

**ECONOMIC AND SOCIAL COMMISSION FOR WESTERN ASIA (ESCWA)**

**COMBATING VIOLENCE AGAINST WOMEN IN THE ARAB  
REGION: MULTISECTORAL EFFORTS**

United Nations

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United Nations  
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*Note:* The views expressed in this paper are those of the authors and do not necessarily reflect the views of ESCWA.

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## Executive summary

The present study provides an initial outline of the services and programmes available to survivors of violence against women in member countries for the Economic and Social Commission for Western Asia (ESCWA). It evaluates the referral systems in those countries that protect victims of violence and provide them with necessary services, so as to determine the best intervention methods to assist stakeholders in developing services in accordance with international standards. In line with the principle of due diligence, the study splits those services and programmes into three categories: protection services, rehabilitation services and prevention programmes. The present report is divided into three parts that cover the following: government services for victims of violence against women; non-governmental services for victims; and proposals for the development of such services. Data was collected using two questionnaires designed to identify the efforts of the governmental and non-governmental sectors. The governmental questionnaire was sent to 12 countries, 10 of which responded. Oman, Saudi Arabia, the Syrian Arab Republic and the United Arab Emirates did not take part. From the 200 questionnaires sent to non-governmental organizations, 33 were completed and returned.

The responses from the countries that participated in the questionnaire indicated the existence of various government services for victims of violence against women, especially health and legal services. They also demonstrated the active role of non-governmental organizations in providing advisory and counselling services, hotlines and shelters. The principle shortcomings of government services included their absence in rural and remote areas; their unavailability to all women, especially domestic workers and refugees; the lack of an integrated referral system; and poor domestic knowledge of the international standards regarding services for victims of domestic violence.

The responses from non-governmental organizations showed that they suffered from a shortage of expertise, staff and equipment. They had failed to establish integrated operating mechanisms among themselves and between them and the public sector, so as to develop an integrated system of legal, social, health-care and rehabilitation services available to all groups in all regions. Generally, they all adopted the same approach when establishing shelters, without reference to the actual requirements of individual cities and neighbourhoods, or assessing the social reaction to their presence. Their work was also affected by national legal factors, such as weak legal systems and the absence of domestic violence laws. Poor infrastructure also negatively impacted their work. Moreover, the prevailing social mindset influenced how staff carried out their duties, such as suggesting reconciliation between parties rather than initiating legal proceedings. They also followed the agendas of their financiers who attached more importance to certain activities over others. Nevertheless, despite the major challenges that impede their work, those organizations consistently seek to develop their operating mechanisms by approaching the issue of violence against women from a gender-based perspective and by working with young people and men, so as not to limit their audience to women. They all agreed on the need to share experiences and expand partnerships among themselves and with the public sector, the private sector and international organizations.

Generally, countries begin providing such services because they recognize that violence against women is not a private matter, but a public issue that needs to be tackled through the appropriate legal channels to enact legislation that deters violence against women, especially domestic violence; provide legal protection for victims; develop the judicial system and establish mechanisms for its proper implementation; and prepare handbooks for the training of trainers. Such measures have made it easier for victims of violence to pursue legal means to secure their rights and have helped to bridge the gap between international treaties and domestic laws.

Combating violence against women also requires an integrated referral system built on effective partnerships between government bodies and non-governmental organizations, and depends on the training of and coordination among service providers. Countries must undertake self-assessments, monitor the quality of services provided by Governments and non-governmental organizations and ensure that practices conform to international norms and standards. They must also develop their infrastructure to ensure that such services

reach rural and remote areas and women of all social groups. They also must develop policies and programmes to economically and socially empower victims of violence through rehabilitation, capacity-building and skills training and by securing employment opportunities for them.

Rehabilitation also requires a supportive social environment that strengthens the capacities of women to combat violence without blaming them for its occurrence, and respects their human rights; hence, the importance of reaching out to members of society and raising awareness on how to assist victims.

The issue of rehabilitation also needs to be addressed from a gender perspective by educating perpetrators; developing training programmes for young people on negotiation, problem solving and anger management skills with the help of counsellors; and encouraging them to establish observatories for violations committed against women that would promote a legal culture based on accountability and responsibility.

Preventative steps must also be taken by launching awareness-raising campaigns through the media and social networks, directed at both men and women, on the importance of upholding human rights and combating gender-based violence, and by publicizing the services available to victims and strengthening their confidence in them.



## Introduction and methodological framework

### 1. *Violence against women: Definition and types*

Violence against women is defined as any act, statement or gesticulation that could encourage further violent actions, given that violence is fed from various phenomena that could establish a culture of violence. The World Health Organization defines violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal development, or deprivation”.<sup>1</sup>

The Declaration on the Elimination of Violence against Women defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”.<sup>2</sup>

The United Nations Population Fund (UNFPA) defines gender-based violence as violence in which men and women are concerned, resulting from unbalanced power relations between them. This is gender-based violence that directly targets women and affects them in various ways, including psychologically, physically and sexually (threats, torture, rape and deprivation of liberty from within and outside the family). It could also include practices conducted by the State or political groups.<sup>3</sup>

The significance of these various definitions is that they highlight the issue of gender-based violence as a social scourge that exists even in places where a person should presumably be loved and kept safe. For this reason, women’s movements demand that violence against women within the family and within intimate relationships be considered as a “public and political issue” and that it be categorized as a crime, not just an emotional reaction.

A United Nations report, issued in 2001, stated that one in three women worldwide are beaten, coerced into sex or abused in one way or another. Generally, such human rights violations are carried out by someone they know.<sup>4</sup>

Violence against women is widespread in many ESCWA member countries.<sup>5</sup> A 2005 study by the United Nations Development Fund for Women (UNIFEM) on violence against women showed that 56 per cent of women who participated in the study in the Syrian Arab Republic had been subjected to abuse from male heads of households “for mistakes they had made”.<sup>6</sup> In Egypt, women are often beaten, raped and abused if they refuse to have sexual intercourse with their husbands. Around 22 per cent of the women who participated in a study published in 2001 on this subject had suffered injuries from domestic violence that required hospital treatment.<sup>7</sup> In Lebanon, a 2002 study by UNFPA found that 35 per cent of 1,415 women interviewed were victims of domestic violence.<sup>8</sup> In Jordan, domestic violence and honour crimes are a

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<sup>1</sup> World Health Organization, 2002, p. 5. Available from [http://whqlibdoc.who.int/publications/2002/9241545615\\_ara.pdf](http://whqlibdoc.who.int/publications/2002/9241545615_ara.pdf).

<sup>2</sup> [www.arabhumanrights.org/publications/cbased/ga/violence-ag-women93a.pdf](http://www.arabhumanrights.org/publications/cbased/ga/violence-ag-women93a.pdf).

<sup>3</sup> [www.unfpa.org.lb/Documents/GBV-Media-Policy-brief.aspx](http://www.unfpa.org.lb/Documents/GBV-Media-Policy-brief.aspx).

<sup>4</sup> Jabr, 2008. Available from [www.amanjordan.org/a-news/wmview.php?ArtID=21516&page=2](http://www.amanjordan.org/a-news/wmview.php?ArtID=21516&page=2).

<sup>5</sup> Sanousi, M. and Anani, J., *Working with Men and Boys: A Strategic Choice in Mena Region to End Gender Based Violence*, unpublished paper presented at the 11th Mediterranean Research meeting, 2010.

<sup>6</sup> [www.unifem.org/attachments/stories/currents\\_200606\\_SyriaVAWstudyKeyFindings.pdf](http://www.unifem.org/attachments/stories/currents_200606_SyriaVAWstudyKeyFindings.pdf).

<sup>7</sup> Benninger - Budel, C., *Violence Against Women in Egypt*. Committee on the Elimination of Discrimination against Women 2001, <http://www.omct.org/pdf/VAW/EgyptEng2001.pdf>.

<sup>8</sup> Usta, J. At al., *Domestic Violence: the Lebanese Experience*, Journal of Public Health, vol. 12, No. 3, pp. 208-19, 2007.

serious problem. In Yemen, the Ministry of Interior reported that, in 2007, 130 of 2,694 women had died as a result of domestic violence and sexual abuse.<sup>9</sup>

Many calls were made to ensure women's right to a life free of violence, but response rates varied among societies and environments. In recent decades, the responsibility of the State to protect human rights and ensure their implementation has been reviewed. This gave rise to the concept of due diligence as a tool for the effective implementation of women's rights, as noted by the Special Rapporteur on Violence against Women, Its Causes and Consequences, Ms. Yakin Erturk. Prior to the adoption of the 1993 Declaration on the Elimination of Violence against Women and other international instruments, this concept was employed as a criterion to assess the extent of a State's efforts to accord the issue of violence against women the necessary attention, by taking measures to prevent it, protect women, punish perpetrators and compensate victims.

The current challenge in combating violence against women is the implementation of existing human rights standards to address its root causes and consequences at various levels, from the household to the transnational arena.

Violence against women, in all its forms, manifestations and contexts<sup>10</sup> is the result of different types of discrimination that requires multifaceted strategies so as to combat and prevent it.

Ms. Rashida Manjoo, the United Nations Special Rapporteur on Violence against Women, said that such violence was the result of complex interactions between individual, family, environmental and social factors. She stressed the need for a comprehensive approach that did not treat women uniformly, given that discrimination and violence affects women in different ways depending on their socio-economic and cultural situation.<sup>11</sup> The Secretary-General of the United Nations noted in the introduction of his detailed study on violence against women (prepared pursuant to General Assembly resolution No. 185/58) that "as long as violence against women continues, we cannot claim to be making real progress towards equality, development and peace". He also recalled the obligation of States to provide protection for women against violence, punish perpetrators and ensure that victims receive justice and equality.<sup>12</sup>

To address the phenomenon, the United Nations decided to mainstream the issue of violence against women into the principles of gender equality and measures against discrimination in the Charter of the United Nations; the Universal Declaration of Human Rights; the International Covenant on Economic, Social and Cultural Rights; the International Covenant on Civil and Political Rights; and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).<sup>13</sup> CEDAW and the Beijing Platform for Action tackled the issue of violence against women in particular.<sup>14</sup> The United Nations defined the general framework to combat violence against women and adopted the principle of due diligence to protect victims of violence, rehabilitate and empower them so as to reintegrate them into society. The general framework to combat violence against women includes its criminalization, punishing offenders, protecting and compensating victims and offering protection and rehabilitation services. States should also develop prevention programmes to change mindsets and raise awareness on the issue.<sup>15</sup>

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<sup>9</sup> Arrabyee, N., *Crimes Against Women up in Yemen*, Gulfnews, 2008. Available from <http://gulfnews.com/news/gulf/yemen/crimes-against-women-up-in-yemen-1.113548>.

<sup>10</sup> Forms of violence differ according to demographic and economic changes in communities.

<sup>11</sup> United Nations General Assembly, 2012. Available from [www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session20/A-HRC-20-16-Add1\\_ar.pdf](http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session20/A-HRC-20-16-Add1_ar.pdf).

<sup>12</sup> United Nations, *Ending Violence against Women: From Words to Action*, 2006.

<sup>13</sup> All Arab States are signatory to the Convention with the exception of Somalia, the Sudan and Palestine because of its status as an observer State of the United Nations.

<sup>14</sup> United Nations, Beijing Platform, 1995.

<sup>15</sup> United Nations, Human Rights Commission, 2006.

Work is currently underway to expand the due diligence standard, to request States to be in full compliance with international law, to hold non-State parties accountable for acts of violence and to not only address violence against women when it occurs, but to work on its prevention, legislative reform and the administration of justice. This requires complementary and concerted efforts among various parties and actors, both governmental and non-governmental.

## *2. Objectives of the study and adopted methodological steps*

A total of 21 studies were published between 2005 and 2012 on the issue of violence against women in ESCWA member countries. On average, two studies were conducted in each of the following countries: Bahrain, Egypt, Jordan, Kuwait, Lebanon, the Syrian Arab Republic and the United Arab Emirates. One study was carried out in each of the following countries: Iraq, Oman, Palestine and Qatar and the Sudan. Two reports were also prepared by the Secretary-General of the United Nations.<sup>16</sup> After reviewing a sample<sup>17</sup> of those studies and reports, it became clear that they focused on the following issues:

(a) Describing government services offered to victims of violence, while referring to various government efforts in this regard, especially in relation to the provision of shelters for survivors of violence, and acknowledging the successes of family protection measures (Bahrain, Egypt, Jordan, Palestine, Qatar and the United Arab Emirates);

(b) Describing efforts and initiatives of non-governmental organizations to establish shelters (Bahrain, Egypt, Jordan, Lebanon, the Syrian Arab Republic and the Kurdistan region);

(c) Noting the cooperation of Governments with non-governmental organizations with regard to shelters (Egypt, Jordan and Lebanon);

(d) Noting the absence of government services (Iraq, Kuwait, the Syrian Arab Republic and the Gaza Strip);

(e) Noting the absence of services offered by non-governmental organizations (Kuwait, Oman and the United Arab Emirates);

(f) Discussing the effects of violence and noting the volume of cases pending before the courts (Kuwait);

(g) Discussing the personal experiences of other victims who reported violence against them (Lebanon);

(h) Addressing violence against women from a human rights perspective (Syrian Arab Republic);

(i) Discussing the establishment of networks to combat violence against women (Sudan);

(j) Confirming the importance of intensifying efforts to eliminate all forms of violence against women and of moving from words to action (United Nations).

On the whole, studies have shown that there is increasing emphasis from the United Nations on the role of States (governmental and non-governmental sectors) in combating violence against women,

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<sup>16</sup> For further details on the above-mentioned studies, see the section of the present report entitled "Overview of previous studies".

<sup>17</sup> A sample was taken from the latest studies (2005-2013) on the issue of violence against women and the services provided to them in the ESCWA region specifically.

especially in the prevention of violence, its criminalization, the punishment of perpetrators and the provision of protection services and compensation to victims in ESCWA member countries.

When reviewing studies on violence against women from those countries, it becomes apparent that there is limited information on prevention and awareness programmes and on protection services and specialized rehabilitation programmes available to victims. Such studies focus more on the availability of shelters and their providers and on legal issues such as compensation and criminalization. They rarely focus on the personal experiences of victims. There is also a lack of regional studies exploring the nature of protection and prevention services. Most studies overlook violence against women at the regional level, focusing only on the national level.

To bridge the information gap regarding services available to victims of violence, the present study reviews protection and rehabilitation services and prevention programmes provided in ESCWA member countries<sup>18</sup> by State institutions and non-governmental organizations.

Therefore, the aim of the present study is to provide an initial review of the services available to victims of violence against women in ESCWA member countries and to evaluate the referral systems for the protection of victims and for the provision of the services they need, so as to find the best areas of intervention to help stakeholders develop and scale up their services to meet international standards, noting that the present preliminary study does not include a comprehensive survey of all services and does not carry out a detailed evaluation of their quality.

### *3. Methodology of the study*

In line with the principle of due diligence, the present study divides governmental services and programmes provided to victims of violence into three categories: protection services; rehabilitation services; and prevention programmes.

Protections services include the following:

- (a) Services and procedures for law enforcement and public prosecution;
- (b) Health services;
- (c) Legal services;
- (d) Counselling and psychological and social support for women;
- (e) Hotline services.

Rehabilitation services for survivors of violence include the following:

- (a) Shelters for victims of violence;
- (b) Empowerment and capacity-building programmes.

Prevention programmes are divided into the following two categories:

- (a) Advocacy programmes;
- (b) Awareness-raising campaigns.

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<sup>18</sup> At the time of writing, the following 14 countries were ESCWA members: Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, the Sudan, the Syrian Arab Republic, Yemen and the United Arab Emirates. The study does not include Libya, Morocco and Tunisia given that they joined after it was concluded. It should be noted that one Moroccan organization completed the questionnaire sent to non-governmental organizations.

The present report is divided into three parts that cover the following: government services for victims of violence against women; non-governmental services for victims; and proposals for the development of such services.

Data was gathered from national mechanisms in ESCWA member countries and from non-governmental organizations through questionnaires designed to gauge the work of both the governmental and non-governmental sectors and to identify gaps that stakeholders could bridge, especially United Nations agencies.

Each questionnaire was divided into the following seven sections:

- (a) Police services;
- (b) Health services;
- (c) Counselling and support services;
- (d) Hotline services;
- (e) Rehabilitation services, including the rehabilitation of perpetrators and programmes offered by shelters;
- (f) Empowerment and capacity-building programmes;
- (g) Prevention programmes in the form of advocacy and awareness-raising campaigns.

In each of those seven sections, the questions focused on the following:

- (a) What services are provided in this area?
- (b) Who is responsible for providing such services?
- (c) Are the services readily available in terms of cost and geographical coverage to all groups of women?
- (d) Is there a standardized referral system?
- (e) Have international standards been applied in service delivery?
- (f) Does civil society play a role in providing these services?
- (g) What are most significant challenges in this area?
- (h) What are the recommendations to improve the service?
- (i) What kind of assistance can be provided by the United Nations in this area?
- (j) Do partnerships with civil society exist to deliver services to victims?
- (k) What are the success stories and good practices in this area?

A question on the impact of such services on the lives of survivors was added to the questionnaire sent to non-governmental organizations.

The questionnaire on government services was sent to 14 countries. Oman, Saudi Arabia, the Syrian Arab Republic and the United Arab Emirates did not participate.

With regard to the questionnaire sent to non-governmental organizations, 33 of 200 questionnaires were completed (the annex to the present report sets out a list of non-governmental organizations that participated in the questionnaire). Responses were received from non-governmental organizations from 11 ESCWA member countries given that non-governmental organizations in Oman, Qatar and Saudi Arabia did not participate in the questionnaire. Table 1 shows the non-governmental organizations that participated in the questionnaire by country. The questionnaire was sent by mass e-mail to over 200 non-governmental organizations, using networks such as the following: Al-Kawthar Network, Aisha Network and Salma

Network (regional networks); Shama' Network in Jordan; and Shima' network in Yemen. This was followed with a written letter and an email to remind organizations to complete the questionnaire.

TABLE 1. NON-GOVERNMENTAL ORGANIZATIONS PARTICIPATING IN THE QUESTIONNAIRE

Country	Number of non-governmental organizations participating in the questionnaire
Jordan	4
United Arab Emirates	1
Bahrain	1
Syrian Arab Republic	1
Sudan	2
Iraq	13
Palestine	1
Lebanon	6
Egypt	2
Morocco	1
Yemen	1
Total	33

Figure I compares between governmental and non-governmental organizations that participated in the questionnaires by country.

**Figure I. Countries participating in the questionnaire aimed at governments and non-governmental organizations**

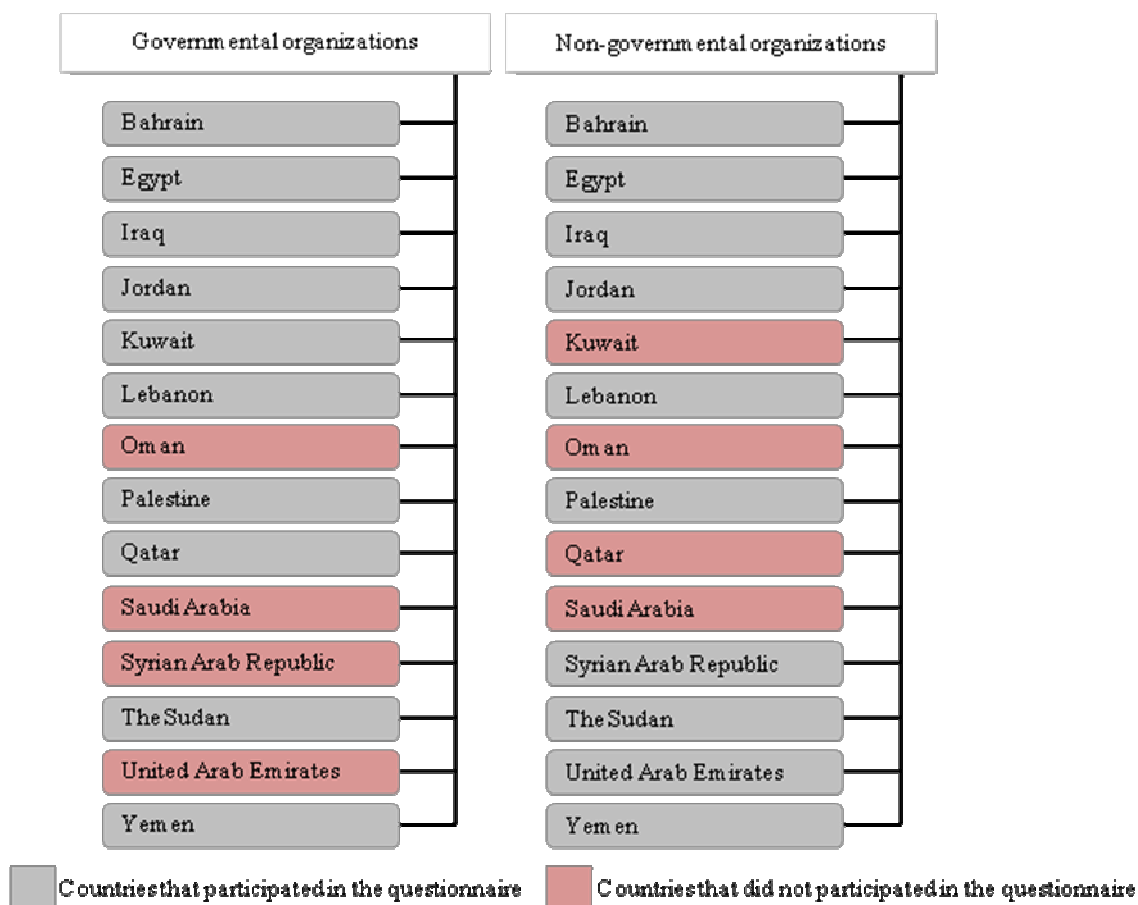


Figure I shows that Oman and Saudi Arabia did not participate in either questionnaires, so the evaluation does not include them. The Syrian Arab Republic and the United Arab Emirates did not complete

the questionnaire on governmental services and have therefore been excluded from the evaluation in that section. In addition, Qatar did not complete the questionnaire aimed at non-governmental organizations, so it is excluded from the evaluation in that section.

The sample is therefore skewed because not all ESCWA member countries participated in both questionnaires. Moreover, not all countries completed all sections of the questionnaire and some summarized their own experiences in service provision rather than setting out best practices, indicating that the concept of best practice is not familiar to staff working in the governmental and non-governmental organizations that participated in the questionnaire. This hindered the evaluation of the data and comparisons between countries. Nevertheless, the questionnaire responses highlighted several gaps and imbalances that should be tackled. This issue will be discussed further in the following two chapters.

## I. GOVERNMENT SERVICES FOR SURVIVORS OF VIOLENCE AGAINST WOMEN

### A. SERVICES FOUNDED ON INTERNATIONAL STANDARDS

The present study adopts the definition contained in the Declaration on the Elimination of Violence against Women,<sup>19</sup> which defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”. According to the Declaration, violence against women encompasses, but is not limited to, the following:

(a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;

(b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;

(c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.<sup>20</sup>

In this regard, the present study focuses on services provided to survivors of violence that only occurs in the family, as referred to in the Declaration.

Furthermore, regarding the provision of services to victims, the present study focuses on the following international principles and standards:

(a) Availability: to what extent are all services available within a country;

(b) Access: how accessible are these services financially and geographically, without discrimination between different social groups;

(c) Professionalism: particularly with regard to respecting privacy and cultural diversity;

(d) Quality of services: to ensure an acceptable quality of services, staff and professionals in the field must receive training that equips them to meet the needs of victims of domestic violence.<sup>21</sup>

### B. TYPES OF GOVERNMENT SERVICES

Figure II below sets out the types of government services available to victims of violence: protection services; rehabilitation services; and prevention programmes.

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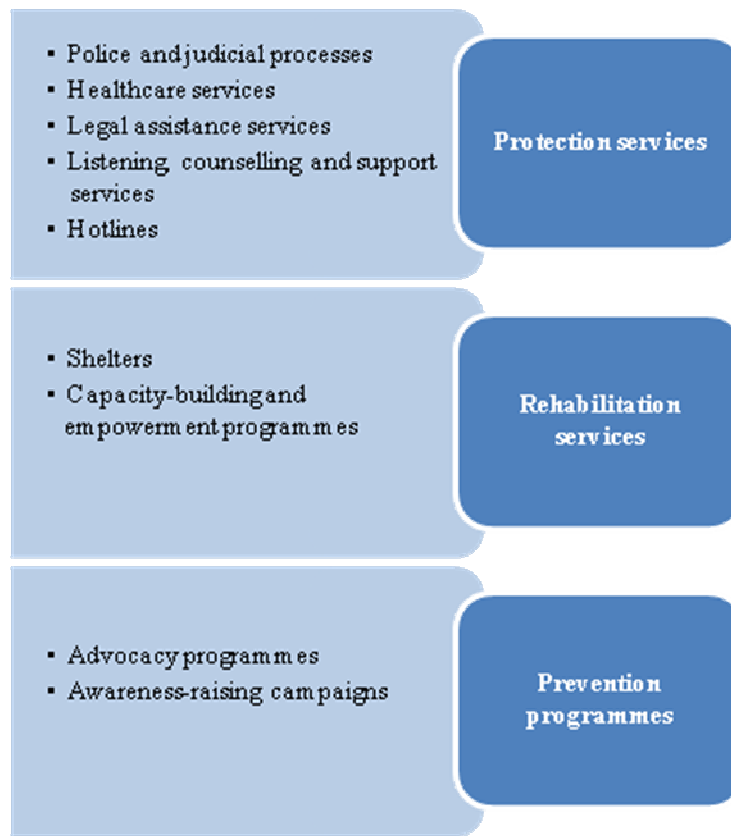
<sup>19</sup> [www.arabhumanrights.org/publications/cbased/ga/violence-ag-women93a.pdf](http://www.arabhumanrights.org/publications/cbased/ga/violence-ag-women93a.pdf).

<sup>20</sup> Ibid., p. 3.

<sup>21</sup> See general comment No. 14 of the International Covenant on Economic, Social and Cultural Rights.



**Figure II. Types of government services**



1. *Protection services*

The following are the five types of protection services available: the police and the courts; health-care; legal assistance; counselling and support; and hotlines.

(a) *Police and judicial procedures*

In general, governmental bodies responsible for the provision of preliminary protection services differ from one country to another, as shown in table 2 below.

TABLE 2. PARTIES RESPONSIBLE FOR THE PROVISION OF PRELIMINARY PROTECTION SERVICES

Country	Responsible party
Jordan	The Ministry of Social Affairs and civil society organizations
Bahrain	All State institutions, in particular the Ministry of Justice and Islamic Affairs, the Ministry of the Interior and the Ministry of Social Development
Sudan	The Ministry of the Interior, the Ministry of Health and the Ministry of Social Security
Iraq	The Ministry of Health, hospital emergency services, family protection services and emergency response services
Palestine	The Ministry of Social Affairs and the Family Affairs Department in cooperation with the Department of Social Affairs and police family protection units, shelters, civil society institutions and government hospitals
Qatar	The Ministry of the Interior, the Department of Public Prosecutions, the Department of Children and Families, the Qatar Foundation for Child and Women Protection, the Qatar Foundation for Combating Human Trafficking and the Hamad Medical Corporation

TABLE 2 (continued)

Country	Responsible party
Kuwait	The Ministry of the Interior represented by the community police, the Ministry of Justice and the Ministry of Social Affairs
Lebanon	Various ministries in cooperation with non-governmental organizations
Egypt	The Ministry of Justice, the Ministry of the Interior, the Ministry of Social Affairs and the Office of the Public Prosecutor
Yemen	The Ministry of the Interior and civil society organizations

(i) *Police station procedures by country*

Egypt did not provide any information on the issue but nine other countries, namely Bahrain, Iraq, Jordan, Kuwait, Lebanon, Palestine, Qatar, the Sudan and Yemen stated that the services provided by police stations included: preparing reports; informing the public prosecutor within 24 hours; arresting perpetrators and taking a statement confirming that they would not abuse the victim in the future; providing protection and support; and referring the victim to the relevant parties, including health-care providers.

In Jordan, the police are responsible for referring the victim to a temporary safe house, to the courts or to the medical services. The police also offer reconciliation and rehabilitation programmes and order the perpetrator to pledge to no longer abuse the victim.

In Bahrain, the police are required to record criminal offences and investigate them. They must refer all victims of domestic violence to the medical services for examination and summon perpetrators for their statements who in some cases are detained pending investigation.

In the Sudan, the police offer counselling services through social workers. They also refer victims to hospitals or to their legal guardians (in the case of minors) and provide services for victims under the age of 18 through family protection units.

In Iraq, the police register complaints against perpetrators and summon them for their statements. They then attempt to reconcile between the victim and the perpetrator. If the situation cannot be resolved amicably, the case is referred to the courts in accordance with the Iraqi Penal Law.<sup>22</sup> If the victim requires medical treatment, she is referred to the nearest hospital.

In Palestine, the police record the victim's complaint and statement and refer the case to the public prosecutor. They then order the perpetrator to pledge to no longer abuse the victim. The police assess the seriousness of the situation and may refer the victim to a governmental or non-governmental centre for counselling and legal support.

In Qatar, the police record complaints, investigate them, collect evidence, refer the victim to health-care providers to document the abuse and offer guidance and counselling services through community police services. They also refer victims for hospital treatment if necessary or to the Qatar Foundation for the Protection of Women and Children. They also obtain a statement from perpetrators confirming that they will no longer abuse victims or refer perpetrators to the public prosecutor.

In Kuwait, the police provide support to victims and refer them to the relevant parties as necessary.

In Lebanon, the police prepare a report, inform the public prosecutor within 24 hours and summon the perpetrator for a written pledge to no longer abuse the victim.

<sup>22</sup> Amended Iraqi Penal Law No. 111 of 1969.

In Yemen, the police intervene to resolve cases of violence against women through religious leaders and pillars of the community or by using persons who can influence both sides as mediators.

It is clear from the above that the procedures for reporting violence against women in police stations adopted in the countries that took part in the questionnaire are relatively similar: a report is prepared establishing the victim's complaint; the victim is then referred to health-care providers to confirm her injuries; and the perpetrator is then referred to the public prosecutor and the case is referred to the courts.

However, there are several differences between countries with regard to referring the offender to the courts. For example, in Egypt the perpetrator is only referred to the court if the victim's injuries require more than 21 days treatment. In Lebanon, however, the offender is referred to the Court if the victim's injuries require a minimum of 10 days treatment, in accordance with Lebanese law, which states that a perpetrator must be tried for any injury requiring treatment for more than 10 days. The perpetrator will not face trial for lesser injuries. In all countries, the victim must obtain a medical statement confirming her need for treatment.

It should be noted that the police go beyond their remit of recording the complaint, preparing a report and referring the victim to health-care providers. They also attempt to reconcile between the victim and the offender in accordance with customs and traditions, given that they consider family protection a special case, even if this is achieved at the expense of the women's dignity and right to live free from violence.

(ii) *Police station specifications*

Regarding police station specifications, the countries participating in the questionnaire indicated the existence of specialized units to deal with cases of violence against women within police stations, with the exception of Bahrain, Egypt, Lebanon and Yemen that did not provide information on the issue.

Responses from Jordan, Kuwait, Qatar and the Sudan stated that their police stations were equipped with special rooms for victims, to ensure privacy and confidentiality. Responses from Iraq, Lebanon, Palestine and Yemen indicated that such rooms did not exist within their police stations. Bahrain and Egypt did not provide information on this matter.

With regard to special rooms for the medical examining of victims to ascertain the extent and type of their injuries, Kuwait and Qatar reported the existence of such rooms. In other countries where medical examination rooms are not available, victims are either examined in a private room in the police station or are referred to a government hospital or medical centre.

All countries (other than Egypt who did not provide necessary data on the issue) confirmed that the police responded rapidly to domestic violence complaints. Nevertheless, in Jordan and Palestine, the police do not have the authority to prevent the perpetrator from approaching the building where victims are housed. In Bahrain and Lebanon, this requires a judicial ruling. The police can accompany the victim to collect her personal belongings in all countries except in Lebanon, Palestine and the Sudan, where a court ruling is required.

The public prosecutor<sup>23</sup> can issue a protection order for the victim in all countries participating in the questionnaire, in collaboration with relevant agencies. Concerning the courts, the questionnaires indicated the existence of special family courts in Egypt, Palestine and the Sudan. A court can rule that the victim has sole use of family assets (such as cars and ration cards) in Egypt, Iraq, Kuwait, Qatar, the Sudan and Yemen. With the exception of Bahrain, Jordan, Lebanon and Palestine, a court can issue a ruling ordering perpetrators to no longer abuse victims or for their removal from the building where victims are residing.

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<sup>23</sup> The Office of the Public Prosecutor comes under the judicial branch and has been granted powers and responsibilities set out in various laws. It plays an important role in judicial proceedings given that it initiates the process by conducting preliminary investigations into offences. It also implements the judgments of all courts in accordance with the law, especially statutory law. In Egypt, the office of the public prosecutor is called the Department of Public Prosecution.

In all the Arab countries participating in the study, with the exception of Lebanon, courts are entitled to grant a mother temporary custody of her children. The courts can also order the perpetrator to enrol in rehabilitation programmes in Kuwait, Qatar, the Sudan and Yemen. This is not the case, however, in Bahrain, Jordan, Lebanon and Palestine. Iraq did not confirm its status.

(iii) *Access to protection services*

Six countries of the 10 that participated in the study, namely Iraq, Jordan, Palestine, Qatar, the Sudan and Yemen, confirmed the existence of official statistics revealing the return rate of abused women to police stations, but only the following two countries provided these numbers: Palestine, where the proportion of women subjected to violence is 37 per cent, 8 per cent of whom reported it to the police; and Iraq, where the percentage of women returning annually to police stations as a result of domestic violence reached 14.6 per cent.

Countries confirmed the ease of access to protection services by public transport in urban provinces but stated that such services were not available in rural and remote areas. The responses showed that women of various ages and social backgrounds benefited from primary protection services offered to married and unmarried women, refugees, migrants and domestic workers. In Kuwait, such services are also available to elderly women and women with disabilities.

(b) *Health-care services*

Health-care and medical services are provided in the countries that participated in the questionnaire through medical institutions and mental health institutions, such as public hospitals and health units.

(i) *Government agencies responsible for providing health-care services*

The government bodies responsible for the provision of health-care differ between countries, as shown in table 3. All countries, except Iraq, the Sudan and Yemen, reported that governmental and non-governmental organizations cooperated to provide health-care services.

TABLE 3. PARTIES RESPONSIBLE FOR PROVIDING HEALTH-CARE SERVICES

Country	Government service provider
Jordan	The Ministry of Health in collaboration with the Ministry of Social Development
Bahrain	The Ministry of Health in collaboration with the Ministry of Social Development
Sudan	The Ministry of Health in collaboration with the Ministry of the Interior and Justice, the courts and social security services
Iraq	The Ministry of Health
Palestine	The Ministry of Justice, the family protection unit of the Ministry of the Interior and the Ministry of Health
Qatar	The Qatar Foundation for Child and Women Protection in cooperation with the Supreme Council of Health
Kuwait	The Ministry of Health in collaboration with the Ministry of Social Affairs, the Labour Ministry and the Ministry of the Interior
Lebanon	The Ministry of Health in collaboration with the Ministry of Social Affairs
Egypt	The Ministry of Health in collaboration with the National Population Council, the National Council for Childhood and Motherhood and the National Council for Human Rights
Yemen	The Ministry of Health

(ii) *Types of health services by country*

Nine countries confirmed the availability of health-care services to victims. No information was received from Egypt in this regard. Those countries indicated the quality of available health-care services, excluding Iraq and Kuwait that did not elaborate on the quality of medical and mental health services.

In Palestine, medical services are provided to victims after their complaints are referred to the public prosecutor. Counselling services are provided through government psychiatric hospitals and general health-care services are offered through government hospitals.

The following health-care services are available in Bahrain: mental health services provided through social workers and trained professionals to support victims mentally and socially and to reintegrate them into society. Mental health services are also provided by the Ministry of Health through Dar al-Aman that offers medical examinations, treatment and rehabilitation services. Psychiatric consultants are also on hand to counsel women who seek refuge at Dar al-Aman. The committee representing health-care centres launches audio and video educational campaigns and distributes leaflets containing brief guidance on how to avoid violence and how to deal with it, and gives the addresses of establishments that offer services to victims.

In the Sudan, victims are examined and offered the necessary treated, especially those living with HIV/AIDS and other sexually transmitted diseases. Mental health services are also available to victims under the age of 18.

In Lebanon, medical services are provided through medical centres of the Ministry of Health and Social Affairs. Counselling sessions with social workers are also available.

In Qatar, the National Council for Childhood and Motherhood offers counselling services after examining and treating victims who are monitored then reintegrated into society. The Council also provides outreach services on the negative effects of violence.

In Yemen, medical examinations are carried out following authorization from the public prosecutor. Counselling services are offered through a limited number of hotlines that provide psychological support. Training and capacity-building exercise are also provided to health-care personnel in the areas of prevention and victim assistance.

In Jordan, medical examinations are conducted in a special clinic within the relevant organization, without the need to transfer victims to government hospitals, so as to avoid trauma and maintain confidentiality and privacy. Psychiatric care is provided by specialized doctors who develop a tailored treatment for each case.

(iii) *Provision and availability of health-care services*

Health-care services are either free or reasonably priced. Bahrain, Jordan and the Sudan offer free health-care services to victims. Egypt, Iraq, Kuwait, Lebanon, Qatar and Yemen provide affordable services that are accessible to all. In Palestine, health-care services are only available to insurance card holders. The Ministry of Social Affairs is working on providing health insurance to women in shelters, as shown in table 4 below.

TABLE 4. COST OF HEALTH-CARE SERVICES

Country	Free	Nominal fee	Insurance card holders only
Jordan	X		
Bahrain	X		
Sudan	X		
Iraq		X	
Palestine			X
Qatar		X	
Kuwait		X	
Lebanon		X	
Egypt		X	
Yemen		X	

Health-care services are available in cities in all participating countries and in some rural areas, with the exception of Jordan and Yemen. These services are provided in the national language. They are also available in English in Qatar, in line with the Beijing Platform for Action, which recommends that States establish linguistically and culturally accessible services for migrant women and girls, including women migrant workers, who are victims of gender-based violence<sup>24</sup> (table 5).

TABLE 5. AVAILABILITY OF SERVICES IN TERMS OF GEOGRAPHICAL SCOPE AND LANGUAGE

Country	Ease of access		Offered in local languages
	Urban areas	Rural areas	
Jordan	Yes	No	Yes
Bahrain	Yes	N/A*	Yes
Sudan	Yes	Yes	Yes
Iraq	Yes	Yes	Yes
Palestine	Yes	Yes	Yes
Qatar	Yes	Yes	Yes
Kuwait	Yes	N/A	No response
Lebanon	Yes	Yes	Yes
Egypt	Yes	Yes	Yes
Yemen	Yes	No	Yes

\* N/A: in reference to the absence of rural areas in Bahrain and Kuwait.

In line with the recommendations of the United Nations which believes that countries should provide protection services, including medical services, for battered women of all social groups, such as refugees, migrant workers, disabled women and women living in rural areas,<sup>25</sup> the countries covered by the study provide services to women of all social groups, including married and unmarried women, refugees, migrant and domestic workers, with the exception of Qatar that did not state whether such services were available to domestic workers. Qatar and the Sudan indicated that they also provided such services to girls under the age of 18 (table 6).

TABLE 6. MEDICAL SERVICE BENEFICIARIES

Country	Married women	Unmarried women	Refugees	Migrants	Domestic workers	Other
Jordan	X	X	X	X	X	
Bahrain	X	X	X	X	X	
Sudan	X	X	X	X	X	Girls under the age of 18
Iraq	X	X	X	X	X	

<sup>24</sup> Beijing Platform for Action, 1995, para. 125 (b).

<sup>25</sup> Ibid., paras. 125 (b) and 147 (c), and comments of the CEDAW Committee, para 19 (q).

TABLE 6 (continued)

Country	Married women	Unmarried women	Refugees	Migrants	Domestic workers	Other
Palestine	X	X	X	X	X	
Qatar	X	X	X	X		The Foundation targets minors under the age of 18, pursuant to the statutory law amended by decision No. 4 of 2007
Kuwait	X	X	X	X	X	
Lebanon	X	X	X	X	X	
Egypt	X	X	X	X	X	
Yemen	X	X	X	X	X	

(iv) *Referral systems: rules and regulations*

The concept of referral systems and networks should be clarified before reviewing the referral systems of the countries that participated in the survey.

The present study employs the following definition of referral: the process whereby the needs of victims of violence against women are evaluated to help them access comprehensive support services from various organizations.<sup>26</sup>

The referral system is a collaborative framework that enables government bodies to fulfil their obligations to protect and promote the rights of victims of violence and to coordinate their efforts in strategic partnership with non-governmental organizations, religious organizations and civil society as a whole, to ensure that the rights of victims are respected and to find effective ways to refer them to support services so as to meet their various needs.<sup>27</sup>

A referral network is a group of organizations and agencies that cooperate and coordinate their efforts in strategic partnerships to protect and provide integrated services for survivors of domestic violence and their families.<sup>28</sup>

It should be noted that a referral system follows successive steps, summarized as follows:<sup>29</sup>

- Step 1: Holding preliminary workshops for stakeholders that offer support services to victims, which mainly include governmental or non-governmental organizations working in the area of domestic violence, private and government hospitals, the police and victims. Stakeholders, however, differ from one society or community to another. In some communities, tribal leaders are considered as key stakeholders. In others, gynaecologists and legal actors fall under that category;
- Step 2: Drawing up a map of community resources, available services and the requirements for the development of a referral system and potential obstacles. This includes holding meetings and workshops to review the referral process and to determine the roles and responsibilities of all

<sup>26</sup> Philippine Commission on Women, Inter-Agency Council on Violence Against Women and their Children, *Guidelines in the Establishment and Management of the Referral System on Violence Against Women at the Local Government Unit Level*, 2010, p. 10.

<sup>27</sup> Ibid., p. 10.

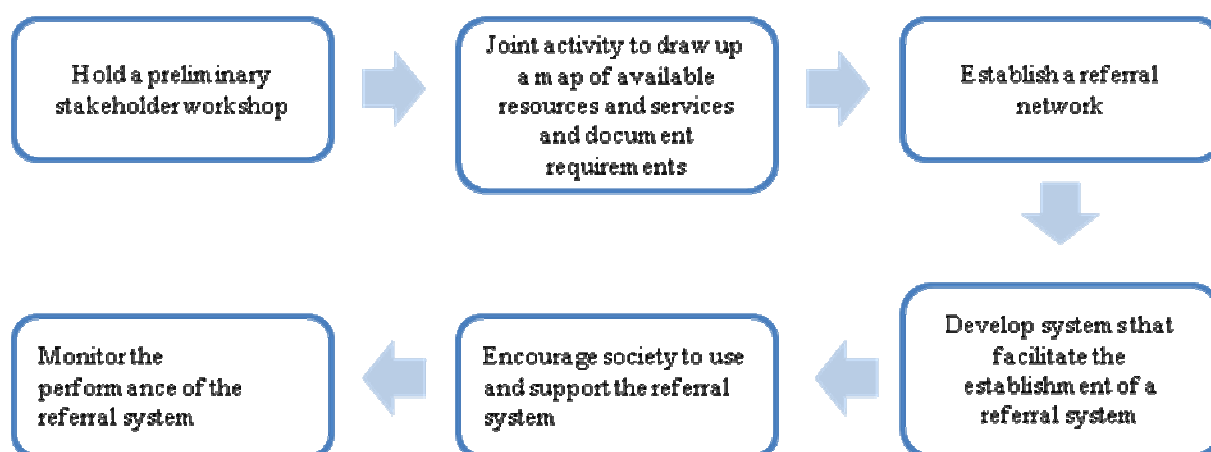
<sup>28</sup> Ibid. 11.

<sup>29</sup> Ibid., pp. 14-17.

stakeholders. Accordingly, a guide to available resources is prepared or is identified if it already exists. It should be noted that a logical sequence and timeline must be followed when formulating the map. For example, hospitals, particularly emergency sections, must appear at the start of the map, since they are often the first bodies to refer cases of domestic violence to relevant organizations that assist victims;

- Step 3: Establishing a referral network by determining the working arrangements between system stakeholders, clarifying their roles and expectations and identifying methods of communication among them and their alternatives. Agreement is also reached on the type of questionnaires to be used and the nature of services provided and their cost;
- Step 4: Developing regulations for the establishment of a referral network by drafting a memorandum of understanding between the various parties participating in the network, including non-governmental organizations and other service providers; preparing the necessary paperwork and software or appropriate steps; and including the referral system in the organizations' rules of procedure. Although the establishment of a referral system does not require a physical space, it should be linked to a specific place where victims can seek recourse. All parties must have a clear modus operandi to ensure that activities and information exchanges are carried out smoothly, noting that referral systems require indicators to assess the success of the network;
- Step 5: Mobilizing society to use and support the referral network. Following the development of a referral network and its workflow regulations, it is necessary to introduce it, its goals and procedures to society in general and to various establishments in particular, such as schools, churches and local government offices, given that social support facilitates relations between the members of the network;
- Step 6: Monitoring and evaluating the system's performance, including the performance of referral network organizations and parties, and highlighting any shortcomings or obstacles that may arise. The following indicators can be adopted for this purpose: number of referrals, the number of follow-ups on former referrals, the number of referrals to various services (medical, legal, etc.) and the number of closed cases (figure 3).

**Figure III. Steps for the establishment of a referral system**



*Source:* Guidelines in the Establishment and Management of a Referral System on Violence Against Women at the Local Government Unit Level, 2010.



(v) *Referral systems by country*

No information was received from Bahrain regarding health service referral systems. Egypt, Jordan, Lebanon, the Sudan and Yemen reported the absence of a medical referral system, while Palestine indicated the presence of a complete national system currently being adopted, which determines the mechanisms for referring victims to shelters and organizes the establishment of such shelters under a formal legal mechanism.

In Kuwait, referrals are made the police stations where the original complaint was lodged, then by the Ministry of Justice and the Ministry of Social Affairs. The same principle applies in Iraq. If victims go directly to hospital, they are asked to lodge a complaint with the police and are only treated after they have done so.

In Qatar, the Hamad Medical Corporation refers cases to the Qatar Foundation for Child and Women Protection.

The responses from countries participating in the study indicated the absence of a medical referral system that covers all government medical facilities. Most responses showed that victims were formally referred to hospitals by the police.

(vi) *Compliance of services with international standards*

With regard to the application of services in accordance with international standards on availability; ability to access services; professionalism; and the quality of services, Iraq, Kuwait, Qatar, the Sudan, and Yemen reported that their services fully met international standards, while Jordan indicated that international standards were partially observed through the application of national laws and regulations and ratified international agreements.

Palestine was uncertain as to whether its services met international standards and Bahrain, Egypt and Lebanon did not respond to the question. In the Sudan, international standards are applied in family protection units and not in the department of public prosecutions. In Kuwait, international standards are applied through direct training of officials that assist victims and by employing consultants and experts in that area.

In Qatar, international standards are applied through mechanisms that monitor legal proceedings to ensure they do not violate the constitution, national laws and relevant international treaties for the protection of human rights in general and the protection from violence in particular.

In Yemen, international standards are applied through compliance with laws and the provision of lawyers to defend victims.

In Iraq, standards are applied through periodic meetings between the Ministry for Women and family protection officials to monitor procedures and by emphasizing that domestic laws protect victims of violence.

It is clear from the responses that international standards for services are not applied in many countries, including provisions related to the availability of and access to services, professionalism and quality.

With the exception of Kuwait, which referred to ensuring the quality of services through the provision of training for practitioners, other countries did not mention the previous points, particularly professionalism and quality of service.

(vii) *Challenges faced by medical services*

Countries noted three types of challenges faced by medical services.

Firstly, challenges related to the capacity and efficiency of services, such as:

- Professional weakness of health-care providers;
- Lack of information on health-care services and women being unaware of their existence;
- Lack of follow-up mechanisms to monitor the health of victims;
- Limited number of medical practitioners and the high cost of medical services.

Secondly, the challenges related to beneficiaries, such as:

- Victims not reporting violence;
- Women's refusal to receive counselling because of their reluctance to disclose the problem and their fear of the stigma attached to psychiatric patients. They also consider counselling a luxury.

Thirdly, challenges related to laws and policies, including:

- Lack of a standardized protocols for partnerships with various actors for handling domestic violence cases;
- The absence of laws to deter perpetrators.

(viii) *Means of developing services from the perspective of participating countries*

Countries indicated several means for developing medical services.

Firstly, capacity-building and service upgrading by:

- Increasing the capacity of hospitals and emergency units, providing ongoing training to service providers by offering doctors courses that qualify them to apply international standards, sending specialists to attend international medical conferences and summits, and holding national conferences hosted by medical specialists;
- Referring to and applying international experience in the provision of health-care services to victims of domestic violence;
- Developing a standardized protocol and a code of conduct to be applied and operationalized by all medical practitioners;
- Obliging doctors to report to the relevant bodies on cases of domestic violence where victims have required treatment.

Secondly, development of policies and laws by:

- Establishing a national high-level coordination committee comprising all stakeholders to monitor and implement services;
- Developing policies to improve the level of services available to victims;
- Developing policies on the provision of counselling services for victims within the ministries of health and social affairs;
- Providing free preliminary medical services to victims,

(ix) *Assistance required by countries from the United Nations*

The countries participating in the questionnaire reported that the United Nations could assist in several ways.

Firstly, through building the capacities of those working in the provision of health-care services to victims by:

- Building the capacities of those working directly with victims in health-care centres and raising their awareness on how to respond to cases of domestic violence;
- Training social workers in terms of listening and guidance skills to assist victims in obtaining economic and psychological support;
- Providing substantive support by financing projects to strengthen the work of medical units and improve the quality of health-care services they offer;
- Offering awareness courses to women on how to overcome their crises and to benefit from government assistance services.

Secondly, through tackling challenges related to the infrastructure requirements of shelters housing victims of domestic violence, by:

- Providing medicine for victims;
- Offering assistance in developing clear and specific protocols and procedures for receiving victims.

(c) *Legal aid services*

(i) *Summary of domestic violence laws in ESCWA member countries*

Before reviewing the legal assistance services available to victims of domestic violence in ESCWA member countries, it is necessary to look at the laws on violence against women in those countries, especially domestic and family violence laws, to assess whether such laws exist at all, how they are applied and to what extent different countries criminalize such violence.

Regarding the criminalization of domestic violence, the legal situation varies between countries. Egypt did not provide information in this regard. Jordan reported the existence of a 2008 law criminalizing domestic violence. Palestine, Sudan and Yemen indicated the absence of such laws.

In Iraq, abuse of women is not considered as domestic violence but rather as a n offence. Each case is punishable according to the severity of the situation and the executive decrees are clear if a competent court rules that the perpetrator should be detained or imprisoned. The Ministry of Women is currently preparing a draft bill on protecting women from violence, which is almost complete.

In Bahrain, laws do not contain special provisions to criminalize domestic violence, since such crimes are considered as abuse cases in the Penal Code, which covers physical abuse and rape, sometimes punishable by death. However, the Committee for Women and Children of the Consultative Council is currently preparing a draft bill on the protection of families from violence, in the light of a suggestion made by the Council of Representatives.

In Lebanon, in 2007, the “Kafa (enough) Violence” association, in collaboration with a number of other associations, lawyers and jurists, prepared a draft bill to protect women from domestic violence, followed by awareness-raising and media campaigns by non-governmental organizations with a view to mobilizing support for the cause. In March 2009, the bill was amended by the Legislation and Advisory Committee of the Justice Ministry in accordance with Shari’a law and was then placed on the Cabinet’s

agenda in August 2009, for adoption in March 2010. On 28 May 2010, it was referred to the House of Representatives and then to the joint parliamentary committees on 2 June 2010. It was finally adopted by the committees on 22 July 2013 after a great deal of debate, under the title “Protection of women and family members from domestic violence”, and was then referred to the Public Authority for voting and adoption.

In Qatar, there is no specific law on domestic violence, but Qatari Penal Code No. 11 of 2004 contains several provisions criminalizing violent actions in general, including domestic violence. It also criminalizes attacks on family members and others, including threatening their lives or their physical, sexual and mental well-being and controlling their movements.

Kuwait referred to its constitution, which states that all citizens have equal rights and obligations, and to its Penal Code that criminalizes violence in all its forms, including insults, threats and murder.

The information above indicates that domestic laws have long considered the issue of violence against women, especially domestic violence, to come under its own heading given that the family is a special case in which the public should not interfere. Nevertheless, over the past two decades, with the speedy development of information and communication technology and the changes in women’s situations, it has become increasingly difficult to separate between the public and private arenas. Several legal movements have also approached the issue of violence against women from existing premises that are consistent with more complex developments. As a result, several concepts were formulated, expanding the circle of stakeholders involved and responsible for providing assistance to victims and giving rise to the principle of due diligence. According to the United Nations, countries should offer free legal services, or only charge a nominal fee, to victims of violence.

(ii) *Parties responsible for providing legal assistance*

The legal services offered by the countries that participated in the study can be summarized as follows:

- Establishing units to assist women who are taking legal action in preliminary hearings and appellate courts;
- Registering complaints in family protection units or at police stations;
- Offering legal assistance by appointing a volunteer lawyer to assist the victim;
- Offering legal advice and representation in court;
- Preparing studies and research papers;
- Implementing educational and awareness-raising programmes.

As shown in table 7 below, various parties are responsible for providing the legal assistance mentioned above.

TABLE 7. PARTIES RESPONSIBLE FOR PROVIDING LEGAL ASSISTANCE

Country	Responsible party
Jordan	The Family Protection Department in collaboration with the Ministry of Interior and the Ministry of Social Development
Bahrain	The Supreme Council for Women and the Ministry of Social Development in collaboration with the Ministry of Justice and Islamic Affairs and the Ministry of Social Development
Sudan	Ministry of Justice in collaboration with the Ministry of Interior and the courts
Iraq	The Department of Family Protection under the Ministry of the Interior and the Bar Association/Department of Legal Assistance, legal aid sections and the Department of Mental Health under the Ministry of Health in collaboration with the General Secretariat of the Council of Ministers, all relevant ministries and members of the provincial councils who support battered women (Committee on Women’s Affairs)

TABLE 7 (continued)

Country	Responsible party
Palestine	Legal departments in protection centres in collaboration with the police family protection unit, the judicial council, the medical council under the Ministry of Justice, the Office of the Public Prosecutor, the Supreme Judicial Council and various relevant civil institutions
Qatar	The Qatar Foundation for Child and Women Protection in collaboration with the Ministry of the Interior and all the security departments under it, the Office of the Public Prosecutor, family and juvenile associations and relevant courts in Qatar, including the family court, the criminal court, all types of local courts and the Ministry of Justice
Kuwait	The Ministry of Social Affairs and Labour, the Ministry of Justice, the General Secretariat of Awqaf and the Ministry of the Interior
Lebanon	No response
Egypt	The Women's Complaints Office in collaboration with the Ministry of Social Solidarity
Yemen	The Ministry of Justice in collaboration with numerous civil society organizations, the National Commission for Women and the Yemeni Women's Union

(iii) *Provision of legal assistance and its availability by country*

Regarding the geographical scope of legal assistance services for victims, responses revealed that their availability varied among different areas of the same country. In Kuwait and Qatar, such services are available in all areas. In Palestine, there are several service centres that cover almost all Palestinian territories, such as the Mehwar Centre for the Protection and Empowerment of Families and Women in Bethlehem, the Aman Centre in Nablus, the Tawariq Centre in Jericho, a care home for girls in Bethlehem and the Dar al-Amal centre for the protection of children in Ramallah.

In Yemen, there is a limited number of such centres in provinces. In Iraq, the majority of centres are found in Baghdad, with limited presence in other provinces, other than in Kurdistan where such services are widely available.

In Bahrain, Jordan and the Sudan, legal assistance has limited geographical scope. The remainder of the countries who participated did not provide information on the topic.

Women of all ages and social groups benefit from those services. All the countries that provided responses reported that legal assistance services covered married and unmarried women, refugees (excluding Bahrain and Egypt), migrants (excluding Egypt) and domestic workers (excluding Bahrain, Kuwait and Qatar).

With regard to the cost of such services, the majority of countries stated that they offered free legal assistance services, with the exception of Lebanon and Sudan, which did not provide any information on the issue. Such services are free in Kuwait. In Iraq, legal aid is offered through the Supreme Judicial Council for all types of legal cases and free legal assistance services are offered by a commission under the Iraqi Bar Association and by some local organizations, with the support of international organizations and United Nations agencies. In Jordan, legal aid is only provided for certain cases. Qatar offers all types of free legal assistance to all who require it and provides legal aid to victims of abuse and violence. Palestine also offers free services through protection centres and shelters under the Ministry of Social Affairs but does not offer legal aid to victims of violence.

In Bahrain, the Women's Support Centre offers legal advice to Bahraini women and to women who have custody of Bahraini children. It also offers comprehensive legal support, through law firms, to Bahraini women, to women who have custody of Bahraini children and to heads of households with limited income; it offers partial legal support to women with middle income. Yemen provides government funded legal services and in some cases such services are offered free of charge. In Egypt, fees are charged for legal services.

(iv) *Role of non-governmental organizations<sup>30</sup> in providing legal assistance*

All participating countries reported (excluding Kuwait that did not provide information on the issue) that civil service organizations played an important role in offering legal assistance to victims of violence. Iraq, Lebanon, Qatar and the Sudan did not give details regarding the quality of such assistance. Egypt indicated the presence of 21 women's non-governmental organizations that offer certain types of legal services to victims through various channels, such as raising awareness of women's legal rights. Twenty organizations offer legal advice to women facing legal problems and 11 organizations provide legal representation in court. Such organizations are found in Alexandria, Aswan, Helwan, Sohag, Greater Cairo and Minya.

Civil society organizations in Jordan offer legal advice and legal representation in court. In Palestine, civil society organizations play an active role by helping to bridge the service gap in this area.

In Yemen, non-governmental organizations offer legal support, raise awareness and provide lawyers to represent victims in court. However, such services are offered on an ad hoc basis given that they are highly dependent on funding.

Non-governmental organizations in Bahrain offer such services, especially through the Awal Legal Assistance Centre under the Awal Women's Society, the Batelco Care Centre for Family Violence Victims Cases and the Aisha Yateem Family Counselling Centre.

(v) *Challenges facing countries when providing legal services*

The challenges facing countries when providing legal services to victims of violence can be summarized as follows.

Firstly, challenges linked to the capabilities of service providers and the quality of services, including the following:

- The lack of expertise of prosecutors and judges resulting in them not knowing how to deal with victims.

Secondly, challenges linked to policies and laws, including the following:

- Women being unaware of the existence of legal assistance centres;
- Lack of organizations able to offer free representation to women in court;
- Slow court proceedings to rule on family cases;
- Absence of laws that criminalize domestic violence and deter offenders;
- Lack of sufficient funding to pay the salaries of lawyer who offer legal assistance, covering all preliminary hearings and appellate courts;
- Legal assistance services are concentrated in capital cities and are mostly absent in remote and rural places.

Thirdly, cultural challenges, such as the following:

- Women's fear of reporting the violence and abuse they face and the prevailing mentality and certain customs and traditions that oblige her to accept her situation and not fight for her rights so as to protect her family;
- Victims of violence are obliged to renounce their legal rights in certain cases.

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<sup>30</sup> These are organizations that serve the public interest and do not answer to a Government or an international organization. This does not prevent them, however, from collaborating or receiving assistance and funding from Governments. They focus on women's rights issues in general and on combating violence against women in particular.

(vi) *Methods for the development of legal services*

Responses from the countries that took part in the survey suggested various methods to develop legal services, including the following:

Firstly, proposals to change the prevailing culture and build stakeholder capacities through the following:

- Following global developments to improve legal services to victims closely and continuously;
- Raising legal awareness among target groups, their families and various social groups regarding victims' rights, and the damage violence causes to women and society;
- Training public prosecutors to share the responsibility in violence cases;
- Increasing the number of training programmes for staff working in security so that they can offer correct information on legal protection to victims, in accordance with international standards.

Secondly, proposals to develop policies and laws, summarized as follows:

- Increasing government allocations to legal budgets and focusing efforts on establishing mechanism and services for prevention and protection, enabling health centres under ministries of social affairs and development centres to act as “one-stop centres” by providing legal assistance and other services to victims;
- Developing the legal assistance services offered by bar associations to automatically cover court cases brought by victims;
- Establishing legal aid centres that cover all areas, especially remote places with no access to services, and offering free legal aid to victims;
- Amending laws that violate women's rights and enacting laws to protect women from all forms of violence in all places;
- Continuous monitoring by officials;
- Continuous monitoring by the relevant ministry of the implementation of international standards regarding legal assistance for victims.

(vii) *Assistance required by countries from the United Nations*

The participating countries focused on the following issues as areas in which United Nations assistance was needed.

Firstly, assistance in building the capacities of staff providing legal services to victims through the following:

- Training legal cadres in this area to approach all cases of violence against women from a human rights perspective;
- Supporting media campaigns and television programmes that inform citizens of the existence of family protection centres;
- Assisting development centres in becoming “one-stop” centres;
- Establishing a national hotline to offer legal advice to victims;
- Assisting countries in exchanging information, successful experiences and expertise in this area;
- Monitoring the performance of the government sector and its compliance with international standards.

Secondly, needs linked to government infrastructure in this area, through the following:

- Funding family counselling programmes;
- Implementing projects aimed at building stakeholder capacities (staff working in shelters, public prosecutors, the police and judges) in accordance with international professional practices;
- Providing financial and technical support to legal assistance centres for victims.

(d) *Counselling, guidance and support services*

(i) *Parties responsible for offering counselling, guidance and support services*

Services offered by government institutions vary between countries, as shown in table 8 below.

TABLE 8. PARTIES RESPONSIBLE FOR OFFERING COUNSELLING, GUIDANCE AND SUPPORT SERVICES

Country	Responsible party
Jordan	No response
Bahrain	Social centres under the Ministry of Social Development, the Ministry of Justice and Islamic Affairs and the Ministry of Health
Sudan	The Ministry of Justice in collaboration with civil organizations
Iraq	Family protection centres, the Ministry of Health and the Bar Association in collaboration with a coordination committee under the secretariat of the Council of Ministers, headed by the Ministry of Women's Affairs
Palestine	Social affairs departments and their centres under the Ministry of Social Affairs, in collaboration with the Ministry of Health, the Ministry of Justice, the Interior Ministry, the Ministry of Women's Affairs and the Education Ministry
Qatar	Qatar Foundation for Child and Women Protection in collaboration with the Interior Ministry, the Supreme Council of Health, the Supreme Council of Education, human rights organizations, civil society organizations, the National Committee for Human Rights, the Ministry of Social Affairs and charitable organizations
Kuwait	Awqaf secretariat in collaboration with the Health Ministry, the Ministry of Justice, the Defence Ministry, civil organizations, national mechanisms and the Women's Affairs Committee
Lebanon	Civil society organizations
Egypt	Ministry of Social Solidarity and mediation offices in family courts in collaboration with the Interior Ministry and the offices of volunteer lawyers
Yemen	Civil society human rights organizations in collaboration with the police

(ii) *Counselling, guidance and support services by country*

All participating countries, without exception, reported that they provided counselling, guidance and support services to victims.

In Palestine, listening, counselling, support, family and social guidance services are available, in addition to psychological and legal support services. In Bahrain, free counselling in several areas is provided to women, as well as legal and guidance services to reconcile among spouses and reduce the number of divorces. Services to develop positive and effective communication skills between family members are also available as is assistance in resolving psychological and social problems. In Sudan, counselling services for victims are offered through legal support centres. In Lebanon, counsellors in government centres refer victims to centres and institutions that can serve their specific needs.



In Egypt, the Family Counselling Office under the Ministry of Social Solidarity holds awareness-raising seminars on various issues, including family issues and parenting. It also offers informal guidance on the legal procedures for divorce. The Office acts as a mediator in custody and alimony cases.

Counselling is provided to victims in Kuwait through the Awqaf secretariat hotline and financial support is offered in some cases. In Qatar, the Qatar Foundation for Child and Women Protection offers guidance, counselling and social services to victims. It also provides mental health, legal and support services and educational and awareness-raising programmes through a 24 hour hotline. Moreover, some victims are housed in Dar al-Aman shelter.

In Iraq, moral support and listening services are offered to victims in family protection divisions so as to find successful solutions to their problems. The Legal Services Committee of the Bar Association offers free legal representation to victims. In Jordan, the Family Protection Department offers counselling, health, psychological and legal services to victims, especially women threatened with violence. It then refers them to relevant bodies to continue the process and provide them with a shelter. In Yemen, guidance and support services are available through hotlines and rarely through the media.

(iii) *Availability of services*

In general, victims can reach services using public transport. However, in Iraq, especially in remote parts of Kurdistan, it is costly to reach such service centres. In Palestine, Israeli roadblocks have raised transport costs. In addition, resources are scarce; there is a shortage of cars, further complicating opportunities for victims to reach services. In Yemen, public transport is only available in cities. Support and listening services are offered in participating countries to married and unmarried women, menial workers, domestic workers, refugees, migrants, the disabled and the elderly, with the exception of Jordan and Egypt where such services are not available to refugees and migrants.

(iv) *Role of non-government organizations in providing listening, counselling and support services*

All the participating countries, excluding Egypt that did not provide information on the topic, reported that non-governmental organizations played a role in offering listening, counselling and support services. It should be noted that Kuwait, Lebanon, Palestine, Qatar and the Sudan only mentioned the importance of their role, without giving details on the nature of services provided. Bahrain stated that the Batelco Care Centre offered counselling services through a team that specialized in psychological, social and legal issues, and offered field training in the areas of social services, psychological guidance and family therapy. It also offers individual and collective therapy services. Moreover, the shelter under the Migrant Workers Protection Society offers services to mistreated domestic workers and the Aisha Yateem Centre provides guidance, psychological support and legal services to affected families by promoting positive values and concepts regarding the role of women and families in society. The Awal Legal Aid Centre of the Awal Women Society offers legal aid to women who cannot afford to pay for legal services. Lastly, the support centre of the Bahrain Women's Union offers psychological support to victims of domestic violence.

In Yemen, services offered by non-governmental organizations are highly dependent on the availability of funding, meaning that their services are sometimes suspended. This encouraged the Ministry of Social Affairs to ensure such services run uninterrupted.

(v) *Challenges of providing listening and counselling services*

The challenges of providing listening and counselling services can be divided as follows:

Firstly, challenges linked to capacity-building and the quality of services:

- Staff shortages leading to an absence of services in some places;

- Lack of trained staff in social affairs departments and protection centres because of the large volume of work and the cost of training;
- Absence of a strategic plan to build staff capacities and improve the quality of services for victims;
- Absence of funding and support for the provision of services.

Secondly, challenges linked to laws and policies, including the following:

- Absence of a formal referral system;
- Lack of consistency between ministry plans and those of civil society organizations regarding the provision of listening and counselling services;
- Length of legal procedures;
- Absence of legal training for social workers;
- Non-integration of the issue of violence against women and services provided to them in national development plans.

(vi) *Methods for developing listening and counselling services*

Responses from participating countries focused on the importance of building staff capacities and improving the quality of listening and counselling services, through the following:

- Providing a professional cadre that has the ability to offer counselling services in social affairs departments and protection centres, with a special focus of psychiatric services;
- Continuous monitoring of staff;
- Developing staff skills in terms of welcoming victims and offering listening services;
- Building the capacities of civil service organizations to improve the quality of services;
- Developing a fixed strategic plan.

(vii) *Possible assistance from the United Nations*

Countries specified the assistance that the United Nations could offer, summarized as follows:

Firstly, building staff capacities by:

- Assisting countries to offer training to social workers and health educators on the latest scientific methods of dealing with victims;
- Assisting in training psychiatrists and community doctors to offer swift treatment to victims;
- Including civil society organizations in awareness-raising and training programmes to exchange experiences and information and determine best practices;
- Providing technical support by developing specific projects to raise awareness on the compliance of counselling services with international and human rights standards;

Secondly, offering logistical and financial support through the following:

- Providing logistical support that ensures service continuity in protection centres in accordance with national standards;
- Offering the necessary financial support to provide various services to victims.

(e) *Hotlines*

(i) *Parties responsible for the provision of hotlines*

The services offered by government institutions to victims differ between countries, as shown in table 9 below.

TABLE 9. PARTIES RESPONSIBLE FOR THE PROVISION OF HOTLINE SERVICES

Country	Responsible party
Jordan	The Family Protection Department and the Jordanian National Commission for Women in collaboration with the Interior Ministry and the Ministry of Social Development
Bahrain	The Supreme Council for Women, the Ministry of Social Development and the Interior Ministry that coordinates the work
Sudan	Family protection units under the Interior Ministry in collaboration with the Justice Ministry and the judiciary
Iraq	The Interior Ministry and the Health Ministry in collaboration with other ministries and provincial councils
State of Palestine	The Ministry of Social Affairs in collaboration with relevant civil society organizations
Qatar	The Qatar Foundation for Child and Women Protection in collaboration with the Supreme Council of Information and Communication Technology, the national telecommunications company and the Interior Ministry
Kuwait	Interior Ministry and the Awqaf secretariat in collaboration with the Ministry of Social Affairs and the Ministry of Education
Lebanon	No answer
Egypt	The Women's Complaints Office of the National Council for Women in collaboration with the Ministry of Social Solidarity and civil society organizations
Yemen	The Interior Ministry in collaboration with relevant parties such as the Justice Ministry, the National Commission for Women and civil society organizations

(ii) *Hotline services by country*

International standards state that countries should provide at least one free 24 hour national hotline that can be used to refer victims to required services.<sup>31</sup> Several countries have established government hotlines, but in most cases they do not work around the clock, and do not facilitate the process of referring victims to other necessary services.

Services and hotlines differ among countries. In Egypt, the Women's Complaints Office of the National Council for Women is the government body that registers victims' complaints, offers legal advice and representation in court and assists in implementing court rulings. The Office also refers cases to its partners, such as volunteer lawyers and non-governmental organizations and offers counselling through a free hotline that operates within office hours, from Sunday to Thursday.

In Iraq, free hotlines operate around the clock in the Interior Ministry and in rescue, emergency and ambulance services. The Family Protection Department also has a hotline that operates during office hours.

In Kuwait, the Interior Ministry provides a free hotline. In Sudan, there is a direct free hotline to the family protection unit. In Qatar, the assistance and support services receive calls from victims around the clock. The Interior Ministry has also established a free national hotline. In Yemen, the National Commission

<sup>31</sup> UNDESA, Handbook for legislationVAW, 2009.

for Women, in collaboration with non-governmental organizations, offers several hotlines for victims and the Interior Ministry provides 24 hour free hotlines. In Jordan, the Family Protection Department and the police have hotlines and the Security Department provides a free national hotline.

In Bahrain, Dar al-Aman launched a hotline service to receive calls and refer cases of violence to relevant parties. A hotline was also established for migrant workers so they can anonymously request guidance or assistance. There is also a free hotline in the Women's Support Centre of the Supreme Council for Women secretariat and another hotline provided by the Interior Ministry through police stations.

Government institutions in Palestine do not provide free hotlines but several civil society organizations provide the service. The same applies to Lebanon.

(iii) *Regions covered by hotline services and the groups that benefit from them*

Hotlines are available in all regions of Bahrain, Egypt, Iraq, Jordan, Kuwait, Qatar and Yemen. They are not available everywhere in the Sudan, however. Lebanon and Palestine did not provide information on the issue.

Women of all ages and social backgrounds benefit from this service in the countries that participated in the study, with the exception of Lebanon, Palestine and the Sudan that did not specify the benefiting parties. Such services are available to married and unmarried women, refugees (excluding Bahrain and Egypt), migrants (excluding Egypt) and domestic workers (excluding Qatar).

(iv) *Availability of referral systems through hotlines*

The countries participating in the study confirmed the existence of referral systems for victims through hotlines, except Bahrain, Egypt, Iraq, Kuwait and Lebanon that did not provide information on the topic. In Qatar, the Hamad Medical Corporation has a standardized system for welcoming victims, summarized as follows: arrival of victims at the Corporation after contacting the hotline; referral to the Support Office for Victims of Domestic Violence and Abuse where the main details of cases are registered; cases are then examined by a team comprising a social expert, a psychiatrist and a legal adviser; and on the basis of their evaluation, mechanisms are developed to solve issues through a monitoring team that offers follow-up services by phone or by visiting victims.

In Jordan, the Women's Complaints Office is currently implementing a referral system using a computer system to store relevant information in the national register. In Palestine, an integrated system is currently being adopted to refer victims to necessary services through the police, social services and medical services.

In Sudan, family protection units receive hotline calls and refer victims to the necessary services. All types of health, legal and social services are available within those units: each unit is assigned a mental health specialist, a social worker a public prosecutor and a judge. In Yemen, cases are referred to the public prosecutor and each case is dealt with on an individual basis.

(v) *Role of non-governmental organizations*

All participating countries confirmed the importance of the role played by non-governmental organizations in providing hotline services, excluding Qatar where civil society does not participate in such activities, Bahrain where the role of non-governmental organizations is limited in this area and Yemen where services provided by non-governmental organizations are unreliable.

(vi) *Challenges faced by hotline services*

The challenges faced by countries in terms of hotline services can be summarized as follows:

Firstly, challenges linked to the capabilities and quality of services, including the following:

- Lack of national training programmes aimed at training staff to receive hotline calls;
- Absence of night staff in family protection departments and other relevant bodies to offer victims rescue and intervention services at night.

Secondly, challenges linked to media and advertising, such as:

- Lack of media exposure for hotline services and absence of confidentiality, privacy and anonymity guarantees for victims;
- Lack of media exposure on the importance of such services and their confidentiality guarantees.

Thirdly, challenges linked to laws and policies, including the following:

- Absence of legal cover that allows the Family Protection Department and other relevant bodies from interfering if a victim calls or is rescued.

Fourthly, socio-cultural challenges such as:

- Victims fear of reporting violence;
- Widespread illiteracy among women and their unawareness of the existence of hotlines.

(vii) *Methods for developing hotlines*

The countries specified the following methods for developing hotline services.

Firstly, building and developing staff capacities in receiving hotline calls and training them on how to deal and communicate with victims, to improve the quality of the service.

Secondly, raising awareness on the need to combat violence against women, through the following:

- Raising awareness within communities, especially among women and girls;
- Advertising the presence of hotlines and explaining how they are used.

Thirdly, developing laws and policies through the following:

- Providing necessary funding for hotlines to avoid the suspension of the service and facilitating victim follow-up;
- Adopting a policy for the provision of free hotline services;
- Building an integrated referral system that links all relevant parties to the victim.

(viii) *Possible assistance from the United Nations*

The countries specified the assistance that the United Nations could offer in this area, summarized as follows:

- Using national and international experiences to develop a procedural system that organizes the work of family protection centres and other relevant bodies;
- Providing financial support to organizations that offer assistance and hotline services to victims;
- Offering training to staff on the latest methods of providing assistance to victims.

## 2. Rehabilitation services

Rehabilitation services include shelters and empowerment and capacity-building programmes.

### (a) Shelters

#### (i) Parties responsible for providing shelter services

There are various parties involved in providing shelter services to victims that differ among countries, as shown in table 10 below.

TABLE 10. PARTIES RESPONSIBLE FOR THE PROVISION OF SHELTER SERVICES

Country	Responsible party
Jordan	The Ministry of Social Development in collaboration with the Interior Ministry and the Public Security Directorate
Bahrain	The Ministry of Social Development and the Interior Ministry in collaboration with the Foreign Ministry
Sudan	Non-governmental organizations
Iraq*	The Supreme Council for Women
Palestine	Family protection units under the police and the Department of Social Affairs in collaboration with the police and sometimes with governors and non-governmental organizations
Qatar	Dar al-Aman under the Qatar Foundation for Child and Women Protection in collaboration with the Interior Ministry, charities, the Supreme Council of Health and the Supreme Education Council
Kuwait	Non-governmental organizations
Lebanon	The Ministry of Social Affairs in collaboration with non-governmental organizations
Egypt	The Ministry of Social Solidarity in collaboration with non-governmental organizations
Yemen	The Interior Ministry in collaboration with the ministries of health, education and social affairs, the National Committee and non-governmental organizations

Note: \* Information regarding the Kurdistan region only.

#### (ii) Availability of shelters by country

The countries participating in the study confirmed the existence of women's shelters, except Sudan where no government shelters exist and Kuwait where a document on combating violence against women is currently being prepared so as to establish shelters.

Shelters provide a wide variety of services to women in those countries. There are currently three shelters in Palestine: Mehwar Centre in Bethlehem, al-Beit al-Amin in Nablus and Tawariq Ariha in Jericho. A fourth shelter is being planned in the Gaza Strip. Each shelter can house 60 women on average, and victims can stay in Tawariq Ariha for one month only whereas al-Beit al-Amin welcomes them for up to six months and Mehwar Centre for up to a year, noting that the latter allows victims to bring their children. If a victim is employed, the centres ensure that their workplans do not interfere in her job. The centres also ensure that victims are safe and protected through several procedures such as the presence of guards within the centres and security cameras at entrances and communication with the police in case of an emergency. Moreover, the centres work in close collaboration with their partners to evaluate the risk level that society poses for each resident.

In Yemen, there are 16 shelters under civil society organizations but they only exist in big cities, namely Sana'a, Aden, Ta'izz, Hadida and Hadhramaut. Each shelter can house between 70 and 100 women, except al-Rahma Centre that has 800 beds. Victims reside in the shelters until their problems are resolved

and their children can accompany them. Victims can also move around freely with specialized chaperones and a women's police force guards and protects them in the shelters.

In Bahrain, the Dar al-Aman Centre was established in 2006, under the Ministry of Social Development, to provide free temporary shelter for victims and their children and to offer them health, legal and recreational services. Cases are referred to relevant bodies for their coordination, to continue implementing international treaties and build a database on cases of violence.

Dar al-Aman Centre was established in 2007 in Bahrain to house victims of violence (both women and children) who had no shelter. It is possible to reside in the Centre for a maximum of two months, but this can be extended to complete the provision of services to victims or until their issues are resolved, so as to separate victims from their aggressors and keep them safe and secure. The Centre follows two procedures: a temporary residency of eight weeks (open to extension) for victims who cannot return home or who believe that their lives might be at risk; and emergency residency for migrants to complete the process for their deportation. During their stay, victims receive various health and counselling services in complete confidentiality. Dar al-Aman, in Doha, comprises a compound containing 25 housing units. Victims' daughters of all ages can accompany them and sons under the age of 13, in accordance with custody laws contained in the Qatari Law of the Family of 2006, following a court custody ruling or upon transfer from the public prosecutor. The Centre also assists residents in communicating with employers, family members and schools and covers all living costs, including housing, food and medical services in collaboration with hospitals and other relevant bodies. It also offers follow-up medical services, psychiatric treatment and social rehabilitation with a view to reintegrating victims into society, as well as providing social, legal, medical and counselling services.

In Iraq, the only shelters are in three governorates of the Kurdistan region. They have limited space but allow women to be accompanied by their children. Victims can move freely within the shelters because of tight security.

In Lebanon, there are no official government shelters, but the Ministry of Social Affairs entered into contract with four centres under non-governmental organizations and charities so as to provide housing for victims.

In Jordan, the only shelter is in the capital city and allows victims' children to accompany them. The shelter is surrounded by roadblocks for the protection of victims who are not permitted to leave the shelter unless absolutely necessary and accompanied by two expert chaperones. Victims can reside in the shelter for a maximum period of six months, open to extension until the threat subsides.

In Egypt, there are eight shelters, distributed as follows: one in each of Alexandria and Mansoura, three in Greater Cairo (6October City, Misr al-Jadidah and Qalyubia) and one in each of Faiyum, BeniSuef and Minya). They can each house 214 victims on average who can reside there for a maximum period of 12 weeks in general, open to an extension of three months or more, as authorized by the shelter's supervisory council. Victims can bring their children as long as their sons are below a certain age, decided independently by each shelter, generally between 8 and 15. Daughters of all ages are welcome. Residents are permitted to leave the shelter during the day to complete tasks, to go to work or look for a job, providing that a shelter supervisor is informed. The shelters impose strict curfews and no resident is authorized to return after 7 p.m. in winter and 8 p.m. in summer.

(iii) *Groups benefiting from shelter services*

All the countries confirmed that victims of all ages and social backgrounds benefited from shelter services. Such services covered married women, unmarried women (excluding Egypt), refugees (excluding Bahrain and Egypt), migrants (excluding Egypt and Kuwait), domestic workers (excluding Kuwait and Qatar) and victims who suffer from psychological or mental disorders. In Qatar, services are provided to

people under the age of 18 in accordance with the statute of the Qatar Foundation for Child and Women Protection, amended by decision No. 4 of 2007.

(iv) *Adopted approaches for dealing with victims*

The responses on approaches to deal with victims differed between countries. Most countries only indicated victim welcoming procedures, without elaborating on adopted approaches. Kuwait, Lebanon and the Sudan did not respond to the question.

In Iraq, shelters strive to reconcile between victims and their aggressors, in particular in cases of domestic violence where the issue can be resolved, or attempt to punish the aggressors in cases of sexual violence. They also try to distance victims from their aggressors and to provide a secure environment.

In Jordan, victims are welcomed by social workers who gather information on the case. The victim is then referred to specialists in the centres who provide assistance, shelter and monitoring.

In Qatar, victims are housed in a shelter until their affairs are in order, during which they are socially and mentally rehabilitated and are provided with living and medical services.

In Palestine, the first step is to assess the threat level to ensure adequate protection for the victim with her consent, before referring her to a shelter. Legal procedures are taken if the victim so requires. The principle obstacle that temporary shelters face is the refusal of victims to press charges, so aggressors are simply ordered to pledge that they would no longer hurt the victim, although this procedure has no legal weight to protect victims and offenders do not always abide by it.

In Bahrain, victims are welcomed at shelters provided that they are free from contagious diseases or mental illness and that background and medical checks show that they were subjected to physical, mental or financial abuse. To be accepted, victims are also not permitted to reside with their family until their affairs are in order and they must be prepared to benefit from the services offered by shelters. In addition to the above, domestic workers must be referred to shelters by the police.

The response from Yemen only stated that their approach to dealing with victims complied with respect for human rights.

(v) *Compliance of shelter services with international standards*

International standards confirm the necessity of emergency rooms in shelters, adequate shelter for victims and their children and specialized staff to offer effective assistance.<sup>32</sup> The responses from Bahrain, Egypt, Kuwait, Lebanon and the Sudan did not indicate the extent to which shelter services complied with international standards. Whereas responses showed that services in Iraq and Qatar were compatible with such standards. In Qatar, a monitoring and follow-up mechanism is implemented to ensure quality services and to work on their improvement. Excellent psychiatric, medical, social, legal and medical services are available to meet the needs of residents. In Iraq, the case is presented to the Family Protection Department. Victims are then temporarily placed in a safe environment for 72 hours in an attempt to reconcile between the victim and the aggressor. If the victim's condition is critical and requires emergency attention, she is referred to the medical services of the Ministry of Social Affairs.

Services in Jordan and Yemen partially comply with international standards. In Jordan, the focus is on respecting the victim's right to decide on the best procedure and respecting her privacy by guaranteeing complete confidentiality.

Stakeholders in Palestine were uncertain whether services there were compatible with international standards.

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<sup>32</sup> UNDESA, Handbook for Legislation VAW, 2009.



The countries' responses on approaches to deal with victims in shelters indicated a lack of staff training in relevant government institutions on the knowledge and skills necessary to welcome, assist and house victims of violence.

(vi) *Rehabilitation services*

The countries that took part in the study offer two types of rehabilitation services. The first type includes mental and social rehabilitation for victims through specialist programmes and the reintegration of victims into society. The second type involves building victim capacities and skills through literacy and training programmes to teach handicrafts or loan management.

Responses on the subject were not provided by Egypt, Kuwait and the Sudan. In Iraq, psychiatric treatment, recreational and other free services are provided in the form of simple handicraft training. In Jordan, free counselling services are offered. In Qatar, free counselling and social rehabilitation services are available through programmes aimed at training, rehabilitation, social reintegration, awareness-raising, counselling, empowerment, capacity-building and self-esteem enhancement. In Yemen, expert counselling services are offered to victims as well as loans to improve their financial situation and literacy and handicraft training courses. In Palestine, vocational and academic courses are on offer inside and outside shelters so as to provide victims with skills that enable them to join the labour market and reintegrate socially. It should be noted that the majority of empowerment and rehabilitation services are not free of charge. They are provided by civil service organizations that sometimes offer free services to some victims, but there is no formal procedure obliging organizations to offer such services for free. In Lebanon, a programme to rehabilitate victims of sexual abuse is currently being implemented by the Ministry of Social Affairs in a charity-owned shelter. The response from Bahrain indicated the availability of rehabilitation services but did not provide details.

It should be noted that all the countries that participated confirmed the importance of establishing programmes to rehabilitate offenders, although very few have done so and only in a partial or preliminary manner. The response from Qatar stressed that offenders should be ordered to undergo rehabilitation. Kuwait, Palestine, the Sudan and Yemen reported that they offered some rehabilitation programmes, but this was not the case in Egypt and Lebanon.

(vii) *Shelter referral systems*

Some countries formally refer victims to shelters. In Qatar, victims are placed in shelters if they meet shelter requirements, following their referral from the police, the public prosecutor, the Hamad Medical Corporation, public welfare institutions or civil society organizations. In Palestine, there is a national referral system for victims. In Jordan, however, the case is referred to the Family Protection Department first and then to a shelter. The responses from Iraq and Yemen indicated the existence of a referral system but did not give details.

(viii) *Requirements for shelter staff*

Responses from Iraq, Jordan, Palestine, Qatar and Yemen indicated that staff in shelters must meet the following requirements: professional experience (in Qatar, for example, staff must have a degree qualifying them to work in shelters for victims of violence); experience working with victims and their problems; preparedness to reside in shelters; ability to work under various pressures, including working with victims suffering from varied mental and nervous issues; and the ability to handle threats such as an attack by a victim's husband or relative on the shelter, its staff or residents.

(ix) *Service quality indicators*

Regarding the methods and indicators to assess the quality of services provided to victims, Bahrain, Egypt, Kuwait, Lebanon and the Sudan did not submit responses. However, various indicators are applied in Iraq, Qatar and Yemen.

In Iraq, success stories are documented. A record is also kept of the average number of times victims return to shelters as a quality indicator.

In Yemen, the quality of services is measured by conducting field visits to evaluate services and resolve any possible issues.

In Qatar, service quality is assessed through follow-up activities after victims receive services to ensure that their situations remain stable. The provision of services is also monitored and supervised.

In Palestine, quality assessments are not carried out periodically and there are no agreed indicators. The same applies in Jordan where there is no single method of evaluating service quality.

There is no international agreement on specific indicators to assess the quality of services provided to victims. Nevertheless, the following two principles remain the most important and should be assessed periodically to ensure the provision of quality services: maintain the confidentiality and privacy of victims; and promote the well-being, physical safety and economic security of victims.<sup>33</sup> The country responses indicated the enormous challenge of determining what indicators to adopt so as to assess service quality.

(x) *Role of non-governmental organizations in offering rehabilitation services*

Seven countries, namely Bahrain, Iraq, Jordan, Kuwait, Lebanon, Palestine and Yemen, underscored the important role of non-governmental organizations in offering rehabilitation services to victims. Egypt, Qatar and the Sudan did not submit a response.

In Iraq, there is the “safe haven” system and the rehabilitation programme offered by the Asawda Women’s Organization in the Kurdistan region. In Jordan, civil society organizations offer counselling services.

In Palestine, civil society organizations assist in involving victims in rehabilitation and training programmes and sometimes find them temporary job opportunities during their stay in shelters. In Yemen, civil society organizations offer vocational and artisan training.

Shelters in Bahrain offer rehabilitation services to victims, including the Aisha Yateem Family Counselling Centre, the Batelco Care Centre for Family Violence Victims Cases and the Family Support Centre under the Bahrain Women’s Union. The responses from Kuwait and Lebanon stated that non-governmental organizations play an active role in rehabilitation, but no details were submitted.

(xi) *Challenges faced by shelters*

The countries indicated the challenges faced by shelters as follows:

- Lack of continuous funding;
- Lack of trained staff specializing in treatment and rehabilitation;
- Reluctance of victims to initiate legal procedures in most cases because of lack of awareness, which limits intervention opportunities and results in pledges with no legal weight to protect victims;

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<sup>33</sup> In-depth study on all forms of violence against women, Report of the Secretary-General, 2006, para. 321.

- Weakness of victim capabilities and skills, complicating empowerment and training programmes;
- Intervention from victims' families in deciding their future, resulting in them being denied the opportunity to work or study without regard for their interests or mental health.

(xii) *Methods for improving shelter services*

The countries indicated the following methods to improve shelter services:

- Developing a strategy for shelters to empower victims;
- Reviewing shelter policies and practices to ensure compliance with international standards;
- Training specialized staff in the field of victim rehabilitation by offering expert training programmes;
- Providing small projects and micro-loans to victims, especially following their departure from shelters;
- Implementing rehabilitation programmes to reintegrate victims into society;
- Developing indicators to assess and improve service quality.

(xiii) *Possible assistance from the United Nations*

The countries indicated the following methods in which the United Nations could assist in this area:

- Training staff in family protection units and other relevant bodies in offering rehabilitation programmes to victims in accordance with international standards;
- Assisting in coordinating between victim rehabilitation stakeholders;
- Developing training programmes for victims;
- Offering financial support to ensure the continuity of services;
- Holding local, regional and international conferences to review best practices in the field.

(b) *Empowerment and capacity-building programmes*

(i) *Types of empowerment programmes*

A wide variety of capacity-building and empowerment programmes are available. In Iraq, the Family Protection Department offers literacy and skill-building programmes. In Qatar, the focus is on developing mental and social rehabilitation programmes. The Qatar Foundation for Child and Women Protection offers financial support to victims in collaboration with charities. The Social Development Centre, a private organization that works for the public interest, offers small loans to help disadvantaged families.

In Palestine, there are loan and financial assistance programmes that are subject to strict regulations, which generally pose obstacles for victims. There are also programmes for house restoration and temporary capped housing allowances, noting that such programmes are aimed at women in general, not only victims of violence. In Yemen, there are programmes for the development of sewing and embroidery skills, literacy and computer training and English language courses. Small loans are also given to victims following their departure from shelters.

In Bahrain, there are several victim capacity-building programmes to reintegrate them into society and ensure equal opportunities. Such programmes also cover issues of violence and discrimination and the methods to combat them, in addition to awareness-raising programmes for society as a whole on ways to handle and combat violence against women, media campaigns, television and radio programmes, investigations, reports and publications on violence against women.

It should be noted that Egypt, Jordan, Kuwait, Lebanon and the Sudan did not submit responses on the topic.

(ii) *Role of non-governmental organizations in capacity-building programmes*

Given the vital role that civil society organizations play in training victims, most countries focus on networking with them, especially in terms of capacity-building. In Qatar, for example, the Qatar Foundation for Child and Women Protection collaborates with non-governmental organizations to empower victims and build their capacities. In Palestine, networking depends on limited resources. In Iraq, partnerships are built when non-governmental organizations request assistance from family protection units to help victims.

(iii) *Challenges faced by victim empowerment programmes*

The challenges faced by victim empowerment programmes can be summarized as follows:

- Presence of capacity-building and rehabilitation services limited to capital cities;
- Lack of specialized capacity-building programmes for victims;
- Inability of most victims to overcome the effects of violence;
- Lack of coordination and collaboration between institutions and other relevant bodies.

(iv) *Assistance from the United Nations*

The countries specified the following methods in which the United Nations could assist in this area:

- Providing financial support to institutions that builds victim capacities;
- Offering training courses to develop the capacities of staff that offer empowerment and capacity-building programmes to victims;
- Assisting in equipping shelters with the required technology and modern communication devices to improve capacity-building programmes.

### 3. *Prevention programmes*

The participating countries provided the following two types of prevention programmes to victims: advocacy programmes and awareness-raising campaigns.

(a) *Advocacy programmes*

All participating countries confirmed the implementation of advocacy programmes, with the exception of Egypt and Kuwait that did not respond to the question. It should be noted that the majority of survey responses did not differentiate between advocacy and awareness-raising programmes, indicating a lack of understanding of the concept of advocacy and its relevant programmes. For example, responses from Lebanon indicated the development of advertising campaigns using billboards and television commercials. The questionnaire from Sudan showed that media campaigns were being launched to raise awareness on violence against women. It should be noted that such activities come under the heading of awareness-raising campaigns rather than advocacy programmes, which assist in combating violence at all levels, especially by requesting decision-makers to amend laws that violate women's rights. Advocacy goes beyond awareness-raising in combating violence against women; it strives to change social behaviour and amend existing laws.

Within this framework, some countries focused on implementing advocacy programmes, especially those concerned with protecting women from violence and rights violations by amending laws that discriminate against them. The prevention campaigns launched in Yemen included a campaign to specify a safe age of marriage, a campaign to develop units in police stations specializing in dealing with women, a

media campaign to combat violence against women on the basis of gender and a campaign to amend laws that discriminate against women in general. In Iraq, advocacy programmes focus on developing a strategy to combat violence against women. Civil society organizations also implement simple awareness-raising programmes.

In Bahrain, training and audio-visual programmes have been developed to improve women's image in the media, by implementing the protocol between the media and the Superior Council for Women with a view to changing the negative stereotypes of women in the media. Bahrain also held a conference on the reasons behind domestic violence and their solutions and a legal conference to combat domestic violence entitled "Karama".

The response from Qatar showed that it had implemented an awareness-raising programme to propagate a culture of protection among target groups. Training programmes have also been developed for staff who work directly with victims from those target groups on how to recognize and handle cases of violence against women.

In Palestine, advocacy programmes have been adopted through newspaper articles and other media channels linked to the issue, sending memorandums to decision-makers and submitting protest letters.

In Jordan, training programmes to combat violence against women are offered in the form of awareness-raising seminars aimed at decision-makers, which are implemented in collaboration with civil society organizations.

(i) *Target groups of advocacy programmes*

Target groups for advocacy programmes differ between countries. In Lebanon, they are limited to men and students. In Kuwait, they include families, women and children. In some countries, advocacy programmes target more varied and inclusive groups, such as in Bahrain and Qatar where programmes are aimed at all social groups. In Egypt, Jordan and the Sudan, such programmes target all social groups and all stakeholders. Campaigns in Yemen are aimed at girls, women, legal guardians, the media, religious leaders, judges, preachers, decision-makers and legislators, the Interior Ministry, the House of Representative, the Shura Council and prison services. In Iraq, campaigns target religious leaders, clan leaders and victims. In Palestine, they target civil society, schools and universities.

(ii) *Partnerships in advocacy programmes*

The following are the three main types of partnerships in advocacy programmes in participating countries:

- Partnerships with executive branch government institutions, including the ministries of justice, the interior, religious endowments, education, health, information and social affairs;
- Partnerships with the legislative authorities, such as parliaments;
- Partnerships with various civil society institutions, such as national women's commissions and youth and women societies, women's unions, universities and international organizations such as the United Nations Population Fund.

(b) *Awareness-raising campaigns*

The countries' responses show an increase in awareness-raising campaigns on combating violence against women. In Iraq, a comprehensive national legal literacy campaign was launched as was a campaign to combat domestic violence led by the Ministry of Women. The Iraqi Ministry of Human Rights organized a national campaign to raise awareness of CEDAW. In Lebanon, awareness-raising programmes have been implemented in some secondary schools as well as other programmes aimed at men. In Palestine, a campaign is launched every year on 25 November (the International Day for Elimination of Violence against Women). Press conferences, workshops and local events to combat violence against women are also held.

Yemen participates in the 16 days of Activism against Gender Violence annual campaign. A press conference to advocate women's issues was held, a project for women's legal protection was implemented and campaigns to combat female genital mutilation were launched. In Kuwait, awareness-raising campaigns and specialist programmes have been developed and implemented. In Qatar, awareness-raising programmes to rehabilitate victims have been launched, such as the Stop the Silence campaign and the Precious Woman campaign in addition to media campaigns to raise-awareness on victim hotlines.

In Bahrain, awareness-raising campaigns have been launched, such as the No to Violence against Women campaign, in collaboration with the United Nations Development Fund for Women and a campaign to promote peace and non violence. In Sudan, campaigns on women's legal, social and economic rights are launched periodically. In Jordan, the Ministry of Social Development launches awareness-raising campaigns and collaborates with civil society institutions in organizing training programmes and seminars to combat violence against women. It should be noted that no response was submitted by Egypt on the issue.

(i) *Campaign target groups*

Awareness raising campaigns are aimed at women, men, children, victims of violence and all social groups. They also target government staff, members of local and provincial councils, offenders, the media, religious leaders, legislatures, decision-makers, students, doctors, midwives and legal guardians.

(ii) *Campaign partnerships*

Campaign partnerships with government and civil society include the following: ministries of the interior, health, media, religious endowments, industry, social affairs and labour; schools and universities; international organizations; gender units; human rights organizations; and journalist unions. Bahrain, Iraq, Jordan, Lebanon, the Sudan and Yemen confirmed the participation of men and boys in prevention programmes to combat violence against women.

### C. CONCLUSION

In general, the responses from ESCWA member countries participating in the study indicated the presence of various government services for victims of violence, especially health services and legal assistance. They also highlighted the active role played by non-governmental organizations in providing counselling and listening services, hotlines and shelters.

The following are the shortcomings that impede government services for victims:

- Shortage of services in rural and remote areas and their lack of availability to women from all social groups, especially domestic workers and refugees;
- Absence of an integrated referral system, given that victims in most of those countries are only referred to the services they require following the completion of police procedures;
- Lack of sufficient domestic awareness regarding international standards for victim services.

The conclusions of the first chapter of the present report can be summarized as follows.

#### 1. *Police services*

Despite the procedural differences between countries, the majority of police forces implement a mechanism that includes preparing a victim report, summoning offenders and ordering them to pledge in writing to no longer abuse victims, although such pledges have no legal weight in the absence of laws that criminalize some forms of violence against women, especially domestic violence. It should be noted that in some countries the police go beyond their remit by attempting reconciliations or involving religious leaders.

The surveys also highlight the absence of necessary regulations in several countries on welcoming victims, such as the absence of specialized units to deal with violence cases or medically equipped rooms for examining victims. Although police services are available to all women, including domestic workers, the study shows that it is sometimes difficult to reach such services in rural and remote areas, which negatively affects Governments' ability to offer effective services to victims in the ESCWA region.

## *2. Health-care services*

The responses show that participating ESCWA member countries provide services to victims either free of charge, for a nominal fee or only to persons who possess an insurance card, as is the case in Palestine. Such services are also absent in some rural and remote places in certain countries. Health-care services are available to women of all social groups in all countries, excluding Qatar where such services are not offered to domestic workers. The most prominent challenges faced by such services are linked to policy, in particular the absence of standardized protocols for partnerships with parties specializing in cases of violence against women, which is directly linked to the absence of an integrated referral system and the weak capacities of health-care providers. Moreover, victims are reluctant to report instances of violence and to seek psychiatric treatment.

It is worth noting the absence of a medical referral system in most participating ESCWA member countries, with the exception of Palestine that reported the development of a referral system that is currently being adopted, and Qatar where victims are referred to relevant bodies through the Hamad Medical Corporation. Countries are also not fully aware of the international standards that should be implemented when providing health-care services to victims.

## *3. Legal assistance services*

Most ESCWA member countries noted the absence of legislation that criminalizes domestic violence, stating that specific laws to protect women from violence do not exist because such cases are covered by provisions in their penal codes. Only Jordan confirmed the existence of a specific law for the protection of women from domestic violence. Bahrain, Iraq and Lebanon reported the existence of draft bills for the protection of women from domestic violence that are awaiting official adoption. Participating countries offer various legal services to victims, including complaint registration, legal assistance, legal advice and legal representation in court. Non-governmental organizations actively participate in the provision of such services in all parts of some countries and in specific areas in others, such as in Bahrain, Jordan and the Sudan. Legal services are free in all countries except in Egypt and Lebanon. Women of all ages and social backgrounds benefit from them, noting that refugees, migrants and domestic workers do not enjoy such services in countries where those groups exist in large numbers. There are several challenges that hamper the provision of legal services, such as the absence of laws that deter offenders, lack of funding and unqualified legal personnel in this area.

## *4. Counselling, listening and support services*

There are several official bodies that provide counselling, listening and support services and their availability varies between countries. In general, such services are not available in rural and remote areas in most participating countries. Participating countries also indicated a lack of staff. Moreover, the absence of an integrated referral system impedes the effective provision of services that could potentially be available to victims, especially in terms of counselling, listening and support services.

## *5. Hotline services*

Government hotline services are available in all participating countries excluding Lebanon and Palestine where non-governmental organizations specializing in this area fill the gap. Women of all ages and social backgrounds can benefit from hotline services, including married and unmarried women, refugees

(with the exception of Bahrain and Egypt), migrants (excluding Egypt) and domestic workers (excluding Qatar). Regarding the geographical scope of services, the Sudan reported their absence in several areas because of a lack of telephone networks. It should be noted that only three countries have adopted, or are in the process of adopting, a referral system via hotlines, namely Jordan, Palestine and Qatar.

Despite the leading role played by non-governmental organizations in the provision of hotline services to victims, such services face challenges linked to laws, given that there is no legal cover to transfer calls to family protection departments and other relevant bodies. This shows that the majority of countries have developed specialized mechanisms for the provision of hotlines services without establishing a legal framework that determines and implements those mechanisms. Moreover, the surveys highlight the need to adopt an integrated referral system and build the capacities of service providers so that victims can fully benefit from government services.

#### *6. Rehabilitation services*

All participating countries reported the existence of government shelters, excluding Kuwait, Lebanon and the Sudan. The Lebanese Government has however contracted four non-governmental shelters to provide their services. In general, shelters offer rehabilitation, medical and psychiatric services and focus on protecting victims and their children from danger. The responses showed that countries did not fully understand the meaning of international standards, given that they simply indicated the lack of trained staff in this area to welcome and house victims. They also indicated the lack of quality indicators for shelter services.

#### *7. Capacity-building*

Most participating countries offer literacy and financial empowerment programmes. However, responses indicted the possibility of a wider scope for partnerships between government and non-governmental bodies in capacity-building programmes for victims. They also indicated a lack of government training programmes aimed at offenders.

#### *8. Prevention programmes*

The surveys revealed that there was confusion in some countries regarding the difference between awareness-raising programmes and advocacy programmes, indicating a lack of understanding by government bodies of the concept of advocacy i.e. lobbying decision-makers so as to change the situation of women, especially by amending laws and combating discriminatory behaviour. The study showed that the media was used in several countries, especially in Bahrain and Palestine, to combat violence against women. Religious leaders are also targeted in advocacy programmes, as is the case in Bahrain, Iraq, Qatar and Yemen.

Participating countries have launched various awareness-raising campaigns. It should be noted that most campaigns were launched in conjunction with the 16 days of Activism against Gender Violence annual campaign, initiated by the Secretary-General of the United Nations. Partnerships in this field include various governmental and non-governmental organizations.



## II. SERVICES OFFERED TO VICTIMS BY CIVIL SOCIETY ORGANIZATIONS

Part two of the present report outlines the types of services offered to victims by civil society organizations participating in the study, namely 33 non-governmental organizations from 11 Arab countries. The distribution of the organizations by country is not representative of country size or the number of organizations in them. Thirteen non-governmental organizations from Iraq participated in the questionnaire, six from Lebanon, four from Jordan, two from the Sudan, two from Egypt and one from each remaining country, as shown in table 11 below.

TABLE 11. NUMBER OF NON-GOVERNMENTAL ORGANIZATIONS PARTICIPATING IN THE SURVEY

Country	Number
Jordan	4
United Arab Emirates	1
Bahrain	1
Syrian Arab Republic	1
Sudan	2
Iraq	13
Palestine	1
Lebanon	6
Egypt	2
Morocco	1
Yemen	1
<i>Total</i>	33

### A. TYPES OF SERVICES PROVIDED BY NON-GOVERNMENTAL ORGANIZATIONS

Participating non-governmental organizations offer various services. Listening and guidance services are the most common, offered by 62 per cent of participating organizations, followed by counselling and psychiatric services that are provided by 55 per cent of participating organizations, followed by rehabilitation services offered by 45 per cent of the organizations, followed by one-stop centres in 38 per cent of organizations; 35 per cent offer shelter services and 24 per cent provide medical services. Table 12 sets out these percentages.

TABLE 12. AVAILABLE SERVICES AND THEIR BENEFICIARIES  
(Percentage)

Services	Availability	Free or for a nominal fee	Ease of access using public transport	Rural areas	Compliance with international standards	Beneficiaries
Listening and social guidance services	62	48	31	45	62	Married women: 62 Unmarried women: 59 Refugees: 55 Migrants: 38 Domestic workers: 45 Other groups: 28
Listening, counselling and psychiatric and social support services	55	41	31	28	59	Married women: 55 Unmarried women: 55 Refugees: 28 Migrants: 28 Domestic workers: 31 Other groups: 28
Medical services (treatment of physical injuries)	24	14	10	17	21	Married women: 38 Unmarried women: 31 Refugees: 14 Migrants: 14 Domestic workers: 21 Other groups: 17

TABLE 12 (*continued*)

Services	Availability	Free or for a nominal fee	Ease of access using public transport	Rural areas	Compliance with international standards	Beneficiaries
Rehabilitation services	45	41	28	31	31	Married women: 48 Unmarried women: 45 Refugees: 24 Migrants: 21 Domestic workers: 24 Other groups: 24
One-stop centres	38	31	28	31	35	Married women: 31 Unmarried women: 28 Refugees: 17 Migrants: 10 Domestic workers: 14 Other groups: 14
Shelters	35	21	14	21	17	Married women: 31 Unmarried women: 10 Refugees: 14 Migrants: 10 Domestic workers: 17 Other groups: 28

### 1. *Types of services, their availability and beneficiaries*

The services provided by participating non-governmental organizations to victims can be divided as follows.

#### (a) *Listening and social guidance services*

Listening and social guidance services are the most widely available and are provided by 62 per cent of participating non-governmental organizations and are offered to victims free of charge or for a nominal fee in 48 per cent of organizations. It is possible to reach 31 per cent of those organizations using public transport and 45 per cent of them are in rural areas. Women from various social groups benefit from these services: 62 per cent of married women, 59 per cent of unmarried women, 55 per cent of refugees, 45 per cent of domestic workers, 38 per cent of migrants and 28 per cent of women from other social groups. The organizations reported that 62 per cent of those services comply with international standards.

#### (b) *Listening, counselling and psychiatric and social support services*

In this regard, 55 per cent of organizations offer such services, 41 per cent of which are provided free of charge or for a nominal fee. It is possible to reach 31 per cent of these organizations by public transport and 21 per cent of them are in rural areas. Married and unmarried women benefit from them equally (55 per cent), as do 31 per cent of domestic workers and 28 per cent of migrants, refugees and other social groups. The organizations stated that 59 per cent of those services are in accordance with international standards.

#### (c) *Rehabilitation services*

Around 45 per cent of organizations provide such services, 41 per cent of them free of charge or for a nominal fee. It is possible to reach 28 per cent of organizations by public transport and 31 per cent of them are in rural areas. Around 48 per cent of married women benefit from them, 45 per cent of unmarried women, 24 per cent of refugees, domestic workers and women from other social groups and 21 per cent of migrants. The organizations indicated that 31 per cent of their services met international standards.

(d) *One-stop centres*

One-stop centres offer medical and counselling services to victims in one place. Around 38 per cent of non-governmental organizations offer such services, 31 per cent of which are offered free of charge or for a nominal fee. It is possible to reach 28 per cent of them using public transport and 31 per cent are in rural areas. Around 31 per cent of married women and 28 per cent of unmarried women benefit from them, as do 17 per cent of refugees, 14 per cent of domestic workers, 10 per cent of migrants and 14 per cent of women from other social groups. The organizations reported that 35 per cent of their services complied with international standards. In his in-depth study on all forms of violence against women, the Secretary-General of the United Nations, Ban Ki-moon, said that one stop-centre services are considered to be a best practice, as explained in the box below.

**Box. One-stop centres**

One of the best-known good practices in service provision involves bringing together services in one location, often called the “One-stop centre”, an inter-agency unit for victim/survivors of domestic or sexual violence. Such a service was first developed in the largest Government-run general hospital in Malaysia. The victim/survivor is first examined and treated by a doctor and is seen by a counsellor within 24 hours in a separate examination room that protects privacy and confidentiality. If it appears that the victim will be in danger if she returns home, the doctor or counsellor arranges for her to go to an emergency shelter or admits her to the accident and emergency ward for 24 hours. If the patient chooses not to seek shelter, she is encouraged to return to see a social worker at the hospital at a later date. She is also encouraged to make a police report at the police unit based in the hospital. In a case involving severe injury, the police see the patient in the ward to record her statement and start investigations. This model is currently being replicated in much of Asia as well as in other countries, including South Africa.

Source: In-Depth Study on All Forms of Violence Against Women, Report of the Secretary-General, 2006. A/61/122/Add.1.

(e) *Shelter services*

Of the participating organizations, 35 per cent offer shelter services, 21 per cent of which offer them free of charge or for a nominal fee. It is possible to reach 14 per cent of them by public transport and 21 per cent are in rural areas. Around 31 per cent of married women benefit from them, 14 per cent of refugees and 10 per cent of unmarried women. The organizations claim that 17 per cent of the services complied with international standards.

(f) *Medical services*

Medical services for the treatment of physical injuries are the least available of all services provided by non-governmental organizations as only 24 per cent offer them; 14 per cent of which are free of charge or for a nominal fee. It is possible to arrive at 10 per cent of the organizations using public transport and 17 per cent of them are in rural areas. Around 38 per cent of married women benefit from them, as do 31 per cent of unmarried women, 21 per cent of domestic workers, 17 per cent of women from other social groups and 14 per cent of migrants and refugees. The organizations reported that 21 per cent of such services met international standards.

2. *Women who benefit from services offered by non-governmental organizations*

Participating non-governmental organizations reported that married women top the list of those who benefit from services available to victims, directly followed by unmarried women, then refugees, then migrants and lastly domestic workers.

The organizations also stated that women aged between 18 and 40 benefited the most from victim services, followed by women aged between 41 and 50, then those aged over 50. Most of those women are

unemployed or have marginal jobs. A large number of them work in family projects for no pay. Some have managerial jobs and very few have senior managerial positions.

### *3. Challenges faced by non-governmental organizations in providing services for victims*

The challenges faced by non-governmental organizations in providing services for victims can be divided into the following three categories.

(a) *Challenges linked to prevailing stereotypes:*

- Women have been lumbered with certain social stereotypes, such as being the ones responsible and to blame if they are being abused given that they did not obey their men or did not fulfil whatever desires they might have. If some service providers agree with this mentality this might negatively impact the quality and effectiveness of services;
- Another stereotype that exists in Arab countries that hampers the provision of services is the refusal to allow outsiders to assist in resolving family problems, because the family is considered to be a private domain in which others should not interfere;
- Most victims refuse psychiatric treatment because of social stigma and their unawareness of the impact of violence on their state of mind;
- Most victims are reluctant to speak out about their situation and are unable to explain their problems in detail.

(b) *Challenges linked to the lack of policies and funds at the national level:*

- Lack of laws protecting women from domestic violence, causing victims to repeatedly frequent service centres in fear of their aggressors;
- Difficulties in monitoring cases because victims do not remain in one place and their contact details change;
- Lack of centres offering listening and counselling services in rural areas because of resource shortages for legal advisors and counsellors working in rural areas;
- Absence of policies or systems to protect service providers who are sometimes exposed to danger, especially when the nature of their work obliges them to be present during family disputes where women could be abused and service providers threatened;
- Absence of a joint mechanism to collaborate with embassies and consuls to facilitate deportation procedures for migrant victims and their monitoring in their homelands;
- Lack of coordination among government bodies and other active partners in the area of service provision.

(c) *Challenges linked to the capacities of non-governmental organizations:*

- Inability of organizations to provide all types of necessary services to victims, especially in terms of financial empowerment;
- Inability of organizations to offer services outside of official working hours, which poses a problem for victims who are most in need of such services, especially in the absence of centres that welcome emergency cases and of night services during public holidays;

- Absence of single organizations that can offer all necessary legal, social, medical and rehabilitation services to victims;
- Lack of specialized centres and organizations that can handle victims who abuse narcotics;
- Absence of child friendly areas in shelters for victims' children;
- Inability of organizations to carry out studies to understand the need of different residential areas in terms of shelters and to assess the extent to which communities would accept their presence, sometimes resulting in partially empty shelters.

#### 4. *Impact of services provided by non-governmental organizations on victims*

The services provided by non-governmental organizations to some victims of violence have changed their lives and futures. They have transformed them from victims to active members of society. They have also helped victims break the cycle of silence regarding violence, discover their capacities and positively apply them, overcome their violent experiences and move forward in life.<sup>34</sup> The participating Lebanese institutions that combat violence against women reported that programmes and services for victims have helped financially empower them by teaching them a trade, building their capacities and helping them regain their mental stability, thus making them financially and morally independent and able to live a healthy life and reintegrate into society.

Organizations do not adopt the same approach for combating violence against women. Some adopt the same traditional approach as families and religious leaders in conservative societies, especially in rural areas. Using the pretext of conserving family relations, such organizations encourage the victim to return to her husband and to suspend all legal action against him. The capacities of such organizations need to therefore be enhanced so that they can review their work in this area. For example, some organizations in Egypt believe that encouraging a victim to marry her rapist will positively impact her life. This highlights the patriarchal culture of the staff in some non-governmental organizations, especially those established in poor or remote areas. They adopt the prevailing culture that violates international agreements, human rights and scientific facts that describe the damaging mental effects that all forms of violence have on women.

#### B. PROTECTION SERVICES PROVIDED TO VICTIMS BY NON-GOVERNMENTAL ORGANIZATIONS

Non-governmental organizations offer victims the following protection services.

##### 1. *Legal assistance services*

Violence against women is affected by existing legal systems and their implementation mechanisms. Family laws that differentiate between men and women, if they exist, limit women's ability to demand their rights and to meet their children's financial needs. Non-governmental organizations in ESCWA member countries therefore focus on offering three types of legal assistance to victims: they prepare a case in the

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<sup>34</sup> Following a long period of suffering, an Egyptian woman was able to escape the physical and mental abuse inflicted by her husband by seeking refuge at a deaf and mute association in Egypt. After receiving systematic listening and counselling services, she was able to overcome her crisis, reintegrate into society and participate in public life. She decided to play a positive role in society and she pioneered a programme to assist victims in seeking assistance from centres providing listening and counselling services. She also helped them participate in women development programmes to learn small crafts that could secure them a regular income. A Jordanian woman who was also abused by her husband and family said that when she had arrived at the Jordan River Foundation to request services for the time she had had difficulty clearly and directly expressing her thoughts and emotions, and was unable to make decisions. She was also suffering from an enlarged thyroid because of her bleak state of mind. After the specialists at the Foundation were informed of her situation, she was offered psychological support that had a positive effect on her health and mental state. When describing the effect that psychological intervention had on her life, she said that she now had a positive outlook and a detailed plan for the future. She also indicated that she felt at home at the Foundation because she felt safe and secure there.

victim's name and take all necessary legal procedures; they offer relevant legal advice; and they raise awareness of victims' legal rights in particular and women's rights in general (figure IV).

**Figure IV. Legal services provided to victims by non-governmental organizations**



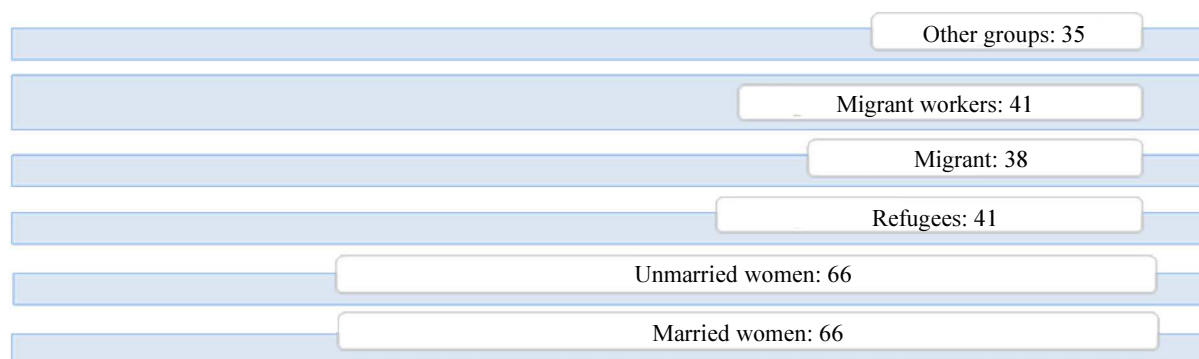
(a) *Types of legal assistance and benefiting groups*

Around 52 per cent of participating organizations reported that they offer various legal services, such as legal counselling, legal representation and advocacy services in court and with other official institutions.

For example, the Women's Centre for Legal Aid and Counselling in Palestine offers legal representation in all types of courtrooms. Palestinian women who live in the Occupied Palestinian Territory benefit from such services (married and unmarried women) as do refugees, migrants and Ethiopian and Somali domestic workers. In Bahrain, the Aisha Yateem Centre offers legal advice and guidance to victims enabling them to document the violence against them in medical centres. In Egypt, a deaf and mute association offers sign language services before the relevant judicial authorities to provide legal support for victims. In Iraq, such services are extended to widows, divorcés, wives of missing and detained men and abandoned wives.

Figure V below shows the percentage of victims from different social groups who benefit from legal assistance services.

**Figure V. Social groups benefiting from legal assistance services provided by non-governmental organizations**  
(Percentage)



(b) *Legal cases presented by organizations on behalf of victims*

There are various types of legal cases presented by organizations on behalf of victims, including divorce on the grounds of cruel treatment, alimony, inheritance, monthly maintenance and abuse. Some organizations give legal advice directly at their headquarters or via hotlines. Around 66 per cent of participating organizations offer free legal assistance services and 35 per cent provide legal aid to women in need.

(c) *Effect of legal assistance on victims' lives*

Legal assistance has a positive effect on victims, especially those finding it hard to make ends meet. Around 66 per cent of participating organizations said that their services had made a visible change in the lives of victims. For example, the Yemeni Women's Union offered legal representation services to 55 women. The Aisha Yateem Centre said it had helped a woman escape from constant physical and mental abuse. It offered her social guidance services and supported her in bringing her case to court. It also found her a place in a shelter and continued to monitor her until her situation became stable and was granted a divorce.

(d) *Challenges faced by non-governmental organizations when offering legal services*

The challenges faced by non-governmental organizations when providing legal services to victims can be divided into the following three categories:

(i) Challenges linked to ignorance of the law and to prevailing stereotypes:

- Unawareness of the services provided by organizations;
- Reluctance of victims to press charges thus limiting themselves to receiving legal advice in the light of prevailing stereotypes and in fear of social stigma;
- Unawareness of victims that they should collect evidence that supports their legal case;
- Difficulty in explaining complex legal procedures to uneducated victims, meaning that they do not follow the legal advice they receive;
- Lack of consensus among family members on the details of the case or when legal proceedings are initiated;
- Erroneous preconceived thoughts on the low quality of free services.

(ii) Challenges linked to general policies and the absence of necessary funds at the national level:

- Focus on funding institutions that serve refugees, meaning that nationals do not benefit from such services;
- Lack of quality services aimed at victims with special needs, complicating communication processes and necessitating the assistance of specialists for each disability;
- Victims waiving all their financial rights when requesting khula (Islamic divorce);
- General weakness of legal proceedings and absence of a specific law on domestic violence;
- Length of legal proceedings;
- Difficulty of proving damage in divorce cases;
- Lack of cooperation from some police stations in legal assistance issues;

- The Israeli occupation in Palestine and existing policies pose fundamental obstacles that impede the provision of services to Palestinian women, namely the proximity of residential areas to military areas, settlements and marginalized areas which complicate victims' journeys to organizations and weakens the organizations' ability to branch out and offer services.

(iii) Challenges linked to the capacities of non-governmental organizations:

- Lack of funds to pay lawyers;
- Shortage of lawyers who can provide such services, meaning that organizations cannot assist in all cases.

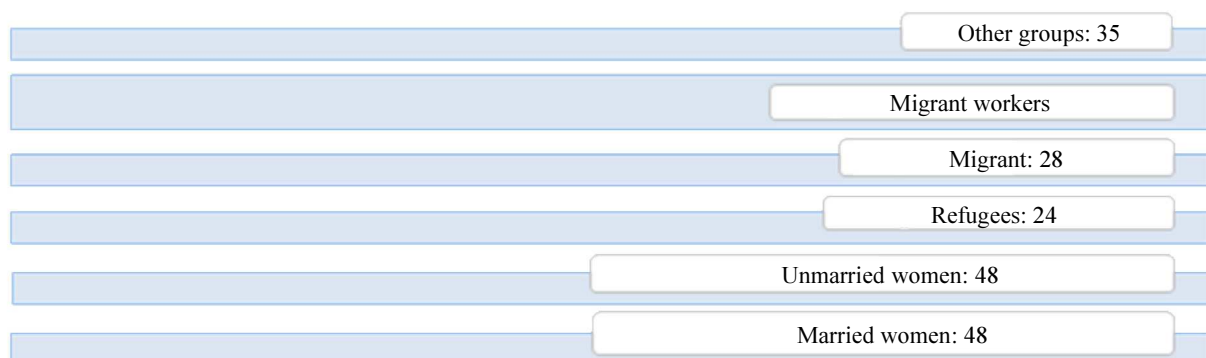
## 2. Hotline services and referral systems

### (a) Types

The responses showed that 52 per cent of participating organizations offer free hotline services, but 41 per cent do not offer them 24 hours a day. Around 31 per cent of the organizations consider that their hotlines services meet international standards. They also reported that the main groups benefiting from hotlines was married women, followed by unmarried women, refugees, migrants, domestic workers and lastly widows, divorcees, wives of missing persons, abandoned wives and wives of detainees. A Lebanese organization added single mothers and sex workers to the list of groups benefiting from hotline services (figure VI).

Around 35 per cent of participating organizations offer referral services to government authorities. In Iraq for example, a case might be referred to a family court, a family protection unit at police headquarters, a mental health unit in a hospital or to the Social Welfare Department under the Ministry of Labour and Social Affairs, where cases are jointly and continuously monitored. Some Iraqi organizations refer cases to lawyers to commence legal proceedings, to health-care institutions if victims require medical treatment or to organizations that welcome victims and offer them shelter. Referrals are generally carried out in collaboration with government authorities (municipal councils, provincial councils, the Supreme Judicial Council, family courts, implementation departments, the Ministry of Labour and Social Affairs and the ministries of education and health). The referral system in Jordan has many forms. The Jordanian ARDD-Legal Aid Centre, for example, coordinates with the family protection centre under the general security service, which in turn offers protection to victims and might refer them for counselling if necessary. The Jordan River Foundation has signed agreements with several governmental and non-governmental organizations for victim referral when necessary. Many organizations mentioned that referrals can also be done in writing.

**Figure VI. Victims benefiting from hotline and referral services**





(b) *Effect on victims' lives*

Participating organizations confirmed the massive benefits of hotlines and referral systems for victims, especially in terms of providing legal protection, medical and social services.

The Iraqi organization No Violence, for example, stated that its hotline services assisted victims in breaking down the barriers of fear and hesitation. Contacting the hotline was the first step towards acknowledging the services available to victims.

The Yemeni Women's Union indicated that over 4,700 victims benefited annually from legal assistance and mental support through hotlines. Victims were also trained in various life skills enabling them to join the labour market. It also offered them grants and loans to develop projects that would secure an income for them.

(c) *Challenges faced by organizations that offer hotline services*

(i) Challenges linked to culture and prevailing stereotypes:

- Lack of information from callers because of a lack of confidence in service providers and fear of personal information being leaked;
- Reluctance of victims to disclose information through fear of their husbands or social stigma;
- Victims' unawareness of their rights and the existence of hotlines.

(ii) Challenges linked to general policies and lack of necessary funds at the national level:

- Difficulty in obtaining clear information from children callers reporting abuse or harassment;
- Lack of hotline services in remote areas because of the absence of telephone lines: victims cannot find a private place to make the call; the service is not free of charge; and most victims do not own a mobile phone;
- Lack of hotline coverage in certain areas;
- Shortage of funds allocated to hotlines meaning that the service cannot be provided 24 hours a day;
- Continuous power cuts leading to a suspension of services.

### 3. *Rehabilitation services*

(a) *Shelter services*

Some participating non-governmental organizations reported that they faced several challenges when providing safe, urgent or temporary shelter services to victims. The most prominent challenges are a lack of shelters, a lack of funding for their establishment, difficulty in finding an appropriate place to house victims' children and shelter non-compliance with international standards.

(b) *Capacity-building programmes and their effect on victims' lives*

Over 50 per cent of the participating organizations offer counselling, social and financial support programmes; two thirds of them offer skill building programmes; one third offer loan programmes; and 45 per cent offer literacy programmes. Victims can also take language and general knowledge courses; learn a craft; participate in group therapy sessions; movement therapy; sport and personality development sessions; and develop technical and vocational skills. In the majority of cases, victims are given small loans. The

Yemeni Women's Union, for example, offers numerous life skills programmes. Moreover, the Dubai Foundation for Women and Children offers English and Arabic language courses, computer courses and handicraft courses, such as tailoring, drawing and other art forms. The products are sold to provide income for victims.

Participating organizations indicated the positive effects of capacity-building programmes by mentioning specific personal experiences, as follows:

ARDD-Legal Aid in Jordan confirmed that making victims aware of their rights and of the legal procedures available to them encouraged them to seek legal assistance to demand their rights and punish offenders and to include preventative legal provisions in marriage contracts to guarantee their rights.

In Lebanon, the Maryam and Martha Community assisted victims in acquiring hairdressing qualifications allowing them to find work.

Iraqi organizations agreed that vocational training courses, such as tailoring, gave women confidence and empowered them to depend on themselves, making them more aware of their legal rights. These organizations offered literacy and life skills programmes to victims as well as training courses to make them aware of their rights. In Iraq, the Women for Peace Association described the experience of one woman who became the breadwinner after she lost her husband during the 2007 violence. This woman benefitted from a loan programme and secured a small loan that she then doubled thus enlarging her business, changing her lifestyle and enabling her children to return to school.

In Egypt, a deaf and mute association offered a unique example when describing the case of a deaf illiterate victim who participated in a literacy programme, continued her studies and was offered a job teaching information technology. The Women's Development Association in Egypt described the case of a victim who took shelter there and participated in several training and capacity-building programmes, allowing her to help other victims.<sup>35</sup>

### (c) *Capacity-building challenges*

The challenges faced by non-governmental organizations when offering capacity-building services to victims can be divided into the following three sections:

#### (i) Challenges linked to prevailing stereotypes:

- Difficulty in attracting mothers who cannot leave their homes and children;
- Difficulty in convincing male family members to allow women to participate in empowerment and capacity-building sessions.

#### (ii) Challenges linked to lack of funding:

- Shortage of funds to implement empowerment and capacity-building activities.

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<sup>35</sup> This woman has six children and was subjected to various forms of violence by her husband. She took shelter in a rural development centre in a village in Egypt and described her situation to the counselling unit there. The counselling and social support sessions on offer allowed her to combat the violence. She agreed to a meeting with her husband in the presence of a lawyer, a social worker, a mental health expert, a sheikh, her relatives and her husband's relatives to reach a solution that would protect her from violence. In addition to those sessions, the victim participated in several other programmes and in awareness-raising seminars on women's rights. She joined literacy classes and at the time of writing she was in her first year of secondary school. She also joined a skill building centre to learn crafts. She then received a loan to fund her project and joined a programme to assist other victims and urge them to benefit from the centre's services. She is currently participating in group therapy sessions to find a way to deal with her husband and children without violence.

(iii) Challenges linked to the capacities of non-governmental organizations providing services:

- Lack of government organizations for monitoring and implementation.

#### 4. *Prevention programmes*

##### *Advocacy and support-building programmes: target groups and partners*

Around 59 per cent of participating organizations implement advocacy and support-building programmes and 66 per cent carry out awareness-raising campaigns to combat violence against women. Target groups differ among organizations. Some aim advocacy programmes at men of different ages only and others target women. The majority of organizations prefer to target society as a whole, sometimes focusing on certain professions or age groups. For example, the Dubai Foundation targets all members of society (pupils, students, legal guardians and government employees). The Aisha Yateem Centre in Bahrain targets all social groups and the Maryam and Martha Community in Lebanon targets young people (pupils, students and some civil society groups). Iraqi associations target, in addition to the above-mentioned categories, clan leaders who are influential in local communities; men, especially in rural areas; other influential personalities such as religious leaders and officials; women aged between 16 and 39; women heads of households; private and public sector employees; the media; and educators. In Palestine, the Women's Centre for Legal Aid and Counselling targets university students of all subjects; staff providing services to women in the social and health-care sectors; police authorities; and decision-makers in civil society and governmental institutions.

Organization partners in advocacy programmes include governmental and non-governmental organizations, international organizations, academics, religious leaders, activists, victims and media outlets.

#### 5. *Rehabilitating offenders*

The survey responses show that very few participating organizations undertook offender rehabilitation. Only 21 per cent of organizations offer them anger management programmes, 28 per cent provide counselling, 21 per cent offer support services and 25 per cent have programmes for their social reintegration.

The challenges faced by organizations in this area can be summarized as follows:

- Absence of a law obliging men to attend rehabilitation sessions;
- Lack of coordination between governmental and non-governmental organizations to monitor such cases.

#### 6. *Organizations' attempts to develop their work*

The responses from participating non-governmental organizations showed that some of them were striving to change the methods and mechanisms of their work, after realising that the written approach did not lead to desired results in such a complicated field and that unilateral intervention, be it horizontal or vertical, was not sufficient to combat the cycle of violence. All stakeholders must therefore work in all directions: cyclically, horizontally and vertically. The new approach focuses on two factors:

##### (a) *Working with men and boys to combat violence against women*

Around 66 per cent of participating organizations reported that they had adopted prevention programmes for men and boys, 25 per cent indicated that they had shared their experiences in this area with other organizations and 24 per cent stated that they had shared their experiences of involving men with other

institutions or countries. A large part of those experiences were propagated at conferences and workshops. In this regard, the Yemeni Women's Union said that it had shared its experiences with the Equality Association for the Empowerment of Jordanian Women that had launched campaigns to determine a safe age of marriage and had succeeded in eliminating "obedience houses". Several organizations collaborated with the Association to implement those campaigns, as did numerous members of Parliament, the Shura Council and local councils.

(b) *Networking and partnerships in the area of victim service provision*

Given the numerous stakeholders involved in combatting violence against women and the impossibility of success if any party works alone to end this phenomenon, networking and partnerships for service provision have become unavoidable. Networking is a strategy aimed at establishing a participatory relationship between several units in a cooperative framework so as to arrive at common policies and work procedures; and to exchange information and experiences to build capacities and share resources so as to achieve common goals and meet general interests, provided that each organization maintains its independence. Networking can be carried out at the local, national or international levels.<sup>36</sup>

In February 2008, the General-Secretary of the United Nations, Ban Ki-moon, launched a campaign entitled *Unite to End Violence against Women*<sup>37</sup> that adopted a long-term approach to combat violence against women and girls across the world.

The campaign urges Governments, civil society, women's organizations, young people, the private sector, the media and the United Nations to collaborate to combat the scourge of global violence against women and girls.

The campaign aims to achieve the following five goals in all countries by 2015:

- Develop national laws to combat all forms of domestic violence against women and girls and punish offenders;
- Adopt and implement multi-sectoral national work plans in this area;
- Improve the gathering of data on the spread of violence against women and girls;
- Raise general awareness and encourage social participation;
- Combat violence with new creative methods.<sup>38</sup>

Around 55 per cent of participating organizations indicated that they had developed a networking strategy with other non-governmental organizations and government organizations tasked with implementing programmes to protect victims of violence. Moreover, over two thirds of participating organizations (62 per cent) said they used networking systems to provide legal aid and social and economic empowerment services and 48 per cent use them to offer health-care services (figure VII).

Organizations develop networks with various stakeholders, including government bodies and civil society institutions. Government bodies include the police; community police; women's police; and ministries of social development, housing, health and awqaf. Government services also cover teaching in schools and universities, elderly care, psychiatric hospitals, childcare institutions and lawyers. Civil society institutions include women's unions and associations, family health centres, shelters for victims of violence, business associations, exhibitions of products made by victims, lawyers associations and volunteer doctors and lawyers.

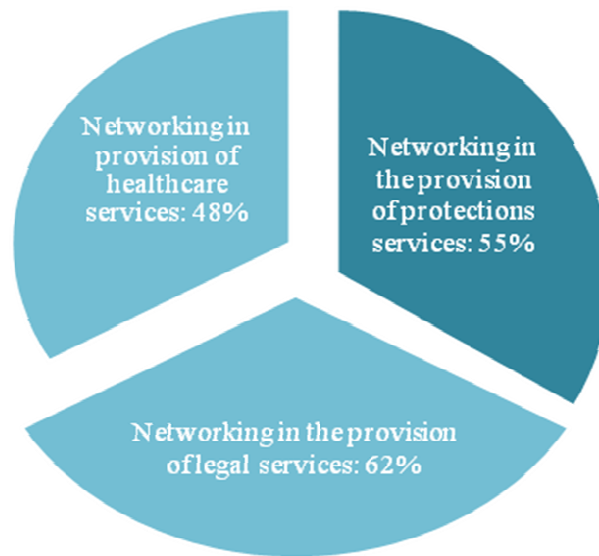
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<sup>36</sup> <http://uqu.edu.sa/page/ar/44702>.

<sup>37</sup> [www.un.org/ar/women/endviolence/situation.shtml](http://www.un.org/ar/women/endviolence/situation.shtml).

<sup>38</sup> Ibid.

**Figure VII. Networking for the provision of services to victims of violence**



(c) *Mechanisms for the transfer of experiences between organizations*

Organizations have the opportunity to exchange experiences among themselves and to network by participating in conferences and in national, regional and international events, and through training sessions aimed at officials in shelters and support centres in some countries. The Jordan River Foundations indicated that many organizations in Arab countries showed interest in its personal experiences in protecting victims from violence and developing advocacy campaigns.

C. CONCLUSION

In general, the responses of the participating non-governmental organizations in ESCWA member countries showed that national experiences were growing in the area of combatting violence against women and providing services to victims. They sometimes complement government services, bridge any existing service gaps or are completely responsible for service provision. Their activities and involvement, regardless of quality, effectiveness and comprehensiveness, have therefore become recognized by all stakeholders. The differences between those organizations should be noted in terms of the types and quality of services offered; their methods; compliance with international standards; and their target groups, preparedness, work mechanisms, geographical scope and approaches.

However, most organizations generally share the same challenges, summarized as follows:

- Providing low-cost services that do not require a large skill base and top of the range equipment and venues. Listening, social guidance and counselling services and social support topped the list of services provided by those organizations, followed by rehabilitation and one-stop services, and lastly shelter and health-care services. This shows that organizations do not have the capacity to offer specialized staff and funding;
- Lack of common mechanisms between organizations and between them and the government sector;
- The need to establish an integrated system that can provide all necessary services to victims, including legal, social, health-care and rehabilitation services, that cover all areas and social groups. This is highlighted by the weakness of referral systems, given that only 35 per cent of participating organizations offer referral services. Such services are also limited in rural and remote areas;

- Organizations do not develop a personal character on the service provision level. They have fragmented their efforts horizontally rather than vertically by providing several types of services to victims, causing a lack of expertise in service provision. For example, work on prevention programmes differs greatly from protection and rehabilitation programmes. Each area needs a team of experts, staff and various mechanisms. Rather than offer several services, each organization should focus on providing one expert quality service;
- Organizations do not refer to studies on the actual needs of cities and neighbourhoods they service and do not assess the tolerance levels of residents, sometimes leading to the establishment of partially empty shelters;
- Organizations waste time and effort because of the absence of common mechanisms with government institutions on monitoring, implementation and finding job opportunities for victims that participated in rehabilitation and capacity-building programmes. Moreover, no mechanisms exist for collaboration with embassies and consuls to facilitate deportation procedures for foreign victims and to monitor them in their homelands;
- Services provided by non-governmental organization are affected by legal issues in countries where they are active, such as weak legal procedures, absence of a specific law on domestic violence, length of legal proceedings and difficulties in implementing rulings, such as custody decisions and “Khula” issues;
- Services provided by organizations are affected by weak infrastructure, such as continual power cuts leading to service suspension, and low-income victims not owning personal communication devices;
- Some organizations and their staff are influenced by prevailing stereotypes in their societies, hampering their work and causing them to adopt practices such as reconciliation between victims and aggressors;
- Financier focus on funding activities in conflict areas and dangerous places and on treating the results of violence rather than taking precautionary measures to prevent it;
- Lack of focus on perpetrators of violence against women, given that only 21 per cent of participating organizations offer anger management programmes.

Nevertheless, those organizations continuously strive to develop their work mechanisms despite the great challenges they face in the provision of services to victims and violence prevention. They have adopted modern approaches in their work, such as involving young people and men in their activities; not solely focusing on women; and striving to exchange experiences and develop partnerships between them, the public and private sectors and international organizations.

### III. SUGGESTIONS FOR SERVICE DEVELOPMENT

Regardless of the quality of services provided by Governments in the countries that participated in the study, the existence of such services is an acknowledgement that violence against women is no longer a private issue in the family home but has become a public issue open to discussion at the social level. This concession came as a result of women movements, the activities of non-governmental organizations and international treaties, especially CEDAW. It is also the result of a broader understanding of the concept of due diligence: requesting that countries comply completely with international law; holding non-governmental parties accountable for their acts of violence; and taking preventative measures against violence by amending laws, ensuring social justice, providing services and implementing prevention programmes.

This implicit acknowledgement has raised awareness of the important role government and non-governmental organizations play in combatting violence against women through partnerships between them. A single and comprehensive approach should be adopted by all parties, including victims and aggressors; and the various episodes that instigated or resulted from cycles of violence should be determined at all levels: prevention, protection and rehabilitation.

With regard to advertising services provided by governmental and non-governmental organizations in ESCWA member countries, it is clear that countries should adopt the following measures to combat violence against women and offer effective quality services to victims:

- Enacting laws that deter persons from committing violence against women, offer legal protection to victims and develop an effective judicial system that ensures equality among citizens. Such measures should help victims break their silence and encourage them to seek assistance from official institutions without fear or hesitation. Non-governmental organizations play a vital role in this regard by launching advocacy campaigns with the help of lawyers, rights activists, judges and women's movements to lobby the relevant authorities to hasten the enactment of such laws;
- Developing mechanisms to properly and simply apply laws and routine procedures to facilitate victims' access to legal services so as to demand their rights and ban law implementers (police, judges and medical institutions) influenced by prevailing social stereotypes from resorting to underhand methods, such as summoning reconciliators, religious leaders or tribal sheikhs to resolve the issue of violence in a so-called friendly manner, regardless of whether this friendly solution comes at the expense of victims' rights, humanity and dignity. Such measures can be developed if governmental and non-governmental organizations, international organization the United Nations, rights activists, academics and university students make a concerted effort to do so;
- Developing training of trainers programmes that meet international standards and educating the police and all legal personnel on the provisions of relevant international human rights treaties. This training should include the implementation of laws in all areas and should bridge the gap between international agreements and domestic laws;
- Institutionalizing a comprehensive referral system founded on effective partnerships between relevant government organizations, civil society institutions and non-governmental organizations, requiring the training of health-care and social service providers, law implementers and legal personnel on approaching victims, treating them and effectively and safely referring them. This training should result in the integration of medical and judicial services to facilitate combating violence against women;
- Striving to strengthen coordination, networking and partnerships between government bodies responsible for providing services to victims and relevant civil society organizations. The study shows that the provision of health-care services falls mainly on Governments. Non-governmental organizations offer counselling, shelter and hotline services, as well as empowerment and

rehabilitation programmes. It is therefore necessary to distribute responsibilities so as to avoid overlap or absence of certain services, dissipating efforts and hampering the provision of services;

- Adopting a holistic approach in providing numerous and varied services to victims, such as legal protection, safe shelters, counselling, social guidance and economic empowerment. This integrated approach requires the establishment of strong relations between organizations that provide services to victims that go beyond formalities, with a view to developing a unified vision for their empowerment and complete rehabilitation. The United Nations could assist organizations in adopting a standardized service provision approach, especially considering that the present study has highlighted the dangers of adopting several service provision approaches. This integrated approach should lead to a coordinated social response to cases of violence against women by developing constructive relations between the police, prosecutors, health-care providers, shelters, non-governmental organizations and community leaders;
- Working on expanding services to cover all geographical areas, especially rural and remote areas, and all social groups, including domestic workers and refugees, which requires adequate infrastructure (roads, transport and electricity);
- Carrying out self-evaluation and quality control exercises for services provided by governmental and non-governmental organizations and ensuring that they meet international standards; and developing specific quality indicators, especially considering that victims require service providers who can offer mental, physical and social support. Such measures require creativity, technical accuracy and compliance with international standards. It should be noted that such requirements increase in importance in rural areas that lack the majority of basic services for victims;
- Developing policies and programmes to empower victims economically and socially by offering them capacity-building training to learn new skills and finding them work. This would require governmental and non-governmental organizations to coordinate their work, especially considering that unfavourable economic and educational situations of victims and their dependence on their husbands are the main reasons behind them being subjected to violence;
- Raising awareness among men and women of the services available to victims and strengthening their confidence in them. The availability of services and their open implementation in society should eventually lead to them becoming socially acceptable. In contrast, violence against women is perpetuated if such services are not available, unrecognized or discredited because victims would have no recourse or solution to their problems in a society that forces them to accept their situation and live with violence.

The following requirements must be fulfilled to empower service providers and restore confidence in their services.

Firstly, respect the confidentiality of victims, ensure their safety and protect their dignity during the necessary legal procedures, especially considering that the present study has revealed the absence of special rooms for welcoming victims who are reporting violence, which could humiliate victims and make them reluctant to report offences.

Secondly, build the capacities of health-care service providers who assess violence cases. All women at some point in their lives come into contact with health-care providers, especially nurses and health workers under the Ministry of Health, placing them in a strategic position that allows them to approach victims and introduce them to the appropriate support services.

Thirdly, the police should follow the proper procedures that ensure the safety of victims, their family members and friends and that guarantee the non-reoccurrence of new acts of violence.



The following procedures should therefore be implemented:

- Developing a supportive social environment for victims that empowers them to combat violence without blaming them for its occurrence and that respects their humanity. This highlights the importance of communicating with families and raising awareness of the services available to victims. Families can offer support to women if they have the necessary information and they are made aware of women's legal and human rights and the services available to victims;
- Approaching the issue from a gender perspective, rehabilitating offenders and implementing youth training projects on negotiation, problem-solving and anger management skills, in collaboration with counsellors and social workers;
- Raising awareness among university students, especially those specializing in the health, human rights, media and psychology sectors, about the importance of combating gender based violence and encouraging them to establish observatories for violations committed by law implementers and the media against women in general, and victims in particular. This should nurture a rights culture founded on accountability and responsibility;
- Taking precautionary measures by raising awareness of the importance of combating gender-based violence, in collaboration with youth groups in universities, the media and rights activists in civil society; and by launching awareness-raising campaigns on human rights through all media channels and social networks aimed at both men and women.

## Annex I

### OVERVIEW OF PREVIOUS STUDIES

#### *Bahrain*

ESCWA, National Report of Bahrain, Beijing +15, 2009.

The report sets out Bahraini efforts to empower women in general and what was achieved following the completion of the 2004 report in particular. The report indicates the various services available to victims, underscoring shelter services. The Ministry of Social Development opened Dar al-Aman in 2007 that specializes in housing victims of domestic violence, noting that such services are available to national and non-nationals. Moreover, in 2007, the Aisha Yateem Centre was established, which is the only non-governmental shelter offering various services to victims of domestic violence.

Amal Tantawi et al., Violence against Women. Bahrain: Bahrain Centre for Studies and Research, 2005.

The study focuses on violence against women in Bahraini society, which varies according to the environment it is practised in, public or private. Domestic violence is considered to be one type of such violence given that it is a behaviour or action emanating from one member of a family against another, such as a husband against his wife, in a relationship of unequal power where stronger family members believe that they have the social authority to dominate, survey and punish weaker members, meaning that a husband has the right to control his wife, survey and punish her using all types of violence when she does not fulfil his wishes.

#### *Egypt*

USAID, Violence against Women, A General Overview of Services Available to Victims of Violence, 2009.

The report gives a general overview of the services available to victims in Egypt. It focuses on the basic services that exist to directly protect victims of violence, including health-care, shelter, counselling, hotline and legal services. The report also sets out the latest initiatives by non-governmental organizations aimed at combating violence against women through legal reform, research and awareness-raising. Pursuant to the two ministerial decisions of 2000, the Ministry of Social Solidarity established seven shelters for victims of domestic violence, one of which comes directly under the Ministry and the rest operate under non-governmental organizations on behalf of the Ministry. The Ministry's internal procedures indicate that the main aims of shelters are to welcome victims of domestic violence in emergency cases to protect them; and assist them in overcoming their difficulties, solving their problems and offering them social, health-care and counselling services; in addition to developing their skills, investing in their capabilities and offering them training. In 2005, the Association for the Development and Enhancement of Women established an eighth shelter for victims of domestic violence, House of Eve, which is the only shelter that is independent of the Ministry.

Centre of Arab Women for Training and Research (CAWTAR), Egyptian Society and Violence against Women, 2006.

The study indicates that the worst forms of violence against women are honour crimes, battery, female genital mutilation, child marriage, sexual abuse, spousal rape and workplace violence. The study highlights the efforts made by governmental and non-governmental organizations to combat violence against women in Egypt. The most prominent successes include the establishment of the National Council for Women whose role is limited to planning and coordination (not implementation), the Family Court and the National Council

for Human Rights. The Ministry of Social Affairs opened 150 guidance and counselling centres for victims of domestic violence in four provinces. Several non-governmental organizations established legal and social assistance centres that can refer victims to other relevant bodies and that raise awareness among women on how to demand their rights.

### *Iraq*

Amnesty International, *Iraqi Civilians under Fire*, 2010.

The report focuses on civilians who are put in danger because of their jobs, their political activism or their identity. It examines the services available to victims and concludes that the Iraqi Government did not provide shelters to house victims of domestic violence although there are several shelters in the Kurdistan region of Iraq that offer short or medium-term stays to victims but do not assist them in finding permanent solutions to their problems. It should be noted that in the Kurdistan region of Iraq, shelter staff, the police and local leaders enter into negotiations to return victims to their families; and in some cases families are ordered to pledge in writing that no more harm would come to the victim. In Iraq and Iraqi Kurdistan, there are several non-governmental organizations that offer shelter services to victims of domestic violence. For example, the civil society organization Asuda for Combating Violence against Women established a shelter in the city of Suleimania to assist in offering shelter services to victims of domestic violence.

### *Jordan*

Jordanian National Committee for Women's Affairs, *National Report of Jordan, Beijing +15*, 2009.

The report sets out the achievements of Jordan with regard to implementing the Beijing Platform for Action over the period 2004-2009 and acts as a reference for the formulation of policies, strategies, plans and programmes aimed at empowering Jordanian women. The report dedicates a section to the issue of violence against women and outlines successful policies, statistics and projects on the subject. There was a national focus of combating violence against women in government programmes and projects between 2004 and 2009. With regard to protecting the welfare of families, Jordan has acknowledged that the main aim is to protect the family unit and its values as a social institution. It therefore enacted law No. 6 of 2008 against domestic violence, which is the first family protection law to be passed in an Arab country that protects family confidentiality and requires that any domestic violence be reported. The National Committee launched the Candle Network against Violence against Women in March 2008 and the Women's Complaints Office on 11 February 2009, in collaboration with Freedom House, funded by the American Agency for International Development, to register cases of violence and discrimination against women at home, in the workplace and in public life. It also assists women in demanding their rights contained in the Jordanian constitution, domestic laws and existing international treaties; and raises social awareness on violence and discrimination against women, in collaboration with other relevant governmental and non-governmental bodies. The report also covers the issues of punishments, policy gaps and challenges in this area.

United Nations Development Programme, *Violence against Women: Evaluating the situation in Jordan*, 2008.

The report sets out the results of an evaluation of stakeholders in the field of violence against women and summaries the assessment of gaps in domestic laws, policies, services and capacities to combat violence against women. The Jordanian experience of providing shelters to victims of domestic violence is a fairly new one. In 2007, the Ministry of Social Development established Dar al-Wifaq that provides a safe shelter for victims of domestic violence, as well as food, clothes, health-care services and counselling to victims and their children in need of protection and support. It should be noted that the majority of cases are referred to Daral-Wifaq by the Ministry or the Family Protection Department, where victims can reside for three to six months.

The Jordanian Women's Union, a non-governmental organization, has been running a shelter for victims of domestic violence since 1990. Numerous institutions refer victims to the Union that offers a range of services to them, including vocational training. The Union's rapid response mechanisms and long years of experience with victims has placed it in a position of trust with governmental and non-governmental organizations alike, reflected in the number of cases referred to it, including from the Department of Family Protection and other governmental and non-governmental bodies.

#### *Kuwait*

Bureau of Democracy, Human Rights and Labour, 2010 Human Rights Report, 2010, 2011.

The 2010 report concludes that the Kuwaiti Government does not provide any shelters for victims of domestic violence and non-governmental organizations do not fill the void.

Justice Ministry, Information Technology and Statistics Sector, Department of Statistics and Research, Study on cases of violence against women during the period 2007-2009.

The report sets out some of the effects of violence against women to gauge the size of the problem in Kuwait. It also examines the number of violence cases before the courts over the past 10 years, categorizing them by the offences committed. Moreover, it reviews the number of cases submitted to the Office of the Public Prosecutor and analyses their outcomes, also categorizing them by the offences committed.

#### *Lebanon*

Freedom House, Women's Rights in the Middle East and North Africa: Progress amid Resistance, Lebanon. New York: 2010.

The report sets out women's rights in the Middle East, focusing on Lebanon. It shows that the Lebanese Government does not provide any shelters for victims of domestic violence. Some non-governmental organizations have undertaken various projects in an attempt to break the silence enveloping domestic violence. The KAFA organization, the Lebanese Council to Resist Violence against Women and the Young Women's Christian Association provide 24 hour hotline services to offer guidance to victims reporting offences. They also provide free legal assistance, shelter services and social worker services to victims of domestic violence throughout their period of treatment and protection.

KAFA Violence and Exploitation and Oxfam, Women Facing Violence, 2010.

The study focuses on violence against women in Lebanese society and the mechanisms implemented by non-governmental organizations and activists to combat it. The study is divided into three main parts: the first part highlights the Lebanese literary studies distributed in society as a way to combat violence against women; the second part contains a summarized evaluation of a field study on a number of victims who reported cases of domestic violence against them; and the third part focuses on the mechanisms implemented by Lebanese non-governmental organizations and the existing approaches to combat violence against women. The study shows that those organizations offer welcome and listening services and moral support to victims. They also offer medical, legal, counselling and shelter services if necessary as well as vocational training courses.

#### *Oman*

Freedom House, Women's Rights in the Middle East and North Africa: Progress amid Resistance, Oman. New York: 2010.

The report sets out women's rights in the Middle East, focusing on Oman. It shows that the Omani Women's Association under the Ministry of Social Development offers temporary assistance to victims of domestic violence by providing shelter services for a limited period but does not assist them in filing charges against offenders. Instead, they encourage victims to request protection and assistance from their families rather than the police or the courts. There are no non-governmental organizations that provide shelters for victims of domestic violence.

### *Palestine*

ESCWA, Social and Economic Situation of Palestinian Women during the period 2011-2012, 2012.

The report outlines the social and economic situation of Palestinian women and girls over the period 2011-2012 and highlights the services available to them. It indicates the existence of two shelters in the West Bank for victims of domestic violence, but no shelters exist in the Gaza Strip. One shelter offers temporary residency while the other, Mehwar, established in 2007 under the Ministry of Social Affairs, offers long-term stays and can house an average of 30 victims with their children. This centre offers various services to victims, including counselling, legal assistance, job opportunities and vocational training. No non-governmental organizations offer shelter services to victims of domestic violence.

### *Qatar*

Superior Council for Women's Affairs, National Report of Qatar, Beijing +15, 2009.

The report shows that Qatar has gone through an impressive social and economic transformation in less than a generation. In 2008, it ranked thirty fourth of 179 countries in the Human Development Index compared to fifty seventh a decade earlier. Qatar also achieved huge progress in the area of women empowerment during the same period. Regarding services provided to victims of violence, several shelters were established, namely the Qatari House for Lodging and Human Care pursuant to ministerial decision 16/2003 of 13 April 2003 on providing shelters and protection for victims of human trafficking (under the Qatar Foundation for Combatting Human Trafficking); and Dar al-Aman that offers shelter services to victims of violence (women and children) established in 2007 under the Qatar Foundation for Child and Women Protection.

### *Sudan*

Nutrition and Rural Development Centre (NARD), Domestic Violence against Women: Reasons and Solutions, 2006.

The report explains that domestic violence against women includes physical and verbal violence and mental and sexual abuse; and that discrimination against women is considered the main type of domestic violence, followed by child marriages and female genital mutilation. The study also describes government efforts to combat domestic violence, culminating in the establishment of the Violence against Women Committee by the Justice Ministry. Many national organizations and women's associations have established a network to combat violence against women and empower and educate them on their rights by holding training sessions, seminars and workshops on violence against women. Moreover, the study outlines the legal efforts made by those organizations in an attempt to review laws on violence against women and their implementation mechanisms; and to enact new laws that deter violence.

### *Syrian Arab Republic*

Bureau of Democracy, Human Rights and Labour, 2011 Human Rights Report. Syrian Arab Republic: 2012.

The 2011 Human Rights Report concludes that the Syrian Government does not provide any shelters to victims of domestic violence. The Sisters of the Good Shepherd in Damascus offers 24 hour emergency shelter and hotline services to victims of domestic violence. It should be noted that the police cooperate in referring victims to the shelter. Moreover, the Association for Women's Role Development, the Oasis of Hope Foundation and the Syrian Family Planning Association provide counselling and family services to victims.

The Syrian Commission for Family Affairs, Detailed Study on Violence against women in the Syrian Arab Republic, 2011.

The study describes violence against women in three parts. The first part sets out a theoretical and social study of the phenomenon in the Syrian Arab Republic and covers international involvement in the issue and its global background; the role of national committees and the outcomes of conferences; and treaties and international instruments. It also covers the reality of violence and discrimination against women in the Syrian Arab Republic, the types of violence, its reasons and its outcomes. Moreover, it gives a detailed assessment of violence against women from a human rights perspective that covers discriminatory laws and provisions and the protection and welfare services available to women. The second part contains a detailed evaluation of violence against women and develops a methodological framework for the study, its topics and aims. It also sets out three detailed studies that use such methodological research approaches. The third part contains an overview of proposed future work plans on the basis of theoretical, social, statistical and legal studies and the outcomes of detailed methodological research approaches.

#### *United Arab Emirates*

Ministry of State for Federal Council Affairs, Women in the United Arab Emirates: Overview of the Progress Achieved, 2008.

The Government of the United Arab Emirates awards great importance to women's issues and has taken measures to assist victims of domestic violence and neglect. It therefore established the Dubai Foundation for Women and Children in 2007 that offers support and counselling services to victims of domestic violence from all social backgrounds and nationalities, including victims of abuse and crimes such as human trafficking. Other organizations have also been established that provide services similar to those of the Dubai Foundation, namely the Social Support Centre under the Abu Dhabi police force and the Human Rights Care Department managed by the Dubai police force.

Mafiwasta and the United Nations Committee on the Elimination of Discrimination against Women, State Shadow Report, United Arab Emirates, 2009.

The shadow report indicates the absence of non-governmental organizations that provide shelter services to victims of domestic violence in the United Arab Emirates. It should be noted that in 2001, the City of Hope shelter was established and is the first non-governmental organizations in the country to provide shelter services to victims of domestic violence, but the service was cancelled in 2008.

#### *Other studies*

Report of the General-Secretary, Sixty-Fifth Session, Intensification of Efforts to Eliminate all Forms of Violence against Women, 2010.

In resolution 63/155 on the intensification of efforts to eliminate all forms of violence against women, the General Assembly reaffirmed the obligation of all States to promote and protect all human rights and fundamental freedoms and recognized that violence against women was rooted in historically unequal power relations between men and women and that all forms of violence against women seriously violated and impaired or nullified the enjoyment by women of all human rights and fundamental freedoms and constituted

a major impediment to the ability of women to make use of their capabilities. The General Assembly requested the Secretary-General to submit a report at its sixty-fifth session containing information from States on the follow-up activities undertaken to implement the resolution. The report is divided into four parts: an introduction; basic information; measures taken by member States; and conclusions and recommendations.

General-Secretary of the United Nations, *Ending Violence against Women: From Words to Action*, 2006.

The study highlights several forms of violence against women in families, societies, institutions and conflict zones. Women can experience such forms of violence at any stage of their lives, in both the public and private sector, and in some cases violence breeds violence. The study shows that violence against women generally takes the form of direct physical violence but can also manifest itself as mental abuse and financial deprivation. Regardless of the different forms of recognized violence against women, the study states that survey data remains incomplete.

Annex II

**NON-GOVERNMENTAL ORGANIZATIONS PARTICIPATING  
IN THE PRESENT STUDY**

Country	Organization
Iraq	Centre for the Advancement of Women Organization for Women and Children's Education Awr Rafedeen Ned Human Rights Centre Organization to Democratize Young People (Kurdistan region, Dohuk province) Women's Association for the Good of Women No Violence Student Group Baghdad Women's Association Love and Peace Forum for Students and Young People Women for Peace Iraqi Women's League Sawh Organization for Human Rights Pious Association for Women and Children's Rights/Centre for Listening, Counselling and the Provision of Services to Victims of Violence Maslah Organization for Human Resource Development
Palestine	Women's Centre for Legal Aid and Counselling
Bahrain	Aisha Yateem Family Counselling Centre
Jordan	ARDD - Legal Aid Women's Solidarity Association of Jordan Institute Jordan River Foundation Balance of the Law (Mizan)
United Arab Emirates	Dubai Foundation for Women and Children
Lebanon	Lebanese Council for Violence Against Women Young Women's Christian Association – Beirut – Women's Support Centre Association Najdeh Lebanese Women Democratic Forum Mary and Martha Association Rafik Hariri Foundation – Directorate of Health and Social Services
Sudan	Women's Initiative Group National Organization for Sudanese Women
Morocco	Union of Women's Action
Syrian Arab Republic	Women's Development Centre
Yemen	Yemeni Women's Union
Egypt	Women and Development Organization Asda' Organization for the Deaf and Hard of Hearing



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United Nations Development Fund for Women: <http://www.unifem.org>.