

Evidence Accelerator Brief Series

Technology-Facilitated Gender-Based Violence and Mental Health Outcomes in Tunisia

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Why This Matters

- Technology-facilitated gender-based violence (TFGBV) is “an act of violence perpetrated by one or more individuals that is committed, assisted, aggravated and amplified in part or fully by the use of information and communication technologies or digital media, against a person on the basis of their gender.”¹
- TFGBV is a growing global issue with varying prevalence across countries and regions. According to UNFPA’s study of 18 countries, nearly 60% of women with internet access have experienced at least one form of TFGBV. This prevalence is almost double the global average of women reporting intimate partner violence.¹
- As of 2022, 74% of Tunisia's population uses the internet, equivalent to over 9 million internet users.² This widespread digital connectivity, while offering numerous benefits, has also led to a surge in TFGBV, particularly affecting women and young people.
- The psychological impact of TFGBV on victims and survivors, especially in developing contexts, is a critical area that remains under-researched. While studies have documented the prevalence and forms of TFGBV, there is a notable gap in understanding its mental health consequences.³

Key Findings

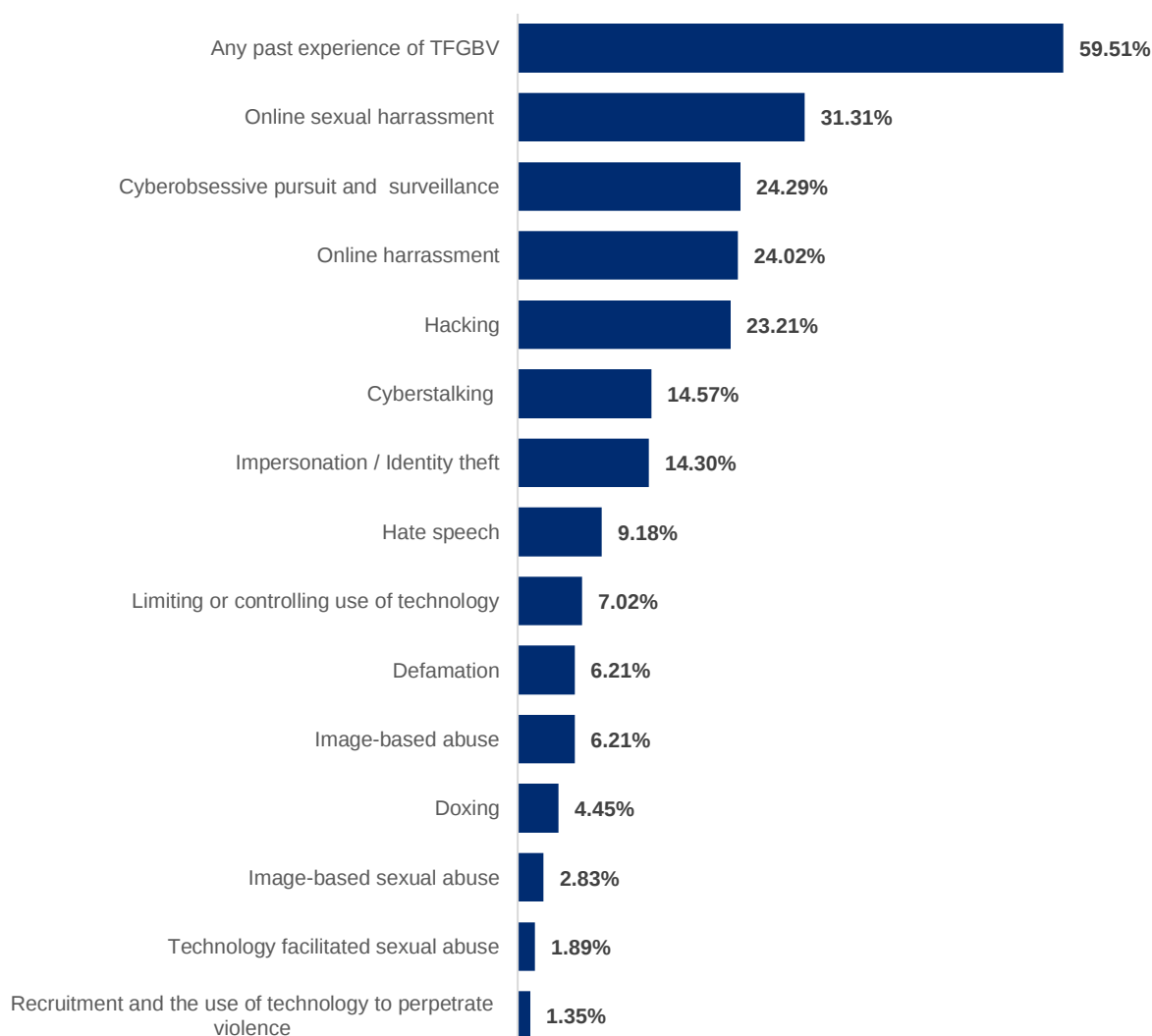
Prevalence of TFGBV in Tunisia

Nearly three out of every five women (60%) aged 18 or older in Tunisia have experienced TFGBV at least once over the course of their lives, highlighting the widespread nature of this issue among adult women in the country.

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The three most common types of TFGBV reported were online sexual harassment (31.31%), cyber-obsessive pursuit and surveillance (24.29%), and online harassment (24.02%).

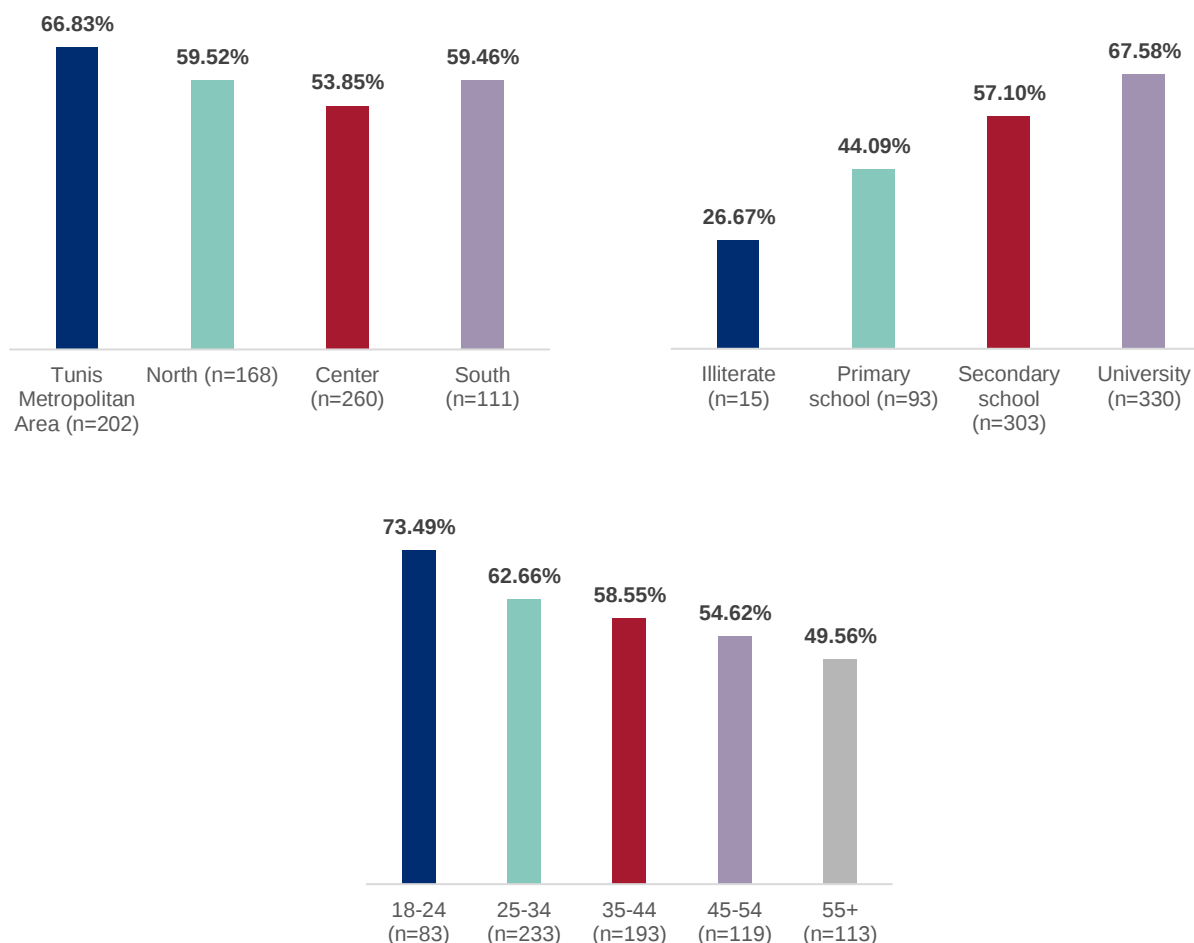
Figure 1: Prevalence of TFGBV, overall and by type, among women aged 18+ in Tunisia who use communication technology (n=741)



The prevalence of TFGBV significantly differs by location, education, and age group. Women from the Tunis Metropolitan Area more frequently reported TFGBV when compared to those in the North, South and Center regions. TFGBV also increased with increasing level of education and decreased with increasing age.

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Figure 2: Prevalence of TFGBV by location, education, and age group among women aged 18+ in Tunisia who use communication technology (n=741)



Mental health impact of TFGBV

The mean mental well-being score, estimated using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), was 47.8 among women, which is classified as fair to good mental well-being¹.

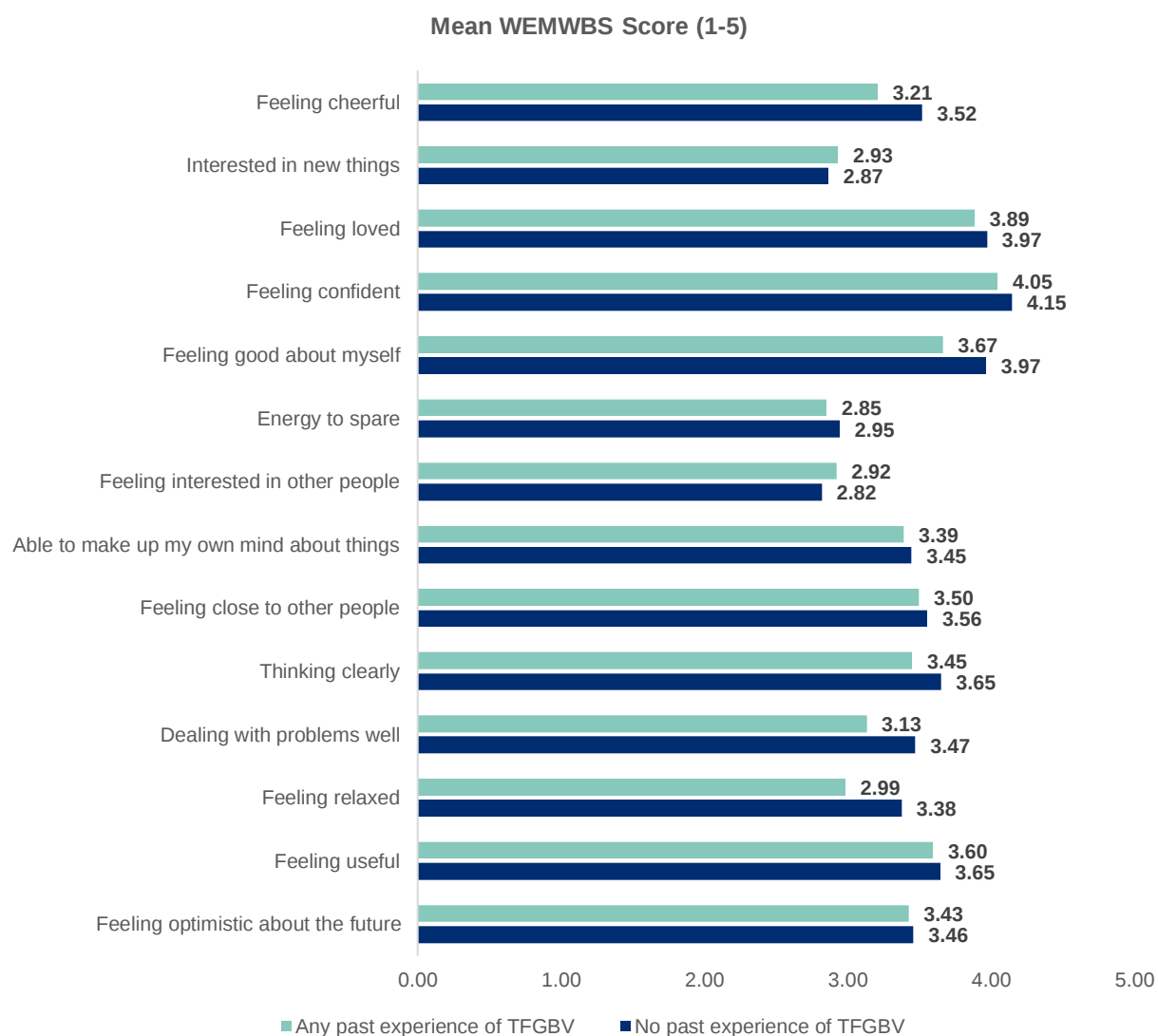
TFGBV is associated with lower mental well-being, as indicated by the lower mean WEMWBS score among those who experienced TFGBV (47.0) compared to those without TFGBV (48.9). The observed decrease in score across nearly all items of the WEMWBS for women who have

¹ The overall WEMWBS score is a sum of the 14 individual scores (Figure 3) ranging from 14 to 70. Higher scores indicate better mental well-being.

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experienced TFGBV highlights the multifaceted impact of this form of violence on mental health and reflects the psychological toll of such experiences, including increased stress, anxiety, and reduced energy level, motivation, self-esteem, and overall life satisfaction.

Figure 3: Mean WEMWBS scores by past experience of TFGBV among women aged 18+ in Tunisia who use communication technology (n=741)



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Action Steps

Policy-level recommendations

- Advocate for the recognition of TFGBV as an emerging public health issue in Tunisia, including stricter enforcement of Tunisia Organic Law 2017-58 on eliminating violence against women and adoption of implementing texts for Tunisia Law 2017-58 that explicitly include provisions addressing TFGBV.
- Organize specialized training for lawmakers, government officials, and ministry staff to deepen their understanding of the complex nature of TFGBV, including its different types, root causes, emerging trends, and health impact.
- Adopt policies requiring social media platforms to implement stricter content moderation, reporting tools, and user protection, that can better accommodate local users, particularly regarding the local language and dialect.
- Integrate cybersecurity education into school curricula starting from primary school, equipping children with foundational knowledge on safe online practices and digital literacy.

Intervention-level recommendations:

- Launch nationwide campaigns to educate the public about TFGBV and its impact on mental health, tailoring their contact to the targeted audience. Leverage Tunisia's high internet penetration rate to spread awareness about TFGBV prevention and support through widely used platforms like Facebook, Instagram, and TikTok.
- Train service providers at dedicated support centers for GBV survivors on TFGBV and the specific needs of survivors and the care required. Train healthcare providers, psychologists, social workers, and law enforcement personnel to recognize and address the unique challenges of TFGBV survivors in Tunisia.
- Expand the services of the Ministry of Women's Affairs hotline 1899 to include dedicated support for TFGBV survivors, ensuring anonymity and ease of access.

Research and knowledge production recommendations:

- Encourage Tunisian universities, particularly those specializing in psychiatry, psychology, and sociology, to undertake research projects on TFGBV, offering research grants and facilitating collaborations with NGOs and international organizations.
- Conduct a nation-wide study to monitor the prevalence of known forms of TFGBV in Tunisia and assess the emerging forms on a regular basis. Develop a centralized, anonymized database to monitor and analyze TFGBV trends in Tunisia, enabling better policymaking.
- Investigate how sociocultural factors in Tunisia, such as family dynamics and societal expectations, influence the experiences, the reporting, and the healing from TFGBV.

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Methods

This is a secondary analysis using data collected through a 2022 study commissioned by UNFPA Tunisia entitled “Technology-facilitated gender-based violence in Tunisia: Prevalence, types, and impact on the quality of life and mental health of victims.” The study included a phone survey administered to 1003 participants. This present analysis was limited to a sub-sample of women aged 18+ who reported using communication technology (n=741). Demographic data collected included location, level of education, and age.

Experience of TFGBV was measured using a 17-question survey of lifetime experience of any of the 14 types of TFGBV identified by UNFPA,¹ including awareness of the phenomena and social media platforms on which the respondents experienced it.

To quantify the impact of TFGBV on the mental health of victims and survivors, this study used the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS), a validated tool widely used to assess mental well-being in epidemiological research and policy impact assessment. The 14-item scale focuses on the positive aspects of mental health, such as optimism, relaxation, and the ability to think clearly, making it a comprehensive measure for understanding the overall mental health status of survivors of TFGBV. It also provides a robust, holistic framework for understanding and addressing the mental health needs of survivors.

Suggested citation:

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