Sustained Hope → Coerced Strength
Quadruple Erasure Chain	Passive Disengagement → Feminine Identity Dissolution → Female Financial Erasure → Civil Erasure of the Child
Sixfold Poverty Chain	Aid-Dependent Economy → Subsistence Gap → Provider-Dependence → Healthcare Crisis → Debt Cycle → Untapped Empowerment

Table of Contents

★	Executive Summary	1
1	Introduction — Context & Research Problem	3
1.1	The General Context: An Unprecedented War	3
1.2	Widows in Gaza: A Doubly Vulnerable Group	4
1.3	The Research Problem & Literature Gap	5
2	Study Methodology	5
2.1	Study Design	5
2.2	Data Collection Instruments	7
2.3	Study Population & Sample	8
2.4	Study Limitations	9
2.5	Field Team Training	10
2.6	Ethical Considerations	11
2.7	Quality Assurance & Verification	11
2.8	Challenges & Field Difficulties	12
3	Findings	13
3.1	Section A — Demographic Profile	13
3.2	Section B — Psychological Scales	19
3.3	Section C — Social Reality & Relationships	35
3.4	Section D — Meaning, Identity & the Intimate Sphere	47
3.5	Section E — Economic Reality	54
3.6	Section F — Legal Reality & Documentation	64
3.7	Section G — Needs & Participation in Support Programs	72
4	Conclusions & Strategic Recommendations	77
4.1	Core Conclusions	77
4.2	Intervention Priorities	79
4.3	Recommendations by Dimension	79
4.4	Proposed Programme Framework	82
4.5	Required Legislative Reforms	82
4.6	Calls for Further Research	83
★	References	84

Executive Summary

Psychological, Social, Economic, Emotional and Legal Needs of Gaza Widows after Two and a Half Years of War

◆ Background & Aims

Two and a half years into the Israeli war on the Gaza Strip, Palestinian widows have become one of the most structurally vulnerable population groups. They carry — simultaneously — the loss of a breadwinner, the loss of shelter, repeated displacement, and the burden of sole parenting, all in a humanitarian context without precedent. Their number stands at **47,019 widows** according to the latest official count released in April 2026. This study offers an integrated quantitative and qualitative reading of their five core needs — psychological, social, economic, emotional and legal — and builds an evidence base for programmatic interventions grounded in their own voices.

◆ Methodology

The study followed a Sequential Mixed-Methods design. It combined **729 structured quantitative questionnaires** incorporating the GHQ-12, IES-6 and CD-RISC-2 scales alongside a locally developed instrument, **15 in-depth key-informant interviews** with officials and specialists, and **7 focus group discussions** with 66 widows. Data were collected between February and May 2026 in three governorates — Gaza (57.75%), North Gaza (25.51%) and Deir al-Balah (16.74%) — using Snowball Sampling, which is well suited to conflict contexts. The integration of the three data sources went beyond cross-checking indicators: it generated a named conceptual framework comprising 47 theoretical concepts that document the core phenomena of widows' experience.

◆ Key Findings

At the **psychological level**, the three scales jointly portray deep distress alongside striking resilience. **83.3%** of the sample exceeded the GHQ-12 threshold for general psychological distress, and **87.5%** exceeded the IES-6 threshold for post-traumatic symptoms, yet **76.13%** maintained high resilience on the CD-RISC-2. This apparent paradox is explained by the pattern of **Post-Traumatic Growth** — the coexistence of deep pain with existential competence — though it is a resilience that is coerced rather than chosen. The treatment gap remains stark: **88.06%** want psychological support, while only **7.27%** actually receive it — a gap of **80.79 percentage points**.

At the **social level**, repeated displacement has cost **74.62%** of widows their social network. **89.57%** live under the constant pressure of single-handed parenting. Social stigma extends to roughly half of the sample — painful remarks, condescending pity and marginalisation. Yet **91.63%** have preserved their decision-making autonomy within the household. This balance between high external pressure and high internal autonomy is what the analysis names **Coerced Empowerment** — a strength born of necessity, not of choice.

At the **economic level**, the crisis is structural rather than transient. **73.11%** of widows have no source of income, and **97.53%** live in conditions of insufficient subsistence. **86.28%** had never entered the labour market before widowhood. Debt weighs on **59.67%**. The picture, however, is not one of complete incapacity: **82.44%** want vocational training and **66.94%** face no personal obstacle to it — revealing that the gap is one of **supply, not demand**: what is lacking is opportunity, not will.

At the **emotional and intimate level**, widows retain a high level of existential energy. **78.06%** still hold dreams, and **68.45%** feel their lives have meaning.

Yet three existential losses — of hope, of meaning, and of belief in rebuilding — converge in a vulnerable group the analysis names the **Triple-Loss Cluster**, with a quantitative reference point of roughly **55 widows** who have lost faith in rebuilding their lives. Deeper still is the dimension the study uncovered: the **Intimate Sphere**, which surfaced across seven independent qualitative sources and in which seven distinct patterns of sexual and emotional exploitation were documented.

Remarriage is regarded as “off the table” by **77.09%** — not as a cultural refusal, but as the sacrifice of a legitimate right.

At the **legal level**, the framework exists but access to it is blocked. Among widows with potential inheritance entitlements, **31.82%** face the husband's family controlling that inheritance. **43.62%** live in a legal-information gap. Only **14.40%** have obtained effective legal aid. Active custody disputes and threats to remove children are present. The study revealed a unique structural finding: **De Jure Orphans** — the children of martyrs whose bodies remain missing under the rubble, who are not officially registered as orphans because no death certificate exists.

At the **institutional level**, the numbers reveal the absence of a standing response system: only **7.27%** of widows receive regular psychological support, and only **14.40%** have obtained effective legal aid. Widows themselves describe current relief as “a drop in the ocean,” accompanied by harmful institutional phenomena including mistiming of intervention, structural exclusion, and the coerced filming of beneficiaries during aid distribution. In parallel, an informal alternative network operates spontaneously and functions effectively, but it lacks the formal organisation that would secure consistency and fairness.

◆ The Most At-Risk Vulnerable Groups

The study identified eleven distinct vulnerable groups with precise quantitative figures, headed by the **Triple-Loss Cluster** — a subset in which losses of hope, meaning and belief in rebuilding converge, with a quantitative reference of roughly 55 widows who have lost faith in rebuilding, and constituting an immediate clinical priority.

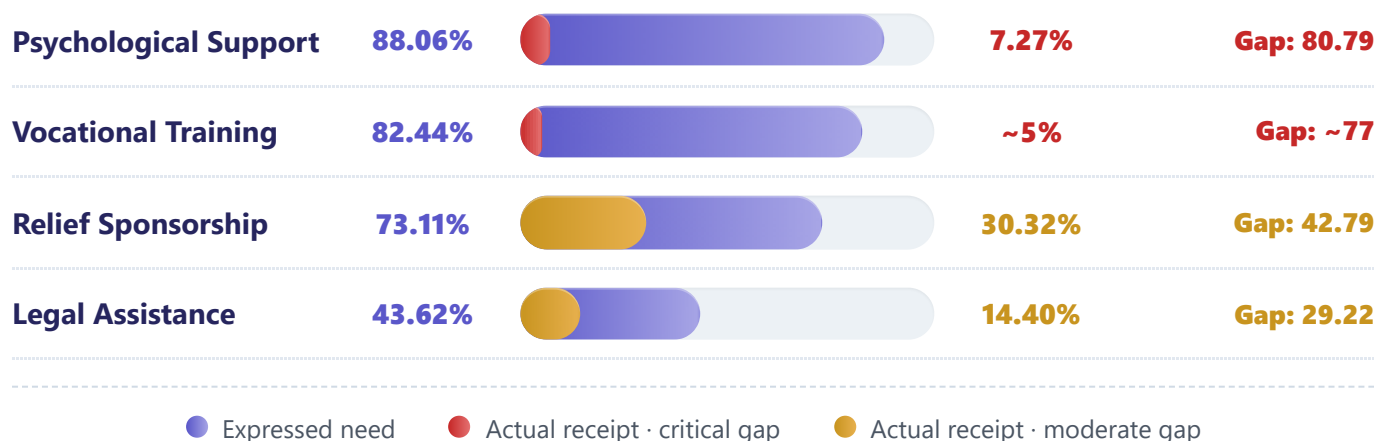
They are followed by 37 widows who have lost their sense of self-identity, 22 with total loss of decision-making autonomy, 41 widows with no remaining natal family after multiple losses in the war, 28 orphaned children working instead of attending school, and 277 widows burdened by significant debt.

On the legal side, the husband's family controls the inheritance of 119 widows; 91 widows are unaware of their own legal rights; 26 are in active custody disputes; and 16 face active legal threats concerning their children — in addition to the **De Jure Orphans** category, which has not yet been quantitatively bounded.

◆ The Core Conclusion

The study concludes that widows in Gaza are **not inherently fragile, but structurally disabled**. They possess the will and latent skill; what they lack is opportunity, training and seed capital. The large gaps between need and response across every domain reveal that the problem in Gaza is one of **service availability, not service demand**. The challenge does not lie in widows themselves, but in designing an institutional system that responds to their complex reality — a system that builds on existing capacity and existing will, and that starts from the ongoing context of war and displacement rather than from idealised hypothetical conditions.

◆ **Figure (1) · The institutional response gap between expressed need and actual receipt of services** ◆



◆ Strategic Recommendations

Eight strategic intervention pathways emerge from the findings:

1. **Build a Structured Mental Health Pathway** with a tiered model (Screening · Peer · Individual · Clinical) backed by training cadres in the unique issues facing widows, to close the 80.79-point treatment gap.
2. **Establish Formal Mediation & Arbitration Committees** as a working alternative to the disabled judicial system, with a four-member composition that includes training widows themselves as mediators.

3. **The Widow House Hub** — a small service hub bringing together five-dimension services through a female cadre within existing physical space, targeting the most vulnerable subgroups.
4. **Economic Empowerment via a Small-Scale Community Model** combining entrepreneurship training with a shared tool bank and a coordinated home-production network, instead of the unfit conventional development model.
5. **Structured Relief Sponsorship by Priority** for the eleven vulnerable groups, with third-party oversight and a unified database to prevent duplication.
6. **Orphan Protection through Conditional Cash** tied to the child's regular attendance in learning spaces, to break the documented cycle of child labour.
7. **A Confidential Anti-Exploitation Protection System** (hotline · safe houses · safe distribution protocol) to deter the seven documented patterns.
8. **Mobile Legal Clinics** that visit camps as front-line triage points to assess and refer cases, so that the widow does not have to travel in search of the service.

These pathways are complemented by social network rebuilding through "Neighborhood Cells" and by eight legislative reforms that address the legal architecture itself. Full details of the findings and recommendations are presented in Chapters 3 and 4 of the main text.

Introduction

1.1 The General Context: An Unprecedented War in Palestinian History

The Palestinian people are living through the harshest phase of their modern history. Since 7 October 2023, the all-out war declared on the Gaza Strip has taken on a violent character unprecedented in its intensity and the scale of its effects. According to international legal assessments and United Nations Special Rapporteurs, this character has exceeded the 1948 Nakba in terms of the daily casualty rate and the proportion of total urban destruction. The UN Special Rapporteur has described this war as **genocide** and as **the systematic destruction of civilian housing** (domicide) ¹, during which every facet of life in the Strip has been targeted: housing, civil documents, healthcare, education, infrastructure, the economy and the natural environment.

◆ The Scale of Loss of Life

The number of Palestinian martyrs surpassed **73,770** as of 3 May 2026, according to the Gaza Ministry of Health and OCHA ². Civilians account for nearly **80%**, and within targeted residential buildings women and children represent **70%** of those killed, according to the Office of the High Commissioner for Human Rights ³. The Ministry of Health reports that roughly **8,000 bodies remain trapped under the rubble**, unrecoverable due to the scarcity of heavy equipment (only one functioning excavator remains in the entire Strip), while waves of returnees keep entering the destroyed areas after the October 2025 truce ⁴. Among the casualties are **270 journalists**, more than **400 healthcare workers** and **593 humanitarian workers** (including **391 UNRWA staff**) — the largest loss of human life in the history of UN institutions ². **UN Women** estimates that more than **38,000 women and girls** were killed between October 2023 and December 2025 — an average of **47 women and girls every day** ⁵. The total population of the Strip has fallen to **2,114,301** — 10% below mid-2025 estimates ⁶.

◆ The Scale of Urban and Infrastructure Destruction

The latest **UNOSAT** assessment (October 2025) found that approximately **81%** of the Strip's total structures have been damaged — that is **198,273 structures**. Of these, **123,464 are completely destroyed**, **17,116 severely damaged**, **33,857 moderately damaged** and **23,836 potentially damaged** ⁷. A more recent assessment issued in April 2026 by the UN Group of Experts reports that the number of destroyed or damaged housing units has exceeded **371,000**, that the displaced population has reached nearly **1.9 million**, and that **60% of the population is now homeless** ⁸. Likewise, **94% of hospitals**, **97% of schools** and **77% of the road network** have been damaged, while destruction has reached **95% along the Netzarim corridor** and **99% along the Philadelphi corridor** ⁷.

Vital services have collapsed. Only **296 of 683 health service points (43%)** are operational across the Strip, alongside **16 of 73 wastewater treatment stations (22%)** — discharging **40,000 cubic metres of untreated sewage daily** directly into the sea and groundwater ². The United Nations, the World Bank and the European Union estimate reconstruction costs to exceed **USD 70 billion** ⁹.

◆ Displacement and the Food Security Crisis

The vast majority of the Strip's residents live in a state of **repeated displacement**, which among the most affected widows in our sample reaches **10 to 15 times**. Since the truce of 10 October 2025, OCHA reports that **833,000 people** have changed location, and that **60% of households** face difficulty accessing clean drinking water ². On food security, the **IPC** Committee in its December 2025–April 2026 report classified more than **1.6 million Palestinians (77% of the population)** in Phase 3 (Crisis) or above — including **571,000 in Phase 4 (Emergency)** and **1,900 in Phase 5 (Famine)**. The Committee estimates that **132,000 children under five** will suffer acute malnutrition by June 2026, of whom **41,000 severe cases** face imminent risk of death ¹⁰.

◆ The Scale of Psychological Destruction

The narrative review released by the WHO Regional Office for the Eastern Mediterranean (WHO EMRO, 2025) and Lancet Psychiatry studies (2026) document unprecedented rates of psychological disorders: **61%** of adults in Gaza suffer from post-traumatic stress disorder (PTSD), **41%** from anxiety, and **38%** from depression — and roughly one in five adults thinks about suicide almost daily ¹¹ ¹². UNICEF reports that more than **one million children** need mental health and psychosocial support (MHPSS) services, and that **96%** of Gaza's children feel that death is imminent ¹³.

73,770+

Palestinian martyrs
(+ 8,000 under
rubble)
OCHA · 3 May 2026

1.9M

Displaced out of
total population
UN Experts · April 2026

60%

Of population
homeless (~1.25M)
UN Experts · April 2026

1.6M

In food crisis (77% ·
IPC 3+)
IPC · December 2025

61%

PTSD prevalence
among adults
WHO EMRO · 2025

1.2 Widows in the Gaza Strip: A Doubly Vulnerable Group

Within this humanitarian landscape, **widows** stand out as the most structurally vulnerable group. They combine the loss of a breadwinning husband, the loss of home, repeated displacement, the absence of any income source, and sole responsibility for raising children. The Palestinian Deputy Assistant Minister of Social Development, **Riyadh Al-Beitar**, stated to the Qatar News Agency (QNA) on the occasion of *Arab Orphan's Day* on 1 April 2026 that the number of widows in the Gaza Strip has reached **47,019**, and that the number of orphans has risen to **64,616**, including **55,157 children** who lost a breadwinner during this war — compared with only about **17,000 orphans** before October 2023 ¹⁴. Widows are geographically distributed, according to the Ministry, across the governorates as follows: Gaza **37.8%**, North Gaza **22.5%**, Khan Younis **18.3%**, Deir al-Balah **13.2%**, Rafah **8.2%**.

Of this total (47,019), **UN Women** estimates that *new war widows* — those who lost their husbands between October 2023 and December 2025 — number more than **22,000 women**, raising the share of female-headed households from **12% before the war to roughly 18%** by the end of 2025 — meaning that **one in every seven households** in Gaza is now headed by a woman ¹⁵. With the **ceasefire of October 2025** and the start of return movements to destroyed areas, these figures continue to rise as bodies are recovered from beneath the rubble and previously undocumented cases are registered.

Based on the present field study data (n=729 widows), the average is **3 children** per widow, with **57.20%** of them living “alone with their children” (with no replacement partner) — figures that reveal the weight of the daily and psychological burden each widow carries in raising her children alone.

*“These figures do not reduce the situation of widows to victimhood alone — they frame them as **rights-holders** entitled to protection, sponsorship, healthcare, education for their children, and economic and legal empowerment. These are rights guaranteed by binding international instruments: the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), UN Security Council Resolution 1325 on Women, Peace and Security, and the Fourth Geneva Convention on the protection of civilians in time of war.”*

1.3 The Research Problem & Literature Gap

International agencies issue abundant humanitarian reporting on the general situation in the Gaza Strip. Yet **peer-reviewed scientific literature** addressing the *integrated needs* — psychological, social, economic, emotional and legal — of widows specifically after October 2023 remains limited, within the scope of our literature review. Most prior studies have concentrated on three separate tracks: **(a)** mental health indicators among the general population, **(b)** the situation of children and orphans, and **(c)** macro-level humanitarian conditions across the Strip.

Widows as a **standalone unit of analysis** have rarely received an integrated study — one that brings the five dimensions together within a single research framework and grounds its analysis in widows' direct voices alongside statistical and institutional framing. This is where the present study contributes a **distinct addition** to the available knowledge on this group in its current context. It also provides a foundation on which to build when designing intervention and empowerment programmes.

Chapter 2

Study Methodology

2.1 Study Design

This study set out to build an integrated picture of the reality of widows in the Gaza Strip through **four sequential phases that build on one another**. It begins with a broad quantitative phase on a large sample, capturing general patterns and measuring psychosocial and livelihood indicators with standardised instruments. It then moves to two qualitative phases — in-depth interviews with officials and specialists, followed by focus group discussions with widows — which add lived context to the numbers and explain what they reveal. It concludes with an integrative phase that fuses the quantitative and qualitative outputs into a single coherent interpretation upon which intervention programmes can be designed.

This type of design is known in contemporary methodological literature as the **Explanatory Sequential Mixed-Methods Design**. It is a well-established framework introduced by *Creswell & Plano Clark*, among the most widely cited mixed-methods references in the world today ¹⁶. This study selected it because it offers what no single phase can provide on its own: the combination of the *breadth of representation* given by the quantitative and the *depth of meaning* carried by the qualitative.

◆ Temporal and Functional Classification of the Study

The study is **cross-sectional** — meaning that it captures reality at a single point in time. Data were collected during a continuous window between February and May 2026, with no longitudinal follow-up of respondents. It is **descriptive-analytical** in its function — combining two aims: to *describe* the reality of widows across the five dimensions (psychological, social, economic, emotional and legal) as they are, and to *analyse* the relationships between these dimensions and the contextual variables that shape them (time since widowhood, frequency of displacement, cause of the husband's death, number of children, and current place of residence).

◆ Rationale for Choosing this Design

The choice of a mixed-methods design for this study is not a formal decision but rests on three substantive justifications:

- **Multiplicity of dimensions studied:** The five needs (psychological · social · economic · emotional · legal) cannot be captured by a single instrument — the quantitative reveals prevalence and statistical associations, while the qualitative reveals meaning and lived context.
- **Vulnerability of the target population:** Widows in a war setting — relying on a questionnaire alone strips them of their direct voice, while relying on qualitative interviews alone loses the representative framing needed for policy-level recommendations.
- **The programmatic nature of the outputs:** The recommendations targeted by this study require quantitative evidence (to justify intervention before funders and policy-makers) and qualitative evidence (to design services responsive to the actual context of beneficiaries).

◆ Implementation Phases

The design was executed across four sequential phases, moving from the broad quantitative to the focused qualitative and then to the final integration:

Phase	Instrument	Size	Methodological Aim
1	Structured Quantitative Survey	729 widows	Capture general patterns and standardised psychometric indicators
2	In-Depth Interviews with Officials and Specialists	15 interviews	Understand institutional framing and service-delivery mechanisms
3	Focus Group Discussions (FGDs)	7 sessions / 66 widows	Generate widows' direct voice without institutional intermediation

Phase	Instrument	Size	Methodological Aim
4	Concept-Generative Integration	—	Generate named interpretive concepts from the intersection of the three sources — moving beyond indicator comparison to build an interpretive framework that can ground programmatic recommendations

◆ Visual Integration Map



This methodological sequence can be described as “three eyes on one reality”: the **statistical eye** that captures numerical prevalence, the **institutional eye** that reflects administrative and service framing, and the **widow’s direct eye** that carries lived meaning. Crucially, integration in this study **does not stop at comparing the three sources** (classical Triangulation): it generates a **named conceptual framework** — including **Coerced Empowerment, Passive Disengagement, Honour-Based Solidarity, Economic-Not-Paternal Engagement, and Coerced Resilience**. This integration draws on contemporary mixed-methods literature: the framework of Creswell & Plano Clark ¹⁶, the “Following a Thread” technique of Moran-Ellis ¹⁷, and the “Joint Display” approach of Guetterman ¹⁸. It feeds Chapter 4 with theoretically grounded recommendations rather than purely descriptive lists.

2.2 Data Collection Instruments

The study relied on **six complementary instruments** for data collection, distributed across two groups: four quantitative instruments that together form the *structured questionnaire* applied to the sample of 729 widows, and two qualitative instruments (the in-depth interview guide and the focus group discussion guide) for collecting qualitative data. Each scale was chosen for a specific methodological reason; all are internationally standardised instruments that have been used previously in Palestinian samples, enabling benchmark comparison with the results of other studies.

◆ First: Quantitative Instruments (Structured Questionnaire)

The structured questionnaire consists of **four complementary instruments**: three internationally standardised scales (GHQ-12 · IES-6 · CD-RISC-2) — each published in a peer-reviewed journal and with prior application to Gaza samples — supplemented by a locally developed instrument that the Center’s team built for this context. The table below presents the technical specifications of each instrument; the methodological note that follows documents the adaptation of the IES-6 scale:

Instrument	Developer · Year	Items	Range	Threshold	α (n=729)	What It Measures
GHQ-12 Goldberg General Health Questionnaire	Goldberg & Williams · 1988 ¹⁹	12	0–36	> 15	0.723	General psychological distress (concentration, sleep, anxiety, depression, self-confidence, happiness)
IES-6 Impact of Event Scale — 6 items	Thoresen et al. · 2010 ²⁰	6	0–18 *	≥ 10	0.547	Post-traumatic stress symptoms (intrusive thoughts, avoidance, hyper-arousal)
CD-RISC-2 Connor-Davidson Resilience (short)	Vaishnavi et al. · 2007 ²¹	2	0–6 *	≥ 4	0.642	Psychological resilience (adaptation to change + recovery after adversity)

Instrument	Developer · Year	Items	Range	Threshold	α (n=729)	What It Measures
Local Questionnaire PCDCR Local Survey	PCDCR Team · 2026	38	—	—	—	14 demographic items + 24 descriptive items across 5 contextual axes (social · resources · economic · legal · needs) + one open-ended question

(*) A four-point scale (0–3) was adapted from the original five-point versions of IES-6 and CD-RISC-2 — for considerations of separating avoidance and reducing cognitive load in a context of ongoing trauma. The clinical thresholds are drawn from Thabet (Lancet 2014) ²² for GHQ-12, and grounded in established international standards for cross-cultural scale adaptation ²³. For international comparison: the mean IES-6 in our study of 12.76/18 $\approx$ 17.01/24 (multiplied by 4/3) — within the documented range for Gaza.

Digital Data Collection Platform: KoboToolbox

The questionnaire was built in *XLSForm* format on the **KoboToolbox** platform and administered via smartphones, with: **(1)** conditional Skip Logic to bypass non-applicable questions, **(2)** automatic Validation Constraints to reduce entry errors, and **(3)** GPS coordinate logging to confirm location without exposing identity. The platform was chosen for its fit with the Gaza context: offline operation with later synchronisation, data encryption, and direct export to analysis formats (CSV / Excel / SPSS) without manual entry.

◆ Second: In-Depth Interview Guide (Officials & Specialists)

A semi-structured instrument of **21 open-ended questions** across eight axes (psychological · social · emotional · economic · legal · institutional · recommendations · sexual exploitation). **15 interviews** were conducted through purposive sampling covering two complementary categories: **(a) 5 care-delivery specialists** (psychologists · social worker · protection coordinator), and **(b) 10 officials and community leaders** (displacement camp and shelter directors · mukhtars · women community leaders · an international relief representative). This diversity surfaces potential *administrative bias* by comparing how different actors frame the same reality, and serves a dual role: **verification** of the quantitative findings + **qualitative deepening** of the institutional context and service mechanisms.

◆ Third: Focus Group Discussion Guide (FGD Guide)

A qualitative instrument designed to capture *widows' direct voice* without institutional intermediation, comprising **21 questions** across the same eight axes as the officials and specialists guide (to ensure integration), supported by **interactive activities** designed specifically for widows (personal cards · the empty chair · mood colours · displacement timeline). **7 sessions** were conducted with **66 widows** (8–10 per session), covering geographic diversity across the study governorates. Each group was facilitated by **two researchers** (facilitator + note-taker), with sessions running 90–120 minutes (average 105). These groups complete the triangulation loop between the numbers (n=729), institutional testimonies (Officials & Specialists), and widows' direct voice.

2.3 Study Population and Sample

The study population comprises **Palestinian widows in the Gaza Strip** aged 18 and above, numbering **47,019** according to the latest count from the Palestinian Ministry of Social Development (1 April 2026). Three complementary samples were drawn from this population in line with the mixed-methods design: **729 widows** in the quantitative arm, **15 officials and specialists** in the in-depth interviews, and **66 women** across 7 focus group discussions.

◆ Geographic distribution of the quantitative sample across the study governorates (n = 729) ◆

1	Gaza Governorate		421 widows	57.75%
2	North Gaza		186 widows	25.51%
3	Deir al-Balah		122 widows	16.74%

PCBS 2023 reference: Gaza 51.7% · North Gaza 27.6% · Deir al-Balah 20.7%

The distribution is close to the population structure reported by the Palestinian Central Bureau of Statistics (PCBS 2023), with a relative concentration in Gaza Governorate. The quantitative phase did not cover Khan Younis and Rafah due to documented field constraints (the team was concentrated in the north and travel between governorates was costly). Yet field collection focused on Gaza, the north and Deir al-Balah — areas that, after displacement, host widows from every governorate, so the sample captures the unified post-displacement reality (further detail in 2.4).

◆ Sampling Methodology: Snowball Sampling

The study used **Snowball Sampling** for both the quantitative and qualitative samples. This methodology starts from initial entry points (seeds), then expands progressively through *successive referrals* from early respondents to others meeting the inclusion criteria — the sample grows in the way a rolling snowball gathers more snow.

This choice was not an improvised field decision but an **academically recognised research approach** adopted in the international methodological literature for collecting data from *hidden and hard-to-reach populations* — as established by Atkinson & Flint in their landmark 2001 framework ²⁴. Cohen & Arieli (2011) further confirmed that this methodology is **the most suitable — and at times the only feasible — approach** in armed-conflict contexts, where classical probability-sampling instruments lose their practical validity ²⁵.

◆ Rationale in the Gaza Context

Classical probability sampling has become **technically impossible** in this study's context for four interlocking structural reasons:

1. **Collapse of the official sampling frame:** No centralised, up-to-date and accessible register of widows exists in the Strip — the Palestinian Central Bureau of Statistics (PCBS) is rebuilding its infrastructure after the war, leaving no usable *sampling frame*.
2. **Repeated forced displacement:** 94.79% of respondents in our sample have been displaced more than once — any probability sample built on a prior residential address would lose the respondent before reaching her.
3. **Destruction of fixed addresses:** 88.61% of respondents' homes have been completely destroyed — no fixed address means no spatial sampling frame.
4. **Social sensitivity of the subject matter:** Topics of widowhood, financial need and exploitation are only opened by respondents through *network trust* (a referral from a relative, neighbour or camp leader) — a precondition that probability sampling cannot provide.

◆ Mitigating the Methodology's Limitations

Snowball sampling is known to carry two main limitations: network homogeneity (referrals come from a single network) and the exclusion of women without a network. The study addressed these limitations through four mitigation strategies:

1. **Multiple researchers:** 17 field researchers = 17 independent sampling networks, breaking the isolation of any single network.
2. **Multiple entry points:** dozens of initial entry points across displacement camps, shelters, community leaders, mukhtars, and international relief organisations.
3. **Structured geographic distribution:** Gaza 421 (57.75%) + North Gaza 186 (25.51%) + Deir al-Balah 122 (16.74%) — close to the reference population structure (Palestinian Central Bureau of Statistics, PCBS 2023).
4. **Voluntary participation without material incentives:** to avoid incentive bias and ensure authentic motivation to participate.

◆ Limits of Statistical Inference

With these strategies in place, the methodology's limits are stated openly. A snowball sample **describes patterns** within a large, geographically distributed group (n = 729); it does not claim precise probability representation of all widows in the Strip. The percentages reported in this study describe the sample and read as strong indicators of direction and scale — not as final population parameters. Any figure projected onto the total population is stated explicitly as an *indicative estimate*, not a count. This distinction is intentional and consistently observed across every chapter of the study.

2.4 Study Limitations

The study is bounded by four limitations that frame the scope of its findings and the range of its generalisation. These must be borne in mind when reading the conclusions and recommendations:

◆ Temporal Limitation

The study was conducted between **February and May 2026**, a three-month window that followed the truce of 10 October 2025 and coincided with the start of return movements to the destroyed areas. The *snapshot* captured by the study is the snapshot of that specific window; its findings cannot be generalised to earlier or later phases of the war without additional evidence.

◆ Spatial Limitation

Field collection covered **Gaza City and its outskirts, what remains of North Gaza, and Deir al-Balah**. No independent quantitative collection took place in Khan Younis or Rafah due to field and security constraints documented in the south during the collection period. This does not mean widows from these two governorates are absent from the sample. After two and a half years of continuous displacement, “original place of residence” has lost its meaning as a classification unit. Large numbers of widows from the south have been displaced into Gaza and Deir al-Balah. Rafah has become nearly empty, with most of its remaining residents distributed across parts of Khan Younis and Deir al-Balah. **The actual spatial unit of sampling is the widow's current location, not her place of origin.** The covered areas host a displaced mix from every governorate, reflecting a largely unified reality. Qualitative representation extended to the south through one of the focus group discussions. The possibility of under-representation remains for those who settled in the far south — a small group after the emptying of Rafah.

◆ Thematic Limitation

The study is bounded to capturing and analysing the **five integrated needs** of widows: *psychological, social, economic, emotional, and legal*. Other dimensions — such as the physical health status of widows, opportunities for higher education, or reproductive health — are not addressed in their own right, except where they intersect with the five core axes.

◆ Human-Subjects Limitation

The target population is limited to **Palestinian widows residing in the Gaza Strip**, aged 18 and above, whether they lost their husbands before October 2023 or during the war. The findings of this study do not apply directly to widows in the West Bank, East Jerusalem or the Palestinian diaspora, given the differing surrounding contexts (security, economic, social) of each of those locations.

2.5 Field Team Training

The field team that carried out data collection consisted of **17 researchers**, selected from **24 trainees** who completed an intensive training programme designed by the Center's team specifically for this study. Final selection was limited to those who passed the competency assessment at the end of the programme, applying the principle of *Competency-Based Selection* to ensure the quality of field implementation.

Training extended over **25 training hours**, covering the core skills required to deliver the study with high quality and sensitivity towards the target group:

#	Training Module	Content
1	General Research Skills	Field research methodology, research ethics, communication with vulnerable populations

#	Training Module	Content
2	Administering the Quantitative Questionnaire	Item explanation, handling sensitive questions, referral procedures when risk is detected
3	Skills for Conducting Focus Group Discussions	Ice-breaking, active listening, questioning skills, group dynamics, paraphrasing and summarising
4	Skills for Conducting In-Depth Interviews	Active listening, follow-up questions, precise documentation, managing critical moments
5	Using the KoboToolbox Platform	Downloading the form, completion, data storage, synchronisation, managing geographic coordinates

2.6 Ethical Considerations

The study adhered to the ethical standards established for research with vulnerable populations in conflict contexts, in recognition of the nature of the respondents (widows in emotionally and materially complex situations) and the sensitivity of several study axes (widowhood, exploitation, financial need). This was implemented through the following procedures:

- Informed Consent:** Each respondent was informed before starting about the nature of the study, the implementing organisation, the time required, the nature of the questions (including sensitive ones), and her right to *withdraw at any time* or *skip any question* without consequence. No participation was recorded prior to obtaining explicit verbal consent.
- Confidentiality and Identity Protection:** No direct identifying data (full name, ID number, phone number) were recorded within the quantitative questionnaire. In interviews and focus groups, codes (I1, I2, FG1, FG2...) were used in analysis and documentation, and the names of some officials and specialists were withheld at their explicit request during the collection period.
- Digital Data Protection:** The study relied on the **KoboToolbox** platform, which provides *encrypted storage* of data on secure servers, with access permissions restricted to the authorised analysis team. GPS coordinates were recorded without being linked to respondent identity, to prevent later identification.
- Risk Referral Protocol:** The field team was trained to identify risk indicators (suicidal ideation, actual exposure to violence or exploitation, acute clinical cases) and to activate immediate referral mechanisms to specialised entities when such indicators were observed — applying the principle that *“the respondent's right to care takes precedence over the researcher's right to data”*.
- Balancing Documentation and Protection:** On the most sensitive topics (for example, the sexual exploitation axis in the interview and FGD guides), the team respected the respondent's silence and her wish not to elaborate, documenting only what was disclosed voluntarily, without pressure or insistence.

2.7 Quality Assurance and Verification Mechanisms

The data passed through **seven quality-assurance tests** before any statistical analysis, applying the principle of *full transparency*: all flags are reported in the analysis without automatic exclusion, in respect of the field team's expertise and in recognition that some uniform patterns may reflect real trauma experiences rather than implementation errors:

#	Test	Purpose of the Check
1	Straight-lining on GHQ-12 and IES-6	Detect identical responses across all items ($\geq 90\%$ same value)
2	Full duplication between two questionnaires	Detect duplicate records at the case level
3	Unrealistic completion time (< 20 minutes)	A 58-item questionnaire requires at least 20 minutes — any shorter time indicates rapid, non-attentive answers requiring review
4	Repeated GHQ pattern within a single researcher	Detect potential bias in the way the instrument was administered
5	Low variance within a questionnaire	Detect mechanical answering without genuine engagement

#	Test	Purpose of the Check
6	Positive/negative contradiction in GHQ-12	Detect internal inconsistency between positive and negative items
7	Logical contradiction across sections	Detect general inconsistency (e.g., “no children” combined with details about children)

The **full sample (n = 729) was retained without automatic exclusion**. The flags observed (only 6 cases out of 729 = 0.82%) were transparently documented in the analysis report for future field review with the researchers, applying the golden rule: “*for review, not for accusation*.” This very low rate (under 1%) is itself evidence of the quality of field implementation and the effectiveness of the training programme the team completed.

◆ Methodological Note on Field Theorising (Theoretical Construction)

The theoretical concepts named in the Findings chapter — such as **Coerced Resilience**, **Constrained Sociality**, **Female Financial Erasure**, **De Jure Orphans**, and the other named concepts — are **interpretive concepts inductively derived from the qualitative data** in line with *Constructivist Grounded Theory* (Charmaz, 2014²⁵); they are not assumptions held prior to the data.

The organisation of these concepts into **interlinked chains** — such as the Coerced X chain that runs across sections, or the Quadruple Erasure chain (relational ← psychological ← financial ← legal) — is an **explicit interpretive act** offered by the research team as a possible reading rather than a final truth. The team acknowledges that another reader may organise the same data within a different framework, and that distinguishing between “empirical findings” (numbers and quotations) and “theoretical framing” (overarching frameworks) is necessary for a critical reading of the study.

In the qualitative analysis, the *Joint Display* principle (Creswell & Plano Clark, 2018²⁷) was applied: an explicit visual and methodological separation between the *Participant Voice* in quote boxes and the *Analyst Voice* in interpretation boxes, in respect of APA 7 *Qualitative Reporting Standards*.

2.8 Field Challenges and Difficulties

Implementation of this study encountered a number of field and contextual challenges that must be disclosed in full transparency. They frame the reader's understanding of the conditions under which data were collected, and help to interpret the methodological constraints:

- 1. Difficulty representing Khan Younis and Rafah in the quantitative sample:** Most of the field team came from the northern governorates, alongside the difficulty and prohibitive cost of inter-governorate transport, which limited the team's ability to reach the southern governorates fully.
- 2. Power and internet outages across all three phases of the study:** This posed a daily challenge not only during field collection but extended its impact to: (a) the work of the **Principal Investigator** in team management, field communication and progress documentation; (b) the work of the **analyst** in processing quantitative and qualitative data; (c) the drafting and writing of the study's chapters. The field-phase impact was mitigated by activating Offline Mode in KoboToolbox, while the analysis and writing phases required scheduling flexibility and continuous adjustment of the study timeline.
- 3. Surge in stationery and printing prices:** This constrained the printing of guides, backup paper questionnaires and field materials, and raised the operational costs of the work programme.
- 4. Psychological burden on the field team:** Daily exposure to acute trauma narratives from widows produced psychological distress among researchers, requiring periodic debriefing sessions and support mechanisms for those at the front line of fieldwork.
- 5. Unstable security environment:** Security alerts and recurrent waves of displacement interrupted some sessions and required the rescheduling of a number of interviews and focus group discussions, raising the time and logistical costs of implementation.

Chapter 3

Findings

This chapter presents the study's findings through an **axis-based integration** approach: for each thematic axis, three data sources converge in a single place — the quantitative survey (n = 729) to capture scale and direction, the 15 in-depth interviews to interpret causes and context, and the 7 focus group discussions to reveal collective dynamics. The first section (A — Demographic Profile) is presented quantitatively because it frames the demographic structure of the sample; the remaining sections then follow the axis-based integration approach to show points of agreement and divergence among the three sources.

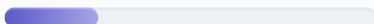
3.1 Section A — Demographic Profile

This section captures the demographic and contextual framework of the widows in the sample (n = 729). Each item is presented through a frequency table, a brief analytical comment and a link to later sections.

◆ A1. Governorate

The eligible sample comprised **729** widows from three governorates of the Gaza Strip. Gaza Governorate is the most represented (421 questionnaires, 57.75%), followed by North Gaza (186, 25.51%) and Deir al-Balah (122, 16.74%). For comparison with the reference population structure reported by the Palestinian Central Bureau of Statistics (PCBS) for 2023 within the three covered governorates: Gaza 51.7% · North Gaza 27.6% · Deir al-Balah 20.7%. The sample did not cover Khan Younis and Rafah due to field difficulties documented in Chapter 2 (concentration of most of the team in the northern governorates, the difficulty of inter-governorate transport, and its prohibitive cost). Table 1 shows the distribution of the sample across the three governorates:

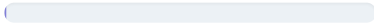
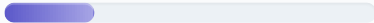
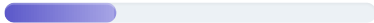
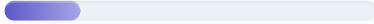
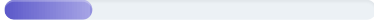
◆ Table (1) Sample distribution across governorates (n = 729) ◆

Governorate	Count	Percentage and distribution
Gaza	421	57.75% 
North Gaza	186	25.51% 
Deir al-Balah	122	16.74% 
Total	729	100.00%

◆ A2. Age Group

Ages within the eligible sample (n = 729) are relatively evenly distributed. The bulk falls within the productive age range of 20 to 49 years (totalling **550**, or 75.45%), while the oldest group (50 years and above) represents 23.73%, and the youngest group (under 20 years) is very limited (6 cases, 0.82%). Table 2 shows the age distribution of widows:

◆ Table (2) Age distribution of widows (n = 729) ◆

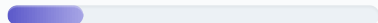
Age Group	Count	Percentage and distribution
Under 20 years	6	0.82% 
20 – 29 years	179	24.55% 
30 – 39 years	220	30.18% 
40 – 49 years	151	20.71% 
50 years and above	173	23.73% 
Total	729	100.00%

This distribution indicates that a substantial share of widows remain at an age of active child-rearing and labour-market participation, which makes economic and psychological interventions doubly consequential for both the widow and her household.

◆ A3. Highest Completed Educational Stage

The majority of widows (**480, 65.84%**) have completed preparatory or secondary education, while 158 (21.67%) hold university qualifications, and 91 (12.48%) fall within the low-education category (primary or never enrolled). Table 3 shows the distribution of widows by their highest completed educational stage:

◆ **Table (3) Distribution of widows by educational level (n = 729)** ◆

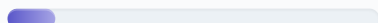
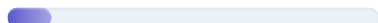
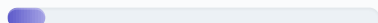
Educational Level	Count	Percentage and distribution
Never enrolled	32	4.39% 
Primary	59	8.09% 
Preparatory / Secondary	480	65.84% 
Diploma or Bachelor's	151	20.71% 
Postgraduate	7	0.96% 
Total	729	100.00%

Educational level is a key indicator of a widow's ability to access services and of her awareness of her own rights.

◆ A4. Current Place of Residence

The distribution of current residence makes the scale of displacement visible. **551 of 729 widows (75.58%) live in a displacement camp / tent or in a school or government building** — unstable conditions ill-suited to raising families with children — while 89 widows (12.21%) rely on the network of relatives, and only 75 (10.29%) remain in their original homes. Table 4 shows the distribution of widows by current place of residence:

◆ **Table (4) Distribution of widows by current place of residence (n = 729)** ◆

Type of Residence	Count	Percentage and distribution
In a displacement camp or tent	457	62.69% 
In a school or government building	94	12.89% 
With family or relatives	89	12.21% 
In my original home	75	10.29% 
Other	14	1.92% 
Total	729	100.00%

The concentration in temporary housing explains a substantive part of the elevated psychological distress indicators reported in later sections.

◆ A5. Time Since Widowhood

Most widowhood is recent. **569 widows (78.05%) became widowed within the past three years** — the period coinciding with the war on Gaza (October 2023 onwards), while 160 widows (21.95%) became widowed before the current war and are included in the sample to detect longer-term differences. Table 5 shows the distribution of widows by time since widowhood:

◆ **Table (5) Distribution of widows by time since widowhood (n = 729)** ◆

Time Since Widowhood	Count	Percentage and distribution
Less than 1 year	142	19.48%
1 to 3 years	427	58.57%
4 to 7 years	44	6.04%
7 to 15 years	72	9.88%
More than 15 years	44	6.04%
Total	729	100.00%

The variation in time since widowhood within the sample enables comparison of psychological impact between recently bereaved and longer-bereaved widows — a key methodological axis in the chapter on psychological scales.

◆ **A6. Cause of the Husband's Death**

The cause of the husband's death is the most defining framing indicator of the entire study: 555 of 729 widows (76.13%) lost their husbands **as martyrs of the war** — meaning that more than three-quarters of the sample are war widows in the literal sense, while 158 (21.67%) lost their husbands to natural death or illness, and 16 (2.19%) to accident. Table 6 shows the distribution of widows by cause of the husband's death:

◆ **Table (6) Distribution of widows by cause of the husband's death (n = 729)** ◆

Cause of Death	Count	Percentage and distribution
Martyred in the war	555	76.13%
Natural death or illness	158	21.67%
Accident	16	2.19%
Total	729	100.00%

War widows carry a three-dimensional trauma (loss + direct violence + displacement) that differs qualitatively from widowhood in ordinary circumstances. Relief policies must reflect each group's distinct circumstances when defining entitlements.

◆ **A7. Number of Children**

Most widows are mothers. The share of mothers within the sample is 82.85% (604 of 729). The group with **3-4 children** leads the distribution (247, 33.88%), followed by 1-2 children (217, 29.77%), then 5+ children (140, 19.20%), while 125 widows (17.15%) have no children — these are excluded from items A8 and A9. Table 7 shows the distribution of widows by number of children:

◆ **Table (7) Distribution of widows by number of children (n = 729)** ◆

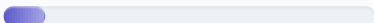
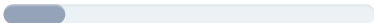
Number of Children	Count	Percentage and distribution
No children	125	17.15%
1 – 2 children	217	29.77%
3 – 4 children	247	33.88%
5 children or more	140	19.20%
Total	729	100.00%

The average number of children is roughly 3 per widow — a heavy caregiving burden, especially in the context of displacement and the absence of stable income.

◆ A8. Presence of Children Under 18 Living with the Widow

Among the 604 widows with children (those eligible for this item after excluding 125 without children): **521** (71.47% of the full sample, and 86.26% of eligible mothers) live with children under 18, while the children of 83 widows (11.39%) have all surpassed 18 years of age. Table 8 shows the distribution of widows by presence of minor children:

◆ **Table (8) Presence of children under 18 among widows (n = 729)** ◆

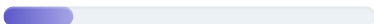
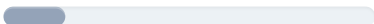
Response	Count	Percentage and distribution
Yes	521	71.47% 
No	83	11.39% 
Not applicable / left blank	125	17.15% 
Total	729	100.00%

Widows raising minor children form the most vulnerable subgroup, combining the burden of caring for minors with the absence of a husband.

◆ A9. Presence of a Child with a Disability

139 widows (19.07% of the total sample) report having **a child with a disability** — a subgroup that carries a double burden of widowhood and disability care. 465 (63.79%) report no child with a disability, while the item does not apply to 125 (no children). Table 9 shows the distribution of widows by presence of a child with a disability:

◆ **Table (9) Presence of a child with a disability among widows (n = 729)** ◆

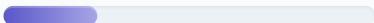
Response	Count	Percentage and distribution
Yes	139	19.07% 
No	465	63.79% 
Not applicable / left blank	125	17.15% 
Total	729	100.00%

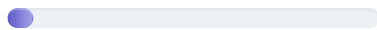
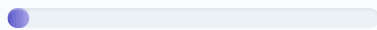
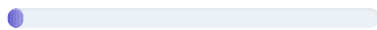
The rate of disability among the children of widows with children is 23.01% (139 of 604) — far above the pre-war rates documented for the Gaza Strip, reflecting the direct impact of the war on childhood injuries.

◆ A10. Whom the Widow Currently Lives With

The living arrangement reveals that **57.20% of widows (417) live alone with their children**, taking on the roles of breadwinner and emotional anchor at once without a partner — the highest figure in the section and a key vulnerability indicator. Another 184 (25.24%) have returned to live with their own families, while 51 (7.00%) live with the husband's family, 44 (6.04%) live entirely alone, and 33 (4.53%) live with another household. Table 10 shows the distribution of widows by living arrangement:

◆ **Table (10) Distribution of widows by living arrangement (n = 729)** ◆

Living Arrangement	Count	Percentage and distribution
Alone with my children	417	57.20% 
With my family	184	25.24% 

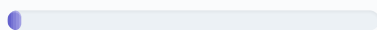
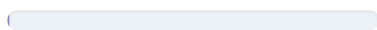
Living Arrangement	Count	Percentage and distribution
With my husband's family	51	7.00% 
Entirely alone	44	6.04% 
With another household	33	4.53% 
Total	729	100.00%

This distribution reveals a notable social shift: widowhood in Gaza no longer necessarily entails returning to the family home as was once typical. More than half of widows are now navigating sole parenting, which makes it imperative to design programmes that do not assume a “family safety net”.

◆ A11. Displacement from Original Place of Residence due to the War

The displacement figure reveals one of the study's most acute indicators: **691 of 729 widows (94.79%) have been displaced more than once**, while 31 (4.25%) have been displaced only once, and only 7 (0.96%) remain in their original homes — showing that repeated displacement is the rule, not the exception. Table 11 shows the distribution of widows by displacement status:

◆ **Table (11) Distribution of widows by displacement status (n = 729)** ◆

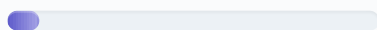
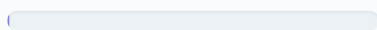
Displacement Status	Count	Percentage and distribution
Yes, more than once	691	94.79% 
Yes, once	31	4.25% 
No, still in my home	7	0.96% 
Total	729	100.00%

Repeated displacement explains a substantive part of the elevated indicators of psychological distress and trauma, and constrains widows' ability to establish a stable daily routine for their children.

◆ A12. Status of the Original Home

The status of the original home shows the depth of the urban catastrophe: **646 of 729 homes (88.61%) have been completely destroyed**, and 64 (8.78%) partially damaged — meaning that **97.39%** of widows have lost their original shelter either fully or partially, while only 15 (2.06%) have intact homes and 4 (0.55%) do not know the status of their home. Table 12 shows the distribution of widows by the status of the original home:

◆ **Table (12) Distribution of widows by status of the original home (n = 729)** ◆

Home Status	Count	Percentage and distribution
Yes, completely destroyed	646	88.61% 
Yes, partially damaged	64	8.78% 
No, the home is intact	15	2.06% 
Status unknown	4	0.55% 
Total	729	100.00%

The scale of housing destruction explains the concentration of widows in tents and schools (A4): loss of home is not a temporary housing choice but a structural reality after destruction, and any return plan requires reconstruction before resettlement.

◆ A13. Loss of Additional Family Members Besides the Husband

In addition to losing their husbands, **481 widows (65.98%) lost other family members in the war**: 264 (36.21%) lost more than one family member, 126 (17.28%) lost one, and 91 (12.48%) experienced a major family loss (five members or more), while 248 (34.02%) lost only the husband and no other family members. Table 13 shows the distribution of widows by family loss:

◆ **Table (13) Distribution of widows by additional family loss besides the husband (n = 729)** ◆

Family Loss	Count	Percentage and distribution
Yes, more than one member	264	36.21%
Yes, one member	126	17.28%
Yes, major family loss	91	12.48%
No	248	34.02%
Total	729	100.00%

The 12.48% of widows who experienced “major family loss” constitute a subgroup of compounded psychological vulnerability that warrants a stand-alone reading in the recommendations chapter.

◆ A14. Availability of a Phone for Communication

Channels of communication are available to the overwhelming majority of the sample. **699 widows (95.88%) own a personal phone**, and 16 (2.19%) share a phone with the household — meaning that channels for delivering services, notifications and cash transfers are available to **98.08%** of the sample, while 7 (0.96%) have no phone, and 7 (0.96%) left the item blank — these need an alternative outreach mechanism (field visits or relay through a relative). Table 14 shows the availability of a phone among widows:

◆ **Table (14) Availability of a phone for communication among widows (n = 729)** ◆

Phone Availability	Count	Percentage and distribution
Yes, personal phone	699	95.88%
Yes, household-shared phone	16	2.19%
No	7	0.96%
<i>Not applicable / left blank</i>	7	<i>0.96%</i>
Total	729	100.00%

Phone availability for 98.08% of the sample is a positive indicator that allows the later design of digital channels for service delivery and notifications.

◆ Section A Synthesis — Demographic Profile

The demographic data reveal an integrated picture of compounded structural vulnerability: **war widows** in the main (76.13% lost their husbands as martyrs), at **active caregiving age** (75.45% between 20 and 49), raising **minor children** (71.47%), having lost their **shelter** (88.61% complete destruction), displaced **repeatedly** (94.79% more than once), with 62.69% settled in tents, while 57.20% carry the **burden of sole parenting** without a partner or extended family network. These four indicators (loss + destruction + displacement + sole parenting) converge to frame a context that deeply explains what will be observed in the psychological scales that follow: the levels of distress and trauma symptoms.

3.2 Section B — Psychological Scales

This section presents the results of three internationally standardised psychological scales that jointly draw a comprehensive picture of widows' mental state. The first is the **General Health Questionnaire (GHQ-12)**, developed by Goldberg & Williams (1988); a short 12-item scale assessing general psychological distress, depression, anxiety and loss of social functioning, and one of the most widely used instruments worldwide for mental-health screening in population studies. The second is the **Impact of Event Scale — Short (IES-6)**, developed by Thoresen and colleagues (2010); a concise six-item version covering the three core dimensions of post-traumatic stress disorder: intrusive thoughts, avoidance and hyperarousal. The third is the **Connor-Davidson Resilience Scale — Short (CD-RISC-2)** by Vaishnavi and colleagues (2007); a two-item scale assessing the individual's capacity to adapt to change and recover after trauma. Each scale complements the others: the first reveals the depth of distress, the second captures trauma symptoms, and the third balances both by measuring residual psychological energy.

3.2.1 General Health Questionnaire (GHQ-12)

◆ Distribution of Responses Across the Twelve Items

Table 15 shows the distribution of widows' responses across the twelve GHQ-12 items with raw counts (n for each cell, totalling 729 per item). The “Type” column distinguishes positively worded items (+ reversed before summing) from negatively worded items (■ summed as-is):

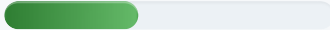
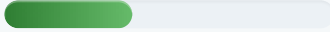
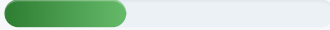
◆ **Table (15) Distribution of widows' responses on GHQ-12 items (n = 729)** ◆

Item	Type	More than usual	Same as usual	Less than usual	Much less than usual	Mean (post-reversal)
B1. Ability to concentrate on what I am doing	+	58	203	334	134	1.75
B2. Inability to sleep due to insomnia	■	341	174	154	60	2.09
B3. Feeling that I contribute something useful in my surroundings	+	160	340	173	56	1.17
B4. Ability to make decisions	+	195	299	186	49	1.12
B5. Feeling that I am under constant pressure	■	523	139	52	15	2.60
B6. Inability to overcome difficulties	■	253	240	204	32	1.98
B7. Ability to enjoy daily activities	+	41	271	268	149	1.72
B8. Ability to face problems	+	137	259	270	63	1.36
B9. Feeling unhappy or depressed	■	449	173	77	30	2.43
B10. Loss of self-confidence	■	200	195	185	149	1.61
B11. Feeling I am a worthless person	■	126	179	163	261	1.23
B12. Feeling generally happy despite circumstances	+	21	233	265	210	1.91

◆ Ranking of Items by Severity of Distress — Visual Representation

The figure below ranks the twelve items in descending order of severity of distress, after applying reversal to the positively worded items. **Constant pressure** (B5) tops the list of symptoms at 86.8%, followed by **unhappiness and depression** (B9) at 80.9%, then **insomnia** (B2) at 69.7%, while the positively worded items for mental health (contributing something useful 39.0%, decision-making 37.4%) come at the bottom.

◆ GHQ-12 items ranked by severity of distress (n = 729) ◆

B5	Constant pressure		86.8%	m=2.60
B9	Unhappiness or depression		80.9%	m=2.43
B2	Insomnia		69.7%	m=2.09
B6	Failure to overcome difficulties		66.0%	m=1.98
B12	General happiness		63.7%	m=1.91
B1	Concentration		58.2%	m=1.75
B7	Enjoying activities		57.3%	m=1.72
B10	Loss of self-confidence		53.7%	m=1.61
B8	Facing problems		45.2%	m=1.36
B11	Feeling worthless		41.1%	m=1.23
B3	Contributing something useful		39.0%	m=1.17
B4	Decision-making		37.4%	m=1.12

● High severity (> 70%) ● Moderate severity (40–70%) ● Low severity (< 40%) **Negatively** / **Positively** worded

The three distress items (pressure, depression, insomnia) lead the list, while the positively worded mental-health items come at the bottom — an indication that the negative component of distress prevails over healthy psychological functioning in the widows' sample.

◆ Total GHQ-12 Score and Severity Levels

The average GHQ-12 score in the sample was **20.98 out of 36**, with a standard deviation of 5.42 and a median of 21, with an actual range from 5 to 35. **607 widows out of 729 (83.3%) exceeded the established cut-off score (15 points)**, indicating a psychological disorder warranting clinical assessment, in line with the Goldberg & Williams (1988) ¹⁹ guidelines and the Thabet et al. (Lancet 2014) ²² study applied to a Gaza sample. The Cronbach's alpha coefficient reached 0.723, confirming the scale's internal consistency in this sample.

20.98

Mean (out of 36)
GHQ-12 Score

5.42

Standard Deviation
SD

83.3%

Above cut-off
> 15 / 36

0.723

Scale reliability
Cronbach α

Table 16 shows the distribution of widows across clinical severity levels on the scale ^{*}:

◆ Table (16) Distribution of widows by severity levels on GHQ-12 (n = 729) ◆

Level	Count	Percentage and distribution
Severe (21+)	391	53.6% 
Moderate (16–20)	216	29.6% 
Mild (13–15)	68	9.3% 
Normal (0–12)	54	7.4% 

* The primary clinical threshold of > 15 follows Goldberg & Williams (1988) ¹⁹ and its application to a Gaza sample in Thabet et al. (Lancet 2014) ²². The four-tier classification (normal/mild/moderate/severe) is an **internal operational classification adopted by PCDCR**. Detailed descriptive statistics (95% CI · SEM · IQR · skewness and kurtosis) appear in the *Statistical Appendix*.


QUANT
Interpretation of findings

The results show that **more than half of the widows (53.6%) are in the severe-disorder range**, with another 29.6% in the moderate range, bringing the total above the disorder threshold to 83.3%. The overall mean (20.98) falls within the “severe disorder” band, higher than the mean recorded in Gaza samples before the current war (Thabet et al. 2014: 17.2) ²², and closer to the documented range for samples of collective trauma internationally. The standard deviation (5.42) sits within the typical reference range for this scale and reflects natural variation *between* widows rather than dispersion *within* their answers — as evidenced by the Cronbach α of 0.723, indicating acceptable internal consistency. The practical takeaway: the sample shows a picture of acute collective psychological disorder that calls for a policy-level response, not individual case management.


QUAL
Interpretation of findings

The in-depth interviews with officials and specialists and the focus group discussions converge on the conclusion that the psychological distress of Gaza widows goes beyond normal grief into the range of severe clinical disorder, in which symptoms of depression, insomnia, anxiety and post-traumatic stress overlap. The focus group discussions reveal that many widows describe themselves in existential terms linked to death rather than life (being extinguished, being buried while still alive); recurrent suicidal thinking and thoughts of self-harm or harming their children appear repeatedly, restrained only by religious prohibition — testimonies that intersect directly with the 53.6% recorded in the severe-disorder cell. This qualitative consensus matches the quantitative indicator with striking precision (83.3% above the cut-off). The number translates into a lived experience of complete breakdown rather than passing grief.



“A husband makes up the whole of a woman's life; I myself have been extinguished.”

—Widow in a displacement camp in Gaza City



“We have already been buried, yet we still want to live.”

—Widow in one of the shelter schools in Gaza



“Honestly there are women who would say: if suicide were not forbidden in religion, I would have ended my life.”

— **COMMUNITY LEADER** working with displaced widows



“It is as if she is drowning, surfacing for a breath, then drowning again... We see traumas piling up continuously — trauma after trauma.”

— **CLINICAL PSYCHOLOGIST** working in shelter centres

◆ GHQ-12 by Governorate

GHQ-12 scores were close across the three governorates. **Gaza** recorded the highest mean (21.33) with an above-cut-off rate of 85.27%, followed by **Deir al-Balah** (mean 21.02, cut-off 85.25%), then **North Gaza** (mean 20.15, cut-off 77.42%). Table 17 shows the distribution of GHQ-12 scores by governorate:

◆ **Table (17) GHQ-12 scores by governorate (n = 729)** ◆

Governorate	n	Mean	SD	Above cut-off (>15)	% above
Gaza	421	21.33	5.46	359	85.27%
North Gaza	186	20.15	5.39	144	77.42%
Deir al-Balah	122	21.02	5.23	104	85.25%

**QUANT****Interpretation of findings**

One-way ANOVA revealed a statistically significant difference between the governorates on GHQ-12 scores: $F(2, 726) = 3.107$, $p < 0.05$, yet the effect size was very small ($\eta^2 = 0.85\%$), meaning that **governorate explains less than 1% of the variance** in psychological distress. In practical terms, distress is distributed almost horizontally across the three governorates, with a slight margin for Gaza and Deir al-Balah over North Gaza. This suggests that **widowhood in a war setting produces a geographically homogeneous psychological distress**; no intervention programme should leave any governorate aside on grounds of its location or population size.

◆ GHQ-12 by Time Since Widowhood

GHQ-12 scores came out strikingly close across the five time-since-widowhood categories; widows who lost their husbands **less than a year ago** recorded a mean of 21.87 (88.03% above the cut-off), very close to the mean of widows who were widowed **more than 15 years ago** (mean = 21.50, cut-off 81.82%). Table 18 shows GHQ-12 scores by time since widowhood:

◆ **Table (18) GHQ-12 scores by time since widowhood (n = 729)** ◆

Time Since Widowhood	n	Mean	SD	Above cut-off	% above
Less than 1 year	142	21.87	5.36	125	88.03%
1 to 3 years	427	20.82	5.39	351	82.20%
4 to 7 years	44	19.34	5.64	34	77.27%
7 to 15 years	72	20.81	5.26	61	84.72%
More than 15 years	44	21.50	5.68	36	81.82%

**QUAL****Interpretation of findings**

One-way ANOVA revealed no statistically significant difference between the time-since-widowhood categories: $F(4, 724) = 2.199$, $p > 0.05$, with a null effect size ($\eta^2 = 1.20\%$). Cohen's d between newer and older widows was +0.069 — no practical difference. **Time in the current war setting does not ease the trauma**: a widow bereaved more than 15 years ago may have built partial recovery in calmer conditions, but the current war, with its displacement, destruction and sole parenting, has reactivated the old loss; the renewed wound meets the new wound at the same level of distress.

**QUAL****Interpretation of findings**

The field consensus on this question flips sharply depending on who is speaking: widows themselves in the focus group discussions are unanimous that **time does not heal but deepens**. The wound runs deeper the longer the period, and what looks externally like “adaptation” turns into a coerced functional hardness that keeps life moving while the internal pain grows. By contrast **the interviews with officials and specialists divide**: most adopt the “the older widow has adapted” hypothesis (time heals behaviourally), while one community leader uniquely inverts the hypothesis. This divergence reveals a **perceptual gap between the administrative observer and the widow's lived experience**, and precisely explains the quantitative result: the longer-bereaved widow appears managed but is internally broken, so the GHQ-12 indicator balances between her and the more recently bereaved widow.

“My husband has been gone three years; to this day I cannot forget him and I keep dreaming of them often.”

—Widow's testimony after three years of loss

“The grief grows, the wound is deeper; we have become stronger only because we are forced to be.”

—Collective consensus among widows in one of the focus group discussions

“Widows of several years have adapted to the situation. Newer widows experience great difficulty and need rehabilitation and help with adaptation.”

— **CLINICAL PSYCHOLOGIST** the dominant view in the interviews

“Frankly most widows feel their psychological exhaustion grow as the period of widowhood lengthens... you sense that with time both longing and nostalgia grow.”

— **COMMUNITY LEADER** the dissenting view in the interviews

◆ GHQ-12 by Cause of the Husband's Death

GHQ-12 scores came out nearly identical across the three cause-of-death categories: **martyrdom widows** recorded a mean of 20.98 (83.06% above the cut-off), **natural-death or illness widows** a similar mean (21.03, 84.18% above the cut-off), and **accident** widows 20.38 (81.25%). Table 19 shows GHQ-12 scores by cause of the husband's death:

◆ **Table (19) GHQ-12 scores by cause of the husband's death (n = 729)** ◆

Cause of Death	n	Mean	SD	Above cut-off	% above
Martyred in the war	555	20.98	5.40	461	83.06%
Natural death or illness	158	21.03	5.37	133	84.18%
Accident	16	20.38	6.71	13	81.25%



QUANT

Interpretation of findings

ANOVA revealed no statistically significant difference between cause-of-death categories: $F(2, 726) = 0.106, p > 0.05$, null effect size ($\eta^2 = 0.03\%$), and Cohen's d between war widows and natural-death widows = -0.010. **The cause of the husband's death does not produce a measurable difference in psychological distress.** The deeper takeaway: widowhood in Gaza's current setting is itself a structural trauma whose severity is shaped not by the manner of loss but by the surrounding bundle of factors (war, displacement, sole parenting, loss of shelter), which balance out across the three categories.



QUAL

Interpretation of findings

The interviews split on cause of death: most officials and specialists (9 of the 15 who addressed the question) see martyrdom as more psychologically traumatic because of the suddenness, lack of preparation, and the sight — or absence — of the body under rubble. Three other interviews flip the picture and assert that natural-death widows suffer more, due to **institutional marginalisation**. Some support providers refuse to assist them, and that deprivation becomes a second source of distress. The focus group discussions that explicitly compared the two converged on martyrdom as more severe because of suddenness. This qualitative split precisely explains why cause of death produces no GHQ-12 difference: **the clinical impression sees martyrdom as more severe in the instant, but the prolonged suffering of natural-death widows due to institutional deprivation matches the distress of martyrdom widows in the cumulative total**, so the means converge.

“

“A widow who lost her husband suddenly during the war, compared to one who lost him after an illness, where she had been partially prepared psychologically... the trauma is more severe for the one who lost her husband suddenly.”

— **CLINICAL PSYCHOLOGIST** the dominant view in the interviews

“

“Some support organisations may refuse to assist widows whose husbands died of natural causes, increasing their sense of injustice and undermining their psychological stability.”

— **CAMP LIAISON** the dissenting view in the interviews

“

“It also differs in martyrdom; the woman whose husband's body was intact, who saw him and buried him, finds some relief; one who never saw him or whose husband was killed violently is psychologically far worse.”

— **SOCIAL WORKER** the effect of seeing the body on recovery

“

“In natural death or death by illness, the person is somewhat prepared for the event due to illness or age, whereas loss by airstrike is a great, powerful, abrupt trauma.”

— Consensus of a focus group of 10 widows

◆ GHQ-12 by Age Group

GHQ-12 scores were nearly identical across the adult age groups (20 years and above). Means ranged from 20.59 to 21.24 and above-cut-off rates from 80.13% to 87.15%. The youngest group (**under 20 years**) stands out strikingly with a mean of 27.00 and a 100% above-cut-off rate, despite its small size ($n = 6$). Table 20 shows GHQ-12 scores by age group:

◆ **Table (20) GHQ-12 scores by age group ($n = 729$)** ◆

Age Group	n	Mean	SD	Above cut-off	% above
Under 20 years	6	27.00	5.97	6	100.00%
20 – 29 years	179	21.21	5.42	156	87.15%
30 – 39 years	220	20.68	5.47	179	81.36%
40 – 49 years	151	20.59	4.95	121	80.13%
50 years and above	173	21.24	5.64	145	83.82%



QUANT

Interpretation of findings

ANOVA revealed a slight difference between groups ($F(4, 724) = 2.418$, $\eta^2 = 1.32\%$), but this does not reflect an *age gradient*; rather, two distinct phenomena. The first: **homogeneity among the adult groups** — means of 20.59 to 21.24 and disorder rates of 80–87% are nearly identical, meaning that age is not a strong predictor of distress among adult widows. The second: **an acute clinical alert for the under-20 group** — a mean of 27.00 exceeds the other groups by about 6 points, with Cohen's d effect sizes of +1.0 to +1.3 (very large), and 100% of the group above the cut-off. Despite the small sample ($n = 6$) that limits statistical power, the **large effect size warrants a standalone clinical reading of every case** within this stratum later in the recommendations chapter.

◆ GHQ-12 Synthesis

The GHQ-12 results across the sample of 729 widows reveal a **picture of acute collective psychological disorder**: a mean of 20.98/36 falls within the “severe disorder” band, and 83.3% lie above the cut-off (> 15), of whom 53.6% are in the severe-disorder cell. The symptoms of **constant pressure (86.8%)**, **unhappiness and depression (80.9%)** and **insomnia (69.7%)** lead the list, while the positively worded mental-health items fall to the bottom. On disaggregation, **distress is distributed almost horizontally** across the three governorates ($\eta^2 < 1\%$), is unaffected by time since widowhood (Cohen's $d \approx 0$ between the less-than-one-year and the more-than-15-year groups), is unaffected by cause of the husband's death ($d = -0.010$), and is unaffected by adult age group (clear homogeneity between 20 and 50+). The sole exception concerns **widows under 20 ($n = 6$)**, with a mean of 27.00 and a large effect size (Cohen's $d > +1.0$). This convergence across disaggregations shows that **widowhood in the current war is a structural collective trauma**; its severity is shaped not by demographic variables but by the shared surrounding context (war, displacement, sole parenting, loss of shelter), reinforcing the qualitative finding among widows themselves that their suffering is a “complete breakdown” shared as a collective rather than as individual cases.

3.2.2 Impact of Event Scale (IES-6)

The IES-6 measures post-traumatic stress symptoms (PTSD) across three standard dimensions adopted in DSM-5: **Intrusion** (B13 + B15), **Avoidance** (B14 + B17), and **Hyperarousal** (B16 + B18). The study adopted a four-point version (0–3) with an overall range of 0–18 and a cut-off of ≥ 10 — a considered adaptation to the trauma context in Gaza (methodological details in Chapter 2 and the Statistical Appendix).

◆ Distribution of Responses Across IES-6 Items

Table 21 shows the distribution of widows' responses across the six IES-6 items with raw counts (n for each cell, totalling 729 per item). All items are negatively worded (■) so they are summed as-is, without reversal:

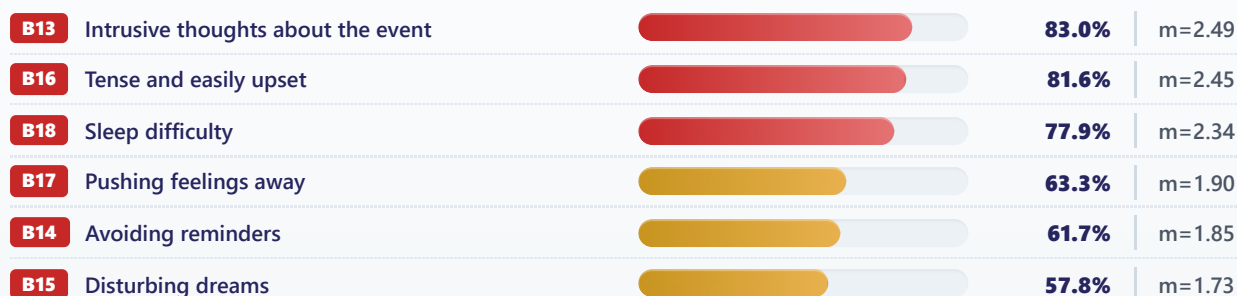
◆ **Table (21) Distribution of widows' responses on IES-6 items ($n = 729$)** ◆

Item	Type	Often	Sometimes	Rarely	Never	Mean (0–3)
B13. Thoughts about the event came to me when I did not want them to	■	450	208	50	21	2.49
B14. I tried to avoid things that reminded me of the event	■	197	320	119	93	1.85
B15. I had disturbing dreams about the event	■	203	259	136	131	1.73
B16. I felt tense and easily upset	■	403	265	45	16	2.45
B17. I tried to push the feelings about the event out of my mind	■	182	368	103	76	1.90
B18. I had difficulty sleeping	■	391	228	74	36	2.34

◆ Ranking of IES-6 Items by Severity — Visual Representation

The figure below ranks the six IES-6 items in descending order of severity. **Intrusive thoughts** (B13) top the list at 83.0%, followed by **tense responsiveness** (B16) at 81.6%, then **sleep difficulty** (B18) at 77.9% — items that represent the Intrusion and Hyperarousal dimensions, while the Avoidance and nightmares items come at a lower level.

♦ IES-6 items ranked by severity (n = 729) ♦



● High severity (> 70%)

● Moderate severity (40–70%)

All items are negatively worded

Intrusion and Hyperarousal items lead the list of symptoms, while Avoidance items come at a lower rank — an indication that the active symptoms (intrusive thoughts, tension, insomnia) outweigh the withdrawal symptoms (avoidance, nightmares) in their daily presence.

♦ Total IES-6 Score and Severity Levels

The mean IES-6 score across the sample was **12.76 out of 18**, with a standard deviation of 2.91, and the range extended from 0 to 18. **638 widows out of 729 (87.5%) exceeded the established cut-off (≥ 10)**, indicating post-traumatic stress symptoms at a level warranting specialised intervention. Cronbach's α reached 0.547, an expected reliability coefficient for a short multi-dimensional scale (Intrusion + Avoidance + Hyperarousal) — supported by the strong qualitative convergence with the interview and focus group testimonies.

12.76

Mean (out of 18)

IES-6 Score

2.91

Standard Deviation

SD

87.5%

Above cut-off

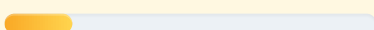
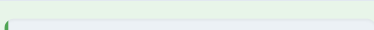
 $\geq 10 / 18$ **0.547**

Scale reliability

Cronbach α

Table 22 shows the distribution of widows across IES-6 severity levels:

♦ Table (22) Distribution of widows by severity levels on IES-6 (n = 729) ♦

Level	Count	Percentage and distribution
Severe (15+)	218	29.9% 
Moderate (11–14)	366	50.2% 
Mild (6–10)	134	18.4% 
No symptoms (0–5)	11	1.5% 

**QUANT****Interpretation of findings**

The IES-6 results reveal an **intense presence of post-traumatic stress symptoms across the sample**: nearly half the widows (50.2%) are in the moderate range, with another 29.9% in the severe range, raising the total above the cut-off to 87.5%. Strikingly, the highest items are in **Intrusion and Hyperarousal** (involuntary thoughts + tense responsiveness + sleep difficulty — all above 77%), while the Avoidance items are relatively lower (61–63%). This pattern indicates that the widows in Gaza are not living a latent trauma but an **active, daily** one — fed by the persistence of events rather than by temporal distance — which explains why IES-6 stays high regardless of demographic variables, as the governorate disaggregation will confirm.

**QUAL****Interpretation of findings**

The interviews and focus group discussions reveal a clear consensus on the presence of the three PTSD dimensions in Gaza's widows: **Intrusion** appears as recurrent nightmares of the martyrdom scene and sudden thoughts that ambush widows day and night, persisting years after the loss. **Avoidance** appears in widows' deliberate attempts to push memories aside to keep their composure before their children, with an emotional containment specialists describe as "daze and haze". **Hyperarousal** recurs strongly in tense responsiveness, night screaming and chronic sleep disturbance. These qualitative testimonies match the quantitative data strikingly: **87.5% above the cut-off, 83.0% with intrusive thoughts, and 77.9% with sleep difficulty** — the widow's voice in the field confirms what the short instrument captures.



"The dogs ate his body before my eyes; every day I dream of that nightmare and end up screaming through the night."

—Widow's testimony embodying the Intrusion dimension



"I sleep thinking and I wake up thinking — what will I feed my children, how will I dress them, what will I find for them."

—Widow's testimony embodying sleep difficulty and the intrusion of daily survival



"The leading problems: depression + insomnia + anxiety + constant thinking about the future + post-traumatic symptoms."

— **CLINICAL PSYCHOLOGIST** clinical framing of the symptoms



"The newly widowed woman lives in a state of grief + inability to sleep easily + distraction and dissociation."

— **FIELD COORDINATOR** observing Hyperarousal and Intrusion on the ground

◆ IES-6 by Governorate

IES-6 scores came out nearly identical across the three governorates: **Deir al-Balah** recorded the highest mean (12.97, 87.70% above the cut-off), followed by **North Gaza** (12.83, 90.86%), then **Gaza** (12.67, 85.99%). Table 23 shows IES-6 scores by governorate:

◆ **Table (23) IES-6 scores by governorate (n = 729)** ◆

Governorate	n	Mean	SD	Above cut-off (≥ 10)	% above
Gaza	421	12.67	2.92	362	85.99%
North Gaza	186	12.83	2.78	169	90.86%
Deir al-Balah	122	12.97	3.08	107	87.70%

**QUANT****Interpretation of findings**

One-way ANOVA showed no statistically significant difference between governorates: **$F(2, 726) = 0.571, p > 0.05$** , null effect size ($\eta^2 = 0.16\%$). Trauma symptoms are distributed horizontally across the three governorates, with a slight non-significant edge for Deir al-Balah. Practical takeaway: **the war context produces a geographically homogeneous psychological trauma**, unaffected by place of residence, calling for intervention programmes to be distributed with equal density across the three governorates.

◆ IES-6 Synthesis

The IES-6 results reveal an **intense and severe presence of post-traumatic stress symptoms** across the sample of 729 widows: a mean of 12.76/18, and **87.5% above the cut-off (≥ 10)**, of whom 29.9% in the severe cell. **Intrusive thoughts (83.0%)**, **tense responsiveness (81.6%)** and **sleep difficulty (77.9%)** lead the list, while the Avoidance items come at a relatively lower rank. Symptoms are distributed horizontally across the three governorates ($\eta^2 < 1\%$). The qualitative analysis supports these findings with a clear consensus on the presence of the three dimensions (Intrusion + Avoidance + Hyperarousal) in widows' daily experience, revealing that trauma in Gaza is **active rather than latent**, fed by the ongoing events (war, displacement, repeated loss) rather than by temporal distance.

3.2.3 Impact of Repeated Displacement on Mental Health — Integrative Reading

This subsection addresses an axis on which dense field evidence converges without being captured by any single direct item in the psychological scales used. Because neither GHQ-12 nor IES-6 contains an element that independently assesses the “impact of displacement,” we adopt here a **three-source integrative reading** resting on three anchors: (1) the demographic exposure indicator in A11, (2) the overall results of the GHQ-12 and IES-6 scales, (3) the dense qualitative analysis from the interviews and focus group discussions. This methodological integration is a transparent treatment of the instrumental gap, grounded in the displaced-populations mental-health literature that treats repeated exposure to traumatic events (Cumulative Trauma) as a substantive mediating factor between event and disorder.

94.79%

Displaced more than once
Item A11

83.3%

Above GHQ-12 cut-off
General distress

87.5%

Above IES-6 cut-off
Trauma symptoms

10–15

Displacement episodes
(FGDs)
Maximum field description



QUANT

Interpretation of findings

Three quantitative indicators converge on the phenomenon of repeated displacement: **94.79% of the sample have been displaced more than once** (A11), and within that same group both general distress (GHQ-12 = 83.3% above the cut-off) and trauma symptoms (IES-6 = 87.5%) are elevated. Although no direct test linking the number of displacements to severity is available (because no statistical disaggregation on this variable was conducted), the numerical alignment between collective exposure ($\approx 95\%$) and the collective disorder level ($\approx 85\text{--}87\%$) suggests that repeated displacement operates as a **contextual amplifier** of psychological distress, not a transient circumstance — consistent with the Cumulative Trauma literature. Practical takeaway: psychological response cannot target symptoms in isolation from their causative factor (halting the cycle of displacement or providing stable housing alternatives is a precondition for the success of any MHPSS intervention).



QUAL

Interpretation of findings

The qualitative evidence reveals that displacement for widows is not a transient pressure but **a renewed trauma recurring an average of 10–15 times** in the most affected of the sample; each cycle generates a new layer of trauma that accumulates on top of widowhood itself. The focus group discussions identified five distinct psychological mechanisms: **existential paralysis** at the moment of the decision to flee (“I was so helpless”), **hoarding hysteria** — buying and stockpiling, then abandoning everything at each displacement, **survivor's guilt** because the areas left behind are shelled after their departure, **triangulated anxiety** over the children + the memory of the husband + missing relatives, and **livelihood humiliation** (queueing at the soup kitchen after every displacement + the burden of fetching water). Officials and specialists confirmed that displacement affects the widow more than it affects the married woman; some officials openly acknowledged their inability to cover the transport costs for all widows — a structural contradiction between the severity described and the institutional resources available.

“Many, many, many times — the lowest of us is perhaps 12 to 15 displacements, and with every displacement comes more pain and more wounds.”

— Collective consensus in a shelter school (10 widows in one voice)

“A state of hysteria — it made us fearful, made us buy and store everything, then leave it all behind when we were displaced.”

— Collective consensus of widows of martyrs (9 widows) — embodying behavioural collapse

“Every time I was displaced I felt my soul leaving me, and after each time I cannot sleep through the night — only three hours at most.”

— **CLINICAL PSYCHOLOGIST** conveying the clinical perspective on existential collapse

“Most widows turned to the camp administration to secure a safe place and cash assistance to move south; the administration was unable to cover all widows, so some remained in difficult and unstable security conditions.”

— **DEPUTY DIRECTOR, SHELTER CAMP** explicit acknowledgement of institutional incapacity

3.2.4 Connor-Davidson Resilience Scale (CD-RISC-2)

The CD-RISC-2 scale (Vaishnavi, Connor & Davidson 2007) measures the capacity for adaptation and recovery through two core items: **Item 1 — I am able to adapt to change**, and **Item 2 — I tend to bounce back after illness, hardship or trauma**. The study adopted a four-point version (0–3) with an overall range of 0–6 and a high-resilience cut-off of ≥ 4 (methodological details in Chapter 2 and the Statistical Appendix).

◆ Distribution of Responses on the Two CD-RISC-2 Items

Table 24 shows the distribution of widows' responses on the two resilience items with raw counts:

◆ **Table (24) Distribution of widows' responses on CD-RISC-2 items (n = 729)** ◆

Item	Often	Sometimes	Rarely	Not applicable	Mean (0–3)
Item 1. I am able to adapt to change	207 (28.4%)	368 (50.5%)	113 (15.5%)	41 (5.6%)	2.02
Item 2. I tend to bounce back after hardship	260 (35.7%)	348 (47.7%)	105 (14.4%)	16 (2.2%)	2.17

◆ Total CD-RISC-2 Score and Resilience Levels

The mean CD-RISC-2 score across the sample was **4.19 out of 6** (69.8% of the maximum), with a standard deviation of 1.34. **555 widows out of 729 (76.13%) exceeded the high-resilience cut-off (≥ 4)**, while 92 widows (12.62%) fall in the low-resilience cell. Cronbach's α reached 0.642 (acceptable for a two-item scale).

4.19

Mean (out of 6)
CD-RISC-2 Score

1.34

Standard Deviation
SD

76.13%

High resilience
 $\geq 4 / 6$

0.642

Scale reliability
Cronbach α

Table 25 shows the distribution of widows across resilience levels:

◆ **Table (25) Distribution of widows by resilience levels on CD-RISC-2 (n = 729)** ◆

Level	Count	Percentage and distribution
High resilience (≥ 4)	555	76.13%
Moderate resilience (3)	82	11.25%
Low resilience (≤ 2)	92	12.62%

**QUANT****Interpretation of findings — The apparent paradox between high trauma and high resilience**

The CD-RISC-2 results reveal an apparent paradox that warrants careful theoretical interpretation: 76.13% of widows show **high resilience**, even though 83.3% are above the GHQ-12 cut-off and 87.5% above the IES-6 cut-off. This coexistence is not a measurement error but a known phenomenon in the trauma literature called **Post-Traumatic Growth** (Tedeschi & Calhoun 2004) ²⁶ : the individual carries high trauma and high resilience *simultaneously*, because the two indicators measure two distinct levels — **emotional distress** (suffering) versus **functional competence** (the capacity to manage suffering and run daily life). The Palestinian widow experiences pain in full, yet rises every morning to feed her children, secure shelter and keep their education and livelihood going — that is, she operates at the functional level with competence while bleeding emotionally. The practical takeaway: **statistical resilience does not mean a reduced need for psychological support** — on the contrary: the 12.62% low-resilience group is in immediate clinical risk, and the 76.13% high-resilience group carries a silent burden that warrants preventive support before collapse.

**QUAL****Interpretation of findings — Coerced Resilience**

The qualitative evidence reveals the decisive dimension that escapes the measurement instrument: resilience in Gaza is **coerced, not chosen**. The widows are strong because they are forced to be, not because they chose to be. One focus group consensus read, “I can because I have to, there is no one else but me,” while other widows described themselves as “stronger than ten men” in behavioural resilience set against a parallel existential descriptor, “I have been extinguished” and “we have been buried, yet we want to live.” Sources of resilience distribute across four layers: **(1) children as existential meaning** for survival (“I live only for them”), **(2) faith and religious agency**, **(3) the network of family and widow-neighbours** (“God replaced him with my neighbours, all in the same situation as me”), **(4) inner personal strength**. This framework also explains the low $\alpha = 0.642$: the two items measure a **coerced behaviour rather than a coherent psychological structure**, so the internal consistency fractures between “adaptation” and “recovery” — the first more imposed (reflecting daily life), the second more volitional (reflecting agency).

“I can because I have to... there is no one else but me.”

— Collective consensus of 8 widows in a focus group — describing “Coerced Strength”

“Strong, stronger than ten men; at times I feel like a man inside a woman's body.”

— Widow's testimony revealing behavioural strength above existential extinction

“It may be the support these women receive; we can mention religion and faith and perseverance; the children may be the very reason a mother is steadfast and able to walk through life.”

— **CLINICAL PSYCHOLOGIST** the triad of resilience sources (support + faith + children)

“She is living only for them, she is their sole support, they have no one else but me... a widow can collect herself for the sake of her children.”

— **ADMINISTRATIVE OFFICIAL** children as the task that carries the mother

◆ CD-RISC-2 Synthesis and Overall Psychological Picture

The CD-RISC-2 results show that **76.13% (555 widows) have high psychological resilience** with a mean of 4.19/6 — a striking figure given its coexistence with 83.3% above the GHQ-12 cut-off and 87.5% above the IES-6 cut-off. This coexistence — supported theoretically by the Post-Traumatic Growth framework (Tedeschi & Calhoun 2004) ²⁶ — shows that the widows of Gaza are **not surrendered victims** but survivors carrying severe trauma and high functional competence at once. Yet the qualitative analysis adds a decisive dimension: this resilience is **coerced, not chosen**, imposed on them by the task of providing, the presence of children, faith and the social network, not a conscious choice flowing from psychological ease. This is **Coerced Resilience** — the founding theoretical framework on which the rest of the study draws in its later extensions (social, relational, economic, legal). What sustains this behavioural resilience is an **acute depletion of psychological resources** coinciding with shocking levels of distress (83.3%) — the widow pays out of her own internal reserves the price of every “I can because I have to” decision, without the reserve being replenished in the absence of support, safe sleep and emotional space. In this sense, resilience in Gaza is a **“price of survival” rather than a “fruit of recovery”**. The overall picture for the psychological dimension: **Gaza widows are in an acute collective psychological disorder (GHQ + IES) that they manage through a coerced behavioural resilience (CD-RISC)** — a fragile equation, vulnerable to collapse at any moment in the 12.62% low-resilience group, and a silent burden coursing through the remaining 76.13%. **Bridge to Section C:** this fragile psychological equation does not live in a vacuum; it reflects relationally in the fragmentation of the widow's social network, which the next section explores through the framework of **Constrained Sociality** — the direct relational extension of Coerced Resilience.

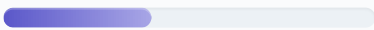
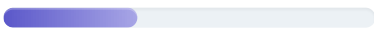
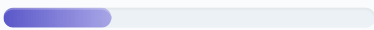
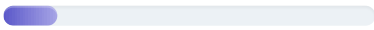
3.2.5 Resources and Psychological Support (B19–B22)

This subsection examines four items that complement the Section B scales and reveal the structure of the relationship between widows and psychological support: self-help coping mechanisms (B19), talking to others about feelings (B20), the level of support currently received (B21), and the level of desire for support if accessibility conditions are met (B22). Items B19 and B20 are multi-select, so the total responses may exceed the sample size of 729.

◆ B19 — Self-help Coping Mechanisms

Prayer and the Holy Qur'an top the list of coping mechanisms at 82.17% (599 widows), followed by talking to a trusted person (39.92%) and caring for the children (36.21%), while 8.78% (64 widows) report no self-help coping mechanism at all (“nothing helps me”). The average number of selections per widow was 2.12 mechanisms out of six possible. Table 26 shows widows' coping mechanisms:

◆ **Table (26) Self-help coping mechanisms among widows (n = 729 · multi-select)** ◆

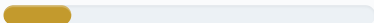
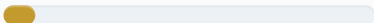
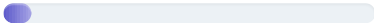
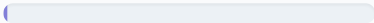
Coping Mechanism	Count	Percentage and distribution
Prayer and the Holy Qur'an	599	82.17% 
Talking to a trusted person	291	39.92% 
Caring for my children	264	36.21% 
Work or keeping busy	215	29.49% 
Other	109	14.95% 
Nothing helps me	64	8.78% 

Prayer and the Qur'an top the coping mechanisms (82.17%), followed by informal social support (39.92%) and meaning-conversion toward motherhood (36.21%) — an indication that religious and social sources dominate over specialised support sources. The 64 widows (8.78%) who find nothing that helps them constitute a high-vulnerability group.

◆ B20 — Talking to Someone About Feelings Since the Husband's Death

65.02% (474 widows) talked to a friend or relative, while **only 7.54% (55) talked to a psychologist**. 332 widows did not talk for various reasons: 18.52% “busy with the children,” 17.97% “don't know where to go,” 9.05% “afraid of what people will say.” Table 27 shows the channels used for talking and the reasons for not talking:

◆ **Table (27) Channels for talking about feelings and reasons for not talking (n = 729 · multi-select)** ◆

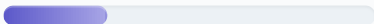
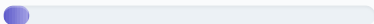
Response	Count	Percentage and distribution
Yes, with a friend or relative	474	65.02% 
No, busy with the children	135	18.52% 
No, don't know where to go	131	17.97% 
No, afraid of what people will say	66	9.05% 
Yes, with a psychologist	55	7.54% 
Yes, with a religious figure	11	1.51% 

The share who spoke to a psychologist drops to only 7.54% against 65.02% who spoke to a friend or relative — revealing an overwhelming reliance on the informal support network. Three key barriers: time poverty due to caregiving, the absence of clear referral channels, and community stigma.

◆ B21 — Currently Receiving Any Form of Psychological / Social Support

49.52% (361 widows) receive no support but want it — the largest group for this item, while 27.98% (204) receive intermittent support, only 7.27% (53) receive regular support, and 15.23% (111) do not want support. Table 28 shows the distribution of widows by current receipt of psychological support:

◆ **Table (28) Currently receiving psychological / social support (n = 729)** ◆

Response	Count	Percentage and distribution
No, but I want it	361	49.52% 
Yes, but intermittent	204	27.98% 
No, and I do not want it	111	15.23% 
Yes, regular support	53	7.27% 
Total	729	100.00%

The numbers reveal that 77.50% of the sample (565 widows) are not receiving regular support — either because they want it but it is unavailable, or because they receive insufficient intermittent support. The 7.27% receiving regular support stands in sharp contrast to the 83.3% above the GHQ-12 cut-off.

◆ B22 — Desire for Psychological Support if Accessibility Conditions Are Met

When the three accessibility conditions are introduced (available + free + confidential), demand rises strikingly: **72.70% (530 widows) said “definitely yes,”** and 15.36% (112) “perhaps,” bringing the potential total to 88.06% (642 widows). 11.93% (87) declined. Table 29 shows the level of desire for psychological support when conditions are in place:

◆ **Table (29) Desire for psychological support when accessibility conditions are met (n = 729)** ◆

Response	Count	Percentage and distribution
Definitely yes	530	72.70% 

Response	Count	Percentage and distribution
Perhaps	112	15.36%
No	87	11.93%
Total	729	100.00%

88.06%

Potential demand when conditions met

B22 (Yes + Perhaps)

7.27%

Currently receiving regular support

B21

80.79

Demand–supply gap (percentage points)

B22 – B21

3

Accessibility preconditions

available · free · confidential

**QUANT****Interpretation of findings**

The four items in this subsection reveal an **enormous treatment gap of 80.79 percentage points** between actual demand (88.06%) and regular supply (7.27%) — this is not an awareness crisis nor a refusal of the service, but a **service-provision crisis**. Four pieces of evidence converge: self-help coping mechanisms concentrate in the religious and informal-social domain (prayer 82% + trusted person 40% + motherhood 36%) because the specialised alternative is virtually absent; talking to a psychologist reaches only 7.54% against 65% with a friend; regular support does not exceed 7.27% while 49.52% report “I want it but it is not available”. The quantitatively identified barriers (not knowing where to go 17.97% + stigma 9.05% + caregiving 18.52%) define the design elements of any future service: clear referral channels + confidentiality + concurrent childcare + free of charge. The 15.23% “do not want” in B21 do not necessarily represent a value-based refusal; they may reflect accumulated discouragement warranting a standalone qualitative study.

**QUAL****Interpretation of findings**

The qualitative evidence confirms what the numbers reveal: **understanding and demand are strongly present; the gap is entirely on the supply side**. The focus group discussions with widows agreed that they are “aware, informed and asking for support,” while some groups acknowledged that their request had received no institutional response. The framing of officials and specialists splits sharply: one administrative segment denies the existence of barriers and claims “widespread awareness,” while the psychologists and social workers reveal a shortfall in understanding, withdrawal into oneself, and a “community view that psychological support is useless” — and the focus group discussions resolve the dispute in favour of the specialists’ framing. Stigma is **three-layered**: community-level (“she fears people calling her crazy”), self-directed (“I am not mentally ill”), and linguistic-categorical (rejection of terminology associated with mental illness). A **privacy barrier in the closed displacement space** (camps and schools) also explains behaviourally why such a small share receives nearby support. Widows distribute on an individual / group spectrum rather than splitting in binary fashion, with a relative preference for the individual mode due to “scandal” considerations, and a Maslowian condition: “no need for psychological support in the absence of material support” — which calls for integrating the two services rather than separating them.

“Yes, we are aware and informed, and we are also asking for it.”

— Consensus of 8 widows in a focus group — understanding and demand are present, supply is absent

“She fears people calling her crazy... they want it individually but do not trust speaking to anyone, even a specialist.”

— Consensus of widows in a focus group — community-level and self-directed stigma

“There are no barriers preventing widows from seeking psychological support; widows are now requesting the application of these programmes.”

— **PROGRAMME DIRECTOR** administrative framing denying the existence of barriers

“There is some awareness of the importance of psychological support but at low rates. The barriers: lack of interest in its importance + lack of conviction + difficulty of transport and distance. Community view of psychological support: useless, not important.”

— **CLINICAL PSYCHOLOGIST** clinical framing surfacing specific barriers

◆ Resources and Psychological Support Synthesis (B19–B22)

The findings of this subsection reveal a **supply crisis, not a demand crisis**: 88.06% of widows want psychological support if it were available, free and confidential, while only 7.27% receive regular support — a gap of 80.79 percentage points that embodies the largest contradiction between need and response in the study. Self-help coping concentrates in the religious (82%) and informal social (40%) layers because the specialised alternative is missing, and talking to a psychologist does not exceed 7.54%. This finding matches the field consensus: widows understand and ask; institutional administration splits between two framings; specialists reveal specific barriers (three-layered stigma + privacy in closed displacement space + absence of referral pathways + Maslowian condition that requires integration with material support).

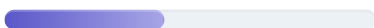
3.3 Section C — Social Reality and Relationships

This section examines the transformations of the widow's social network after widowhood across twelve items (C1 → C12) covering: the relationship with the husband's family, the support of the natal family, the network of friends, the impact of displacement on relationships, community treatment, forms of harm, avoidance of going out, decision-making autonomy, attempts at control, support for the children from the husband's family, social pressure on solo motherhood, and the sense of belonging. Taken together, these indicators embody the social structure surrounding the widow and explain a substantial part of the psychological variation observed in Section B.

◆ C1 — Change in the Relationship with the Husband's Family Since the Death

The relationship with the husband's family stayed “the same” for **43.07% (314 widows)**, while it deteriorated for 27.71% (130 grew distant + 72 became strained), improved for 16.87%, and never existed for 12.35%. Table 30 shows the distribution of relationship change:

◆ **Table (30) Change in the relationship with the husband's family since the death (n = 729)** ◆

Nature of Change	Count	Percentage and distribution
Remained the same	314	43.07% 
Receded — they have become distant	130	17.83% 
Improved — they now support me	123	16.87% 
I never had a relationship with them	90	12.35% 
Became strained or difficult	72	9.88% 
Total	729	100.00%

More than a quarter of widows (27.71%) experience deterioration in the relationship with the husband's family after the death, while the share whose relationship improved does not exceed 16.87% — an indication that the husband's family is not an automatic support network after widowhood.



QUAL

Interpretation of findings — Passive Disengagement

The qualitative analysis explains the deterioration in **27.71%** of relationships through a systematic phenomenon named **Passive Disengagement** — not an open break but emotional and material distance. Behind the selective intervention that does occur lies the motive of **Patriarchal Lineage Claim**: the children are paternal property and the widow is a vehicle, not a party. This picture intersects with three parallel quantitative indicators: **only 5.49%** consult the husband's family (C8), **only 22.85%** of orphans receive regular support from the paternal family (C10), and **12.49%** face negative attempts at control (C9). Disputes erupt around six axes: inheritance, custody, guardianship over the orphans' cash benefits, housing, forced marriage to the "levir" (the husband's brother), and sisters-in-law rivalry. The dynamic among women themselves reveals the pattern of **Sister-in-Law Rivalry**, in which the widow is positioned as a competitor rather than a family member, fuelling systematic isolation by other women — with documented cases reaching explicit physical violence. In contrast, the model of **Resistant Agency** emerges in the widow who imposes clear boundaries on the paternal-uncle household. The quotations below embody each of these concepts.

"My husband's family — not a single person asked about me."

— Consensus of 5 out of 8 widows in one of the focus group discussions — total disregard after the death

"My sister-in-law fears me and refuses to speak with me; she is afraid I will take her husband from her."

— Widow's testimony in one of the focus group discussions — systematic isolation between sisters-in-law

"My mother-in-law's daughter raised her hand against me."

— Widow's testimony in one of the focus group discussions — escalation into physical violence

"Our children are of our blood and flesh."

— **SOCIAL WORKER** revealing the paternal motive behind intervention in the widow's life

"Families leave the inheritance to their son's children and deprive the widow of her share."

— **CLINICAL PSYCHOLOGIST** structural description of patrilineal inheritance withholding

"Some widows set boundaries with the paternal-uncle household and prevent them from intervening."

— **COMMUNITY LEADER** the model of active resistance against the husband's family's control

◆ C2 — Natal Family Standing by the Widow

The natal family provides support to **78.88% of widows (575)**, whether "always" (51.58%) or "sometimes, depending on circumstances" (27.30%), while 15.50% receive support only rarely, and 5.62% have no natal family. Table 31 shows the level of natal-family support:

◆ **Table (31) Natal family standing by the widow (n = 729)** ◆

Level of Support	Count	Percentage and distribution
Always	376	51.58%
Sometimes, depending on circumstances	199	27.30%
Rarely	113	15.50%
I have no family	41	5.62%
Total	729	100.00%

The natal family is the main safety net for 78.88% of widows, yet 21.12% (154 widows) face potential family isolation (rarely + no family) — a category that warrants priority in designing institutional support alternatives.



QUAL

Interpretation of findings — Honour-Based Solidarity and the limits of capacity

A qualitative consensus emerges (12 of 15 interviews + the focus group discussions) that the natal family is the main safety net. This picture intersects with two telling quantitative indicators: **33.61% consult their natal family on major decisions (C8) versus only 5.49% for the husband's family**, while **27.71%** face deterioration in the relationship with the husband's family (C1) — turning the natal family from a “choice” into a **structural necessity**. Yet this familial generosity is “capacity-limited”: field testimonies reveal widows who refrain from burdening their families, others who rely on themselves despite their family being present, while brothers emerge as a steady anchor, and the motives for support blend paternal commitment with **considerations of family honour and reputation**. The most vulnerable group is the **5.62% (41 widows)** without a natal family — a case of **Multiple Loss**. To this is joined a second dimension visible in the **15.50% (113 widows)** who receive support only “rarely” — they do have family, but the natal family itself is in an emergency state that prevents support (a detained father, minor brothers, collective loss) — a phenomenon the study names **Compound Family Fragility**. This aligns with **A13 (65.98% lost family members in addition to the husband)**, so the widow lives a **double isolation between two exhausted networks** — an interpretation that raises the realistic estimate of the family-vulnerable group to **~21.12% (113 + 41)**. The quotations below embody both the positive and the negative dynamics.



“Thank God my family stand by me, and they compensate for what my husband left behind.”

— Widow's testimony in one of the focus group discussions — the natal family as full compensation



“My father is detained and my brothers are young; I do not want to burden my family.”

— Widow's testimony in one of the focus group discussions — restraint driven by compound family fragility



“She is our daughter — if we do not stand by her, who will?”

— **COMMUNITY LEADER** describing paternal commitment toward the widow



“She felt severe depression that no support existed from the deceased's family, so she turned to her own family and they embraced her.”

— **CLINICAL PSYCHOLOGIST** documenting a clinical case of transition from lost husband's support to the natal family

◆ C3 — Friends to Whom One Can Speak Openly

Widows distribute fairly evenly across four categories between regular open communication and its absence: 24.01% “always” + 21.95% “often” (total 45.96% = 335 with a regular network) versus 24.14% “sometimes” + 29.90% “rarely” (total 54.04% = 394 lacking a regular network). Table 32 shows the frequency of open conversation with friends:

◆ **Table (32) Friends for open conversation (n = 729)** ◆

Frequency	Count	Percentage and distribution
Always	175	24.01%
Often	160	21.95%
Sometimes	176	24.14%
Rarely	218	29.90%
Total	729	100.00%

More than half of widows (54.04%) lack a regular friendship network for open conversation — a peer-support gap that calls for substitution through organised women's peer support groups.



QUAL

Interpretation of findings — Widow Peer Network

The circle of friendships contracts after widowhood and narrows to other widows; the **54.04% without a regular network** intersects with **65.02% who spoke to a friend or relative (B20)** — meaning that widows **talk to whomever they can find, not to whomever they choose**. The field evidence reveals four mechanisms for rebuilding the network: turning inward to peers (the network of widow-neighbours), the religious space (the mosque as a social substitute), the digital infrastructure (the mobile phone as a connector during displacement), and the closed circle of other widows. The quotations below embody each of them.

“My friends have all become widows themselves.”

—9 of 9 widows in unanimous consensus in one of the focus group discussions — the closed social circle after widowhood

“God replaced him with my neighbours — they are in the same situation as me.”

—Widow's testimony in one of the focus group discussions — widow-neighbours as a substitute network

“My friends are from the mosque; I got to know them there after displacement.”

—Widow's testimony in one of the focus group discussions — the religious space as a social substitute

“Displacement did not break us; we kept in touch through the mobile phone.”

—Widow's testimony in one of the focus group discussions — the mobile phone as a tool of continuity despite dispersal

◆ C4 — Impact of Displacement on Relationships with Friends and Relatives

Displacement radically fragmented the social network: **74.62% (544 widows)** lost part or all of their relationships (broke with the majority 30.18% + with some 27.16% + with everyone 17.28%), while for 25.38% (185) most of their network remains close. Table 33 shows the impact of displacement on relationships:

◆ **Table (33) Impact of displacement on relationships with friends and relatives (n = 729)** ◆

Response	Count	Percentage and distribution
Broke with the majority	220	30.18%
Broke with some	198	27.16%
Most are still close	185	25.38%
Broke with everyone	126	17.28%
Total	729	100.00%

Three quarters of widows (74.62%) lost part or all of their social network due to displacement — a structural explanation for the isolation phenomena observed elsewhere in this section: **54.04% without a regular friendship network (C3)**, **45.13% with harmful community treatment (C5)**, and **41.43% avoiding going out (C7)**.



QUAL

Interpretation of findings — Economic Severance of Visiting

The repeated displacement (**94.79% in A11**) explains the observed social collapse for **74.62%**; a structural phenomenon emerges that the study names **Economic Severance of Visiting**: widows refrain from visiting because visits require a material “offering” that exceeds the means of poverty — money severs relationships before geography does. A second phenomenon joins it: **Survival Withdrawal** — the widow's preoccupation with daily survival consumes all her energy, leaving no resources for communication. The “distant family” breaks before the close family does, while the camp opens a limited positive side: the formation of a new **Widow Peer Network** of women of similar age, confirming that displacement **fragments and creates at once**. The quotations below embody both concepts.

"I miss them and want to ask after them, but I stay away because the hand is short."

—Widow's testimony in one of the focus group discussions — economic severance of visiting

"May God help everyone; life has overtaken us."

—Widow's testimony in one of the focus group discussions — survival withdrawal from relationships

"The supportive camp environment strengthens connection among women and the exchange of support in the face of daily pressures... friendships of women who share both widowhood and a similar age."

— **TWO CLINICAL PSYCHOLOGISTS** the positive side of displacement: the formation of a new peer network among widows in the camp

◆ C5 — Community Treatment After the Husband's Death

The community treats **54.87% (400 widows)** with respect and no difference, while 45.13% (329) face some form of harmful treatment: painful remarks 17.70% + pity 16.60% + visible marginalisation 10.84%. Table 34 shows community treatment:

◆ **Table (34) Community treatment after the husband's death (n = 729)** ◆

Response	Count	Percentage and distribution
With respect and no difference	400	54.87% 
I sometimes hear painful remarks	129	17.70% 
I have become an object of pity	121	16.60% 
I feel visible marginalisation	79	10.84% 
Total	729	100.00%

Nearly half of widows (45.13%) face some form of social stigma — between painful remarks, pity and marginalisation — a key driver of the avoidance of going out observed later.

QUAL Interpretation of findings — Layered Stigma (four layers)

The testimonies of widows themselves stand in sharp contrast to the positive administrative framing, and reveal the phenomenon of **Layered Stigma** in four layers: from married women (fearing for their husbands), from the family and neighbours, from children at school through the harassment over cash assistance, and from the general community. The **45.13%** aligns with two parallel results: **41.43% avoid going out (C7)** and **33.33% face negative remarks about going out (C6)** — three indicators that converge on a single behavioural loop (stigma → talk → withdrawal). The most dangerous is the **Intergenerational Stigma Transfer** through the harassment of orphans in the school space. The quotations below embody the four layers and the involvement of women themselves in producing the stigma.

"Rejected and shunned; they look down on us and look at us with pity."

—Consensus of widows in one of the focus group discussions — the four-fold description of community stigma

"Married women fear for their husbands because of us."

—Widow's testimony in one of the focus group discussions — stigma from women toward women (layer 1)

"Your family brings things for you — why do you take the orphan sponsorship?"

—Consensus of widows in one of the focus group discussions — intergenerational stigma transfer through the harassment of orphans at school

◆ C6 — Exposure to Any Harmful Speech or Behaviour Because of Widowhood

57.20% (417 widows) said they “rarely” face harm, but **33.33% (243) face negative remarks about going out and movement**, 14.54% (106) face intervention in raising the children, 10.29% (75) face pressure to remarry, and 5.21% (38) face attempts at control over the inheritance. Table 35 shows the forms of harm:

◆ **Table (35) Forms of harm due to widowhood (n = 729 · multi-select)** ◆

Type of Harm	Count	Percentage and distribution
Rarely (no exposure)	417	57.20% 
Negative remarks about going out and movement	243	33.33% 
Intervention in raising the children	106	14.54% 
Other	106	14.54% 
Pressure to remarry	75	10.29% 
Attempts at control over the inheritance	38	5.21% 

Negative remarks about going out (33.33%) emerge as the most widespread form of harm, followed by intervention in raising the children (14.54%) — violations that touch the widow's core authority as a mother and provider.



QUAL

Interpretation of findings — Systematic Sexual Exploitation of Vulnerable Groups (Sexual Predation)

The qualitative evidence documents a wide field of harm that goes beyond speech to **open sexual exploitation**, through three distinct mechanisms: **(1) direct cash offers** to widows in emergency conditions, **(2) extortion by service providers conditional on being filmed**, **(3) a criminal framing that treats the widow as “easy prey”**. The 5.21% (attempts at control over inheritance) here aligns with the 31.82% (husband's family controlling inheritance) in the legal section — indicating that what is captured here is the tip of a much larger legal iceberg. **“Adornment stigma”** targets any feminine expression by the widow as if it were a breach of mourning, while the stigma is transferred intergenerationally to orphans in the school space. The quotations below embody the three exploitation mechanisms plus the cosmetics stigma.



“A widow whose tent stood on the street — a man came and offered her money in exchange for going with him to his home.”

— **SOCIAL WORKER** a documented case of exploiting shelter vulnerability through a direct cash offer



“Widows displaced south are treated as easy prey.”

— **COMMUNITY LEADER** the criminal framing of the widow in distant displacement locations



“Some service providers make filming a condition for delivering assistance — visual extortion that may be used later.”

— **CLINICAL PSYCHOLOGIST** filming extortion within relief channels



“Look at her — she is a widow yet going out; look at her — she is a widow yet wearing make-up.”

— Widow's testimony in one of the focus group discussions — stigma of appearance and collective surveillance of the widow

◆ C7 — Avoidance of Going Out for Fear of People's Talk

58.57% (427 widows) go out normally (“rarely” avoid), but **41.43% (302) avoid going out to some degree**: 23.32% sometimes, 12.35% often, 5.76% always. Table 36 shows the frequency of avoidance:

◆ **Table (36) Avoidance of going out for fear of people's talk (n = 729)** ◆

Frequency	Count	Percentage and distribution
Rarely	427	58.57% 
Sometimes	170	23.32% 
Often	90	12.35% 
Always	42	5.76% 
Total	729	100.00%

42 widows (5.76%) avoid going out “always” — in complete behavioural isolation. The total 41.43% who avoid going out to varying degrees indicates a violation of the right to movement imposed by social stigma.

QUAL Interpretation of findings — Coerced Social Withdrawal

Widows' fear of people's talk translates into a **Coerced Social Withdrawal** rather than a chosen one, confirmed by the **5.76% (42 widows)** in permanent, complete isolation. The **41.43%** aligns with two parallel quantitative drivers: **45.13% face harmful community treatment (C5)** and **33.33% face negative remarks about going out (C6)** — meaning that avoidance is a causal outcome, not a personality trait. Adornment and feminine appearance are forbidden by an **Informal Social Code** that criminalises any feminine expression by the widow, depriving her of the right to movement and participation. The quotation below embodies the gap between desire and compulsion.

“I love to dress up, adorn myself and go out, but people say ‘forbidden, shameful!’”

— Widow's testimony in one of the focus group discussions — a desire restrained by an unwritten social code

“A state of social withdrawal and change in the way the surrounding people deal with them.”

— **CLINICAL PSYCHOLOGIST** Coerced Social Withdrawal — the clinical framing of the phenomenon as a defensive response, not a personality trait

◆ C8 — Who Makes the Major Decisions in the Widow's Life

91.63% of widows (668) make their own decisions (58.02% alone + 33.61% with the natal family's counsel), while 2.88% (21 widows) lose autonomy entirely. Table 37 shows who makes the major decisions:

◆ **Table (37) Who makes the major decisions in the widow's life (n = 729)** ◆

Decision-maker	Count	Percentage and distribution
I do, on my own	423	58.02% 
I do, with my family's counsel	245	33.61% 
I do, with my husband's family's counsel	40	5.49% 
My family decides for me	18	2.47% 
My husband's family decides for me	3	0.41% 
Total	729	100.00%

91.63% of widows retain their decision-making autonomy, despite the psychological distress observed in Section B — a positive indicator consistent with the Post-Traumatic Growth pattern: the widow takes on new burdens and acquires new capabilities even as the pain persists.



QUAL

Interpretation of findings — Coerced Empowerment

91.63% stand on their own decision because “there is no one else but her,” not because they chose to. This is **Coerced Empowerment**: a power born of the husband's absence rather than of expanded opportunity. The figure aligns with **C1 (only 5.49% consult the husband's family)** and with the **Post-Traumatic Growth** pattern in CD-RISC-2 (76.13% high resilience alongside 83.3% GHQ-12 distress) — meaning that agency grows even while pain does not recede. Yet the field reveals a second face: at the great pivotal decisions — chief among them the decision to be displaced — this autonomy collapses into **Existential Paralysis**, by near-unanimous consensus in the Ard al-Reis focus group (8/8): “I was so helpless” and “I remained lost.” In one phrase: full agency in daily decisions, and acute incapacity in life-defining ones. This is what calls for focused institutional support (family lawyer + clinical psychologist) at the critical junctures only, not daily intervention that would undermine her earned autonomy. The quotations below embody both faces.



“Persevering, strong, ambitious, decision-maker.”

— Collective consensus of widows in one of the focus group discussions — a fourfold proud self-identity embodying Coerced Empowerment



“I was so helpless at the moment of the displacement decision; I did not know what to do.”

— Widow's testimony in one of the focus group discussions — existential paralysis at the pivotal decisions



“There are personalities that become strong after widowhood, and personalities that collapse at the smallest pressure.”

— **TWO CLINICAL PSYCHOLOGISTS** the clinical framing of the dual dynamic: Coerced Empowerment vs. Existential Paralysis

◆ C9 — Attempts by Others to Control the Widow's Decisions

57.06% (416) said they “rarely” face attempts at control, while 30.45% (222) face them “sometimes with good intent,” and **12.49% (91 widows) suffer negative control** (it bothers 9.47% + 3.02% have lost their autonomy). Table 38 shows the frequency of control attempts:

◆ **Table (38) Attempts by others to control the widow's decisions (n = 729)** ◆

Response	Count	Percentage and distribution
Rarely	416	57.06%
Sometimes with good intent	222	30.45%
Yes, and it bothers me	69	9.47%
Yes, I have completely lost my autonomy	22	3.02%
Total	729	100.00%

22 widows (3.02%) lose their decision-making autonomy entirely — a group that warrants legal and social intervention as a priority.



QUAL

Interpretation of findings — Axes of control and active resistance

Control manifests across **three main axes** captured by the field: (1) coercion to marry the “levir” (the husband's brother) to keep money and children within the family, (2) intervention in custody and child-rearing decisions, even taking the children to the “paternal-uncle household,” (3) daily control over food, dress and going out. The **12.49%** aligns with nearby indicators: **10.29% pressure to remarry + 5.21% attempts to control the inheritance (C6) + 27.71% deterioration with the husband's family (C1)** — meaning that control is a **structural axis, not a transient incident**. In contrast, the phenomenon of **Resistant Agency** emerges: widows who impose clear boundaries on the paternal-uncle household and rebuild their personalities after intervention. The **3.02% (22 widows)** who have entirely lost autonomy represent an urgent legal-intervention priority (family lawyer + safe house). The quotations below embody the three axes of control and the model of resistance.



“The paternal-uncle household took my children. I left their place: don't dress, don't eat, who brought you to us, what brought you — a lot of pointless talk.”

—Widow's testimony in one of the focus group discussions — the three axes of control combined (taking the children + control over food and dress)



“My mother-in-law's daughter raised her hand against me.”

—Widow's testimony in one of the focus group discussions — physical control when symbolic control fails



“There was a great deal of intervention in raising my children and even in my decisions, but I try to make sure the decision is mine — my personality has become very strong.”

—Widow's testimony in one of the focus group discussions — Resistant Agency as a response to intervention



“Some widows set boundaries with the paternal-uncle household and prevent them from intervening.”

— **COMMUNITY LEADER** framing the phenomenon of Resistant Agency from a community angle

◆ C10 — Children Receiving Support from the Husband's Family

Of the 604 widows with children, the children of **only 22.85% (138 widows)** receive support “always or often” from the husband's family, while the rest receive support “sometimes” (14.81%) or “rarely” (49.11%), and 125 (17.15%) is not applicable (no children). Table 39 shows the frequency of support received:

◆ **Table (39) Children receiving support from the husband's family (n = 729)** ◆

Frequency	Count	Percentage and distribution
Always	70	9.60%
Often	68	9.33%
Sometimes	108	14.81%
Rarely	358	49.11%
Not applicable (no children)	125	17.15%
Total	729	100.00%

The children of 76.99% of eligible widows (466 of 604) receive support “sometimes” or “rarely” from the husband's family — meaning the husband's family is not an automatic source of support for the orphans, calling for institutional alternatives for orphan sponsorship.



QUAL

Interpretation of findings — Economic, Not Paternal, Engagement

The support extended to the children by the husband's family is conditional and economically oriented; the study names this **Economic, Not Paternal, Engagement**: the presence of paternal uncles revolves around guardianship and cash assistance rather than around upbringing and a paternal relationship. The **22.85%** (regular support) aligns with the deterioration in the relationship with the husband's family (**27.71% in C1**) and with **73.11% no income (E1)** — meaning that orphans are in acute financial need, yet the natural source has withdrawn. The field reveals three patterns: **(a) explicit financial motive** for taking the children to obtain the cash transfers and guardianship, **(b) extended generational disconnection** reaching seventeen years during which the children do not know their paternal uncles, **(c) limited positive cultural framing** that sees the husband's family as “support” for the children in only a few cases. Specialists acknowledge that “the grandfather's guardianship” sometimes turns into a channel of access to the orphans' funds rather than care for them. The quotations below embody the three patterns.



“Most husbands' families who take their children do so for the guardianship and the cash transfers.”

—Widow's testimony in one of the focus group discussions — revealing the financial motive behind the intervention



“He died in the 2009 Furqan war — to this day we do not know my brother's children.”

—Widow's testimony in one of the focus group discussions — the seventeen-year generational disconnection



“The husband's family are a backbone for the children.”

—Partial consensus of widows in one of the focus group discussions — the limited positive cultural framing



“The grandfather's guardianship turns in many cases into a channel of access to the orphans' funds rather than a tool of care for them.”

— **SOCIAL WORKER** a legal-cultural framing of Economic, Not Paternal, Engagement

◆ C11 — Social Pressure Due to Solo Child-Rearing

Among 604 widows with children: **71.36% (431) face social pressure “always or often”** (297 always + 134 often), 18.21% “sometimes,” and 10.43% “rarely.” Table 40 shows the intensity of social pressure:

◆ **Table (40) Social pressure due to solo child-rearing (n = 729)** ◆

Frequency	Count	Percentage and distribution
Always	297	40.74%
Often	134	18.38%
Sometimes	110	15.09%
Rarely	63	8.64%
Not applicable (no children)	125	17.15%
Total	729	100.00%

89.57% of widow mothers live under some level of social pressure due to solo child-rearing — a structural indicator that integrates with stigma (C5), intervention (C6) and avoidance of going out (C7) to reveal that the community itself is a key source of pressure, not just loss or war alone.



QUAL

Interpretation of findings — Closed Cycle of Violence

The **89.57%** meets the **57.20% who live alone with their children (A10)** to reveal a **Closed Cycle of Violence**: a pressured mother whose irritability turns into negative behaviour toward the children, who in turn develop problems (rebellion + theft + school drop-out + hitting peers) that increase the mother's pressure. The field documented a **striking quantitative distribution of maternal violence**: 40% of widows in one focus group physically discipline their children, 30% use shouting and threats of abandonment, and there are even acute clinical cases involving explicit thoughts of harming the children. There is also the collapse of **"maternal authority"** (children "don't account for us, don't fear us") and the **absence of "a man's tenderness"**, particularly missed by daughters from their mother. A **compound household burden** also appears: widows carrying three households with more than twelve people (their children + the children of the martyred brother + sisters-in-law). Resilience in this context is described as **Coerced Strength** rather than a choice, and it aligns with the CD-RISC-2 pattern (76.13% high resilience alongside 83.3% above GHQ-12). The quotations below embody the cycle from its clinical peak, through the collapse of authority, to the gendered loss, to the compound burden.

“

"Sometimes I feel like killing my children — I feel I am destroyed."

—A case from a widow in one of the focus group discussions — the peak of psychological collapse under the pressure of solo child-rearing

“

"They don't account for us, they don't fear us."

—Consensus of widows in one of the focus group discussions — the collapse of maternal authority after the father's absence

“

"Their father was everything... I cannot be a father to them, but I try; my daughters need a man's tenderness."

—Widow's testimony in one of the focus group discussions — acknowledging a gendered incapacity to compensate for the paternal loss for the daughters

“

"My brother (55) and my husband (35) were martyred together in the same hour; now I carry my own burden, my children's burden, and the burden of my brother's wife and her children."

—Widow's testimony in one of the focus group discussions — the compound burden of three households on a single widow

◆ C12 — Sense of Belonging to the Community in the Current Place of Residence

72.84% (531 widows) feel belonging (always 37.17% + sometimes 35.67%), while 23.59% (172) feel estrangement, and 3.57% (26) feel none of these. Table 41 shows the sense of belonging:

◆ Table (41) Sense of belonging to the community in the current place of residence (n = 729) ◆

Response	Count	Percentage and distribution
I feel belonging	271	37.17%
I sometimes feel belonging	260	35.67%
I feel estrangement	172	23.59%
None of the above	26	3.57%
Total	729	100.00%

Despite 74.62% losing their network due to displacement (C4), 72.84% retain a general sense of belonging; yet 172 widows (23.59%) are in a state of psychological estrangement, calling for local community interventions in the displacement spaces.

**QUAL****Interpretation of findings — The paradox of spatial belonging despite network loss**

An **apparent paradox** emerges: **72.84%** retain a sense of belonging despite the loss of **74.62% of their networks due to displacement (C4)**. The interpretation reveals the pattern of **Place-Based Collective Belonging**: belonging in Gaza is not built on an individual relational network but on a collective place (the camp, the neighbourhood), and it is rapidly rebuilt at the new displacement site through two low-cost yet effective mechanisms: **(a) the network of widow-neighbours** within a single neighbourhood, where the widow finds a neighbour “in the same situation as me” who understands her without explanation, and **(b) invitations to iftar and lunch** as a low-cost mode of social support that generates belonging at no material cost. By contrast, the **23.59% (172 widows)** in a state of psychological estrangement embody the **Compound Isolation** category, intersecting with 21.12% without a natal family (C2) and 54.04% without a friendship network (C3) — widows who have fallen out of every relational refuge. The quotations below embody both faces: collective isolation in the time of war on one side, and the mechanisms of rebuilding belonging on the other.



“Some relationships stayed the same, and some weakened later because everyone is busy with their own situation.”

— **COMMUNITY LEADER** describing collective isolation after displacement — no one remembers the widow



“God replaced him with my neighbours — they are in the same situation as me.”

— Widow's testimony in one of the focus group discussions — the network of widow-neighbours as an alternative belonging mechanism



“Forms of support are not limited to the material; they include continuous communication and involving her in social occasions, such as invitations to iftar or lunch, so she feels belonging.”

— **INSTITUTIONAL OFFICIAL** framing invitations to iftar and lunch as a low-cost mechanism that generates belonging

◆ Section C Synthesis — Social Reality and Relationships

First — Relationship with the husband's family: systematic fragmentation. 27.71% face deterioration with the husband's family (C1), and only 5.49% consult the husband's family on decisions (C8). This dynamic is framed by **Passive Disengagement**, behind which lies **Patriarchal Lineage Claim**: the children are paternal property, not a shared right. A women-on-women phenomenon emerges, named **Sister-in-Law Rivalry**, counterbalanced by the model of **Resistant Agency**.

Second — Natal family and friends: two exhausted networks. The natal family is the safety net for 78.88% (C2) under the logic of **Honour-Based Solidarity**, yet 21.12% are within **Compound Family Fragility**. Likewise 54.04% have no regular friendship network (C3), so a **Widow Peer Network** emerges spontaneously as a substitute through four mechanisms (neighbours, the mosque, the mobile phone, the closed widow-circle).

Third — Impact of displacement and community stigma. 74.62% lost their network due to displacement (C4) through the mechanisms of **Economic Severance of Visiting** and **Survival Withdrawal**. This is met by **Layered Stigma** in four layers (45.13% in C5) and **Intergenerational Stigma Transfer** through the harassment of orphans at school.

Fourth — Harm, withdrawal and autonomy. Sexual Predation was captured through three mechanisms in C6 (it interlocks with F4 and F6). 41.43% avoid going out (C7) through **Coerced Social Withdrawal**, produced by the **Informal Social Code**. In contrast, 91.63% retain their decision-making autonomy (C8) through **Coerced Empowerment** set against **Existential Paralysis** at pivotal decisions.

Fifth — Control, children and child-rearing pressure. 12.49% face negative control (C9) along three axes (the levir + taking the children + food/dress), and the children of 76.99% receive no regular support from the husband's family (C10) through **Economic, Not Paternal, Engagement**. 89.57% live under social pressure due to solo child-rearing (C11), generating a **Closed Cycle of Violence** and **Coerced Strength**.

Sixth — Belonging + overarching bridge. 72.84% retain a sense of belonging despite the network loss (C12) through **Place-Based Collective Belonging**, while 23.59% are within **Compound Isolation**. Taken together, the findings are framed under **Constrained Sociality**: the widow's relational network is no longer the outcome of personal choice but what remains after the constraints of widowhood, displacement and poverty — the relational extension of **Coerced Resilience** established in 3.2.4. The core conclusion: **the community itself is a key source of pressure on the widow, not just loss or war alone**. **Bridge to Section D:** this relational fragmentation generates deep internal costs on meaning, identity and the intimate sphere — explored by the section that follows.

3.4 Section D — Meaning, Identity and the Intimate Sphere

This section explores the most interior dimension of the widow's experience: hope, meaning and rebuilding (D1–D3), then self-identity and the intimate sphere (D6–D7), then emotional need (D8). The section integrates with the CD-RISC-2 scale (analysed in 3.2.4) to draw the picture of **coexistence between pain and strength**. It also incorporates the “intimate sphere” dimension that surfaced implicitly across 7 independent qualitative sources, revealing the loss of feminine identity, emotional and sexual exploitation, and the absence of a safe space for talking about intimate needs.

◆ D1 — “I still have dreams and aspirations I want to achieve for myself and my children”

A decisive positive finding within the picture of widowhood: 78.06% (569 widows) still hold dreams and aspirations (always 41.98% + often 36.08%), while 16.32% (119) sometimes, and only 5.62% (41 widows) have lost hope entirely. Table 51 shows the distribution:

◆ Table (51) Dreams and aspirations among widows (n = 729) ◆

Response	Count	Percentage and distribution
Always applies	306	41.98% 
Often applies	263	36.08% 
Sometimes applies	119	16.32% 
Never applies	41	5.62% 

Response	Count	Percentage and distribution
Total	729	100.00%

78.06% still hold dreams despite 83.3% above the GHQ-12 cut-off and 87.5% above IES-6 — an apparent paradox that reflects the durability of hope as a survival mechanism.

QUAL Interpretation of findings — Sustained Hope

Here emerges **Sustained Hope** as one of the dimensions of *Post-Traumatic Growth* (Tedeschi & Calhoun 2004) — high pain and high hope coexisting at once. The **78.06%** aligns with **CD-RISC-2 (76.13% high resilience — 3.2.4)** and with **C8 (91.63% decision-making autonomy)**, completing the chain of active coercion: *Coerced Resilience* → *Coerced Empowerment* → *Sustained Hope* — three faces of one core: a power born of constraint rather than of choice. Three independent sources converge on this pattern: the widow's own voice that frames her strength as existential coercion in collective consensus, the clinical framing of specialists who record the post-trauma recovery pattern, and the institutional framing of camp administrations that describe the widow as a steady “heroic identity.” The **5.62% (41 widows) who have lost hope** represent the first nucleus of the **Triple-Loss Cluster** that is completed in D2 and D3. The quotations below embody the three intersecting sources.

“I can because I have to... there is no one else but me.”

— Consensus of 8 of 8 widows in one of the focus group discussions
— the self-voice of Sustained Hope as coerced strength

“Some widows have become stronger than they were before widowhood.”

— **CLINICAL PSYCHOLOGIST** the clinical framing of the Post-Traumatic Growth pattern in the field

“The widows in the camp are fighters; they carry the entire family's responsibility after the loss of the breadwinner.”

— **DISPLACEMENT CAMP LIAISON** the institutional framing of the widow as a “fighter” — a recurrent heroic identity

◆ D2 — “I feel my life has meaning and purpose despite all I have been through”

This item complements the picture of hope with the dimension of meaning: **68.45% (499 widows) feel meaning and purpose in their lives** (always 31.96% + often 36.49%), 22.63% (165) sometimes, while **8.92% (65 widows) have lost the sense of meaning entirely** — the highest-vulnerability group within the psychological section. Table 52 shows the sense of meaning:

◆ **Table (52) Feeling that life has meaning and purpose (n = 729)** ◆

Response	Count	Percentage and distribution
Always applies	233	31.96% 
Often applies	266	36.49% 
Sometimes applies	165	22.63% 
Never applies	65	8.92% 
Total	729	100.00%

8.92% (65 widows) have lost meaning entirely — the most psychologically vulnerable group in the study. It calls for meaning-centred therapy (Logotherapy / Frankl) as an immediate clinical priority.



QUAL

Interpretation of findings — Children as Existential Anchor

D2 completes the D1 picture: what “Sustained Hope” carries rests in practice on the children. The qualitative analysis names this dynamic **Children as Existential Anchor**: children turn the experience from “emotional fragility” into an “existential mission,” so meaning is carried on the mother’s shoulders in an explicit collective consensus: adaptation for the sake of the children, with no other option. The **68.45%** aligns with **A10 (57.20% live alone with their children)** and with **C11 (89.57% under social pressure due to solo child-rearing)** — meaning is generated in the very same place that generates the pressure, a substantive paradox that has no explanation outside the existential framework. The field distinction is sharp: the widow with children is framed as a “fighter” (consistent with the institutional framing in D1), while the childless widow is framed as “weak and broken.” The **65 widows (8.92%) who have lost meaning** represent a second nucleus in the **Triple-Loss Cluster** and often overlap with childless widows or those who lost the rest of their families. The quotations below embody three faces: the collective voice of widows, the institutional framing of paternal meaning, and the field distinction between the two widow categories.

“Adaptation for the children... with no other option.”

— Collective consensus of widows in one of the focus group discussions — the self-voice: meaning is structurally carried on the children, not by choice

“She lives only for them; she is their sole support and they have no one else but her.”

— **CAMP ADMINISTRATION OFFICIAL** the institutional framing of children as the sole existential centre of meaning

“A widow with children = a fighter; a widow without children = a weak and broken person.”

— **DISPLACEMENT CAMP DIRECTOR** the field distinction between the two categories that ties this item to the framing in D1

◆ D3 — “I believe in my ability to rebuild my life despite the difficulty of circumstances”

The rebuilding item reveals a more balanced middle picture: **65.71% (479 widows) believe in their ability** (always 29.63% + often 36.08%), **26.75% (195) sometimes** — a swing group amenable to support, while 7.54% (55) have lost belief entirely. Table 53 shows belief in rebuilding:

◆ **Table (53) Belief in the ability to rebuild life (n = 729)** ◆

Response	Count	Percentage and distribution
Always applies	216	29.63%
Often applies	263	36.08%
Sometimes applies	195	26.75%
Never applies	55	7.54%
Total	729	100.00%

26.75% (195 widows) “sometimes” = a swing group that can be moved to full belief with integrated psychological and material support. This is the widest segment amenable to a programmatic response.

**QUAL****Interpretation of findings — Faith as a Rebuilding Mechanism (Faith-Based Coping & Rebuilding)**

The triad of existential rebuilding is completed with D3: *Sustained Hope (D1) ← Meaning Carried on the Children (D2) ← Belief in Rebuilding (D3)*. This belief draws on two field streams framed by the concept of **Faith-Based Coping**: the first religious and spiritual, consistent with **B19 (82.17% rely on prayer and the Qur'an as a primary coping mechanism)**, and the second practical and active, manifested in turning religious meaning into tangible social action (teaching the Qur'an to girls, volunteering, neighbourhood mutual care). The **65.71%** dovetails with **C8 (91.63% decision-making autonomy)**, **D1 (78.06% hold dreams)** and **D2 (68.45% feel meaning)** — four parallel indicators confirming that the widows are in an active rebuilding state rather than paralysis. As for those who have lost belief in rebuilding — **55 widows (7.54%)** — they complete the **Triple-Loss Cluster**: 41 who have lost hope (D1) + 65 who have lost meaning (D2) + 55 who have lost belief (D3) — a compound psychological vulnerability that is the highest clinical priority. The quotations below embody the religious and practical streams.

"I have certain faith that God does not forget anyone."

—Collective consensus of widows in one of the focus group discussions — the religious stream of Faith-Based Coping

"I get up, perform ablution, pray and ask for forgiveness to ease my mind — but the thoughts keep running and my head finds no rest."

—Widow's testimony in one of the focus group discussions — the field dialectic: faith as a coping mechanism that does not fully quiet the mind

"Teaching the Qur'an to girls, and volunteering."

— **DISPLACEMENT CAMP LIAISON** the practical stream of Faith-Based Coping — turning religious meaning into social action

◆ D6 — Describing the Current State in a Single Word (Self-Identity)

This item reveals how the widow describes herself in a single word: **41.15% (300) "I manage day by day"** = the largest group (functional endurance without planning), **29.08% (212) "I feel exhausted and tired,"** **24.14% (176) "I feel strong despite the difficulties,"** while **5.08% (37 widows) "I don't know who I am now"** = an acute identity crisis. Table 54 shows the self-description:

◆ **Table (54) Self-description of the current state in a single word (n = 729)** ◆

Description	Count	Percentage and distribution
I manage day by day	300	41.15%
I feel exhausted and tired	212	29.08%
I feel strong despite the difficulties	176	24.14%
I don't know who I am now	37	5.08%
Other	4	0.55%
Total	729	100.00%

37 widows (5.08%) are in a state of acute identity fragmentation — a clinical priority for meaning-centred therapy (Logotherapy). The largest group (41.15%) lives in the "imposed present" with no planning horizon.

**QUAL****Interpretation of findings — Feminine Identity Dissolution and the Forced Adoption of the Male Role**

If D1–D3 reveal the construction of meaning despite loss, D6 reveals the self-cost of that construction on identity. The field names this phenomenon **Feminine Identity Dissolution and the Forced Adoption of the Male Role** — one of the deepest effects of widowhood, missing from the international literature. It manifests across three axes: (1) loss of the sense of femininity (consensus of 8 of 10 in one focus group), (2) forced adoption of the male role in the absence of the breadwinner, (3) collective emotional hardening. In contrast, **resistant agency** emerges: an explicit refusal to replace femininity with a coerced version. The quantitative picture splits: the **24.14% “I feel strong”** aligns with CD-RISC (76.13%), **C8 (91.63% autonomy)** and **D1 (78.06% dreams)**, while the **41.15% “day by day”** indicates **Coerced Strength**, completing the coercion chain: *Coerced Resilience (3.2.4)* ← *Coerced Empowerment (C8)* ← *Sustained Hope (D1)* ← *Coerced Strength (D6)*. The present is imposed, with no planning horizon. The **5.08% (37 widows) with loss of identity** are an immediate clinical priority that intersects with the Triple-Loss Cluster (D1–D3). The quotations below embody the three axes of dissolution alongside the voice of resistant agency.

“She has forgotten that she is a woman.”

— Consensus of 8 of 10 widows in one of the focus group discussions
— Feminine Identity Dissolution as a collective self-voice

“We have become hardened.”

— Collective consensus of widows in one of the focus group discussions — collective emotional hardening as one axis of Feminine Identity Dissolution

“I am both man and woman at the same time.”

— Widow's testimony in one of the focus group discussions — a dense self-description of the forced adoption of the male role

“She loses her feminine identity; she becomes forced to adopt the male role.”

— **CLINICAL PSYCHOLOGIST** Feminine Identity Dissolution as a clinical framing of the phenomenon

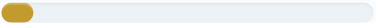
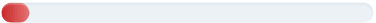
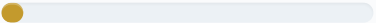
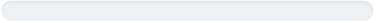
“We don't have to become ‘Jaafar’ (a man).”

— Widow's testimony in one of the focus group discussions — Resistant Agency against substituting femininity with a coerced version

◆ D7 — Thinking About Remarriage (Gateway to the Intimate Sphere)

This is the most sensitive item: **77.09% (562 widows) “not on the table,”** while **14.68% (107) are theoretically open** (perhaps 8.64% + circumstances prevent 6.04%), and **7.96% (58) “prefer not to answer”** — the highest abstention rate in the entire questionnaire, an indicator of the cultural sensitivity of the question itself. Table 55 shows thinking about remarriage:

◆ **Table (55) Thinking about remarriage (n = 729)** ◆

Response	Count	Percentage and distribution
Not on the table	562	77.09% 
Perhaps, but I have concerns	63	8.64% 
Prefer not to answer	58	7.96% 
Yes, but circumstances prevent me	44	6.04% 
No response	2	0.27% 
Total	729	100.00%

7.96% “prefer not to answer” = the highest in the entire questionnaire — an indicator of the cultural sensitivity of the question itself, and evidence that the intimate sphere requires safer spaces for disclosure.



QUAL

Interpretation of findings — Extreme Sacrifice of a Legitimate Right

The qualitative analysis reveals that the **77.09% “not on the table”** is not a social rejection of marriage but an **Extreme Sacrifice of a Legitimate Right** — widows explicitly acknowledge the legitimacy of remarriage yet relinquish it voluntarily and under coercion at once. Three structural factors drive this relinquishment, each linked to an earlier item in the study: (1) **children as an existential barrier** (80% of field rejection cases) — consistent with **D2 (Children as Existential Anchor)** and with **C11 (89.57% under solo child-rearing pressure)**, (2) **documented family-violence threats** reaching the level of death threats — extending from **C6 (systematic sexual exploitation 8.78%)** and from **C9 (12.49% negative attempts at control)**, (3) **ready-made stigma** that frames remarriage as “emotional abandonment” of the orphans rather than as a legitimate right. This integrates with **D6 (Feminine Identity Dissolution)**: the widow stripped of her feminine identity is not allowed to reclaim it through marriage. The **7.96% “prefer not to answer”** — the highest in the entire questionnaire — embody **Double Silencing**: speaking = embarrassment, silence = suspicion. The quotations below embody the substantive framing (the acknowledged right) followed by the three sequential factors.

“

“Marriage is neither shameful nor forbidden; it is the widow's right — but she herself does not consent to it.”

—Collective consensus of widows in one of the focus group discussions — the substantive framing: relinquishing a recognised legitimate right (Extreme Sacrifice)

“

“A man proposed to me; he was greedy for me — he wanted me alone, without my children.”

—Widow's testimony in one of the focus group discussions — the first factor: children as a red line for remarriage

“

“My cousin said to his daughter-in-law: if you remarry I will kill you and your children.”

—Widow's testimony in one of the focus group discussions — the second factor: family violence with an explicit death threat

“

“She asked to remarry during the waiting period, and her family and the community fought her: shameful and wrong.”

—Widow's testimony about her abused sister-in-law in a focus group discussion — systematic deprivation of a legitimate right

“

“People start saying the widow has left her children and gone to pursue her own desires.”

— **COMMUNITY LEADER** the third factor: the ready-made institutional stigma against any feminine claim to an intimate right

◆ **D8 — Most Needed Emotionally Right Now (Multi-Select)**

This item reveals the emotional-need pyramid of widows: **70.64% (515) hope for a better future** (the top priority), **61.87% (451) a sense of safety**, **34.57% (252) “someone who listens without judgment,”** **33.33% (243) time for oneself**, **27.16% (198) recognition and appreciation**, and **3.84% (28) do not know what they need**. Table 56 shows the emotional needs:

◆ **Table (56) Most important emotional need of widows (n = 729 · multi-select)** ◆

Emotional Need	Count	Percentage and distribution
Hope for a better future	515	70.64%
A sense of safety	451	61.87%
Someone who listens without judgment	252	34.57%
Time for myself	243	33.33%
Recognition and appreciation for what I bear	198	27.16%
I don't know what I need	28	3.84%

61.87% need “a sense of safety” in an ongoing war context + 34.57% need “listening without judgment” — two delicate intimate needs that should be met in secured women's spaces, not in informal private initiatives.

**QUAL****Interpretation of findings — Listening as Vulnerability**

This item closes Section D by revealing an **inverted emotional-need pyramid**: hope + safety + listening without judgment — not food, not shelter (those belong to the economic section). Each need here connects directly to an earlier item in the same section: **70.64% hope** aligns with **D1 (78.06% hold dreams)** and the Sustained Hope chain that follows; **61.87% safety** is the emotional face of **Double Silencing in D7** and of **Sexual Predation in C6**, in the context of **A12 (88.61% destroyed homes)** and **A11 (94.79% repeated displacement)**; **34.57% listening without judgment** aligns with **C3 (54.04% no regular friendship network)** and **B20 (65.02% spoke to a friend rather than a specialist)** — a hunger for safe listening that turns into a gateway for exploitation in the absence of a safe space, producing **Listening as Vulnerability**. The **3.84% (28 widows) “I don’t know”** are an emotional-disorientation group that overlaps with the Triple-Loss Cluster (D1–D3) and those with loss of identity (D6). The quotations below embody three voices: dignity as an overarching value, the clinical framing of listening as vulnerability, and the field message directly to decision-makers.



“Dignity... a life of dignity, not a life through aid.”

— Collective consensus of widows in one of the focus group discussions — dignity as a central emotional value that transcends material need



“A woman who is seeking listening and emotional release... is more exposed to exploitation or emotional blackmail.”

— **CLINICAL PSYCHOLOGIST** Listening as Vulnerability — a clinical framing of the hunger for listening in the absence of a safe space



“Fear God when it comes to this vulnerable group — they are exposed to blackmail and harm, and no one cares about them.”

— **INSTITUTIONAL FIELD VOICE** an explicit message to decision-makers exposing structural exploitation in the absence of a safe space

◆ Section D Synthesis — Meaning, Identity and the Intimate Sphere

First — Hope, meaning and rebuilding. Widows retain a high existential energy despite trauma. **78.06%** hold dreams (D1), **68.45%** feel meaning (D2), and **65.71%** believe in rebuilding their lives (D3) — against 83.3% above GHQ-12 and 87.5% above IES-6. The interpretation of this apparent paradox is *Post-Traumatic Growth*: the coexistence of deep pain with existential competence. Children are the existential centre of meaning, and faith is the lever of rebuilding.

Second — Self-identity. Widows split into four categories in their self-description: 41.15% “day by day” (imposed present), 29.08% “exhaustion,” 24.14% “strength,” and **5.08% “I don’t know who I am now”** — an acute identity fragmentation. The qualitative analysis frames the phenomenon under **Feminine Identity Dissolution** across three axes: loss of the sense of femininity, the forced adoption of the male role, and collective emotional hardening — counterbalanced by a resistant agency that refuses coerced substitution.

Third — Remarriage. 77.09% consider it “not on the table,” but the qualitative analysis reveals this to be an **Extreme Sacrifice of a Legitimate Right**, not a cultural refusal: children are an existential barrier, and family-violence threats are present. The **7.96% “prefer not to answer”** is the highest in the entire questionnaire, indicating cultural sensitivity around the question itself, and is framed by **Double Silencing**.

Fourth — Emotional need. Hope (70.64%) and safety (61.87%) lead the pyramid, followed by listening without judgment (34.57%) and time for oneself (33.33%). Safety is a structural need in a war context, and listening is a delicate need that — without a safe space — turns into a gateway for exploitation, a phenomenon named **Listening as Vulnerability**.

Fifth — The Triple-Loss Cluster. Three existential losses converge — hope (41 widows), meaning (65) and belief in rebuilding (55) — in a compound vulnerability stratum, with a quantitative reference of **55 widows** who have lost belief in rebuilding. This stratum is the highest clinical priority for intensive intervention.

Sixth — Overarching bridge: the extension of the coercion chain. Section D completes the chain of theoretical concepts established in the study with four new manifestations: **Sustained Hope** in D1, **Children as Existential Anchor** in D2, **Faith-Based Coping** in D3, and **Coerced Strength** in D6 — the latter completes the chain *Coerced Resilience* → *Coerced Empowerment* → *Constrained Sociality* → *Coerced Strength*. The core conclusion: deep psychological pain coexists with sustained agency and existential competence, but this coexistence requires a realistic material lever. **Bridge to Section E:** the gap between high psychological readiness and the absent economic response is what generates the “agency without resources paradox” explored by the next section.

◆ The Intimate Sphere: The Silenced Dimension

The study captured this dimension across **7 independent qualitative sources (47% of interviews and focus group discussions)**, incidentally and implicitly in the context of other questions — an indication that the dimension forces itself onto the field narrative even without direct probing. The silencing here is double: **speaking leads to embarrassment, silence leads to suspicion** — generating a void that is filled by three coping mechanisms: discharge into work, discharge into the children, or sliding into what widows call “moral collapse” for fear of people’s talk.

Documented exploitation patterns (seven patterns):

1. Filming extortion by relief service providers.
2. Cash offered in exchange for sex — a documented case of a widow whose “tent stood on the street.”
3. Online blackmail through social media platforms.
4. Geographic exploitation of women displaced south.
5. “Help in exchange for sex” from informal initiatives.
6. Emotional blackmail of widows seeking listening.
7. Explicit death threats against widows considering remarriage.

Together, these patterns reveal that the intimate dimension is not a side issue but a **structural infrastructure of exploitation** for widows in Gaza: economic poverty opens the door, the absence of a safe space closes the exit, and the **Double Silencing** uncovered in D7 prevents disclosure. The required intervention — through a specialised female cadre,

a confidential space, and an integrated protection system — is a condition for breaking the silence, not a therapeutic luxury.

3.5 Section E — Economic Reality

This section examines the financial and economic structure of widows' lives across ten items (E1 → E10) covering sources of income and their sufficiency, employment history, health and education barriers, debt and ownership, readiness for training, and barriers to employment. Taken together, these items draw the picture of the widow's daily economy and explain a substantive part of why the psychological distress persists in the absence of material stability.

◆ E1 — Current Main Source of Income (Multi-Select)

The economic reality of widows reveals an explicit structural crisis: **73.11% (533 widows) have no source of income at all**, while 30.32% (221) depend on organisational aid, 9.47% (69) on family aid, only 7.82% (57) have a pension or government compensation, and **only 5.21% (38 widows — one in every 19) earn from a salary or work wage**. Table 42 shows the distribution of income sources:

◆ Table (42) Main income sources for widows (n = 729 · multi-select) ◆

Source	Count	Percentage and distribution
No income source at all	533	73.11%
Aid from organisations	221	30.32%
Aid from family or husband's family	69	9.47%
Pension or government compensation	57	7.82%
Other	44	6.04%
Salary or wage from work	38	5.21%

73.11% without income, and only 5.21% earn from work — a structural income crisis that goes beyond a momentary poverty into full dependence on external relief as the sole lifeline.



QUAL

Interpretation of findings — Aid-Dependent Survival Economy

This item opens the economic section by revealing the **material face of the psychological coercion chain**: what we saw psychologically in 3.2.4 (Coerced Resilience) and relationally in the Section C synthesis (Constrained Sociality) materialises here economically as an **Aid-Dependent Survival Economy**: three quarters of widows have no income, and 30.32% depend on organisations as a lifeline that breaks the moment funding stops. The quantitative gap is shocking: cash transfers reach 200 shekels every three months for a household of 8 ($\approx$ USD 0.075 per person per day = 28 times below the global poverty line). From this emerges a forgotten dimension surfaced by specialists: widows who hold academic degrees yet live in complete unemployment — the problem is not a lack of skill but the absence of job opportunities themselves (deepened in E3, E9 and E10). This picture aligns with **74.21% persistent livelihood deficit (E2)** and **86.28% have never worked before (E3)** to form a closed poverty loop. The quotations below embody four faces: the collective description of the scale, the tangible daily tragedy, the harsh adaptive act of the widow, and the institutional message to decision-makers.

“Below zero.”

— Collective consensus of widows in one of the focus group discussions — a dense description of scale: what lies beneath poverty, named

“It is enough when her child comes to ask for a single shekel and she tells him: I have nothing.”

— **COMMUNITY LEADER** the tangible daily tragedy: the inability to meet the smallest request from a child

“I sold from the food ration box to buy medicine for my daughter.”

— Widow's testimony in one of the focus group discussions — the harsh adaptive act: selling food to secure medicine

“200 shekels every three months for a household of 8... humanitarian sponsorships do not even cover bread.”

— **DISPLACEMENT CAMP LIAISON** the institutional numerical documentation of the depth of the relief gap

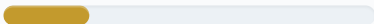
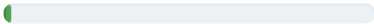
“Fear God when it comes to this vulnerable group... a designated stipend + school access + free essentials.”

— **DISPLACEMENT CAMP DIRECTOR** the institutional message to decision-makers: the need for structural sponsorship, not transient aid

◆ E2 — Income Sufficiency for the Household's Basic Needs

This item completes the picture of E1: **74.21% (541 widows) live with a persistent livelihood deficit**, 23.32% (170) have income that fluctuates between sufficient and insufficient, while **only 2.47% (18 widows) have income that suffices adequately** — meaning that the overall insufficiency rate reaches **97.53%**. Table 43 shows income sufficiency:

◆ **Table (43) Income sufficiency for the household's basic needs (n = 729)** ◆

Response	Count	Percentage and distribution
There is a persistent deficit	541	74.21% 
Sometimes sufficient, sometimes not	170	23.32% 
Sufficient enough	18	2.47% 
Total	729	100.00%

97.53% of widows are in a state of insufficiency (persistent deficit + fluctuating) — only 1 widow in 40 can meet her basic needs. This is a livelihood emergency, not development.



QUAL

Interpretation of findings — Structural Subsistence Gap

If E1 reveals the *absence of income*, E2 reveals that the aid that does arrive fails to close the gap. This is the reality of **Structural Subsistence Gap**: not a transient crisis but a permanent gap between income and need. The **97.53%** manifests across three parallel axes documented in the field: (1) **relief timing gap** — aid covers only half the month or arrives every two or three months, (2) **quality gap in aid** — the grains delivered are sometimes unfit to eat, (3) **gap in scale itself**, summed up by institutional administrations as “a drop in the ocean.” The structural pressure drives widows to painful coping behaviours, such as providing inaccurate information to access cash assistance — an indicator of the severity of the pressure, not of any absence of integrity. This gap dovetails with **E1 (73.11% without income)** to form a supply-and-demand crisis at once, and with **E7 (59.67% carry debt)** to close the debt-driven poverty loop. The quotations below embody the three axes through the voices of widows, administration and specialists.

“Not even for half the month.”

— Collective consensus of widows in one of the focus group discussions — the first axis: the temporal gap in a dense description

“Assistance from the World Food Programme comes every two or three months.”

— Collective consensus in one of the focus group discussions — the first axis (detail): the temporal spacing of institutional relief

“Lentils, broken rice and chickpeas that are not edible.”

— Widow's testimony in one of the focus group discussions — the second axis: the deteriorating quality of the aid that arrives

“A drop in the ocean... as if he were giving it from his own pocket.”

— **RELIEF ORGANISATION DIRECTOR** the third axis: the relative size of aid against the scale of need

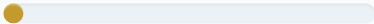
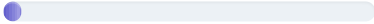
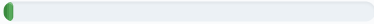
“The structural pressure drives widows to provide inaccurate information in order to obtain assistance.”

— **CLINICAL PSYCHOLOGIST** coerced adaptive behaviour — an indicator of the severity of the pressure, not the absence of integrity

◆ E3 — Employment Before the Husband's Death

This item reveals the background of the economic crisis: **86.28% (629 widows) have never worked before** — meaning that widowhood struck them without any prior labour-market experience. 5.76% (42) worked but stopped because of the war, 5.21% (38) stopped for other reasons, while **only 2.74% (20 widows) still work** currently. Table 44 shows employment history:

◆ **Table (44) Employment before the husband's death (n = 729)** ◆

Response	Count	Percentage and distribution
I have never worked before	629	86.28% 
Yes, but I stopped because of the war	42	5.76% 
Yes, but I stopped for other reasons	38	5.21% 
Yes, and I still work	20	2.74% 
Total	729	100.00%

86.28% without prior work experience, and only 2.74% currently working — a vocational-readiness crisis that calls for training from zero, not just linking to existing opportunities.



QUAL

Interpretation of findings — Structural Provider-Dependence

This item reveals the **structural cause** behind the crises of E1 and E2: widows were not historically trained for the breadwinner role, so the loss of the husband turns the scene into an immediate economic collapse. This is **Structural Provider-Dependence**. The field documentation is striking: in one camp only 2 widows out of 80 hold a university degree (97.5% without a degree); in one focus group only 2 of 9 women (22%) possessed any technical skill. Specialists reveal a forgotten group: widows who lived under the husband's protection so completely that they no longer possess any essential life skills (banking, administrative, legal) after a decade or more of dependence. The framing extends beyond technical skills to the overall structure: even degree-holders live in unemployment because of the absence of jobs themselves. This rate aligns with **E1 (73.11% without income)**, **E2 (97.53% insufficiency)** and **C8 (91.63% decision-making autonomy)** to reveal a substantive paradox: **the widow is autonomous in decision and dependent in economy at the same time** — agency without resources. The quotations below embody three faces: the quantitative documentation, the forgotten group, and the collective self-acknowledgement.

“Of 80 widows, only two hold a university degree.”

— **DISPLACEMENT CAMP LIAISON** the quantitative documentation: 97.5% without a degree in one shelter unit

“The one whose husband was responsible for every matter, big and small... has now become unable even to obtain a single document from the institutions.”

— **CLINICAL PSYCHOLOGIST** the forgotten group: the widow without life skills after a decade of dependence

“There are no opportunities at all.”

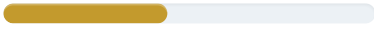
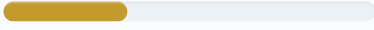
— Collective consensus of widows in one of the focus group discussions — the self-acknowledgement of the absence of opportunities, not the absence of will

Methodological note: Item E4 (the ability to provide regular daily meals for the children) was not part of the tabulated set in this wave; its data will be incorporated in a later wave when available.

◆ E5 — Barriers to Securing Healthcare for the Children (Multi-Select)

The barriers accumulate on widows in securing healthcare for their children: **76.82% (560 widows) report weak financial capacity** as the leading barrier, followed by **54.60% (398) shortage of medicines and medical equipment**, then **44.17% (322) difficulty of transport**, and 33.61% (245) collapse of health services. The average number of barriers observed per widow is **2.09** — meaning that every widow faces at least two barriers at the same time. Table 45 shows the health barriers:

◆ **Table (45) Barriers to securing healthcare for the children (n = 729 · multi-select)** ◆

Barrier	Count	Percentage and distribution
Weak financial capacity	560	76.82% 
Shortage of medicines and medical equipment	398	54.60% 
Difficulty of transport	322	44.17% 
Collapse of health services	245	33.61% 

Every widow faces on average 2.09 health barriers — a demand crisis (poverty) meets a supply crisis (collapse of the health system and shortage of medicines), doubling the deprivation.



QUAL

Interpretation of findings — Compound Healthcare Crisis

The health barriers stack into a **Compound Healthcare Crisis** where a demand crisis, a supply crisis and an environmental determinant converge. The **76.82% (weak financial capacity)** aligns precisely with **E2 (97.53% insufficiency)** — a direct material consequence of the sufficiency crisis. The **44.17% (difficulty of transport)** stems from **A11 (94.79% repeated displacement)**, which distances the family from health facilities with every move. The **54.60% (shortage of medicines)** is a supply crisis at the level of the collapsing health system. Added to this is a forgotten emotional dimension: the widow's own chronic illness meets social neglect, doubling the deprivation. On the physical environment, administrations reveal that the displacement shelter itself (expiring leases, electricity, lighting, rodents) is a health determinant entirely forgotten by policy. Every widow faces on average **2.09 barriers** at the same time — a compound crisis indeed. The quotations below embody three faces: social neglect of chronic illness, the shortage of medicines in the system, and the forgotten environmental determinant.

“I have a heart condition, and no one asks about me.”

—Widow's testimony in one of the focus group discussions — chronic illness intersecting with social neglect

“Hypertension without treatment... and medicines for patients are missing.”

—Collective consensus of widows in one of the focus group discussions — the supply crisis: the collapsing health system

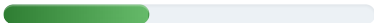
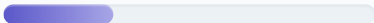
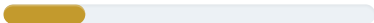
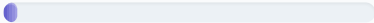
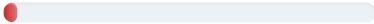
“Shelter is threatened by the end of the lease; electricity, lighting and rodents are entirely forgotten aspects.”

— **DISPLACEMENT CAMP LIAISON** the fragile physical environment as a health determinant forgotten by policy

◆ E6 — Children's Current School Enrolment

Of **510 mothers with school-age children** (729 – 219 without school-age children): **56.47% (288)** report that their children are enrolled regularly, 32.16% (164) partially, 5.88% (30) rely solely on online learning, while **5.49% (28 children)** are out of school in order to help their mother with livelihood — orphan child labour driven by the widow's poverty. Table 46 shows children's school enrolment:

◆ **Table (46) Current school enrolment of widows' children (n = 729)** ◆

Response	Count	Percentage and distribution
Yes, regularly	288	39.51% 
I have no school-age children	219	30.04% 
Partially	164	22.50% 
Online learning	30	4.12% 
No, they help me with livelihood	28	3.84% 
Total	729	100.00%

28 orphan children work instead of going to school — documented child labour. Of the 510 mothers with school-age children, 43.53% have children outside regular schooling to varying degrees (partial + online + entirely out).



QUAL

Interpretation of findings — Educational System Collapse for Orphans

This item is the **generational reflection** of the E1–E2 crisis: the widow's poverty is transmitted to the orphans through the **Educational System Collapse for Orphans**. It manifests across three parallel tracks: (1) **child labour instead of schooling** (28 children = 5.49%) as a direct consequence of poverty, combined with coercive behaviours (rebellion + theft + hitting peers) observed by camp administrations, (2) **collapse of the quality of the operating school** — a single notebook for all subjects, attendance every other day, two and a half hours, (3) **marginalisation of widows' children from school sponsorship** (one hygiene kit in Ramadan for 1,273 people). This picture aligns with **E1 (73.11% without income)** — poverty forces the mother to send the child out to work, with **C10 (76.99% of children without regular support from the husband's family)** — no financial alternative protects schooling, and with **C11 (89.57% solo child-rearing pressure)** — the mother alone confronts the difficult decision. The quotations below embody the three tracks.

“By God, no education and no religion for these children.”

—Widow's testimony in one of the focus group discussions — a painful conclusion about a generation of orphans without education

“A single notebook for all subjects... and school every other day for two and a half hours.”

—Collective consensus of widows in one of the focus group discussions — the second track: the collapse of the operating school's quality

“Widows' children leave school and go to work to secure income... and adolescents are observed dropping out, stealing and hitting peers.”

— **DISPLACEMENT CAMP LIAISON** the first track: child labour + accompanying coercive behaviours

“Only one hygiene kit in Ramadan for 1,273 people.”

— **SOCIAL WORKER** the third track: the quantitative marginalisation of widows' children from school assistance

◆ E7 — Existence of Debt Due to the Husband's Death or the War

Debt reveals another crisis that accompanies the livelihood deficit: **38.00% (277 widows) carry large debts that weigh on them**, 21.67% (158) carry small manageable debts, meaning **a total of 59.67% (435) carry a debt burden**. In contrast, 33.20% (242) are debt-free, and **7.13% (52) do not know their financial position** because the husband used to handle it — a financially knowledge-vulnerable group. Table 47 shows the presence of debt:

◆ **Table (47) Existence of debt due to the husband's death or the war (n = 729)** ◆

Response	Count	Percentage and distribution
Large debts that weigh on me	277	38.00% 
No debts	242	33.20% 
Small debts I can manage	158	21.67% 
I don't know — my husband used to handle this	52	7.13% 
Total	729	100.00%

59.67% of widows carry debt (large + small), and 7.13% do not know their financial position — a financial-knowledge gap that calls for financial-management training after widowhood.

💬 **QUAL** Interpretation of findings — Debt-Driven Poverty Cycle

This item reveals **how the loop closes**: the **59.67% (total debt-carriers)** meets **E1 (73.11% without income)** and **E2 (74.21% persistent deficit)** to reveal a **Debt-Driven Poverty Cycle**: daily deficit drives the widow to borrow, debt accumulates, deficit grows, she borrows more. Borrowing here is not an individual choice but a collective survival mechanism in which debt repayment takes priority over clothing and food as the first item of spending. The field reveals a forgotten cultural dimension: the widow may borrow to build her husband's grave (the dignity of the deceased) before the needs of the living. The **7.13% (52 widows) “I don't know”** represent a **knowledge-vulnerable group** that creditors may pursue later — it interlocks with **E8 (35.94% “I don't know” about assets)** and **E3 (“the widow cannot obtain a single document”)** to reveal a single pattern: the widow's financial knowledge erasure after a decade of dependence. The quotations below embody three faces: borrowing as a collective mechanism, the cultural dimension (the husband's grave), and the financial-knowledge gap.

“Most women rely on debt... debt repayment is the first priority for spending.”

—Collective consensus of widows in one of the focus group discussions — borrowing as a collective survival mechanism

“I had to borrow to build my husband's grave before any other need.”

—Widow's testimony in one of the focus group discussions — the cultural dimension: the dignity of the deceased before the needs of the living

“Weak financial management drives the amount to be spent quickly, so the widow returns to zero immediately.”

— **DISPLACEMENT CAMP LIAISON** the financial-knowledge gap fuelling the debt loop

◆ E8 — Assets or Property Registered in Your Name

This item reveals the structural ownership gap: **41.98% (306) “everything is in the husband's name” + 35.94% (262) “I don't know” = 77.92%** without clear ownership, while 17.83% (130) had property that was destroyed in the war, and **only 4.25% (31 widows — one in 24) have assets registered in their name**. Table 48 shows the ownership distribution:

◆ **Table (48) Assets or property registered in the widow's name (n = 729)** ◆

Response	Count	Percentage and distribution
No, everything is in my husband's name	306	41.98% 
I don't know	262	35.94% 
I had some, but they were destroyed	130	17.83% 
Yes	31	4.25% 
Total	729	100.00%

77.92% without clear ownership (everything in the husband's name + don't know) — a legal-financial gap that calls for urgent legal support to register ownership and transfer inheritance (interlocks with F4 in the legal section).

💬 **QUAL** Interpretation of findings — Female Financial Erasure

The **77.92%** reveals the phenomenon of **Female Financial Erasure** as the **structural precondition for widowhood** rather than the violation that follows it: the absence of property registered in the widow's name before the husband's death is what turns her, after the loss, into a legally dependent person under the husband's family. Here lies the core distinction from **Patriarchal Inheritance Withholding**, which is addressed in **F4**: E8 captures *the structure that enables withholding*, while F4 captures *the legal act of withholding itself* — complementary, not redundant. This phenomenon completes the chain of **erasure** seen in the field: relational erasure (C1 Passive Disengagement), psychological erasure (D6 Feminine Identity Dissolution), knowledge erasure (E3+E7 “cannot obtain a single document”), and now financial erasure. The **35.94% “I don't know”** represent the broadest stratum of financial ignorance and the most legally vulnerable; they directly feed the withholding arena that F4 completes. The quotations below embody three faces: the collective acknowledgement of the absence of registered ownership (the structural precondition), the specialist discovery of a new battleground (the husband's salary dispute), and the family punishment for asserting one's claim.

“My husband left nothing.”

— 7 of 8 widows in one of the focus group discussions — the collective acknowledgement of the absence of registered ownership

“The grandfather controls the orphans' cash transfers... and the dispute over the deceased husband's salary is a new battleground that has not been studied.”

— **CLINICAL PSYCHOLOGIST** the unique legal discovery: a three-way dispute over the martyr's salary

“The widow may be expelled from the husband's family home when she asserts her right.”

— **COMMUNITY LEADER** the family punishment for asserting the legitimate financial claim

◆ E9 — Desire to Receive Vocational Training or Small-Project Support

The scene turns here into a golden opportunity: **65.43% (477) “definitely yes” + 17.01% (124) “perhaps, depending on the opportunity” = 82.44% (601 widows) want vocational training**, while 13.85% (101) “my circumstances do not allow” and 3.70% (27) “family objections.” Table 49 shows the desire for training:

◆ **Table (49) Desire for vocational training or small-project support (n = 729)** ◆

Response	Count	Percentage and distribution
Definitely yes	477	65.43% 
Perhaps, depending on the opportunity	124	17.01% 
My circumstances do not allow (physical/family/health)	101	13.85% 
Family objections	27	3.70% 
Total	729	100.00%

82.44% (601 widows) want vocational training — a high structural readiness for economic empowerment. The gap is not in will but in available opportunities.



QUAL

Interpretation of findings — Untapped Empowerment Window

After seven items revealing the closed poverty loop, the scene reverses in E9 into an **Untapped Empowerment Window**: the individual will is present, but the opportunities are absent. The **82.44%** dovetails with **E3 (86.28% have never worked before)** and with **G3 (82.99% want a life-skills programme)** — three parallel indicators confirming a high structural readiness. This readiness is the **economic face of Coerced Empowerment** seen in C8 (91.63% decision-making autonomy): the widow decided to work because “there is no one else but her,” so training became an existential need rather than a cultural choice. The individual will overrides every logistical barrier, even walking long distances appeared acceptable. The real gap lies in the incapacity of the institutions: documented cases of widows requesting a sewing machine and fabric worth USD 200 went unmet. The ready technical skills are varied (wool, crochet, sewing, cooking, beauty, baked goods, street vending, embroidery) and sufficient for hundreds of micro-enterprises. The **3.70% (27 widows) “family objections”** is captured in detail in E10. The quotations below embody three faces: individual perseverance, awareness of the independent solution, and the institutional incapacity in the face of small requests.

“Whatever the obstacles, I want to go; even if the place is far, I want to walk there.”

—Widow's testimony in one of the focus group discussions — individual perseverance overrides the logistical barriers

“Neither the community nor the family will fill the empty stomach.”

—Widow's testimony in one of the focus group discussions — awareness of the necessity of an independent self-solution

“Widows came asking for a sewing machine and fabric; we could not provide it.”

— **DISPLACEMENT CAMP DIRECTOR** acknowledgement of institutional incapacity in the face of a specific request worth USD 200

◆ E10 — Barriers to Benefiting from Employment or Training Opportunities (Multi-Select)

The barriers reveal the nature of the gap: **66.94% (488) “no barrier”** = ready as soon as the opportunity is available, while the remaining barriers distribute across: **21.81% (159) no opportunities in my area**, 19.62% (143) child care, 17.28% (126) weak health, 9.88% (72) lack of safety and difficulty of transport, and 3.29% (24) family or husband's family refusal. Table 50 shows the barriers:

◆ **Table (50) Barriers to benefiting from employment opportunities (n = 729 · multi-select)** ◆

Barrier	Count	Percentage and distribution
No barrier	488	66.94% 
No opportunities in my area	159	21.81% 
Child care	143	19.62% 
Weak health	126	17.28% 
Lack of safety and difficulty of transport	72	9.88% 
Family or husband's family refusal	24	3.29% 

66.94% with no personal barrier = an absolute majority ready as soon as the opportunity appears. The first four barriers (opportunities + child care + health + safety) are all solvable through an appropriate programmatic design — there are no hard cultural barriers.

QUAL Interpretation of findings — Supply-Side Gap, Not Demand-Side

This item closes the economic section by confirming the substantive claim that began in E9: the problem is a **Supply-Side Gap, Not Demand-Side**. **66.94% with no personal barrier** = an absolute majority ready as soon as the opportunity is available, confirming **E9 (82.44% want training)** and **C8 (91.63% decision-making autonomy)**. The actual barriers distribute across four logistical axes solvable through programmatic design: **(1) opportunity decentralisation** (serves 21.81%), **(2) on-site child care** (serves 19.62% — consistent with C11 “89.57% solo child-rearing pressure”), **(3) work from home** for those with weak health (serves 17.28%), **(4) nearby and safe opportunities** (serves 9.88% — consistent with D8 “61.87% sense of safety”). The **3.29% (24 widows) family refusal** is the only remaining structural constraint and calls for community mediation. The qualitative analysis reveals a healthy balance between two framings: a social worker who conveys customary constraints (“Customs and traditions regard a woman's work as shameful in some circles”), and a clinical psychologist who counters it with the authority of economic necessity, with self-emancipation appearing through a collective voice that rejects the anxiety of judgment. The quotations below embody this interaction: customary constraints, their negation by necessity, and the collective self-emancipation.

“Customs and traditions regard a woman's work as shameful in some circles.”

— **SOCIAL WORKER** the customary cultural constraint on the widow's work

“Economic necessity overrides social custom... if she does not work, she will not be able to live.”

— **CLINICAL PSYCHOLOGIST** necessity overrides custom — the economic reality breaks the cultural one

“People will not have mercy on widows whether we work or not, no matter what we do — they will not have mercy on us.”

— Collective consensus of widows in one of the focus group discussions — collective self-emancipation from the anxiety of social judgment

◆ Section E Synthesis — Economic Reality

First — Income and livelihood sufficiency. 73.11% without income (E1) and 97.53% in a state of livelihood insufficiency (E2) — meaning that only 1 widow in 40 can meet her basic needs. This dual crisis is framed by **Aid-Dependent Survival Economy** and **Structural Subsistence Gap**.

Second — Vocational readiness and structural dependence. 86.28% have never worked before (E3) — the shock of widowhood finds the widow without any prior labour-market experience. The phenomenon is framed by **Structural Provider-Dependence**, generating the “agency without resources paradox”: the widow is autonomous in decision (C8: 91.63%) and economically dependent at the same time.

Third — The material execution of the crisis: health and education. Healthcare is conditioned by financial capacity (76.82% weak capacity in E5), and every widow faces on average 2.09 health barriers — a **Compound Healthcare Crisis**. Likewise, **28 orphan children work instead of attending school** (E6) as a direct consequence of poverty — **Educational System Collapse for Orphans**: the generational reflection of the E1–E2 crisis.

Fourth — The closed poverty loop. 59.67% carry debt (E7) and 77.92% without clear ownership (E8). The loop closes through the mechanism of **Debt-Driven Poverty Cycle**, while E8 reveals the structural precondition for widowhood: **Female Financial Erasure** — later completed in F4 by the active patriarchal inheritance withholding.

Fifth — The untapped golden opportunity. The positive turn: 82.44% want vocational training (E9) and 66.94% with no personal barrier (E10) — framed by **Untapped Empowerment Window** and **Supply-Side Gap, Not Demand-Side**. The gap is on the supply side (absence of opportunities), not the demand side (absence of will).

Sixth — Overarching bridge. The qualitative analysis arranges into **six sequential concepts** that reveal the closed loop and the exit aperture. This framework completes the **coercion chain** in its economic version and opens a window onto the **Quadruple Erasure Chain** that completes legally in Section F. The core conclusion: **widows are not inherently fragile but structurally disabled** — they possess the will and the possible skill, and they lack opportunity, training and seed capital. **Bridge to Section F:** the absence of property registered in the widow's name (E8) is the structural precondition that opens the legal arena of inheritance withholding explored by the next section.

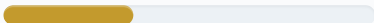
3.6 Section F — Legal Reality and Documentation

This section explores the status of documents and legal rights for widows across eight items (F1 → F8) covering three sequential layers: **(1) the documentary infrastructure** (marriage certificate, death certificate, registration of children — F1–F3), **(2) financial and custody rights** (inheritance, custody, attempts to take the children — F4–F6), **(3) access to legal services** (knowledge, recourse — F7–F8). These documents are *the keys of access to rights*: cash sponsorship, inheritance, civil registration and protection from removal of custody; any defect in them means the widow is cut off from the entire rights system. This section integrates structurally with **E8 (Female Financial Erasure)** and with **C9 (12.49% attempts at control)** to reveal the legal face of the phenomenon of “**erasure**” that this report tracks across its multiple axes.

◆ F1 — Existence of an Official Marriage Certificate

The result reveals that **100% of the sample have an original marriage certificate** — a positive indicator of the legitimacy of marriages: **64.88% (473) have it in their possession**, while **35.12% (256) lost theirs in the war**. Table 57 shows the status of the marriage certificate:

◆ **Table (57) Existence of the official marriage certificate (n = 729)** ◆

Response	Count	Percentage and distribution
Yes, in my possession	473	64.88% 
Yes, but lost in the war	256	35.12% 
Total	729	100.00%

256 widows (35.12%) lost the marriage certificate in the war — a group that needs a replacement procedure in order to access inheritance, cash sponsorship and custody. No widow exists without an original marriage contract.

QUAL Interpretation of findings — Post-Destruction Documentary Gap

The **35.12% who lost the document** dovetails with **A12 (88.61% completely destroyed homes)** — the total urban destruction has pushed documents out of reach. The gap here is a **Post-Destruction Documentary Gap**: the marriage contract exists in the civil register, but the physical copy required for daily transactions is missing. The respondent shifts into a position of **“legally present, administratively missing”** — a closed legal door for any claim to cash sponsorship, inheritance or custody. This picture aligns with **F2 (4.39% without a death certificate)** and **F3 (7.27% child-registration gap)** to frame a compound documentary gap that precedes and blocks any rights claim. The quotation below embodies the magnitude of the gap from an institutional angle.

“All the papers were lost with the house under the bombardment, and I want to apply for a replacement copy — I cannot keep up with the procedures.”

—Widow's testimony in one of the focus group discussions — the self-voice of the documentary gap after losing the home under the rubble

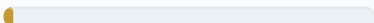
“Many widows lost all their documents under the rubble, and obtaining replacements requires long time and multiple procedures that the widow does not have the energy for.”

— **DISPLACEMENT CAMP LIAISON** Post-Destruction Documentary Gap — an institutional description of the “legally present, administratively missing” state

◆ F2 — Existence of an Official Death Certificate for the Husband

The result reveals a tangible procedural achievement: **95.61% (697 widows) have an official death certificate**, while 2.88% (21) could not obtain one, and 1.51% (11) do not know how to obtain it. Table 58 shows the status of the death certificate:

◆ **Table (58) Existence of the husband's official death certificate (n = 729)** ◆

Response	Count	Percentage and distribution
Yes	697	95.61% 
No, could not obtain it	21	2.88% 
I do not know how to obtain it	11	1.51% 
Total	729	100.00%

32 widows (4.39%) without a death certificate — the gateway to financial and inheritance rights is entirely closed before them. The 11 who do not know how to obtain it are a knowledge-gap group easily resolved.



QUAL

Interpretation of findings — Documentary Impasse & De Jure Orphans

Behind the **4.39%** without a death certificate hides a structural tragedy in three layers. **The first layer:** the absence of a body freezes the entire procedure — no one can issue a certificate for a martyr whose body has not been recovered. **The second layer:** the religious obstacle doubles the impasse — the religious court requires a wait of **three years** before documenting the death of a missing martyr; during that time the widow has no document, her children no registration, and her rights are deferred. **The third layer (a structural finding):** the phenomenon of **De Jure Orphans** — the children of missing martyrs who are not officially registered as orphans because no death certificate exists. When we recall the estimate of **~8,000 bodies still under the rubble** (Chapter 1), a forgotten compound group becomes clear: mothers without a death certificate, and children without official orphan status. This is the deeper legal face of the documentary gap that began in F1. The quotations below embody the tragedy from two angles: the self-voice of the widow and the institutional discovery.

“

“I did not bury my husband... no one would issue me a death certificate from Al-Shifa hospital, until I managed several months later.”

—Widow's testimony in one of the focus group discussions — a documentary delay caused by the absence of the body

“

“The orphan who has lost the father is called a De Jure Orphan... they are not registered in the orphan census and they have no legal guardian alive.”

— **ORPHAN CENTRE DIRECTOR** a structural finding: the orphans of missing martyrs outside the official register

◆ F3 — Registration of All Children in the Civil Registers

A similar positive result: **92.73% (676 widows) have their children registered in the civil register**, while 5.76% (42) lost the documents in the war, and 1.51% (11) have some children registered and others not. Table 59 shows the registration of children:

◆ **Table (59) Registration of children in the civil registers (n = 729)** ◆

Response	Count	Percentage and distribution
Yes	676	92.73% 
We lost the documents in the war	42	5.76% 
Some are registered and some are not	11	1.51% 
Total	729	100.00%

53 widows (7.27%) have children in a registration gap — potential deprivation of educational, health and sponsorship rights. Absence of registration = legal absence of the child.



QUAL

Interpretation of findings — Civil Erasure of the Child

The **53 households (7.27%)** in which children live unregistered enter into a state of **Civil Erasure of the Child**: no name in the register means no right to education, healthcare or cash sponsorship. This erasure completes the **Quadruple Erasure Chain** tracked by this report: relational (C1 — Passive Disengagement) ← psychological (D6 — Feminine Identity Dissolution) ← knowledge/financial (E3 + E7 + E8 — Female Financial Erasure) ← now civil erasure of the child (F3). The gap is consistent with **F1 (35.12% lost marriage certificate)** and with **F2 (4.39% without death certificate)** — a documentary picture eroded across three axes that precedes any claim to orphans' rights, and integrates with **E6 (5.49% children out of school)** to reveal the real cost of the collapse of the documentary infrastructure. The quotation below embodies this erasure through an institutional field voice.

“

“The child not registered in the civil register is outside every rights system: education, health, sponsorship, even obtaining an identity card later in life.”

— **SOCIAL WORKER** Civil Erasure of the Child — the institutional framing of civil erasure as a link in the Quadruple Erasure Chain

“

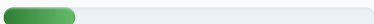
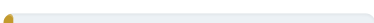
“Some children receive nothing from any organisation given the difficulty of reaching the institutions, or because the mother is unable to register them.”

— **DISPLACEMENT CAMP LIAISON** the practical cost of civil erasure: direct deprivation of cash transfers and aid

◆ F4 — Receiving the Full Right to the Husband's Inheritance

This result reveals the legally most acute gap: **48.70% (355) “the husband left no property”** — no inheritance case. Of **374 widows with potential inheritance** (729 – 355): 19.62% (143) **received their right in full**, 16.32% (119) **“the husband's family controls the inheritance”** = 31.82% of those with potential inheritance, 12.48% (91) “do not know their rights,” and 2.88% (21) received it partially. Table 60 shows the inheritance status:

◆ **Table (60) Receiving the right to inheritance (n = 729)** ◆

Response	Count	Percentage and distribution
<i>My husband left no property</i>	355	48.70% 
Yes	143	19.62% 
No, my husband's family controls the inheritance	119	16.32% 
I do not know my rights	91	12.48% 
Partially	21	2.88% 
Total	729	100.00%

Of 374 widows with potential inheritance: 31.82% (119) face the husband's family in control, and 24.33% (91) do not know their rights — more than half of those with inheritance are in a withholding or knowledge gap.



QUAL

Interpretation of findings — Patriarchal Inheritance Withholding

This item reveals the **legally most acute gap** and the field names it **Patriarchal Inheritance Withholding**. Here lies the integration with **E8 (Female Financial Erasure)**: if E8 captures the *prior structural condition* (the absence of property registered in the widow's name before widowhood), F4 captures the *subsequent active legal violation* (the husband's family's control of the inheritance afterward) — two complementary, not redundant, mechanisms. The **31.82% (husband's family controls)** meets **E8 (77.92% without clear ownership)**, **C1 (27.71% deterioration in the relationship)** and **C9 (12.49% negative attempts at control)** — four parallel indicators that embody the inheritance gap as a structural pattern, not an individual incident. The cultural dynamic is clinically framed: families leave the inheritance to their son's children rather than to his widow, and the mother-in-law uses guardianship withholding as a control tool. A unique finding captured by the qualitative analysis: **the dispute over the deceased husband's salary** between the husband's family, the widow and the children — a legal battleground not yet studied in the literature. The **24.33% (91 widows)** who do not know their rights represent an easy entry point for the husband's family to take over, and integrate with the 7.13% “don't know” in E7 to reveal a systematic legal-knowledge gap. The quotations below embody three faces: the collective acknowledgement of deprivation, the tool of withholding (guardianship), and the cultural framing of the phenomenon.

“My husband left nothing.”

—7 of 8 widows in one of the focus group discussions — the collective acknowledgement of the absence of inheritance (integrates with E8)

“Guardianship is with my mother-in-law, and she refuses to give it to me.”

—Widow's testimony in one of the focus group discussions — the tool of withholding: guardianship as a tool of women-to-women control

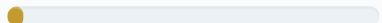
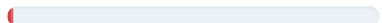
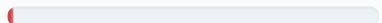
“Families leave the inheritance to their son's children... and the dispute over the deceased husband's salary is a new battleground that has not been studied.”

— **CLINICAL PSYCHOLOGIST** the cultural framing of Patriarchal Inheritance Withholding + the unique legal discovery

◆ F5 — Official Legal Custody of the Children

An overall positive result: **91.77% (669) have official custody**, 4.66% (34) have de facto custody without documents, while **1.78% (13) are in a custody dispute**, and 1.78% (13) the custody is with the husband's family. Table 61 shows the custody status:

◆ **Table (61) Official legal custody of the children (n = 729)** ◆

Response	Count	Percentage and distribution
Yes, officially	669	91.77% 
Yes, but without documents	34	4.66% 
No, there is a custody dispute	13	1.78% 
Custody is with the husband's family	13	1.78% 
Total	729	100.00%

26 critical legal cases (13 disputes + 13 custody with the husband's family) — cases that deserve urgent legal representation. 34 widows with undocumented de facto custody face future risk in any dispute.



QUAL

Interpretation of findings — Atomized Custody Conflict and the Transfer of Guardianship upon Remarriage

The qualitative evidence reveals **Atomized Custody Conflict** of acute intensity within the **3.56% (26 cases)** in dispute. These pockets manifest through three mechanisms: **(1) direct economic** — taking the child to capture the cash transfers and aid parcels (consistent with **C10 — only 22.85% of orphans receive regular support**), **(2) strategic concession** — the widow voluntarily relinquishes custody to protect the child when escalation looms, **(3) declared family war** — mobilising relatives against the widow who claims her right. A unique institutional discovery reveals a forgotten religious-law dimension: when the widow remarries, guardianship transfers to the maternal grandmother, the child is legally distanced from the mother, and control escalates to the older generation — placing **22.6% of remarried widows** in a fragile legal position. This dynamic integrates with **D7 (Extreme Sacrifice of Marriage)**: family violence against the widow's new marriage has a legal dimension through the removal of custody. The quotations below embody the three mechanisms: the economic driver, the strategic concession, and the family war.

“My paternal uncle took my son; it has been a year I've been asking to see him and he refuses, because of the cash transfers and aid parcels.”

—Widow's testimony in one of the focus group discussions — the first mechanism: taking the child to capture cash transfers

“She gave up custody and gave up the child for his protection.”

—Widow's testimony in one of the focus group discussions — the second mechanism: strategic concession in the face of escalation risk

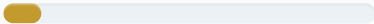
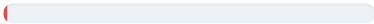
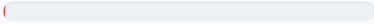
“When my paternal uncle found out, he waged war on me and turned everyone against me.”

—Widow's testimony in one of the focus group discussions — the third mechanism: mobilising relatives as a declared family war

◆ F6 — Exposure to Attempts to Take the Children or Control Their Upbringing

An overall positive result that hides individual risks: **87.24% (636) have not been exposed to such attempts**, while 10.56% (77) face informal pressure and talk, 1.51% (11) face threats of resorting to the courts, and **0.69% (5 widows) have actually had a case raised against them**. Table 62 shows the exposure to attempts to take the children:

◆ **Table (62) Exposure to attempts to take the children or control their upbringing (n = 729)** ◆

Response	Count	Percentage and distribution
No	636	87.24% 
Informal pressure and talk	77	10.56% 
Threat of resorting to the courts	11	1.51% 
A case has actually been raised against me	5	0.69% 
Total	729	100.00%

16 widows (11 threats + 5 actual cases) in active legal risk over their children's custody, integrating with F5 to raise the network of overlapping legal risks to ~42 cases.



QUAL

Interpretation of findings — Legal Punishment for Rights-Claiming

The qualitative evidence reveals the mechanism of **Legal Punishment for Rights-Claiming**: the children are used as a pressure card to prevent the widow from claiming any right. The **11.07% (81 cases) in legal risk or under pressure** integrates with **F4 (31.82% husband's family controls inheritance)** and with **F5 (3.56% custody disputes)** to reveal an interlocking pattern: **custody is used as a mechanism for withholding inheritance** — those who give up the claim to their financial right keep their children; those who claim it lose both. The **10.56% (77 widows)** under informal pressure embody the “grey zone” that does not reach the courts yet threatens the widow daily and integrates with **C9 (12.49% negative attempts at control)**. The quotation below embodies the mechanism through a documented institutional clinical case.

“The husband's family took the children from the widow because she claimed her legitimate rights.”

— **DISPLACEMENT CAMP LIAISON** the critical legal peak: a documented case of using children as punishment for claiming one's rights

“Claiming guardianship of the child, then claiming that the mother takes the cash transfers and aid — a continuous conflict that does not reach the courts but wears down the widow daily.”

— **MUKHTAR / CUSTOMARY LEADER** the grey zone of informal pressure (10.56% / 77 widows)

◆ F7 — Knowledge of Legal Aid Providers

This result reveals a substantive information gap: **56.38% (411) know the aid providers** — a limited majority, while **43.62% (318 widows) are in an access gap**: 28.53% (208) “I do not know about any service,” and 15.09% (110) “I have heard but do not know how to reach.” Table 63 shows the knowledge of aid providers:

◆ **Table (63) Knowledge of legal aid providers (n = 729)** ◆

Response	Count	Percentage and distribution
Yes, I know the aid providers	411	56.38% 
I do not know about any service	208	28.53% 
I have heard but do not know how to reach	110	15.09% 
Total	729	100.00%

43.62% (318) in an information access gap — close to the same rate observed for psychological support (B21–B22), revealing that the absence of information about services is a cross-cutting feature of all widows' services, not of the legal alone.

QUAL Interpretation of findings — Legal Information Gap & Institutional Mistiming

The quantitative information gap (43.62%) does not reveal the real depth. The field raises the figure: in one focus group **7 of 8 women (87.5%) do not know the organisations** — roughly double the quantitative rate. This gap manifests across **three axes**: **(1) an explicit knowledge gap** that administrations institutionally call “near-zero awareness” and that the clinical psychologist frames as an emotional rather than a legal approach, **(2) a religious-deflection mechanism** — where loss is converted into religious submission (“may God ease for you”), which defers the worldly claim, **(3) Institutional Mistiming** — institutions reach out after it is too late, so the widow takes on debt and completes the procedure herself, then the institution calls. This picture aligns with **B22 (88.06% desire for psychological support)** and **E9 (82.44% want training)** to confirm an overarching rule across the study: **the problem in Gaza is service availability, not demand for it (Supply-Side Gap)**. The quotations below embody the three axes: the self-acknowledgement of incapacity, the religious-deflection mechanism, and the institutional mistiming.

“To this day I am not able to know my rights.”

—Widow's testimony in one of the focus group discussions — the first axis: the explicit self-acknowledgement of legal-knowledge incapacity

“Our son has died — may God ease this for you.”

—Widow's testimony about the husband's family in a focus group discussion — the second axis: the religious-deflection mechanism that defers the claim

“I went to one institution... they said we do not provide such services and have no budget... after I had borrowed money and obtained guardianship myself, they called me — when I was already in debt.”

—Widow's testimony in one of the focus group discussions — the third axis: institutional mistiming with a documented case

“They approach these cases from an emotional rather than a legal standpoint... the level of awareness is near-zero.”

— **CLINICAL PSYCHOLOGIST** the psychological and institutional framing of the shortfall in legal awareness

“However much the institutions do, their role will remain insufficient because of the absence of awareness among widows.”

— **DISPLACEMENT CAMP DIRECTOR** institutional acknowledgement of the failure spiral: service without awareness = wasted service

◆ F8 — Previously Resorting to a Legal Provider for Assistance

The recourse experience reveals a qualitative rather than quantitative gap: **55.01% (401) “I did not need to”**, while **17.15% (125) resorted but the assistance was limited**, 14.40% (105) resorted and obtained assistance, 9.33% (68) did not resort “because I do not know my rights,” and 4.12% (30) refrained for fear of consequences. Table 64 shows the legal recourse experience:

◆ **Table (64) Previously resorting to a legal provider for assistance (n = 729)** ◆

Response	Count	Percentage and distribution
No, I did not need to	401	55.01% 
Yes, but the assistance was limited	125	17.15% 
Yes, and I obtained assistance	105	14.40% 
No, because I do not know my rights	68	9.33% 
No, for fear of the consequences	30	4.12% 
Total	729	100.00%

30.59% (223) in a legal-protection gap: limited assistance (17.15%) + lack of knowledge of rights (9.33%) + fear of consequences (4.12%) — a third of the sample stuck between absence of access and weak quality.

QUAL Interpretation of findings — Silenced Powerlessness and Informal Mediation Channels

The **55.01% “I did not need to”** is misleading on the surface. Behind it hides a revealing truth: **210 widows in F4** face inheritance violations without regarding them as a “legal need” that warrants recourse. We name this **Silenced Powerlessness** — a violation internalised in the self that does not reach the awareness of a claim. The evidence reveals **three barriers that prevent the transition from “silenced powerlessness” to “active claim”**: (1) **an explicit financial barrier** in collective consensus that aligns with **E1 (73.11% without income)**, (2) **an exploitation barrier** by private lawyers who exploit the widow's desperation, with documented scam cases, (3) **a cultural exclusion barrier** — the home turns into “the husband's family's home only” after his death, so the widow loses the right to claim what the two built together. In contrast, the field captures a **three-tier alternative mediation network** that operates spontaneously (camp administrations + reconciliation committees + the police when escalation occurs) — functionally effective but not programmatically organised. The picture integrates with **F7 (43.62% information gap)** to frame a compound gap met by community resources that exist but are not institutionally activated. The quotations below embody the three barriers + the community alternative.

“We have no money for lawyers.”

—8 of 8 widows in one of the focus group discussions — the first barrier: the explicit financial one

“A lawyer scammed me out of 200 shekels; he took the money and to this day he has not returned it.”

—Widow's testimony in one of the focus group discussions — the second barrier: exploitation of widows' desperation by private lawyers

“The house is the family's house, and he is gone.”

—Collective consensus of widows in one of the focus group discussions — the third barrier: collective cultural exclusion that strips the earned right

“We at the shelter hold family sessions to resolve disputes, and sometimes we contact the police.”

— **COMMUNITY LEADER** the community alternative: administration as informal reconciliation judge within a three-tier mediation network

◆ Section F Synthesis — Legal Reality and Documentation

First — The documentary infrastructure. The official framework is largely preserved. The entire sample has a marriage certificate. 95.61% have a death certificate. 92.73% of their children are registered. Yet the war has opened a large gap: **35.12% lost the marriage certificate, 4.39% are without a death certificate, and 7.27% have children in a registration gap.** The most structurally dangerous is the three-year rule for proving the death of a missing martyr. It holds back the rights of widows of ~8,000 bodies still under the rubble.

Second — Inheritance: the most acute gap. Of 374 widows with potential inheritance, **31.82% face the husband's family in control, and 24.33% do not know their rights.** More than half of those with potential inheritance are in a withholding or knowledge gap. This picture integrates with E8 (77.92% without clear ownership) to frame "*Female Financial Erasure*" consistently across the two sections.

Third — Custody: acute conflict pockets. 91.77% official custody. Yet 26 critical legal cases (13 disputes + 13 custody with the husband's family) and 34 undocumented de facto custodies. Children become a pressure card in the hands of the husband's family to prevent the claim to rights, completing the mechanism of **Legal Punishment for Rights-Claiming**: custody is used as a mechanism for withholding inheritance.

Fourth — Access to legal services. 43.62% (318 widows) are in an information gap and do not know how to reach assistance. 30.59% (223) are in a quality gap after recourse (limited assistance + ignorance + fear). Three structural barriers integrate to silence the claim: the financial barrier (aligned with E1 — 73.11% without income), exploitation by private lawyers, and the cultural exclusion that strips the earned right — a mechanism the study names **Silenced Powerlessness**.

Fifth — Two unique structural findings. The first: **De Jure Orphans.** The children of missing martyrs under the rubble are not officially registered as orphans because no death certificate exists. Their mothers face double rights withholding. The second: **the transfer of guardianship to the maternal grandmother upon the widow's remarriage.** A religious-law provision that strips custody from the mother upon her remarriage, placing 22.6% of remarried widows in a fragile legal position.

Sixth — Informal mediation channels. The field captured a parallel mediation system operating spontaneously instead of the courts. Camp administrations intervene as reconciliation judges. Reconciliation committees mediate in disputes. Local community leaders support when needed. The police are called when escalation occurs. These channels are active through family sessions and informal support, but they are not programmatically organised.

Seventh — Completion of the Quadruple Erasure Chain legally. Section F represents the closing link of the erasure phenomenon tracked by this report across its four axes: *relational erasure* in C1 (Passive Disengagement at 27.71% deterioration) ← *psychological identity erasure* in D6 (Feminine Identity Dissolution with "she has forgotten that she is a woman") ← *financial erasure* in E8 (Female Financial Erasure at 77.92% without clear ownership) ← *civil and legal erasure* that is completed in this section across three levels: **(1) documentary erasure** (F1+F2+F3 — a widow "legally present and administratively missing"), **(2) legal-financial erasure** (F4 — 31.82% inheritance withholding), **(3) the child's civil erasure** (F3 + De Jure Orphans in F2 — ~8,000 bodies under the rubble means thousands of orphans outside the register). This quadruple erasure is **the legal-structural face of the coercion chain**, psychological and social, that the previous sections captured.

Core conclusion: The legal framework exists, yet access to it is blocked by three compounding obstacles — documentary, informational and financial. These obstacles are countered by active community mediation channels that remain unorganised.

Named theoretical concepts (8): Post-Destruction Documentary Gap · De Jure Orphans · Civil Erasure of the Child · Patriarchal Inheritance Withholding · Atomized Custody Conflict · Legal Punishment for Rights-Claiming · Legal Information Gap & Institutional Mistiming · Silenced Powerlessness. **Bridge to Section G:** these compounded legal gaps call for redesigning the response from the ground up — which the section on needs and participation in support programmes explores next.

3.7 Section G — Needs and Participation in Support Programmes

This section covers five items (G1 → G5) that reveal what widows actually ask for and what prevents their participation. The items cover: the immediate needs pyramid (G1), the type of psychological support requested (G2), the desire for a life-skills programme (G3), the preferred time for attendance (G4), and the barriers to participation (G5). This section is the closest to programme design — conveying the widows' voice in describing their own priorities.

◆ G1 — The Top Three Immediate Needs (Multi-Select)

This item speaks with a clear priority. **95.06% (693 widows) ask for material support** — near unanimity. It is followed by safe shelter (62.00%), then food support (42.66%), then vocational training (37.31%). Priorities then drop: children's education (26.06%), psychological support (22.09%), medical care (19.89%), and finally legal support (only 3.16%). Table 65 shows the immediate-needs pyramid:

◆ **Table (65) The immediate-needs pyramid for widows (n = 729 · multi-select)** ◆

Need	Count	Percentage and distribution
Material support	693	95.06%
Safe shelter	452	62.00%
Food support	311	42.66%
Vocational training or a job opportunity	272	37.31%
Children's education	190	26.06%
Psychological support	161	22.09%
Medical care	145	19.89%
Legal support	23	3.16%

Material support is near-unanimous (95.06%), and legal support is the lowest (3.16%) — even though 43.62% are in an actual legal gap (F7). An explicit awareness gap between perceived need and real need.

QUAL Interpretation of findings — Inverted Needs Hierarchy

The needs pyramid reveals a telling phenomenon that the study names **Inverted Needs Hierarchy**: widows see their needs in purely material terms because momentary poverty overwhelms deeper problems. The quantitative indicators reveal the gap clearly: **only 22.09% ask for psychological support**, yet **88.06% want it if it were free and confidential (B22)**, and **only 3.16% ask for legal support**, yet **43.62% are in an actual legal gap (F7)** — meaning the widow **does not ask for what she does not know is her right**. The field reveals a deeper dimension: material need is not an end but a means to recover dignity. Another field voice quantifies that only about 30% of widows' needs are actually covered. The takeaway: **an effective intervention combines the material with the psychological and the legal in one package**, rather than merely responding to what the widow asks for. The quotations below embody the unifying dimension (dignity) and the quantitative coverage gap.

"A life of dignity, not a life through aid."

—Collective consensus of widows in one of the focus group discussions — dignity as an overarching need that transcends the material

"Only 30% of our needs are covered."

—Collective consensus in one of the focus group discussions — the quantitative field description of the gap between need and response

◆ G2 — Type of Psychological Support Requested (Multi-Select)

When asked about the preferred type of psychological support, widows distribute across four options. **50.34% (367) prefer support groups with other widows**. **46.78% (341) prefer confidential individual sessions**. **41.43% (302) ask for combined religious and psychological guidance**. **37.17% (271) want programmes that include their children**. 10.15% (74) refuse any psychological support. Table 66 shows the service-design preferences:

◆ **Table (66) Type of psychological support requested (n = 729 · multi-select)** ◆

Type of Support	Count	Percentage and distribution
Support groups with other widows	367	50.34%

Type of Support	Count	Percentage and distribution
Confidential individual sessions	341	46.78% 
Combined religious and psychological guidance	302	41.43% 
Programmes for mothers that include their children	271	37.17% 
I do not want any psychological support	74	10.15% 

Four options at similar rates (50% / 47% / 41% / 37%) — no single option suffices. The optimal design flexibly integrates the four components.

QUAL Interpretation of findings — Integrated Service Design

This item reveals the concept of **Integrated Service Design**: widows do not ask for a single type of support but for a combination of four components. **(1) Preference for groups** (50.34%) because widows find in others a mirror of their experience. **(2) Confidentiality as a complementary requirement** (46.78% individual sessions) because some topics cannot be raised before a group — the two options are complementary, not alternatives. **(3) The religious dimension** (41.43%) is strongly present, consistent with **B19 (82.17% rely on prayer as a coping mechanism)** — psychological support without a faith dimension loses much of its power in Gaza. **(4) The practical dimension** (37.17% programmes including children) aligns with **C11 (89.57% under solo child-rearing pressure)**. The field takeaway: **four components in a single package** — groups + a confidential individual option + a religious guide + concurrent childcare. The quotations below embody the collective preference and its clinical framing.

“Individual psychological support: we prefer group, not individual.”

— Collective consensus of widows in one of the focus group discussions — the field preference for peer-group support over individual sessions

“Group counselling is more effective — women share experiences and support each other.”

— **CLINICAL PSYCHOLOGIST** the clinical framing for the superiority of group sessions as integrated service design

◆ G3 — Desire for a Life-Skills Programme

When asked about the desire for a life-skills programme (money management, child-rearing, resilience), widows distribute as follows: **52.95% (386) strongly want it**, 30.04% (219) to some extent, while 10.70% (78) do not want it and 6.31% (46) are uncertain. The total who want it reaches **82.99% (605 widows)**. Table 67 shows the desire for a skills programme:

◆ Table (67) Desire for a life-skills programme (n = 729) ◆

Response	Count	Percentage and distribution
Strongly want it	386	52.95% 
Want it to some extent	219	30.04% 
Do not want it	78	10.70% 
Not sure	46	6.31% 
Total	729	100.00%

82.99% want a life-skills programme (strongly + to some extent) — a high structural readiness. Only 10.70% decline.



QUAL

Interpretation of findings — Structural Readiness for Empowerment

This item reveals the phenomenon of **Structural Readiness for Empowerment**: eight in ten widows want to develop their life skills — and it is not only about vocational skills but about money management, child-rearing and resilience, the tools of daily life. The picture is completed with other parallel findings: **82.44% want vocational training (E9)** and **88.06% want psychological support if it were available free of charge (B22)** — **three indicators in the same band (82–88%)** revealing a clear consistency: widows in Gaza are ready for empowerment programmes. The gap is not in will but in provision — when the service exists, uptake is virtually guaranteed. The quotations below embody self-determination and clinical framing.



"I want to learn everything that benefits me and benefits my children — just give me the opportunity."

— A recurrent field voice among widows in one of the focus group discussions — self-determination toward empowerment



"The camps are a potential environment for collective empowerment — using this opportunity in Peer Support programmes."

— **CLINICAL PSYCHOLOGIST** the institutional framing of structural readiness as an unused programmatic opportunity

◆ G4 — Best Time to Attend a Programme

No time wins a decisive majority. **29.77% (217) "any suitable time"** — full flexibility. **26.20% (191) morning**. **24.28% (177) late afternoon**. **19.75% (144) midday** — the lowest preference. Table 68 shows the distribution of preferred times:

◆ **Table (68) Best time to attend a programme (n = 729)** ◆

Time	Count	Percentage and distribution
Any suitable time	217	29.77% 
Morning	191	26.20% 
Late afternoon	177	24.28% 
Midday	144	19.75% 
Total	729	100.00%

The distribution is relatively even — no time captures a majority. A programme limited to a single time slot will lose ~70% of the potential beneficiaries.



QUAL

Interpretation of findings — Temporal Flexibility Requirement

The near-even distribution across the four times (20–30%) reveals a **Temporal Flexibility Requirement**: widows live highly varied daily lives. The mother with young children prefers the morning; the mother with school-age children prefers the late afternoon; the widow without children is more flexible. **29.77% "any suitable time"** is the largest group — yet there is no decisive majority for any single option. This diversity forces programme design to remain flexible enough: **a programme with the same content offered at three times (morning + midday + late afternoon) accommodates everyone**; otherwise it will lose more than 70% of the potential beneficiaries. The quotation below embodies the varied field reality from an institutional angle.



"Widows' time is governed by their children and by when the children go to school and when they return — a single-time programme excludes most of them."

— **DISPLACEMENT CAMP LIAISON** Temporal Flexibility — the institutional framing of the need for multiple session times

◆ G5 — The Main Barrier to Participation (Multi-Select)

When asked about the barriers, the result is striking: **66.26% (483) “no barrier”** — ready as soon as the opportunity is available. The barriers distribute among the rest as: **24.55% (179) difficulty of transport and lack of safety**, 16.05% (117) weak health, 15.23% (111) no one to look after the children, 2.88% (21) family refusal, and 2.06% (15) fear of stigma. Table 69 shows the barriers:

◆ **Table (69) Barriers to participation in support programmes (n = 729 · multi-select)** ◆

Barrier	Count	Percentage and distribution
No barrier	483	66.26% 
Difficulty of transport and lack of safety	179	24.55% 
Weak health	117	16.05% 
No one to care for my children	111	15.23% 
Family or husband's family refusal	21	2.88% 
Fear of stigma	15	2.06% 

66.26% with no personal barrier = ready. The most common barriers (transport + health + childcare) are purely logistical — solvable through programmatic design. Fear of stigma is only 2.06%, even though 45.13% face stigma (C5).

QUAL Interpretation of findings — Logistical Not Volitional Barriers

The picture here is clear: two thirds of widows face no personal barrier, and the remaining third's barriers are logistical and surmountable. This is the phenomenon of **Logistical Not Volitional Barriers**. A striking point: **fear of stigma is only 2.06%**, even though **45.13% face harmful community treatment (C5)** — widows do not let stigma prevent them from seeking support, consistent with the **Self-Liberation from Stigma** captured in E10. The first four barriers are solvable through a single programmatic package: transport (24.55%) by providing a nearby programme or transport, health (16.05%) by a work-from-home option, child care (15.23%) by concurrent on-site childcare, and family refusal (2.88%) by community mediation. The takeaway: **widows are ready. Design needs the effort, not will**. The quotations below embody self-liberation and the clinical framing of the barriers.

“People will not have mercy on widows whether we work or not, no matter what we do — they will not have mercy on us.”

— Collective consensus of widows in one of the focus group discussions — self-liberation from the anxiety of social judgment

“Difficulty of transport from one place to another because of the distance — the most important logistical barrier preventing many from participating.”

— **SOCIAL WORKER** the institutional framing of logistical barriers as a programmatic design priority

◆ Section G Synthesis — Needs and Participation

First — The inverted needs hierarchy. Widows ask for the material (95.06%), shelter (62%) and food (42.66%) at the top. Psychological support drops to 22.09% and legal to 3.16%. Yet this hierarchy is inverted: **88.06% want psychological support if it were available free of charge (B22), and 43.62% are in a legal gap (F7).** The widow does not ask for what she does not know is her right.

Second — Precise preferences for psychological support. Four options at similar rates: groups (50.34%), individual sessions (46.78%), religious-psychological guidance (41.43%), programmes including children (37.17%). No single option suffices. The optimal design is a package combining the four components.

Third — Structural readiness for empowerment. 82.99% want a life-skills programme, consistent with 82.44% wanting vocational training (E9) and 88.06% wanting psychological support (B22). The gap is in provision, not in will.

Fourth — Necessary temporal flexibility. The four times come at similar rates (20–30%). A programme with a single time loses ~70% of beneficiaries. A flexible design (three sessions a day) accommodates everyone.

Fifth — Logistical, not volitional barriers. 66.26% with no personal barrier. The most common barriers (transport + health + childcare) are solvable through design. Fear of stigma is only 2.06% — widows have liberated themselves from the anxiety of social judgment.

Sixth — Consistency with the coercion and erasure chains. Section G aligns with the study's overarching theoretical framework: **Structural Readiness for Empowerment** is the positive face of the coercion chain (Coerced X) — the widows who were forced into resilience, empowerment and strength now ask for the tools to convert this coercion into active agency. Likewise, **the Inverted Needs Hierarchy** reveals that the Quadruple Erasure Chain (relational + psychological + financial + legal) produces a fifth erasure: **the erasure of rights awareness** — where the widow does not ask for what she does not know is her right.

Core conclusion: Widows in Gaza are ready to participate in support programmes. The gap is in service design and provision, not in will or awareness. Emotional and legal needs run deeper than what widows openly ask for. **Named theoretical concepts (5):** Inverted Needs Hierarchy · Integrated Service Design · Structural Readiness for Empowerment · Temporal Flexibility Requirement · Logistical Not Volitional Barriers. **Bridge to Chapter 4 (Conclusions & Recommendations):** these five concepts establish an explicit programmatic foundation for designing a comprehensive response that starts from the widows' own articulation of their needs — which the next chapter explores through its core conclusions and strategic recommendations.

Chapter 4

Conclusions and Strategic Recommendations

4.1 Core Conclusions

The study reveals a composite picture of the reality of 729 widows in the Gaza Strip after two and a half years of war. Five dimensions meet and intersect to form an experience of acute intensity that is not devoid of signals of latent strength.

◆ At the Psychological Level

Distress is collectively acute. 83.3% above the GHQ-12 threshold and 87.5% above the IES-6 threshold. Yet 76.13% of them carry high resilience on CD-RISC-2. This is an apparent paradox explained by the pattern of **Post-Traumatic Growth (PTG)**. The qualitative analysis, however, reveals a decisive dimension: resilience in Gaza is **coerced, not chosen** (Coerced Resilience) — imposed by children who wait and the absence of any alternative for the mother. The **Triple-Loss Cluster** stands out — quantitatively referenced at around 55 widows who have lost belief in rebuilding, with accumulated losses of hope and meaning — as an immediate clinical priority. The treatment gap is glaring: 88.06% want psychological support if it were available, and only 7.27% actually receive it — an 80.79-point gap. This is framed by the **Coerced X Chain** that the study establishes across five psychological, social and identity manifestations.

◆ At the Social Level

Systematic network fragmentation. 74.62% lost their network due to displacement. 27.71% saw their relationship with the husband's family deteriorate. 45.13% face harmful community treatment. 89.57% of mothers are under social pressure due to solo child-rearing. In contrast, 91.63% retain their decision-making autonomy (**Coerced Empowerment**), and 78.88% rely on the natal family as the main safety net. The conclusion: **the community itself is a key source of pressure, not loss and war alone** — which the study frames as **Constrained Sociality**: the relational space is what remains after constraints, not what the will chooses.

◆ At the Emotional, Identity and Intimate Sphere Level

The coexistence of pain and strength. 78.06% hold dreams (**Sustained Hope**), 68.45% feel meaning, and 65.71% believe in rebuilding their lives. Yet 5.08% “do not know who they are now” — **Feminine Identity Dissolution**. Children are the existential centre of meaning (**Children as Existential Anchor**), and faith is the lever of rebuilding. The most important discovery is the dimension of **the Intimate Sphere**, which surfaced across 7 independent qualitative sources and documented 7 distinct patterns of sexual and emotional exploitation. **Double Silencing** — speaking = embarrassment, silence = suspicion — leaves the widow in a void exploited by informal networks.

◆ At the Economic Level

A compound structural crisis (**Structural Compound Poverty**). 73.11% without income (Aid-Dependent Survival Economy). 97.53% in livelihood insufficiency (Structural Subsistence Gap). 86.28% never worked before. 59.67% carry debt (Debt-Driven Poverty Cycle). 77.92% without clear ownership (Female Financial Erasure). Yet 82.44% want vocational training — an **Untapped Empowerment Window**. The gap is **on the supply side** (absence of opportunities), not on the **demand side** (absence of will). 28 orphan children work instead of attending school as a direct consequence of poverty. These manifestations are arranged in the **Sixfold Poverty Chain** established in the Section E synthesis.

◆ At the Legal Level

The framework exists; access is blocked. The essential documents are largely preserved (95.61% death + 92.73% child registration). Yet 31.82% of those with potential inheritance face control by the husband's family (**Patriarchal Inheritance Withholding**). 43.62% are in an information gap, and 30.59% in a post-recourse quality gap (**Silenced Powerlessness**). Two unique structural findings: **De Jure Orphans** — the children of missing martyrs outside the orphan register — and **the transfer of guardianship to the maternal grandmother** upon the widow's remarriage. This completes the **Quadruple Erasure Chain**: relational (Passive Disengagement) ← psychological (Feminine Identity Dissolution) ← financial (Female Financial Erasure) ← legal.

◆ At the Institutional Level

The study revealed a large structural gap in the institutional response to widows' needs. Only 7.27% receive regular psychological support, and only 14.40% have obtained effective legal assistance. Current relief was described in the field as “a drop in the ocean,” and a documented cash transfer of 200 shekels every three months reveals the wide gap between symbolic relief and actual need.

Harmful institutional phenomena emerged that must be addressed: **Institutional Mistiming** — intervention after the borrowing rather than before — **Structural Exclusion** of widows from aid distribution in some sites, the filming extortion by some service providers (**Documentation Coercion**), and **Aid Duplication Without Coordination** among intervening organisations. **Administrative Bias** was also observed, masking real legal problems that the widows themselves revealed.

In contrast, an **Informal Alternative Network** operates spontaneously: camp administrations intervene as reconciliation judges, reconciliation committees mediate, community leaders support, and the police are called upon escalation. A network functionally effective but lacking the formal organisation that secures consistency and fairness.

◆ Overarching Synthesis Across the Five Dimensions and the Institutional Level

Widows in Gaza are **not inherently fragile but structurally disabled**. They possess the will and the latent skill; what they lack is opportunity, training and seed capital. The challenge is not in widows themselves but in designing an **institutional system** that responds to their complex reality. Any effective intervention starts from existing capacity rather than from a void, from existing will rather than from incentivising it, and from the ongoing context of war and displacement rather than from idealised hypothetical conditions.

This composite picture is arranged into **three conceptual chains that cross the dimensions**, framing the understanding of reality and guiding the subsequent recommendations: **(1) the Coerced X Chain** that links psychological resilience to decisional empowerment to constrained sociality to sustained hope to coerced strength, **(2) the Quadruple Erasure Chain** relationally ← psychologically ← financially ← legally, and **(3) the Sixfold Poverty Chain** from the aid-dependent survival economy to the untapped empowerment window. These chains are not parallel classifications but **interconnected faces** of a single phenomenon: widowhood in an extended conflict context that makes the loss individual and the coercion structural.

4.2 Intervention Priorities — 11 Vulnerable Groups in Numbers

The study identified 11 vulnerable groups specified with precise figures. These groups warrant targeted intervention before general programmes — they are the most acute pain points in the study.

◆ **Table (70) Specified vulnerable groups and intervention priority** ◆

#	Group	Count	Source	Priority
1	Triple-Loss Cluster (accumulated loss of hope, meaning and belief)	~55	D3 (quantitative reference)	Immediate clinical
2	Loss of identity — “I don’t know who I am”	37	D6	Immediate clinical
3	Total loss of decision-making autonomy	22	C9	Immediate legal
4	Without natal family (multiple loss)	41	C2	High institutional
5	Orphans working instead of attending school	28	E6	Immediate protective
6	Large debts weighing heavily	277	E7	High financial
7	Husband’s family controlling the inheritance	119	F4	High legal
8	Do not know their inheritance rights	91	F4	High awareness
9	Active custody dispute / custody with the husband’s family	26	F5	Immediate legal
10	In active legal risk over children	16	F6	Immediate legal

#	Group	Count	Source	Priority
11	De Jure Orphans (orphans of missing martyrs)	—	F2	Structural systemic

4.3 Recommendations by Dimension

◆ 4.3.1 Psychological Recommendations — Building a System, Not Scattered Interventions

The figure of **only 7.27%** receiving regular psychological support reveals the **absence of an existing system**, not merely a service shortcoming. Any individual recommendation is not enough. What is needed is the construction of an entire system at three levels.

- **First level — Structured Care Pathway:** build a tiered care pathway that begins with initial Screening at the camps and in widows' homes, moves to group counselling through Peer Support, then to confidential individual sessions, and refers to specialists for acute clinical cases. This pathway closes the 80.79-point gap between need and uptake.
- **Second level — Mapping institutional capacity and closing its gaps:** mapping all mental health institutions operating in Gaza, describing their actual capacities, and identifying the gaps (shortage of specialists · absence of specialisation in widows' issues · weakness in referral protocols). The institutions exist, yet their capacities do not match the scale of need.
- **Third level — Intensive cadre development:** a specialised training programme for 50–80 psychologists, social workers and counsellors in the issues specific to widows — Triple-Loss Cluster · Coerced Resilience · Feminine Identity Dissolution · the impact of the intimate sphere · Post-Traumatic Growth. These are issues that general mental-health training programmes do not cover.
- **Unified referral protocols:** across institutions to ensure continuity of care and prevent cases from being lost between providers.
- **Immediate response to the Triple-Loss Cluster (~55 widows):** meaning-centred therapy (Logotherapy) and CBT supported by a trained team — before the general programme, because this is a group in clinical risk.
- **Integrating the faith dimension into care** through a trained religious-psychological counsellor, responding to the 82.17% who rely on prayer as a primary coping mechanism.
- **Building the intervention on existing capacity** (76.13% resilience) rather than on the assumption of total collapse.

◆ 4.3.2 Social Recommendations — Rebuilding the Network

74.62% lost their network due to displacement, 54.04% without a friendship network, and 89.57% under social pressure. This is a complete network crisis, not individual stigma cases. The recommendations start from the space actually available (tents · shelters · gatherings), not from a destroyed infrastructure.

- **Neighborhood Cells:** formal organisation of what forms spontaneously in displacement sites. Every 8–12 widows in a neighbourhood or camp form a cell with a trained facilitator, meeting weekly within the available space. The cell handles: peer listening, mutual childcare when needed, and group aid distribution. The cell is the social unit that substitutes for the lost network.
- **Widow Schools (Peer-Led):** widows who have moved past the crisis phase train those who are at its start. Lived experience becomes transferable knowledge, with no need for external trainers or a formal curriculum.
- **Reconnection:** specific logistical support for the 74.62% who lost their network — phone credit + coordination of simple visits between camps where movement is possible.
- **Dismantling the sponsorship stigma in learning spaces:** the field revealed the entry point of intergenerational stigma through the harassment of orphans ("why do you take a sponsorship when your family brings things?"). A targeted campaign in existing learning spaces (whether operating schools or educational tents) to prevent the inheritance of stigma.

◆ 4.3.3 Economic Recommendations — An Alternative Community Economy

86.28% have never worked before, and 82.44% want training, in a context that does not permit a traditional empowerment model. What is needed is a small-scale community-economy model that leverages existing infrastructure rather than building a new one.

- **Widow Entrepreneurship Programme:** integrated training that goes beyond teaching a craft to small-business management skills — pricing and profit calculation, basic marketing, customer service, digital marketing via WhatsApp and Instagram, and the fundamentals of financial management. Widows are qualified as micro-entrepreneurs, not merely as workers in home crafts.

- **Tool Bank + Coordinated Production Network:** collective distribution of tools (one machine for every 4–5 women) instead of individual distribution. The widow produces at home, and a specialised entity collects the products and markets them domestically and externally, so the model overcomes the constraint of “no stable markets.”
- **Production-Conditional Sponsorship:** additional sponsorship for the producing widow on top of basic relief. An incentive that breaks the pattern of full dependence without replacing relief.
- **Structured Relief Sponsorship by Priority** for the eleven vulnerable groups (under Programme 2), forming the foundation upon which production is built rather than an alternative to it.

◆ 4.3.4 Emotional and Intimate Recommendations — Restoring Dignity, Not Treating Symptoms

Widows themselves named their first need as “dignity” (G1). What they are asking for is not classical psychological support but **rebuilding self-worth and breaking Double Silencing**. These recommendations start from that framing and avoid the traditional patterns that have not worked in the field.

- **Women's Talking Circle:** weekly sessions in every Neighborhood Cell, using oral-narrative traditions (life story · folk tales · memories from before widowhood). A space without a formal specialist, run by a trained facilitator (who can be a qualified widow). It draws on the culture of collective listening present in the community.
- **Life Companion:** pairing every newly widowed woman with a widow 5–10 years older than her as a personal mentor. Experience transfers spontaneously, loneliness eases, and the 55 widows in the Triple-Loss group find a living model of recovery.
- **The Institutional Emotional-Chair Activity:** the field captured this activity in the focus group discussions as a unique tool — each widow takes a chair and speaks freely. It is converted into an organised tool within Neighborhood Cells, with the option to record the words in a personal “memory book” if she wishes.
- **Feminine Identity Season:** a quarterly women-only event in a closed, safe space, targeting the 5.08% “I do not know who I am” + the 8/10 “she has forgotten that she is a woman.” Simple activities (adornment · clothes-swap · shared cooking · small tea parties) — not formal therapeutic activities. The aim is to restore the sense of femininity lost after “becoming Jaafar.”
- **Anonymous Widow Letters:** anonymous letter boxes in every centre, where widows from different camps exchange their words without identity. Writing without stigma + listening without judgment — to break Double Silencing in the intimate dimension.
- **Religious-psychological female counsellors specialising in intimate issues:** training a generation of women religious-circle leaders (Qur'an teachers · religious-lesson guides) to address intimate issues within an enlightened religious framework. These leaders possess the social legitimacy that breaks the framing of “she went after her own desires,” which besieges the discussion.
- **Protection from exploitation:** a confidential 24/7 hotline + safe houses (the 16 at risk in F6 + the 30 fearing consequences in F8) — details in Programme 7.
- **Training female specialist researchers to deepen the intimate-sphere inquiry with widows directly** in subsequent waves, considering it a field that requires a specialised female cadre and a confidential space that breaks the Double Silencing barrier.
- **Role distribution in this axis:** conflict-specialised organisations and women specialist partners take on training and follow-up. Religious authorities coordinate the training of female religious counsellors. Women's rights organisations secure funding for the safe houses and the hotline. Academic bodies train female psychology researchers specialising in the intimate subject.

◆ 4.3.5 Legal Recommendations — Formal Mediation and Arbitration Committees

The figure of **only 14.40%** who have obtained effective legal assistance (F8), combined with the practical absence of the judiciary from this group, calls for a different approach: **building a systematic alternative justice system** that leverages the spontaneously emerging mediation channels and organises them.

- **Establishing Formal Mediation & Arbitration Committees:** committees in every camp with a documented mechanism, operating as a working alternative to the disabled judicial system. Each committee has a balanced four-member composition: a volunteer female lawyer · a female religious counsellor · a community leader · a widow trained in mediation.
- **Training widows themselves as mediators and arbitrators:** certified mediation courses (40–60 hours) — converting the widow from a beneficiary into a service provider. The voice of a widow in resolving the dispute of another widow carries more credibility and contextual understanding.
- **Powers of the committees and their mechanism:** inheritance · custody · maintenance · family disputes · strategic concession · mediation before judicial escalation. Documented procedures + recorded sessions + written decisions subject to appeal, with a bounded duration per case (4 weeks maximum).

- **Institutional recognition of the committees' decisions:** an agreement with local enforcement bodies to respect the committees' decisions as a first step before resorting to the courts.
- **Mobile Legal Clinics as front-line triage points** that screen cases and refer them to the appropriate mediation committees.
- **Systematic awareness-raising on inheritance and custody rights** as a knowledge priority, with a focus on “legal thinking” rather than “emotional handling” (per a field framing).
- **Issuing replacements for lost documents** through a field team — 256 widows who lost the marriage certificate need this procedure.
- **A free legal-representation fund for complex cases** that exceed the capacity of the mediation committees and require formal judicial intervention.

4.4 Proposed Programme Framework

The preceding recommendations crystallise into eight proposed implementation pathways, summarised in the table below. The detailed implementation designs are referred to standalone proposal documents; here we suffice with the overall framework that links each pathway to its target group and the essence of its mechanism.

◆ **Table (71) Framework of the eight proposed implementation pathways** ◆

#	Pathway	Target Group	Mechanism Essence
1	The Widow House Hub Widow House Hub	Triple-Loss + without family + legal disputes	A small service hub bringing together 5 services with a female cadre within an existing space
2	Structured Relief Sponsorship Structured Relief Sponsorship	The 11 vulnerable groups	Cash sponsorship by thematic priority and a unified list, not a “fixed salary”
3	Home-Based Economic Empowerment Home-Based Economic Empowerment	The 82.44% who want training	Entrepreneurship training + shared tool bank + coordinated home production
4	Mobile Legal Clinics Mobile Legal Clinics	~223 widows in the legal-protection gap	A legal team visits the camps; the widows do not have to travel
5	Structured Mental Health Pathway Structured Mental Health Pathway	The 88.06% who want psychological support	Tiered pathway: Screening → Peer → Individual → Clinical + cadre development
6	Orphan Protection via Conditional Sponsorship Orphan Conditional Aid	28 working children + 164 partial	Mother's sponsorship conditional on the child's regular attendance in the existing learning space
7	Protection from Exploitation Anti-Exploitation Protection	16 at risk in F6 + 30 fearing consequences in F8	Confidential hotline + safe houses + safe distribution protocol
8	Mediation and Arbitration Committees Formal Mediation & Arbitration Committees	223 widows + future intake	A four-member committee with a documented mechanism + training widows as mediators

The table represents a conceptual framework, not full implementation designs. Each pathway warrants a standalone proposal document that addresses costs, implementation mechanisms and measurement indicators in detail before actual application.

4.5 Required Legislative Reforms

The study identified eight legislative gaps that warrant a standalone legal reform, beyond the scope of programmes, addressing the legal structure itself.

1. **De Jure Orphans Registration Law.** A provisional registration mechanism that enables the children of missing martyrs to access basic rights (education · healthcare · sponsorship) without waiting for the official death certificate. This reform unblocks thousands of children who are not currently quantitatively bounded.

2. **Transferring guardianship to the mother with institutional oversight.** Instead of the automatic grandfather's guardianship over the orphans' funds, guardianship transfers to the mother under legal oversight that ensures the cash transfers are spent for the orphans' benefit. The reform changes the dynamic of "guardianship as a key to financial power," as observed in the field.
3. **Criminalising the sexual exploitation of widows.** A dedicated law that criminalises the seven documented patterns: filming extortion, help in exchange for sex, online blackmail, emotional blackmail, cash offered in exchange for sex, geographic exploitation of displaced women, and death threats for opposing marriage.
4. **Criminalising coerced filming in aid distribution.** Provisions that protect the widow's dignity and prevent the transformation of relief into a tool of media extortion by service providers.
5. **Protecting the widow's right to housing.** A law that prevents her expulsion from the husband's family home, particularly for those who live there with their children. The reform responds to the eviction phenomenon documented in the field.
6. **Criminalising forced marriage to the levir (the husband's brother).** The word "coercion" appeared explicitly across independent sources. The law guarantees the widow's full right to choose in a second marriage and criminalises any family or community pressure.
7. **A free legal-aid fund funded by government and UN sources.** Covers representation costs for 223 widows in the quality gap + 91 who do not know their rights, and prevents the recurrence of the scam cases documented from private lawyers.
8. **A law recognising the decisions of Formal Mediation and Arbitration Committees.** Legal recognition that allows the enforcement of these committees' decisions before local enforcement bodies, and makes them a mandatory first stage before resorting to the formal courts in widows' cases. This recognition establishes a systematic alternative justice system that fits the war context and the disability of the judiciary.

4.6 Calls for Further Research

This study revealed clear knowledge gaps that warrant specialised subsequent research. These eight priorities complete the picture and strengthen the evidence base for more precise future interventions.

1. **The intimate dimension in the widows' direct voice.** The study captured this dimension incidentally across 7 qualitative sources, and its cultural sensitivity warrants a specialised approach. The need: an anonymous survey by a specialised female cadre that quantifies the prevalence of the seven documented exploitation patterns.
2. **Expanding geographic representation.** The sample did not cover the governorates of Khan Younis and Rafah due to field constraints. The need: a subsequent wave that completes the geographic coverage of the Strip.
3. **A quantitative survey of "De Jure Orphans."** The number of children unregistered as orphans due to the absence of paternal death certificates is not quantitatively bounded, and is tied to ~8,000 bodies under the rubble. The need: coordination with statistical bodies to quantify this group.
4. **Longitudinal follow-up.** The current study is cross-sectional. The need: a two-year follow-up cohort to track recovery trajectories and changes in need as circumstances evolve.
5. **The hyper-vulnerable group (without natal family).** 5.62% (41 widows) lost their natal network, many of them after the war. The need: an intensive qualitative study to document the experience of multiple loss and the pathways to survival.
6. **A survey of "levirate marriage" and patterns of second marriage.** The 22.6% remarried widows from a single camp do not represent the Strip. The need: a quantitative survey of the remarriage rate and its patterns across the Strip's camps.
7. **The perspective of the children themselves.** Orphans were captured only through their mothers' testimonies. The need: Child-Centered Research with strict protection standards to complete the picture.
8. **Cross-verification of self-reported data.** A methodological constraint observed by one specialist regarding "the provision of inaccurate information to obtain assistance." The need: quantitative triangulation between survey data and the actual cash-transfer registry.
9. **Testing the three conceptual chains in comparative conflict contexts (Theoretical Chain Verification).** The chains established in this study — the *Coerced X Chain*, the *Quadruple Erasure Chain*, and the *Sixfold Poverty Chain* — are conceptual interpretations inductively derived in line with Constructivist Grounded Theory (Charmaz, 2014), not confirmed laws. The need: comparative studies in similar conflict contexts (Syria · Yemen · Sudan · Ukraine) to test their generalisability and to identify what is specific to the Gaza context as opposed to what crosses contexts.

◆ Chapter Close — The Overarching Message

Widows in Gaza after two and a half years of war combine deep pain with latent strength. What they lack is not will but opportunity, not faith but support, not dignity but the space that preserves it. This chapter proposes a practical framework that starts from their actual reality, responds to their named concepts, and leaves implementation programmes to specialised organisations, while emphasising simplicity, realism and the preservation of dignity.

*The conceptual framework that governs this reading — with its three chains and 40+ established concepts — is a research interpretation inductively derived in line with the methodology of **Constructivist Grounded Theory** (Charmaz, 2014), supported by the research calls proposed in 4.6 for testing it in comparative contexts later.*

References

26 documented references — updated through May 2026 · ordered by first appearance in the text

1

UN OHCHR & UNGA

February 2026

UN

Domicide: Mass destruction of housing and civilian infrastructure in Gaza, Myanmar, Sudan and Ukraine — A/HRC/61/43/Add.3.

<https://www.un.org/unispal/document/domicide-report-26feb26/>

2

OCHA oPt

1 May 2026

UN

Humanitarian Situation Report — 1 May 2026: 593 aid workers killed (391 UNRWA staff) · 296/683 health points operational (43%) · 16/73 sewage stations operational · 833,000 displaced post-ceasefire.

<https://www.ochaopt.org/content/humanitarian-situation-report-1-may-2026>

3

UN OHCHR

2024

UN

Six-month Update Report on the Human Rights Situation in Gaza, 1 November 2023 – 30 April 2024: 80% of casualties civilians; 70% women and children in residential strikes.

<https://www.ohchr.org/en/documents/country-reports/six-month-update-report-human-rights-situation-gaza>

4

Gaza Ministry of Health — via NPR

5-6 May 2026

Media

Skeletons in their clothing: Recovering bodies from the rubble in Gaza — estimate of ~8,000 bodies still under the rubble; only one functioning excavator in the entire Strip.

<https://www.publicradioeast.org/2026-05-05/recovering-the-dead-in-gaza>

5

UN Women

24 April 2026

UN

More than 38,000 women and girls were killed in Gaza between October 2023 and December 2025 — Press Release: 22,000 women + 16,000 girls; average 47 women/girls killed daily.

<https://www.unwomen.org/en/news-stories/press-release/2026/04/more-than-38000-women-and-girls-killed-in-gaza>

6

PCBS — Palestinian Central Bureau of Statistics

2025-2026

PAL

Estimated Population in Palestine Mid-Year by Governorate, 1997-2026: 2,114,301 in Gaza (10% decrease from mid-2025).

https://www.pcbs.gov.ps/statisticsIndicatorsTables.aspx?lang=en&table_id=676

7

UNOSAT — UN Satellite Centre

October 2025

UN

Gaza Strip Comprehensive Damage Assessment + UNITAR Press Release: 198,273 structures damaged (~81% of all structures) · 123,464 destroyed · 17,116 severely damaged · 33,857 moderately damaged · 23,836 possibly damaged.

un.org/unispal — UNOSAT Gaza CDA (31 Oct 2025) unosat.org/products/4165

8

UN OHCHR Experts

April 2026

UN

Gaza damage assessment must require end to occupation and discrimination of Palestinians — Press Release: 371,000+ housing units destroyed/damaged · 1.9 million displaced · 60% of population homeless.

<https://www.ohchr.org/en/press-releases/2026/04/gaza-damage-assessment-must-require-end-occupation-and-discrimination>

9

UN, World Bank & EU Joint Damage Assessment 2025 UN*Interim Damage Assessment — Gaza Reconstruction*: estimated cost ~\$70-71 billion USD.<https://www.worldbank.org/en/country/westbankandgaza>

10

IPC — Integrated Food Security Phase Classification December 2025 UN*Gaza Strip: Acute Food Insecurity Situation 16 October – 30 November 2025; Projection 1 December 2025 – 15 April 2026*: 1.6M Phase 3+ (Crisis or worse) · 571,000 Phase 4 (Emergency) · 1,900 Phase 5 (Famine) · 132,000 children under 5 acutely malnourished by June 2026 (41,000 severe).<https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1159820/>

11

WHO EMRO — Eastern Mediterranean Health Journal 2025 WHO*A Narrative Review of Mental Health and Psychosocial Impact of the War in Gaza*, Vol. 31, Issue 2, pp. 89-96: 61% PTSD · 41% anxiety · 38% depression · 1 in 5 daily suicide ideation.<https://www.emro.who.int/afg/a-narrative-review-of-mental-health-and-psychosocial-impact-of-the-war-in-gaza.html>

12

The Lancet Psychiatry 2026 Academic*Mental Health and Primary Care in Gaza: The Ceasefire Opportunity and Imperative*.[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(26\)00022-2/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(26)00022-2/fulltext)

13

UNICEF 2024-2026 UN*"Unimaginable horrors": More than 50,000 children reportedly killed or injured in the Gaza Strip* + 17,000+ unaccompanied or separated children · 96% of children feel death is imminent · 1M+ children need MHPSS.<https://www.unicef.org/press-releases/unimaginable-horrors-more-50000-children-reportedly-killed-or-injured-gaza-strip>

14

Riyadh Al-Beitar — Palestinian Deputy Assistant Minister of Social Development 1 April 2026 PALExclusive statement to the Qatar News Agency (QNA) on the occasion of *Arab Orphan's Day*: 47,019 widows in Gaza + 64,616 orphans (of whom 55,157 lost their breadwinner in this war) + the geographic distribution of widows across the governorates.<https://qna.org.qa/en/News-Area/News/2026-4/1/palestinian-official-to-qna-gaza-genocide-brings-orphan-figures-up-from-17000-to-64000>thepeninsulaqatar.com — Mirror

15

UN Women May 2026 UNFeature Story — *Women and Girls Behind Gaza War's Casualty Toll*: 22,000+ war widows · female-headed households rose from 12% pre-war to ~18% by end of 2025 · 1 in 7 households now headed by a woman.<https://www.unwomen.org/en/news-stories/feature-story/2026/04/who-are-the-women-and-girls-behind-gaza-wars-horrific-casualty-toll>

16

Creswell, J. W. & Plano Clark, V. L. 2017 Academic*Designing and Conducting Mixed Methods Research* (3rd Edition). Thousand Oaks, CA: SAGE Publications. — The primary reference for the Explanatory Sequential Mixed-Methods design framework.sagepub.com — *Designing and Conducting Mixed Methods Research*

17

Moran-Ellis, J., Alexander, V. D., Cronin, A., Dickinson, M., Fielding, J., Sleney, J. & Thomas, H. 2006 Academic*Triangulation and integration: processes, claims and implications*. *Qualitative Research*, 6(1), 45-59. — Reference for the "Following a Thread" technique in integrating quantitative and qualitative data.journals.sagepub.com — *Triangulation and Integration*

18

Guetterman, T. C., Feters, M. D. & Creswell, J. W.

2015

Academic

Integrating Quantitative and Qualitative Results in Health Science Mixed Methods Research Through Joint Displays. Annals of Family Medicine, 13(6), 554-561. — Reference for the “Joint Display” approach for visually integrating quantitative and qualitative outputs.

annfammed.org — Joint Displays in Mixed Methods Research

19

Goldberg, D. P. & Williams, P.

1988

Academic

A User's Guide to the General Health Questionnaire (GHQ). Windsor, UK: NFER-Nelson. — The primary original reference for the GHQ-12 instrument used to measure general psychological distress.

gl-assessment.co.uk — GHQ Original Manual

20

Thoresen, S., Tambs, K., Hussain, A., Heir, T., Johansen, V. A. & Bisson, J. I.

2010

Academic

Brief measure of posttraumatic stress reactions: Impact of Event Scale-6. Social Psychiatry and Psychiatric Epidemiology, 45(3), 405-412. — Original reference for the IES-6 short scale of post-traumatic stress symptoms.

springer.com — IES-6 Original Validation

21

Vaishnavi, S., Connor, K. & Davidson, J. R. T.

2007

Academic

An abbreviated version of the Connor-Davidson Resilience Scale (CD-RISC), the CD-RISC2: Psychometric properties and applications in psychopharmacological trials. Psychiatry Research, 152(2-3), 293-297. — Original reference for the CD-RISC-2 short scale of psychological resilience.

sciencedirect.com — CD-RISC-2 Original Validation

22

Thabet, A. A. M., Tawahina, A. A., El Sarraj, E. & Vostanis, P.

2014

Academic

Mental health problems in Palestinian adults living in Gaza Strip after the 2008-2009 war (and subsequent studies by Thabet on Gaza samples). The Lancet — reference for the application and cut-off threshold of GHQ-12 in the Palestinian context specifically, used to justify the 15-point threshold.

thelancet.com — Thabet Gaza Mental Health Studies

23

International Test Commission (ITC)

2017

Academic

ITC Guidelines for Translating and Adapting Tests (Second Edition). International Journal of Testing, 18(2), 101-134. — The international benchmark reference for the cross-cultural adaptation of psychological scales, used to justify the adaptation of the IES-6 and CD-RISC-2 scales.

intestcom.org — ITC Guidelines for Translating and Adapting Tests

24

Atkinson, R. & Flint, J.

2001

Academic

Accessing Hidden and Hard-to-Reach Populations: Snowball Research Strategies. Social Research Update, Issue 33, University of Surrey. — The foundational reference for snowball sampling as a research tool for vulnerable and hard-to-reach populations.

sru.soc.surrey.ac.uk — Snowball Research Strategies

25

Cohen, N. & Arieli, T.

2011

Academic

Field research in conflict environments: Methodological challenges and snowball sampling. Journal of Peace Research, 48(4), 423-435. — A core reference for the application of snowball sampling in armed-conflict contexts and humanitarian disasters.

sagepub.com — Snowball Sampling in Conflict Environments

26

Tedeschi, R. G. & Calhoun, L. G. 2004 Academic

Posttraumatic Growth: Conceptual Foundations and Empirical Evidence. *Psychological Inquiry*, 15(1), 1-18. — The foundational reference for the Post-Traumatic Growth concept, used to explain the coexistence of high trauma with high resilience among widows.

tandfonline.com — [Posttraumatic Growth: Conceptual Foundations](#)