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COUNTERING GENDER-BASED VIOLENCE INITIATIVE - MENA

CONTEXT ANALYSIS

2016

Contract No.: **AID-OAA-I-14-00050/AID-OAA-TO-15-00051**

May 6, 2016

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Project Description: The Countering Gender Based Violence (GBV) Initiative is being implemented by Banyan Global and its partners, the International Center for Research on Women (ICRW) and the Center of Arab Women for Training and Research (CAWTAR). The objective of this task order is to 1) produce regional and country-specific indices on the socio-economic costs of gender-based violence (domestic violence, early and forced marriage, and public sexual harassment) in USAID presence countries including: Egypt, Jordan, Lebanon, Morocco, West Bank and Gaza, and Tunisia; 2) adapt existing training resources using information from the indices and deliver training and technical support to USAID Mission staff to integrate GBV considerations throughout programming; and 3) adapt existing training resources to provide technical assistance and training to civil society groups and other donors in the region.

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ACRONYMS

AAW	Alliance of Arab Women
ABAAD	Resource Center for Gender Equality
ACT	Appropriate Communications Techniques
ADEW	Association for the Development and Enhancement of Women
ADFM	Association Democratique des Femmes du Maroc
AFC	Association Femme et Citoyenneté (Women and Citizenship Association)
AFTURD	Association des Femmes Tunisiennes pour la Recherche sur le Développement (Tunisian Women’s Association for Development Research)
AI	Amnesty International
AMDH	Association Marocaine des Droits de l’Homme
AMPF	Association Marocaine de Planification Familiale
ATFD	Association Tunisienne des Femmes Démocrates (Democratic Tunisian Women’s Association)
CAPMAS	Central Authority for Public Mobilization and Statistics
CAWTAR	Center of Arab Women for Training and Research
CCP	Code of Criminal Procedure
CEDAW	The Convention on the Elimination of all Forms of Discrimination Against Women
CEFM	Child, Early and Forced Marriage
CEWLA	Center for Egyptian Women's Legal Assistance
CIDA	Canadian International Development Agency
CIDEAL	Fondation CIDEAL de Coopération et de Recherche (CIDEAL Foundation for Cooperation and Research)
CMI	Certificat medical initial
CPE	Code of Child Protection
CRC	Convention on the Rights of the Child
CREDIF	Centre for Research, Studies, Documentation and Information on Women (Tunisia)
CSO	Civil Society Organization
DHS	Demographic and Health Survey
DPE	Delegate for Child Protection
ECWR	Egyptian Center for Women's Rights
EDHS	Egyptian Demographic and Health Survey

EFFD	Egyptian Foundation for Family Development
EFU	General Federation of Egyptian Women
ENPVEF	Enquête nationale sur la prévalence de la violence à l'égard des femmes (National Survey on the Prevalence of Violence against Women)
ENVEFT	L'Enquête sur la violence Contre les Femmes en Tunisie (National Survey on Violence against Women in Tunisia)
EU	European Union
FGC	Female genital cutting/circumcision
FGM	Female genital mutilation
FIDH	International Federation for Human Rights
FPU	Family Protection Unit
GBV	Gender-based violence
GS	Gaza Strip
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICCPR	International Covenant on Civil and Political Rights
ICPD-PoA	International Conference on Population and Development-Plan of Action
ICRW	International Center for Research on Women
IDF	Israeli Defense Forces
IDRC	International Development Research Center
ILO	International Labor Organization
IMC	Initial Medical Certificate
IPV	Intimate partner violence
IRC	International Rescue Committee
ISIS	Islamic State of Iraq and the Levant
IWS	Institute of Women Studies at Birzeit University
JNCW	Jordanian National Commission for Women
JWU	Jordanian Women's Union
KAFA	"ENOUGH" Violence and Exploitation
KABP	Knowledge, Attitude, Belief and Practice
KII	Key Informant Interview
LGBTI	Lesbian, gay, bisexual, transgender and intersex
LSHTM	London School of Hygiene & Tropical Medicine

MAFFE	Ministère de la Femme, de la Famille, de l'Enfance et des Personnes Agées (Ministry of Family, Women, Childhood, and the Elderly — Tunisia)
MAS	Ministère des Affaires Sociales (Ministry of Social Affairs)
MDG	Millennium Development Goals
MENA	Middle East & North Africa
MICS	Multiple Indicator Cluster Surveys
MJL	Ministry of Justice and Liberties
MOI	Ministry of the Interior
MOSA	Ministry of Social Affairs
MOSAIC	MENA Organization for Services, Advocacy, Integration and Capacity Building
NCFA	National Council for Family Affairs
NCLW	National Commission for Lebanese Women
MOWA	Ministry of Women's Affairs
MICS	Multiple Indicator Cluster Surveys
MRC	Media Research Centre (South Africa)
MSF	Médecins sans Frontières (Doctors without Borders)
NGO	Non-Governmental Organization
NIS	New Israeli Shekel
NCCM	National Council for Childhood and Motherhood
NCW	National Council for Women
NRC	Norwegian Refugee Council
NSVAW	National Strategy for Elimination of Violence Against Women (Egypt)
NWRC	New Woman Foundation
ONFP	Office National de la Famille et de la Population (National Office of Family and Population)
PCBS	The Palestinian Central Bureau of Statistics
PCHR	Palestinian Center for Human Rights
PCP	Palestine Civil Police
PNA	Palestinian National Authority
PROWD	Promoting the Rights of Women Domestic Workers
PTSD	Post-Traumatic Stress Disorder
SCAF	Supreme Council of the Armed Forces (Egypt)
SDG	Sustainable Development Goals
SIG	Sisterhood is Global (Jordan)

STI	Sexually Transmitted Infection
SW	Sex Workers
SWMENA	Status of Women in the Middle East and North Africa
SYPE	Survey of Young People in Egypt
TAAMS	Tunisian Association for Management and Social Stability
UAE	United Arab Emirates
UAF	Union de l'Action Feminine
US	United States
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHRC	United Nations Human Rights Council
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNRIC	United Nations Regional Information Centre
UNRWA	United Nations Relief and Work Agency
UNSCR	United Nations Security Council Resolution
UNWOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
USAID	United States Agency for International Development
USD	United States Dollar
VAW	Violence Against Women
WCLAC	Women's Centre for Legal Aid and Counselling
WHO	World Health Organization

INTRODUCTION

PROJECT BACKGROUND

The Countering Gender Based Violence (GBV) Initiative is being implemented by Banyan Global and its partners, the International Center for Research on Women (ICRW) and the Center of Arab Women for Training and Research (CAWTAR). Banyan Global has assembled this team that brings together a unique set of organizational strengths: ICRW is a global leader on research with a mission to empower women, advance gender equality and fight poverty; CAWTAR is one of the preeminent gender institutions in the region with a mandate of gender equality and training on GBV and operates a gender and development network of researchers, civil society, and government stakeholders with members in 19 countries in the Middle East.

Together, our consortium is implementing the Countering GBV Initiative to:

- 1) Produce regional and country-specific indices on the socioeconomic costs of GBV (domestic violence, early and forced marriage, and public sexual harassment) in USAID presence countries, including Egypt, Jordan, Lebanon, Morocco, Tunisia, and West Bank and Gaza.
- 2) Adapt existing training resources using information from the indices, and deliver training and technical support to USAID Mission staff to integrate GBV considerations throughout current and future programming.
- 3) Revise existing training resources to provide technical assistance and training to civil society groups and other donors in the region. Countries include Morocco, Tunisia, Jordan, Egypt, Lebanon, and West Bank and Gaza.

Banyan Global is implementing this project in close collaboration with USAID and respond to their needs as they arise. Our partnership emphasizes a systematic research process to develop country-specific and a regional GBV index coupled with tailored training and technical assistance to USAID and local civil society organizations. This work is being carried out through four tasks:

- Task 1 – Literature review and context analyses
- Task 2 – Regional index
- Task 3 – Technical assistance to USAID missions in the region
- Task 4 – Technical assistance and training for local and national governments and civil society

OVERVIEW

This document provides a comprehensive context analysis for gender-based violence in the MENA region, based on a document review and field work conducted by Banyan Global, ICRW, and CAWTAR under Task 1. This synthesis builds upon the summary literature review and draws on field work conducted specifically for this project to provide a deeper contextual profile of each country and the region as a whole. Each chapter of this context analysis provides a synthesis of information on the political, legal context, and social context for GBV, and available data and evidence about GBV, the context of service provision for survivors of GBV, and the costs of this violence. This context analysis will serve as the basis for crafting six country-specific profiles and one regional profile, identifying the socio-economic impacts of GBV within the identified countries, under Task 2.

METHODOLOGY AND LIMITATIONS

In close consultation with local partners, CAWTAR's local researchers conducted an informal mapping of potential respondents for the Key Informant Interviews (KIIs). This mapping provided a large number of stakeholders in each country, including policy makers, program managers, service providers (health, social, security (police), psychological), and representatives of civil society organizations working with vulnerable groups (GBV survivors, women refugees, domestic workers, sex workers, LGBTI people). Over the course of two weeks, local researchers conducted total of 80 interviews with these respondents, who were asked to provide insight based on their knowledge and expertise as professionals working to prevent and/or end gender-based violence. Over the course of these interviews, emphasis was placed on the three main types of GBV prioritized by this Task Order: domestic/intimate partner violence; early and forced marriage; and public harassment. However, questions were also asked to elicit information about a broader set of types of violence, including non-partner sexual violence, workplace harassment, conflict-related violence, and other locally-specific forms of GBV. Please see Appendix 2 for a list of agencies and organizations contacted for the KIIs.

In addition to the primary data collection, the local research teams also synthesized information from a broad range of secondary data sources, including national plans, policies, and strategies, and program reports not previously captured in the summary literature review. The results of both the primary and secondary data collection are reflected in this context analysis, which confirms and strengthens the findings in the earlier literature review.

The summary literature review revealed key gaps in the available data and evidence about GBV in the MENA region. Principle among these were gaps in data on prevalence of other forms of violence beyond intimate partner violence against women or early and forced marriage. Only two reports provided large-scale surveys estimating costs — one in Morocco and one in Egypt. Thus, for the limited field work, priority was given to collecting data on the costs of GBV in each of the countries. ICRW and CAWTAR developed the KII guide, which was translated into French and Arabic.

The findings from this regional analysis and the country chapters that follow provide a comprehensive overview of the social and political contexts in which gender-based violence is perpetuated and justified across the MENA region. They synthesize the available data on the prevalence of various forms of GBV and the patterns of help seeking. Yet these analyses are not able to provide a definitive picture of the costs of violence, either from a systemic or individual survivor perspective. This gap is due to a number of key constraints in available evidence as well as in the present study, specifically: 1) limited existing data, 2) short time frame for project delivery, 3) challenges documenting costs, and 4) reticence among respondents about sharing cost information.

- 1) Existing data: as outlined above and in the Summary Literature Review, very few studies have previously attempted to estimate the costs of GBV in the MENA region. Estimates here from two studies (Egypt and Morocco) do not use identical methods to generate estimates, making direct comparison difficult. As a result, the field work carried out by the Banyan Global team prioritized collecting original data about costs.
- 2) Project time frame: The short time frame for Tasks I and II meant that field work had to be conducted shortly after completion of the summary literature review, and without adequate time to prepare a full research protocol for review by credentialed ethics committees. This means that interviews could be conducted only with key informants speaking in their professional capacity. To maximize quality and comparability of results across countries, these interviews utilized a standardized guide, developed jointly by ICRW and CAWTAR. The turnaround time for delivery of the context analysis did not allow for substantial analysis of the new data, but such analysis will be included as part of Task II.
- 3) Challenges documenting costs: In an effort to triangulate findings from as many informed perspectives as possible, the field work covered a wide array of key informants in each country. However, it is important to underscore that those who have the most accurate information about the individual-level impacts of violence are survivors themselves. Thus, even by focusing the KIs with service providers on questions of costs, the data reported are at least one degree removed from personal experiences. Another key challenge is with regard to documentation of budgets and expenditures on GBV prevention and response efforts. In many cases, national budgets are detailed to the level of operational costs but do not delineate programming or services for GBV. The same is true for many of the CSO providers.
- 4) Reticence among key informants: Even in the few cases of budgets having the required level of detail, key informants were frequently reluctant to share budget information, whether about their organization's operational costs or about the pricing of their services.

Despite these challenges, this report does provide an opportunity to collate and advance the state of knowledge on the costs of GBV in the MENA region. This project is an opportunity to contribute to filling an important gap and to provide a guiding estimate of the socioeconomic impacts of GBV. While these preliminary results must be treated with some caution in light of

the above-noted limitations, they will, in combination with the indices to be developed under Task II, provide a standardized approach to estimating costs. This will also provide a useful opportunity to highlight the specific data needs for more rigorous cost estimates in the future.

MENA REGION: ANALYSIS & SYNTHESIS

This section presents a synthesis of primary and secondary data on the context and socio-economic costs of GBV in six USAID-presence countries: Egypt, Jordan, Lebanon, Morocco, Tunisia, and West Bank and Gaza. While certain important gaps in the evidence remain, the synthesis nonetheless provides a comprehensive view of the political, legal, and social context in which GBV occurs across the MENA region.

Based on a review of a wide array of documents, as well as interviews with 80 key informants in five of the six countries of interest, it is evident that a growing body of knowledge on GBV prevalence, services, and costs is emerging across the MENA region. This context analysis also found significant efforts underway to prevent and address GBV in each of the study sites. Some highlights include the launch of high-visibility national strategies to combat GBV (in Morocco, West Bank/Gaza, and Tunisia), legal reforms (in Egypt, Jordan, Lebanon, Morocco, and Tunisia), and an increasing number of interventions to provide appropriate services for GBV survivors. Four of the countries researched (Egypt, Morocco, Tunisia, and West Bank/Gaza) have conducted household surveys on intimate partner violence (IPV) against women and/or early and forced marriage.

These nationally-representative surveys complement a body of qualitative research on the risk factors and consequences of GBV, as well as survivors' experiences in help-seeking. There is very little available research on GBV against men and boys in the included study sites, however. Thus, despite efforts to document the magnitude of GBV, there remains a gap in official data on the scale of GBV experienced by men and boys, by LGBT people, and by sex workers, among other vulnerable groups. It is also noteworthy that most existing GBV studies focus on IPV or early and forced marriage—and, in the case of Egypt, on female genital mutilation (FGM); as a result, numerous other forms of GBV are not well studied or understood. Where possible, these gaps are noted in the chapters below.

This context analysis shows that, across the MENA region, women's legal, social, and economic conditions are still inadequate and inequitable; as such, these states occupy some of the lowest ranks globally in gender equality, according to international data and reports.¹ Among the 145 countries included in the Global Gender Gap report (2015),² Israel and Kuwait ranked highest among the MENA countries, at 53 and 117 respectively. Only one of the countries of interest to this report (Tunisia) ranks among the top 10 for the MENA region, ranking 127 out of 145 countries globally.

AREAS OF ANALYSIS

This section of the context analysis, as well as each site-specific chapter, will address five major factors:

- 1) The political and legal context for GBV, including recent legislative reforms where applicable
- 2) The social context for GBV, including a summary of local anti-GBV movements and activism
- 3) Data and evidence about GBV, including the most up to date prevalence figures on various forms of violence
- 4) The context of service provision for GBV survivors, including data on GBV survivors' help-seeking and service options
- 5) Evidence of the costs of GBV, including newly uncovered information on the costs associated with GBV at various levels

Political and legal context for gender-based violence

Since the 1990s, the progress in women's political, social, and economic empowerment in the MENA region has brought significant improvements for women and their families. The six countries included in this report have made considerable efforts to adopt laws and to institute policies and strategies for leveling the playing field for women. They have also enacted a series of gender and human rights initiatives to empower women and facilitate their access to and control of resources and essential services related to basic protection, security and safety. However, women still face many challenges, including obstacles to exercising these legal and human rights as well as limited access to social and financial resources such as education, information, economic assets, social support services, decision making, and even free time. Hence, despite the undeniable progress toward some development outcomes, actual progress on gender equality has been more modest, especially in terms of legal protections for all forms of GBV.

This context analysis has reviewed legislation regarding discrimination and violence from a gender and human rights perspective, covering constitutions, penal codes, and family and personal status laws in addition to specific laws on GBV. Each of the country chapters presents details about the relevant laws, decrees, and decisions for that particular site.

Given the complexity and variety of the legal context in each country, comparative analysis and ratings across all six countries is a challenging task. Within and among the countries, there may be conflicting provisions of the laws and lack of harmonization of definitions that further complicate attempts at comparison. It is not uncommon for laws within a given country to be contradictory, with a single law promoting gender equality in one domain but strengthening discrimination in another.

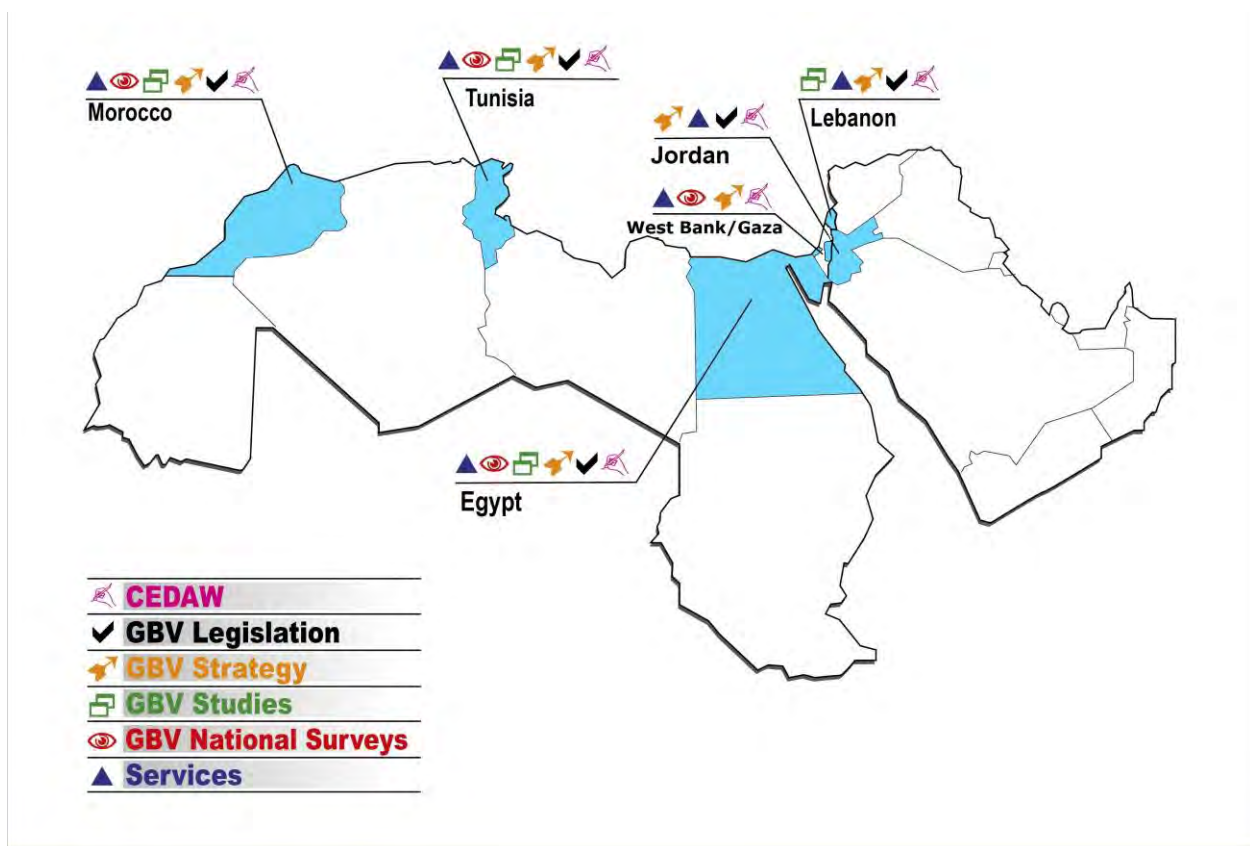
Broadly speaking, across the six countries, the constitutions and laws call for equality between men and women and provide for civil and political rights and liberties to be enjoyed equally by

Broadly speaking, across the six countries, the constitutions and laws call for equality between men and women and provide for civil and political rights and liberties to be enjoyed equally by men and women.

men and women. They also call for women’s protection: most of the countries covered in this report currently have legislation mandating the protection of mothers and children. The Moroccan Constitution even legislates “positive discrimination” for the benefit of women in certain spheres. In several of the countries, specific provisions supersede the constitution with respect to women’s rights and equality, such as Jordan’s national charter and the Palestinian Women’s Bill of Rights (West Bank/Gaza), which remains unratified due to political instability.

Despite these signals of equality before the law, there remain clear restrictions. For a woman bringing her case forward in Islamic or *shari’a* courts, her testimony is worth only half that of a man. Moreover, where secular law is at odds with *shari’a* law or local customary practices, judges and other justice sector actors may override the official law of the land. Even in cases where religious and secular law do not clash, legislation may allow judges “discretionary powers” in adjudicating certain GBV-related crimes, superseding the legislative protections against violence. This domain is one of several important gaps between supportive and protective legislation on the one hand and the actual protection of individuals’ rights on the other. Figure I provides a snapshot of the current legal and political context in the countries of interest.

Figure I. Regional map of GBV strategy and services



Source: Map created in February 2016 by the Center of Arab Women for Training and Research.

Few countries have developed national policies, strategies, or plans explicitly focused on GBV in all its forms, and even fewer have invested efforts to translate existing strategies into improved legislation or better programs and services on the ground. The exceptions include: laws on FGM and sexual harassment in public spaces (Egypt); policies establishing centers for protection of survivors (West Bank/Gaza); and policies in Egypt, Jordan, Morocco, and Tunisia addressing sexual harassment in the workplace. In addition, Lebanon and Jordan have endorsed laws prohibiting child marriage, while Morocco and Tunisia have similar draft laws with specific articles to protect both girls and boys from entering into early or forced marriage.

Few of the study countries have developed national strategies or plans explicitly focusing on GBV in all of its forms—and even fewer have made efforts to translate existing strategies into improved legislation or programming.

Overall, national laws across the region impose punishment for perpetrators of violence. Below is an overview of the current status of laws on GBV across the region, as identified by this document review.

- *Domestic violence*: In several of the countries in question, laws give husbands the right to “discipline” their wives. And even where such violence is illegal, marital rape is not prohibited. Only in Lebanon is marital rape included in the legal provisions on forced sexual intercourse: there, a husband may be punished for *using threats* to coerce his wife into having sex, but the assault itself is not criminalized.³ Moreover, there is significant leniency in sentencing men who commit crimes against, for example, presumed adulterous wives. In many countries surveyed for this report, crimes of “passion”—in which violence is perpetrated against an individual due to sudden rage—benefit from a form of legal defense. In Lebanon, any person who commits a crime of “passion” may receive a mitigated sentence. Similar clauses for reduced sentences are found in the penal codes for Morocco, Egypt, Jordan, and West Bank/Gaza.⁴ In most of these countries, women are not afforded the same right of light sentencing if they commit violence against, for example, a suspected adulterous husband.
- *Non-partner sexual violence*: All countries in the MENA region consider non-partner sexual violence a crime, whether committed against a female or male. The term rape is not commonly used in any of the six countries of interest.⁵ Sanctions can be severe in the case of sexual violence against children, physically disabled people, or other specified vulnerable groups, as well as for relatives, teachers, and religious officials who commit acts of sexual violence. Nevertheless, in Tunisia for example, a man who kidnaps and rapes a woman may escape punishment by marrying the victim. The Jordan Penal Code has very specific exceptions: it exonerates a man who rapes a female if he then marries her, provided she is not his wife and is between 15 and 18 years of age.
- *Child and Early Forced Marriage (CEFM)*: International standards establish the age of consent for marriage at 18, the age of legal majority in many countries. In the countries surveyed, even where the legal age of marriage is defined as 18 or older, many exceptions exist that effectively void *any* minimum age requirement. For example, the

judges in all countries surveyed for this report, except in Egypt, can grant exceptions that allow for children to be married (with or without defining a minimum age) if it is judged as being in the child's best interest—with no clear legal guidance defining “best interest.” Across religious groups, exceptions to the minimum age requirement are requested and granted, concerning male minors as well as female minors, though the latter comprise the largest proportion of early marriages. In light of these challenges, it is clear that stronger legal protection must be made available to children of all genders.

- *Sexual harassment:* Among the study countries, only Jordan, Tunisia, and Morocco have laws against sexual harassment at the workplace or in the public sphere. In Jordan, the law allows an employee who is subjected to sexual harassment (or beating or degradation) at the workplace to resign from his/her position without giving notice. Egypt has no law that prohibits sexual harassment in the workplace, but the country has recently strengthened provisions for punishment of sexual harassment in public spaces. For example, Egypt's penal code Section 306 punishes anyone who “violates the modesty of a woman with words or actions on the road, in a public space, or by telephone.”
- *Conflict-related violence:* While all six countries are affected by conflict, either directly or hosting refugees from neighboring countries, only Egypt has taken specific legislative measures to address conflict-related GBV. Following the Egyptian revolution in early 2011, and due to the high number of reported cases during the revolutionary period, the Supreme Council of the Armed Forces tightened sanctions in cases of rape, kidnapping, sexual harassment, and indecent assault (Decree: Law Number 11).
- *Violence in the name of “family honor”:* Cases of murder against women in the name of family honor (so-called “honor killings”) are noted across the region. In many of the countries researched for this report, full sanctions against these crimes tend to be absent. As discussed above, forced marriage may be imposed upon girls who have been raped or are suspected of any sexual activity outside of marriage. These marriages are similarly justified as preserving family honor.
- *Female Genital Mutilation:* Among the six covered countries, FGM is a significant concern only in Egypt, which has drafted a law prohibiting performing circumcisions on females in hospitals and in public or private clinics.

All six countries are signatories to several international human rights instruments calling for equal human rights for women and men. These include the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights, the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), Convention on the Rights of the Child, and several conventions of the International Labor Organization. All six countries have ratified CEDAW; only Tunisia and Morocco have ratified the CEDAW *Optional Protocol*, “recognizing the competence of the Committee on the Elimination of Discrimination against Women . . . to receive and consider complaints from individuals or groups within its jurisdiction.” West Bank/Gaza ratified 19 human rights conventions in April 2014, after being recognized as a non-member UN observer state. There

is also a strong commitment at the regional level to stand-alone gender equality goals, as part of the post-2015 Millennium Development Goal development agenda, as well as to UNSCR 1325, which was adopted by the League of Arab States.

Yet despite these advances in the legal and normative context, this review finds a high degree of inconsistency with international obligations and norms, as evidenced by exceptions and gaps related to minimum age at marriage and inheritance rights. This underscores an important weakness in the operationalization and implementation of protective laws and policies. This limited commitment is further evidenced by the lack of reforms in the health, justice, and social affairs sectors necessary to support GBV survivors, as well as by insufficient human and financial resources committed to ensuring the safety and rights of all citizens.

In conclusion, legislative reforms in the countries of interest do not ensure sufficient and effective protection against GBV, despite certain recent improvements. These laws fail to address all forms of violence, including those committed by an intimate partner. Beyond the immediate physical danger of retaliation and these gaps in legal protections, many women find it difficult to pursue litigation due to social customs and traditions that protect perpetrators rather than survivors, as discussed in greater detail in the sections below. Moreover, a growing body of evidence suggests that, in times of conflict, all forms of violence against women are exacerbated, especially rape, forced marriage, and physical IPV. These trends are of particular concern given the current fragility of Egypt, Tunisia, and West Bank/Gaza, as well as the situation in countries like Jordan and Lebanon that are receiving large numbers of displaced and refugee populations.

Social context for gender-based violence

The social context in the six countries continues to provide justification and tolerance for many forms of GBV. Across the region, however, a social shift is beginning to take hold, spurred by the regime changes resulting from the “Arab Spring” as well as by local and national civil society organizations (CSOs) and non-governmental organizations, who are pioneers in putting GBV front and center. As with other human right issues and harmful traditional practices, particularly those related to women and girls, it is activists and advocates who bravely break the silence and taboos within families, communities, and societies. CSOs place pressure on governments to take action against GBV, while also providing direct support services to survivors of violence.

The combined efforts and pressure of civil society, parliaments, religious leaders, and the media have helped reinforce initiatives that address GBV from a wide perspective, integrating approaches to holistic physical and mental health, social services, legal aid, etc. Such initiatives address GBV in the family (e.g., domestic violence and harmful practices including FGM); GBV in the community (e.g., rape, sexual harassment, trafficking); and GBV condoned by the state (e.g., custodial violence and GBV in situations of armed conflict).

Data and evidence about gender-based violence

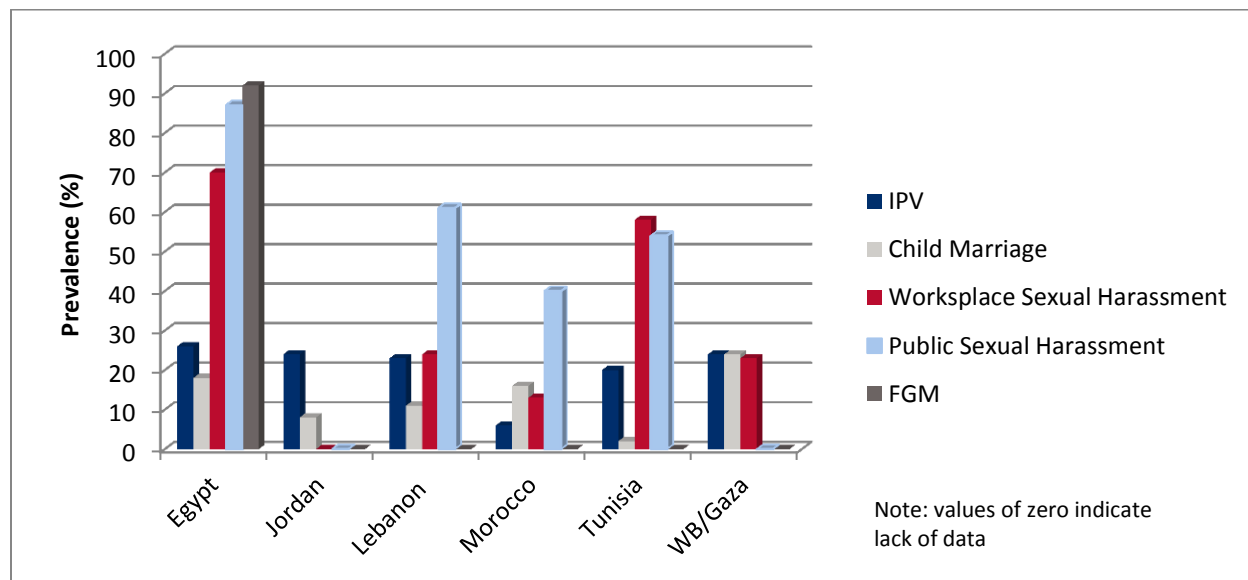
Data on GBV prevalence rates are still relatively limited across the region; few countries have reliable and valid estimates of any form of violence, beyond physical IPV experienced by women. However, over the past decade, important national initiatives have increased the number of household surveys and other efforts to estimate the magnitude of this problem. Household

surveys have been conducted by governmental statistics agencies (in Egypt,⁶ Jordan,⁷ Morocco,⁸ Tunisia,⁹ and West Bank/Gaza¹⁰), attesting to official recognition of GBV as a health and development concern. Despite Lebanon's limited resources dedicated to GBV, the country has made strides in documenting GBV as a problem, with energetic advocacy for greater attention to the needs of survivors. Jordanian CSOs have similarly led advocacy efforts on the need to establish systems to monitor GBV.

Figure 2 summarizes the available prevalence data on GBV for the countries of interest. It should be noted that the figures may not be directly comparable, given differences in methodology and data collection. All six countries have data available on the prevalence of IPV against women, with prevalence ranging from 32% in Egypt to 55% in Morocco.

Egypt has the largest amount of available data. Notably, data on FGM are collected only in Egypt, where, unlike in the other five countries, the practice is nearly universal (92%, for women aged 15 to 49). Public harassment is also highly prevalent in Egypt: 95% of women report some form of harassment, and 87% report a form of public sexual harassment. There is a lack of data on public sexual harassment in Jordan. Prevalence of workplace sexual harassment is 70% in Egypt, 58% in Tunisia, 23% in West Bank/Gaza, and 14% in Morocco. The highest prevalence of early marriage was found in West Bank/Gaza (at 24%), followed by Egypt (17%), Morocco (16%), Lebanon (11%), and Jordan (8%). It is important to note that, though several countries do not have prevalence data for multiple forms of GBV, this should not be interpreted as indicating a low rate of violence, but rather as lack of evidence about this problem.

Figure 2. Regional GBV Prevalence Rates



A 2014 International Rescue Committee (IRC) study based on information from programs in 64 communities and interviews with 198 Syrian refugees across five countries including Jordan and Lebanon indicated that women face several types of violence as a result of displacement. Adolescent girls are especially vulnerable to violence inside and outside the home and find it

difficult to access healthcare and education services. The study also revealed that harassment and sexual exploitation have become a part of the daily lives of refugee women and that incidents of domestic violence had increased since leaving Syria. Early and forced marriage has also become a reality for many girls as a form of survival and security¹¹.

Context of service provision for survivors of gender-based violence

Across the region, it is clear that CSOs, public institutions, and international agencies are playing an active role in addressing GBV, by providing various services to survivors while also implementing advocacy and sensitization programs. CSOs are generally the first line responders to the needs of GBV survivors, both in emergency situations and in longer-term support. Their efforts have succeeded in providing evidence to governments and society by mobilizing resources, establishing coordination mechanisms, and working effectively with the police, justice, and health sectors. CSOs have also been on the forefront of opening GBV shelters and supporting survivors with skills-training to work and succeed independently.

However, despite this notable progress through non-governmental efforts, there remain many obstacles to be addressed. The vast majority of women who experience violence in the MENA region (as elsewhere) do not seek help from formal service providers in the health, justice, or police sectors. Table I presents a summary of the available data on the prevalence of IPV, and percentage of survivors who seek help from any source, including informal sources such as family members and friends. The last column reflects formal help-seeking, i.e., from police and justice officials, social workers, emergency shelters, or health professionals. A national survey in Tunisia revealed that the family is considered the *only* possible refuge for battered women: only 5.4% of female GBV survivors seek support at a governmental institution or a civil society group; 3.8% from the police; and 2.3% from health care providers. In Morocco, only 3% of cases of marital violence were formally reported. And in West Bank/Gaza, a mere 1.4% of women survivors filed complaints at police stations or sought protection from the police.

The vast majority of women who experience violence do not seek any form of formal assistance.

Table I. Physical IPV prevalence and help-seeking

Country/Region	Percentage of Physical IPV	Percentage of any help-seeking	Percentage of “formal” help-seeking
Global ¹²	30	40	9
MENA ¹³	37	n/a	n/a
Egypt ¹⁴	26	33	n/a
Jordan ¹⁵	24	41	<4
Lebanon ¹⁶	23	57	n/a
Morocco ^{17,18}	6	n/a	3
Tunisia ^{19,20}	20	27	<5
West Bank/Gaza ²¹	24	n/a	1

Survivors seeking formal help often face another obstacle: service providers have limited capacity to properly respond to their multiple needs—including physical and mental health, safe shelter, legal aid, and material resources. Several countries (Egypt, Jordan, Lebanon, and Morocco) are working to improve the operationalization of their national GBV strategies, developing sectoral plans within their Ministries of Health, Interior, Justice, and Social Affairs to ensure a more integrated approach to service provision.²² Morocco—a pioneer in this domain—has developed a multi-sectoral referral system that includes CSOs.

Based on the Inter-Agency Standing Committee’s Guidelines for Integrating Gender Based Violence Interventions in Humanitarian Action, the term ‘Shelter’ is defined as a ‘habitable covered space providing a secure and healthy environment with privacy and dignity for those residing in the dwelling’.

(UN, DFID and Shelter Centre. 2010. ‘Shelter after Disaster: Strategies for transitional settlement and reconstruction’, p. 321.

Evidence of costs of violence

While GBV-related data have improved, it remains difficult to research the socioeconomic costs of violence. There is no linear or uniform route for survivors seeking services after an incident of GBV, making estimations of the economic costs greatly complicated.

Some studies have attempted to directly estimate the socioeconomic costs of GBV for Egypt and Morocco, as elaborated in those sections. An exploratory 2010 study²³ conducted in Egypt estimated that the Egyptian economy incurs a total annual cost of \$16 billion as a result of violence against women.¹ In Morocco, a nationally representative study released in 2009 found average expenditure for services and transport for care exceeding \$157 per episode of violence (65% of monthly per capita GDP).²⁴

Direct and Indirect Costs of GBV

The economic costs of GBV can be divided into direct and indirect costs. *Direct costs* are the cost of public services provided: health care services (emergency room visits, surgical intensive care, specialized therapies, and therapeutic and psychological rehabilitation support); social welfare services and housing; social security and charity services; justice and security services (e.g., Shari’a courts, police stations, and prisons services); and consulting and legal services. Certain of these costs are borne by government agencies, hospitals, and local GBV service providers. But where national systems for free care are lacking or underfunded, many of these direct costs are borne by individual survivors of violence.

Indirect costs comprise the financial costs incurred by societies and economies when GBV occurs. GBV limits economic productivity and development, due to its profound physical and mental effects on survivors. Survivors may suffer from isolation and may feel unable to return to work for a certain amount of time, whether for healing or for safety, resulting in loss of income and inability to care for self and family.

Nevertheless, significant gaps remain in gauging socioeconomic costs. The information gathered through key informant interviews (KIIs) conducted for this project has helped fill these gaps.

¹ All dollar figures are in USD.

Interviews were conducted with representatives of governmental institutions, CSOs, and various international donors and development agencies, to assess the types of services and programs provided to GBV survivors, as well as budget allocations for GBV prevention and response and estimates of total costs per episode of violence. Yet even those directly involved with such efforts may not have accurate data, because GBV-related services are rarely calculated as distinct line items in CSO or government budgets.

While many of the basic medical, legal, and psychosocial support services are, in theory, available free of charge to a survivor, GBV services are often limited by geographic scope and lack of funding. Survivors will therefore sometimes pay for GBV-related services themselves. The preliminary findings from the KIIs indicated that legal expenses

The preliminary findings from the key informant interviews indicated that legal expenses are by far the most costly service required by GBV survivors.

are by far the most costly service required by GBV survivors. While some legal support might be provided free of charge through GBV service providers, legal processes are usually both lengthy and costly. For example, a private lawyer in West Bank/Gaza would typically charge \$750 to handle a GBV case through the Palestinian court system; this represents roughly one-quarter of the UN's 2013 estimated annual per capita gross domestic product (GDP) of \$2,907 in West Bank/Gaza. Unsurprisingly, formal help-seeking (e.g., filing a complaint with police or obtaining the services of a lawyer) remains remarkably low across the region: in Jordan, Morocco, Tunisia and West Bank/Gaza, between 1 and 5% of GBV survivors seek formal assistance. Research conducted for this report was unable to confirm whether the relatively high legal costs were indeed a contributing factor to these low rates of formal help-seeking, which may also reflect social and cultural norms regarding GBV.

REPORT ORGANIZATION

The following sections of this report examine each of the six study sites, addressing the five topics introduced in this overview. Each chapter also includes illustrative estimates of the costs associated with GBV prevention and services in that country, suggesting the enormous toll on individuals, families, countries, and economies associated with this pernicious, and prevalent, category of crimes.

COUNTRY ANALYSIS & SYNTHESIS

EGYPT

The available literature on GBV in Egypt provides a comprehensive overview of the prevalence and nature of various forms of this violence, as well as its causes, consequences, and costs. However, as for other countries surveyed in this report, more information exists on domestic/intimate partner violence than on non-partner sexual violence, child marriage, or public and workplace harassment.

The past few years have seen some improvements in the political and legal contexts surrounding GBV. However, the legal, political, and law enforcement environment in Egypt, as well as the sociocultural context, have created a challenging atmosphere for GBV prevention and response. Law enforcement authorities are often reluctant to adequately investigate and prosecute cases of violence. At the sociocultural level, it is not uncommon for a GBV survivor to be blamed for their “role” in the violent incident. These factors and others discourage survivors from reporting incidents. Despite the fact that GBV in Egypt is widely acknowledged, relevant legal and political reforms still lag behind.

This context analysis provides a synthesis of the available evidence on GBV in Egypt, drawing on an array of literature and documents to (1) illuminate the political, legal, and social contexts in which this violence occurs, and (2) to highlight concerns related to the provision of services and the costs incurred due to GBV. No primary data was gathered in Egypt for this report.²

Political and legal context for gender-based violence

Egypt is a signatory of several international treaties, including the International Covenant on Civil and Political Rights (ICCPR) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), that obligate the state to take action against all perpetrators of violence against women. Nevertheless, past Egyptian governments have not taken the necessary measures stipulated under these agreements to combat violence against women. The most recent constitution of 2014 explicitly guarantees equality of men and women in all spheres of life: Article 11 declares that the state shall protect women from all forms of violence and affirms equality between men and women in civil, political, economic, social, and cultural rights.

Despite the significant advancements embodied in this new constitution, Egyptian women continue to be subjected to violence in both public and private spheres. Survivors of GBV struggle to attain their rights through the legal system because of several systemic issues, including the terminology and definitions surrounding GBV, specific legal and judicial measures taken to address GBV, and attitudes towards survivors on the part of lawmakers and authorities.

² This was based on requests from USAID.

The current Egyptian Penal Code does not explicitly criminalize GBV, nor does it provide special legal protections for GBV survivors. The World Economic Forum's 2015 Global Gender Gap Report, in reviewing the state of gender inequality in Egypt, also emphasized this lack of legal protection.¹ Instead, the Penal Code criminalizes acts of violence in general terms that do not consider the gender of either perpetrator or survivor, and it mandates lenient punishments for sexual violence other than rape. The penal code sets the punishment for rape as life imprisonment or death.

Article 267 defines the crime of rape very narrowly, as the penile insertion into the survivor's vagina, ignoring other forms of rape such as anal, oral, the use of objects, and gang rape. Other forms of rape are defined in Article 268 as "indecent violation or assault," rather than explicitly as physical assault. Since 2011, an indecent assault is punished by 3 to 15 years in jail, or a minimum of 7 years if the perpetrator is a family member or has some authority over the survivor.

Judicial response to rape

In 2014, for the first time in Egypt, seven men were sentenced to life imprisonment as a result of committing mob assaults and gang rapes. However, it is important to note that the sentences were not exclusively a consequence of committing sexual violence, but were also a result of perpetrators being incriminated for other crimes such as robbery, attempted murder, and kidnap.

Incest, in the form of rape and sexual assaults in the household, is also addressed in Egyptian law. According to Article 267 of the Penal Code, incest is defined as a sexual act committed by a close relative, someone in charge of raising the child, a paid servant, or any person living within the same household as the survivor. However, this type of violence is rarely reported or documented, due to the social pressures that deter survivors from reporting a relative or household member to the authorities.

Less frequently occurring forms of reported domestic violence are "honor killings" and financially-motivated violence. The Egyptian Penal Code addresses honor killings in Article 237, which describes situations where a husband kills his wife due to adultery. Honor killings have an explicitly gender-specific legal description, such that only a man can commit this crime. If a woman kills her husband due to adultery, she will be charged with felony murder without premeditation.

Article 17 allows judges to lower sentences in acts of "clemency," including shortening the prison term of perpetrators of rape. In addition, Article 60 states that provisions of the Penal Code are not applicable if a deed is committed in "good faith" in accordance with *shari'a*. This allows for some perpetrators of domestic violence to evade punishment entirely, as "disciplining the wife," or even for "honor killings."²

In April 2011, the Supreme Council of the Armed Forces (SCAF) issued a decree amending certain provisions in the Penal Code (58/1937) to increase the penalties for crimes related to sexual harassment, including for indecent assault, verbal harassment, indecent public acts, abduction, and rape. However, local activists

GBV legal reform has recently received greater attention in Egypt.

considered the amendments insufficient as they were not accompanied by improved mechanisms of investigation, better support for survivors, or tools to encourage survivors to report incidents.³ In 2014, former interim President Adly Mansour issued a decree amending article 306 (bis) A of the Penal Code to stipulate that making forward actions, insinuations, or hints that are sexual or pornographic will be punished by imprisonment for between 6 months and two years and/or a fine of \$330–\$560. Mansour also added Article 306 B, introducing sexual harassment as a crime for the first time in Egyptian legislation. That amendment also states that sexual harassment in the workplace, school, or family setting is punishable by a longer prison sentence and a heavier fine.⁴

Regarding child marriage, Article 31 of the Egyptian Child Law was amended in 2008 to prevent the legal recognition of any marriage for citizens under 18 years of age (regardless of gender). This law is unusual in the region for recognizing the possibility of child marriage impacting boys as well as girls. Early marriage is still practiced in rural and poor areas of the country, in the form of “tourist/summer marriages,” whereby a young girl is married to a wealthy (usually much older) non-Egyptian for a limited period of time in exchange for a sum of money. Another form of early marriage occurs when a marriage contract is written but is not registered until the youth turn 18, or even by issuing a new birth certificate estimating a higher age for the girl or boy.⁵

In the public sphere, attacks on women have been used by successive governments to silence women demonstrators and activists; these skyrocketed following the 2011 political uprisings and the ensuing political turmoil. The security vacuum created by the fall of the Mubarak regime allowed for various forms of violence against women, including mob attacks and numerous incidents of assault, sometimes perpetrated by state actors. In almost all of these cases, no attackers were brought to justice.

Social context for gender-based violence

The problem of GBV and its various forms has been one of the most controversial social issues in contemporary Egypt, as it is related to many gender norms, traditions, and practices. The efforts to address GBV in Egypt have been met with backlash the more conservative sectors of the Egyptian population. Indeed, the literature reveals that both conservative and progressive men have dismissed the objections to GBV as Western conceptions.⁶

In addition to the widespread assumption of Western influence behind efforts to eradicate GBV, activists and advocates also encounter pervasive survivor-blaming notions. Religious leaders and politicians have often blamed GBV survivors for dressing provocatively, acting inappropriately, and failing to prioritize their own safety, rather than focusing on the accountability of the perpetrators of these crimes. Compounding these issues, lawmakers and police officers often fail to protect the safety and confidentiality of GBV survivors and witnesses, which must include keeping secret their personal information and identification, and not disclosing intimate details of their cases. These types of regressive social response and stigma remain major factors in the under-reporting of GBV and the mistrust of the legal system in Egypt.

More recently, however, possibly as a result of attacks on women over the past years, discussions around violence against women have become more prominent. As a result, in 2015, the National Council for Women (NCW) published the five-year National Strategy for Elimination of Violence Against Women (NSVAW) that establishes a mechanism of coordination among Ministries, National Councils, and State Authorities to raise awareness and support survivors. According to the feminist organization Nazra, while the Strategy addresses much of the social context around GBV in the public and private domains, it has several shortcomings: it fails to use the appropriate language to define types of violent crimes, to propose new measures of accountability for perpetrators, or to develop mechanisms to evaluate the Strategy itself.

The current government has taken several positive steps to strengthen GBV prevention and response such as the creation of the Violence Against Women unit in the Ministry of the Interior and the National Strategy on Violence Against Women. In 2014, President Abdel Fattah al Sisi publicly spoke of zero tolerance to sexual harassment and urged the Ministry of Interior to enforce the amended law on sexual harassment.⁷ However, some CSOs have stated that they found Sisi's statement symbolic in nature and have questioned the government's commitment to enforcing the law.⁸

Over the past few months, the government has also launched a heavy crack down on local NGOs including those working on women's issues and human rights. This is considered a reopening of a 2011 investigation into the registration and funding of local and international NGOs that has led to the closure of several organizations. To date, several key NGO workers have been called in for questioning and threatened with arrest including the founder and two employees of Nazra for Feminist Studies, and staff members of the Cairo Institute for Human Rights Studies.⁹ Egypt's leading center dealing with victims of torture, the Nadeem Center for the Rehabilitation of Victims of Violence and Torture, has also received an order for closure for allegedly carrying out unlicensed medical practices.¹⁰ The Egyptian government has been criticized by UN experts for failing to provide a safe environment for civil society organizations to operate in an attempt to cover up human rights violations.¹¹ Ultimately, the current atmosphere has made it increasingly difficult for organizations working in the area of human rights and women's rights to operate and take action.

Data and evidence about gender-based violence

The literature review of this project, and this context analysis, found a vast amount of literature focused on GBV in Egypt, including quantitative data on prevalence rates of various forms of GBV.

Domestic Violence. Egypt has already conducted several rounds of a nationally representative Egyptian Demographic and Health Survey (EDHS) that includes a module on domestic violence, establishing the country as a pioneer in the region in documenting the prevalence of domestic violence. The most recent EDHS (2014) shows that approximately 30% of ever-married women report experiencing some form of violence at the hands of their current or former husbands.¹² Twenty-six percent of all ever-married women in Egypt have experienced physical intimate partner violence (IPV), 19% have experienced psychological IPV, and 4% have ever experienced

sexual violence by their partners. At least 20% experienced some form of domestic violence perpetrated by their partner in the past year.

Another study in Alexandria revealed higher levels of vulnerability to violence among specific groups of women: more than half of female “squatters” (60%) and rural women (59%) experience some form of violence from their husbands.¹³

The Survey of Young People in Egypt (SYPE) explores the attitudes of young people (age 15–29) towards GBV, highlighting changes in attitudes that have taken place between 2009 and 2014, when the survey was repeated. When asked about contexts in which it was justifiable for a man to beat his wife, 74% of respondents in 2009 said that talking to another man was grounds for a husband beating his wife; this dropped to 65% in 2014. Attitudes towards domestic violence seem to be slowly improving: in 2014, just 19% of respondents agreed that a man could beat his wife if she argues with him, compared to 26% in 2009. SYPE also highlights that approval of wife beating is higher among young men than young women.

UNICEF’s 2015 annual report on violence against children shared data on children’s experiences of violence in three governorates, including the cities of Cairo, Alexandria, and Assiut. The questions were centered on experiences of physical and sexual violence in home and school settings, and the survey included both girls and boys. It is one of the most comprehensive and detailed surveys focused on GBV against children in Egypt. The survey data show that 67% of children in Assiut, between the ages of 13 to 17, had been exposed to some form of physical violence in the previous year. The figures for children in Alexandria and Cairo were comparable, at 65% and 61% respectively. Boys were more likely than girls to be exposed to physical violence. The study also reveals that children were exposed to forms of sexual violence: in Cairo, 33% of boys and girls reported exposure to verbal sexual harassment, followed by 26% in Alexandria and 25% in Assiut. For girls, the proportion is higher: two out of three girls surveyed had experienced a form of sexual harassment. Six% of children in Cairo reported having experienced sexual touching, compared to 4% in Alexandria and 2% in Assiut.

According to the 2014 EDHS, some 92% of women between the ages of 15 and 49 have undergone female genital mutilation (FGM). However, the practice is slowly declining: among girls aged 15 to 17, the prevalence rate is reportedly 74%. The EDHS report authors project a decline in FGM over the next 15 years.¹⁴ Similarly, UNICEF’s 2015 annual *Violence against Children in Egypt Report* states that Egypt has experienced a decline in the prevalence of FGM from 1987 to 2015.¹⁵

Public Harassment. According to a government study released in 2013, more than 99% of surveyed women and girls reported experiencing some form of sexual harassment in their lifetime; 83% of female respondents did not feel safe in the street. The 2015 UNICEF report found a sharp contrast between boys and girls: in Cairo, for example, 56% of girls experience verbal harassment compared to only 9% of boys.¹⁶

In 2014, the International Development Research Centre (IDRC) and Harass Map published a study entitled “Towards a Safer City Report,” revealing that 95% of female respondents in Egypt had experienced at least one type of harassment in their lifetime; 87% reported catcalling

as a form of public sexual harassment, usually in the afternoon, either on the street (81%) or on public transport (15%). The study included male respondents, with 77% admitting to having perpetrated harassment against women in public spaces. Study respondents were asked what leads perpetrators to commit acts of sexual violence: 63% of respondents said it was due to being poorly raised by their families, 49% said it was due to a lack of religious beliefs, 34% said it is due to a lack of control of the media, and 34% said it is due to sexual repression.¹⁷

In 2007, the New Women Foundation (NWRC) also published a study that examined the prevalence and nature of sexual harassment in the workplace, for a sample of 40 women working in the industrial investment sector in Alexandria, Ismailia, Suez, and Port Said. This report found that 70% of the respondents had experienced sexual harassment in the workplace.¹⁸

The SYPE study asked young people whether a woman dressing provocatively in public deserved to be harassed. Almost 60% of respondents, mostly male, agreed with this statement, while a quarter disagreed. The survey's disaggregated findings indicate that young people in rural Upper Egypt hold far more conservative views: 70.3% agreed that a woman dressing provocatively deserved to be harassed, compared with 49% of youth in urban Lower Egypt. SYPE also found that university-educated young people are less likely than less educated youth to blame women.¹⁹

CEFM. Early marriage still exists in Egypt and is prevalent in rural areas. UNICEF's statistical data for 2005–2013 found a 17-percent prevalence rate of early marriage.²⁰ A 2010 survey, conducted by El Mouelhy for CARE/Egypt, found that early marriage before the age of 18 is still widely practiced, despite laws against it: nearly half (47%) of surveyed women were under age 20 when first married, and 12% claimed to be under age 16 when married. El Mouelhy investigated several rural Egyptian villages for this study and found that 26–42% of respondents said that early marriage was very common in their communities. Fifty-one% to 67% of study participants had accurate knowledge of the legal age of marriage; others cited higher or lower ages. Fully 68–87% of participants stated that educated girls have better opportunities and options for marriage, and 88–90% of boys prefer to marry an educated woman.²¹

Context of service provision for survivors of gender-based violence

Prior to 2011, the discourse around women's rights and GBV was dominated by former First Lady Suzanne Mubarak and two government institutions, the National Council for Women (NCW) and the National Council for Child and Mother (NCCM). The NCW was created by a presidential decree, with a mandate to advance the status of women through providing legal and policy advice to the government, collecting data, and raising awareness. The NCW was often regarded as an elitist institution that did not address GBV in an inclusive manner. Civil society organizations were left with little space for dialogue with the government or engagement with the public. Following 2011 and the fall of the Mubarak regime, Egyptian feminists and women's rights advocates have a more open field for engaging with each other and with the public. Many organizations have condemned the increasing lack of human security in public and private spaces for women throughout the country.

Egyptian civil society organizations (CSOs) have been extremely active and are engaged in efforts to support women through conducting research and awareness campaigns, lobbying the government, organizing training and information sessions, and supporting survivors of violence. CSOs also initiate efforts and provide support for survivors of violence to file court cases. Their efforts have resulted in the issuing of religious legal permission for abortion in cases of rape. There are also CSOs working throughout Egypt that focus on providing medical assistance and shelter for GBV survivors, including El-Nadeem Center for Rehabilitation and the Egyptian Foundation for Family Development (EFFD). The Association for the Development and Enhancement of Women (ADEW) runs Beit Hawa, which was the first shelter established in Egypt for women survivors of abuse.²² The Center for Egyptian Women's Legal Assistance (CEWLA), the Egyptian Foundation for Family Development (EFFD), El Nadeem Center for Rehabilitation, and the Egyptian Center for Women's Rights (ECWR) provide legal counsel and medical assistance to GBV survivors.

HarassMap launched a **Safe Corporate Project**, partnering with the private sector to end workplace sexual harassment. Each Safe Corporate partner is trained and equipped to implement a policy to prevent and respond to workplace sexual harassment.

State institutions include the National Council for Women, whose “Women’s Complaint Bureau” provides counseling services to survivors and refers them to CSOs that have the capacity to provide medical or legal assistance, on a case by case basis.²³ The Ministry of Insurance and Social Affairs runs nine shelters for GBV survivors; these reportedly run below capacity and can be difficult to access. In recent years, other state institutions have expanded their support services to address issues of physical and sexual harassment and assault in Egypt. The Ministry of Justice created the Department of Human Rights, which is currently taking the lead in strengthening the collaboration between justice and law enforcement bodies and agencies to ensure a timely and adequate response to GBV survivors filing claims. Enhancing access to the justice system for GBV survivors is also part of the department’s mandate. In 2013, the Ministry of Interior established a new Violence against Women Unit, to follow up on existing GBV legal cases and to confirm that GBV survivors are provided with adequate psychological and social support. The Violence against Women Unit was further expanded in August 2014 to strengthen its presence in every governorate.²⁴

Certain international organizations are also helping to end GBV in Egypt by funding studies, advocacy and awareness campaigns, training, and direct service provision. This group includes United Nations bodies, the International Labor Organization (ILO), and Save the Children. These organizations may target complementary objectives: for example, UNICEF focuses on violence against children, while the ILO focuses on women in the workforce. The United States Agency for International Development (USAID) is also a major donor for GBV-related initiatives in Egypt. These organizations often maintain a formal and collaborative relationship with the Egyptian government, in order to work toward systemic change.

Evidence of costs of violence

For Egypt, unlike most countries included in this context analysis, we have quantitative data on the costs of violence for GBV survivors and service providers. For a 2010 study assessing the economic costs of GBV, El Hennawy and El Dieb interviewed a sample of 1,503 families in four

governorates that included the cities of Minia, Sohag, Cairo, and Alexandria.²⁵ Researchers calculated both direct and indirect costs for individuals and the Egyptian government, to determine the financial consequences of GBV at the individual and systemic level. Direct costs were defined as the material loss resulting directly from each violent act, including medical treatment for an injury, cost of work delays (in the home or outside), and the damage caused to the husband, children, relatives, and friends. Indirect costs included low productivity due to violence and the resulting decrease of national income.

The 2010 study estimates that the Egyptian economy incurs a total annual, indirect, cost of \$25 billion as a result of violence against women.²⁶ Direct losses to the economy, resulting from the cost of medical treatment to survivors and their inability to work during the recovery period, were estimated at \$111.8 million.

Cost study launched

In 2016, the National Council for Women, the Central Authority for Public Mobilization and Statistics (CAPMAS), and the UNFPA will release another major study on the socioeconomic costs of GBV in Egypt. The study, covering a nationwide sample of 22,000 households in 22 governorates, measures the prevalence, impact, and costs of several forms of GBV, including emotional, physical, economic, and sexual violence.

The National Strategy for the Elimination of Violence Against Women (NSVAW) does not include an estimate of the total budget necessary for the implementation of the programs and activities identified under the Strategy. It assumes funding sources from the government, community contribution, the private sector and donor agencies.²⁷ Several local NGOs and feminist organizations have called on the government to engage in a dialogue with them to work on developing budgetary estimates. A joint report on the status of GBV in Egypt, issued by feminist organizations, the New Woman Foundation, CEWLA and the Euro-Mediterranean Human Rights Network, indicates that there has been no budget line in the national budget earmarked for GBV. The research team for this report were unable to identify specific government budget numbers relating to GBV protection and support.

At the individual level, the 2010 study conducted by El Hennawy and El Dieb estimates the direct costs incurred per female survivor of violence at \$5 per incident. The cost of medical treatment of injuries resulting from domestic violence ranges from approximately \$9.68 for over-the-counter medicine to \$96 for hospital visits. As result of being subjected to violence, women survivors miss an average of 10.86 days of work, incurring an estimated loss of income of \$44. Male survivors of violence miss an average of 3.43 days of work, resulting in an average loss of income of \$24.

The cost of harassment in public spaces was estimated by calculating the cost to a woman of finding a companion, or a replacement, for performing essential errands. The costs of harassment incurred by both working and non-working women over their lifetime was calculated at \$43.

JORDAN

This section draws on relevant literature as well as primary data to provide a snapshot of GBV response, prevention, and prevalence in Jordan. The section focuses on the political, legal, and social contexts surrounding GBV, with special attention to the protections provided under Jordanian law. Recent quantitative and qualitative research on GBV in Jordan is analyzed, along with details of the socioeconomic costs of GBV at various levels.

The 2012 Demographic and Health Survey (DHS) provides a fairly recent picture of prevalence rates as well as gender norms regarding GBV in Jordan. However, this research found only limited information on GBV prevention and awareness programs, or on protection services and specialized rehabilitation programs available to GBV

Studies tend to focus more on criminalization than on GBV-related compensation and costs.

survivors, and no detailed analysis of the cost of GBV interventions. A new online tracking system has been developed to connect all service providers (government and non-government), through a joint effort by the National Council for Family Affairs and the Jordanian National Commission of Women, with support from UN agencies such as UN Women, UNHCR, and UNICEF. Local CSOs hope that it will facilitate smoother referrals and GBV case management.

The research for this report included a total of 15 key informant interviews. Stakeholders were selected based on their involvement in efforts to address GBV in Jordan, both at the policy level and as direct service providers. All 15 key informants work in urban areas of Jordan; 7 of the stakeholder interviews were policy makers, and 11 were GBV service providers; 3 KIIIs work in both the policy and service provision fields.

Political and legal context for gender-based violence

The legal and political environment for addressing GBV in Jordan is relatively supportive, though shortcomings exist. The constitution, adopted in 1952 and amended thereafter, provides explicit legal protections for basic human rights without distinction as to gender; it attempts to eliminate all forms of discrimination against women, including some measures to ensure equality. Article 6 of the constitution guarantees citizen equality before the law; Article 7 criminalizes impingement on any citizen's freedoms; and Article 8 explicitly outlaws threats, abuse, and torture, though in broad terms.¹ Additionally, the National Charter of 1991 stipulates that all Jordanians, men and women, are equal before the law, and it prohibits gender-based discrimination.

The Jordanian Constitution, as well as international conventions signed by Jordan, put the onus of combating GBV on the national legislature. Legally, domestic violence has been approached from the perspective that while it is criminal, it is nevertheless deemed a private matter in which the public should not interfere. Local observers point to gradual shifts in this perspective in recent decades. Spurred by international obligations, Jordan has recently conducted a self-assessment of national actions related to GBV, resulting in some new or amended legislation.

Prior to these revisions, the Jordanian Penal Code No. 16, enacted in 1960, did not include special provisions on domestic violence. The Penal Code did, however, criminalize all harmful

acts and crimes committed against any person as well as offenses against persons and property. Recent amendments to the Penal Code provide better protection for women. However, marital rape is not recognized as a crime—showcasing that the legislative environment fails to recognize the full range of sexually violent acts, turning a blind eye to perceived “private family matters.” The amendments also increased sanctions for a number of other GBV-related offenses, including such locally-defined crimes as “seduction,” “breach of the inviolability of private places for women,” “promise of marriage coupled with defloration,” and “caressing contrary to modesty.” While these advances certainly aim to better protect and support survivors of violence, the inclusion of concepts such as “defloration” and “modesty” also indicate persistent paternalism in the law.

Articles 308 and 340 of the Jordanian Penal Code have received specific scrutiny and criticism from women’s rights activists and organizations. Article 308 exempts perpetrators of sexual assault, including rapists, from punishment if they marry their victim for five years; Article 340 allows perpetrators of “honor crimes” to receive mitigated sentences. In 2015, a Justice Ministry legal committee drafted additional proposed amendments to the Penal Code which leave Article 340 intact; the proposed modification to Article 308 would limit the exemption to men who have *consensual* sex with, and then marry, a child *over 15 years old*. These amendments are currently under legislative review.

In 2008, Jordan’s parliament passed a new “Family Protection Law” in an historic move to better legislate GBV. Local observers noted some shortcomings, however, including the absence of a national registry of recorded cases. Additionally, the law lacks a clear definition of violence and limits its purview to violence against women *in the home*. Nor are there provisions to protect witnesses and informants or to provide compensation related to domestic violence. Notably, the Jordanian legal system still lacks legislation that would criminalize violence against women in all settings. Moreover, Jordan’s dual legal system of civil and *shari’a* laws means that family matters for Muslims are governed by the Personal Status Law; non-Muslims may access other religious courts for their respective denominations.

Notably, the Jordanian legal system still lacks legislation criminalizing violence against women in all settings.

The Jordanian Personal Status Law No. 36 of 2010 includes many articles stressing the rights of Jordanian women. These include the right to alimony, housing, foster care, cohabitation, and visitation with her family members, as well as freedom from interference in her private property. The law also amended the article on early marriage, raising the minimum marriage age to 18 and requiring a minor’s marriage be approved by a committee of judges (rather than a single judge) and the chief justice. Additionally, the law provides for financial independence from men, protection from physical harm, and the right to request separation on grounds of spousal absence/abandonment or other legitimate reasons.

Finally, the Jordanian Labor Act No. 8 of 1996, as amended, includes a set of regulations, instructions, and decisions related to protecting working women, though some of the regulations are awaiting activation. The most important amendment is Article 29, concerning the right of a worker to leave without advance notice while still retaining their full legal rights.

In the political environment, there have been some notable steps to better address GBV. Some of Jordan's ministries, such as the Ministry of Education or the Ministry of Health, have recently formed "gender units," in an effort to mainstream or institutionalize gender equality and GBV-related concerns across the national government. The "Country Strategic Framework" explicitly integrates GBV under its umbrella of social protection, welfare, and health. The Ministry of Social Development developed the first Jordanian communications strategy for GBV, covering the period from 2014 to 2017. The Jordanian Parliament's Committee for Women and Children continues to advocate for the adaptation of new legislation, including laws focusing on discrimination against women. Finally, an additional coordination mechanism is now in place, involving the Ministry of Social Development and local, international, and United Nations agencies addressing GBV.

Furthermore, Jordan has ratified all of the major international conventions relating to combating GBV in all its forms, as well as joining many other relevant conventions, covenants, and international instruments. These international conventions (notably CEDAW) have become integrated into Jordanian laws, and authorities are obligated to apply and enforce their provisions. Jordan is also a signatory to many of the main international legal documents of the International Labor Organization, as well as the Universal Declaration on the Elimination of Violence against Women of 1993 and the Vienna Declaration and Program of Action of 1993.

Jordan has ratified all major international conventions related to combating GBV in all its forms.

Jordan continues to formulate and review policies, legislation, and national strategies related to the status of women, including the communications strategy for GBV for 2014 to 2017 and the strategic plan for the empowerment of women in Jordan for 2013 to 2017. These strategies provide comprehensive planning on combating GBV. None, however, address the costs of GBV.

Jordan is one of the largest recipients of Syrian refugees and IDPs as a result of the crisis in neighboring Syria. As of May 2016, there were 650,959 registered Syrian refugees in Jordan.² However, a 2015 Jordanian census counted a total of 1.3 million Syrian refugees residing in the country,³ which means that almost half of the Syrian population currently living in Jordan is made up of unregistered individuals. Nearly 84 percent of Syrian refugees in Jordan live in urban and rural communities rather than in refugee camps, which adds an enormous strain on the local infrastructure.⁴ In addition, there are heightening negative public sentiments and tensions towards the migrants because of perceived competition over resources and economic opportunities. Evidence points to an increase in the prevalence of GBV among refugees and displaced communities. According to UN Women, women and children represent 80% of the Syrian population in Jordan and are at an increased risk of physical, sexual, and psychological abuse yet have limited opportunities to seek safe spaces or assistance⁵.

Social context for gender-based violence

There are many governmental and non-governmental initiatives combating the persistent cultural norms that justify the use of GBV under certain circumstances. The Jordanian Women's Union (JWU) has established a shelter and a hotline providing legal and psycho-social support for GBV survivors. Other organizations also provide legal, social, health and psychological

services to GBV survivors, as well as referrals to other services; these include the Sisterhood Is Global Institute, the Family Guidance & Awareness Centre, and the Nour Al-Hussein Foundation's Institute for Family Health.

Despite some efforts at data gathering, information regarding services accessed by GBV survivors is not systematically collected or compiled across agencies or CSOs. CEDAW's 2012 report recommended that Jordan gather statistics disaggregated by sex, age, nationality, and legal outcome.⁶ A current initiative seeks to develop an online system connecting all service providers (government and non-government) and to establish a referral system and GBV case management, spearheaded by the National Council for Family Affairs (NCFA) and the Jordanian National Commission for Women (JNCW) and supported by UN Agencies including UN Women, UNICEF, and UNHCR.

JNCW, established in 1992, serves as an umbrella coordinating mechanism across public and private sectors, CSOs, academia, and the media. In March of 2008, the Commission established the Network for Violence against Women (Shamaa) with a goal of politicizing domestic violence. The network has undertaken GBV-related awareness-raising and capacity-building activities through partner CSOs, women's rights activists, and independent human rights institutions.

Under Jordan's 1954 Crime Prevention Law, numerous women are sent against their will into "protective custody" in the women's-only section of the Juweida prison in southern Amman. If a woman is at risk of physical retaliation for having violated so-called honor codes, a provincial governor, at his discretion, can order her indefinite administrative detention—without formal charges, due process, or other legal guarantees provided by the criminal justice system.⁷ Jordanian women's rights organizations have lobbied for a change to these protective custody laws, advocating for alternative measures to protect GBV survivors rather than placing them in prison. For instance, the "Fresh Start" project was established as part of the Jordanian Fresh Start Alliance. The project aims to find long-term solutions for administratively detained women, as well as other at-risk women.

Women who are at risk of retaliation for violating so-called honor codes can be placed in "protective custody" (i.e., administrative detention) in Juweida Women's Correctional Center.

Against this backdrop, awareness campaigns to educate the population about the harmful consequences of GBV are especially essential. Encouragingly, these kinds of campaigns have become increasingly common throughout the country. The efforts of Queen Rania al-Abdullah and Princess Basma Bint Talal to promote the human rights and education of girls have also proven effective in changing social awareness of these topics. The Family Protection Department at the Public Security Directorate also organizes annual awareness campaigns, targeting different strata of the society, to raise awareness of the risks and effects of family violence; observers credit the campaigns with an increase in the disclosures of family violence in recent years.

In 2015, The Jordanian Women Solidarity Institute (Sisterhood is Global/SIG Jordan) launched the Najat Program—funded by USAID and implemented by FHI 360—with an aim to support GBV survivors and bring perpetrators to justice. The project specifically focuses on garnering support to eliminate Article 308 of the Jordanian Penal Code. The Institute established the Jordanian Civil Coalition, including over 50 CSOs from various governorates, to conduct a nationally representative research study exploring the status of GBV in the Jordanian Penal Code. This study demonstrated that the majority of Jordanian Society (over 70%) approve of eliminating Article 308 as currently written.⁸

Overall, the social landscape for GBV in Jordan is filled with awareness campaigns and growing support networks that focus specifically on women, girls, and children. Despite the notable lack of information and service for male survivors of GBV, these ongoing campaigns and programs are nonetheless encouraging.

Data and evidence about gender-based violence

The Jordan DHS report of 2012 provides useful, nationally representative prevalence statistics on GBV, as well as information on gender norms and data on early marriage. These findings, along with other reliable data, are summarized below.

Gaps on GBV data remain. For example, no data was found on the prevalence of IPV against men. No data was found on violence among Jordan's LGBT community, in part because of the taboo nature of the topic.

Domestic Violence. The 2012 Jordan DHS report found that that 32% of ever-married women in Jordan have experienced emotional, physical, and/or sexual violence perpetrated by their spouse, and nearly 10% have experienced sexual violence by their spouse.⁹ According to the same study, 24% of women reported experiencing intimate partner physical violence in their lifetime, while 9% reported sexual violence and 25% reported emotional violence. Other studies support these findings. According to a 2013 study by the National Council for Family Affairs the most common form of domestic violence experienced by Jordanian women was physical violence.¹⁰ Among survivors of violence included in this study, 84% reported physical violence, and half of these women said their spouse or partner was the perpetrator. According to 2011 UN Report of the Special Rapporteur on Violence Against Women in Jordan, the Family Protection Department registered 6,236 cases of violence against women and children in 2011, of which 27.5% were referred to the courts; it unclear how many of these resulted in a conviction or the imposition of penalties.¹¹

High rates of IPV were also noted in the 550 cases of abuse that the Jordanian Women's Hotline registered in 2013. Of the 550 cases, 194 dealt with exploitation, 191 related to psychological abuse, and 165 survivors had experienced multiple forms of GBV. In a majority of cases, the perpetrator was identified as the husband.

The 2012 Jordan DHS report also pointed to high levels of social acceptance of domestic violence: 70% of ever-married women accepted at least one rationale for violence by a husband against his wife.¹²

The 2012 Jordan DHS report notes that 70% of ever-married women accepted at least one rationale for violence by a husband against his wife.

For example, 38% of women said a husband was justified in hitting or beating his wife if she insults him, and 25% if the wife does not feed her husband. Women who were young, unemployed, or residing in refugee camp areas were the most likely to agree with at least one justification. As educational level and wealth increase, the proportion of women agreeing with at least one justification declined.

However, research shows that most women still do not report violence. A 2012 report in the *Journal of Family Violence* found that the majority of women did not report violent incidents, for fear that the reporting system would not work.¹³ Other factors are listed in Table 2.

Table 2. Women’s justifications for not reporting violence in Jordan

Rationale	Percentage of women who believe
Reporting will not work	70
Not sure what to do	69
Fear of other people’s reaction	64
Insufficient information	63

The most commonly reported form of GBV by Syrian refugees in Jordan is domestic violence with over 50% of women seeking support services after experiencing violence at home. Refugees report heightened levels of stress leading to higher levels of physical and emotional violence usually perpetrated by male relatives¹⁴. The 2012 DHS report indicates that women living in refugee camps were more likely to report spousal sexual violence (11%) compared with women in non-camp areas (9%). Women who were divorced, separated, or widowed were much more likely to report having experienced spousal sexual violence (23%) than currently married women (9%).

Finally, the research conducted for this report also found some helpful data on “honor crimes”—acts of violence (usually murder) primarily committed by men against women who are perceived to have brought dishonor upon their family. The 2013 National Council for Family Affairs study found that the Jordanian Criminal Court recorded 66 cases of women being murdered in honor crimes between 2000 and 2010; Sixty nine% of honor crimes were committed by a brother. A small majority of cases involved young women: 56% of the victims were between the ages of 18 and 28, and 45% of the perpetrators were also from this age group.

Public Harassment. As of 2014, the Jordanian Department of Statistics did not maintain any official statistics on sexual harassment; no national survey dealing with harassment of women in public spaces was found. A 2013 interagency assessment by UN Women focusing on the experiences of Jordan’s refugee communities found widespread harassment—the term most refugees used to refer to unwanted verbal attention.¹⁵ Some female refugees are not allowed to leave their homes unaccompanied because of a general perception of insecurity; women also fear being seen in public without a male companion, which has negative connotations (especially for Syrian women). A 2013 interagency assessment indicated that Syrian refugees in Jordan felt

vulnerable to different types of harassment such as harassment of girls at school forcing some girls to drop out altogether, and harassment of women in public spaces.¹⁶

CEFM. In Jordan, the prevalence of child marriage among 20-24 year old women is relatively low, at 8%. This marks a decreasing trend, as 18% of women currently 45-49 years of age were married before age 18.¹⁷ Among Syrian refugees in Jordan, early marriage can be a common practice due to the parents' need to ease financial burdens on their families and the belief that married girls are more respected in their communities.¹⁸ A 2013 inter-agency assessment indicated that 51.3% of female and 13% of male refugees in Jordan were married before age 18. Early marriage is culturally accepted among Syrians as 44% of study participants found the normal age of marriage for girls to be between 15 and 17, and 6% found it to be between 12 and 14.¹⁹ Further, a 2014 Save the Children study on child marriage among Syrian adolescents in Jordan indicated that the percentage of registered marriages among Jordan's Syrian refugee community that involved a girl under 18 rose from 12% in 2011 to 18% in 2012, with indications that this rate may have reached as high as 25% in 2013.²⁰ A 2014 UNICEF and International Medical Corps (IMC) assessment of the mental and psychosocial health of Syrian adolescents in Jordan indicated that among Syrians aged 12-17, one of the biggest problems facing adolescents in non-camp settings is early marriage and abuse, and that adolescent girls are subjected to early marriage and at a high risk of early pregnancy.²¹

Context of service provision for GBV survivors

Jordanian CSOs and international organizations provide a wide array of services for GBV survivors, including shelters (in Amman and Irbid), legal aid, psychosocial support interventions, and health and medical forensic services, as well as advocacy and awareness campaigns. While their geographic distribution is limited, there are several operational shelters for survivors of domestic violence seeking assistance, counsel, and refuge. The Ministries of Health and Social Development are mandated to provide free health care to GBV survivors within Jordan. Publicly funded free-of-charge healthcare services are more widespread in urban settings than rural areas.

Shelters providing services to GBV survivors include the new government-funded Center for Integrated Services and Family Justice, dedicated to combating GBV throughout the country. The Center is located at the Family Reconciliation House of the Ministry of Social Development (Dar al Wafaak al Osari);²² it was established as a one-stop shop where women subjected to violence can receive a wide range of support services through the coordination of different institutions (including social, psychological, police, medical, and legal services, as well as personal safety).²³

The police have a key responsibility in referring GBV survivors to safe houses, the courts, or medical services. The 2008 Family Protection Law also requires GBV service providers to inform "competent" authorities upon receiving a case of domestic violence. The 2008 law also explicitly states a preference for reconciliation services, an approach that can sometimes have the unintended consequence of re-traumatizing survivors of violence. Additionally, the Jordanian government has endeavored to ensure access to protection services by providing public transport to service providers in urban provinces. Such transport services are not currently available in rural or remote areas.

The Family Protection Department is responsible for providing legal assistance in collaboration with relevant Ministries (e.g., the Ministry of Interior and the Ministry of Social Development) as well as CSOs (e.g., the Jordanian National Commission for Women's Affairs).

The 2012 DHS report shows, however, that only 2% of women survivors of domestic violence sought help from a social service organization, and less than 4% sought help from the police. The most common source of help after an incident of domestic violence (84%) comes from a woman's family, further confirming the common understanding that GBV is viewed as a private matter, to be handled outside of formal mechanisms.

The 2012 DHS Report found that less than 2% of informants sought help from police following an episode of domestic violence.

Among Syrian refugees, the 2013 UN Women survey suggested that health clinics, CSOs, and community-based organizations may not be the preferred method of recourse for many GBV survivors. In the case of sexual violence, most respondents thought that women were most likely to turn either to family members (31%) or the police (29%); only 4% thought that a health clinic would be the first choice. For physical violence, only 5% chose a health clinic as the preferred resource, with 23% choosing the police and 48% choosing family members. For psychological violence, respondents favored turning to family members (37%), a health clinic (12%), or friends (12%). The survey also indicated that the vast majority of Syrian refugees are not aware of services available for GBV survivors in their communities, and that women's limited mobility as - well as the limited availability of safe spaces - make it difficult for them to meet with service providers, leading to feelings of isolation and stress.

Evidence of costs of violence

There is little detailed budget information from Jordanian government agencies or CSOs and limited research on GBV socioeconomic costs. Interviews for this report also encountered reluctance on the part of key informants to share budgetary information. This section gives the available information on systems level costs (i.e., agencies' and organizations' budget allocations) along with costs related to individual level services accessed by one GBV survivor.

Jordanian government. The research team found that, in nearly all ministries, government budgets do not have a separate line item for GBV-related services and activities. However, GBV prevention and response budgets are included under the "Protection" category of each related Ministry (e.g., Ministries of Social Development, Health, and Education). The Ministry of Social Development described a bifurcated approach: the Ministry of Finance provides a general "Protection" budget; and external international donor funding covers advocacy, as well as physical shelter and administration costs related to GBV. The Ministry identified the cost of sheltering one GBV survivor as \$1,127 annually. The Family Violence Section within the Ministry of Health cited a cost of \$282 to train one person (or \$5,637 per training course) to deliver health services to GBV survivors. These capacity-building funds usually come from United Nations and international CSO/donor allocations.

Local organizational costs. Most budgets for GBV-related work implemented by CSOs are project-based and are funded by either international organizations or United Nations agencies. The cost of total services provided by the Noor Al Hussein Health Center (including training, medical and psychosocial support, and transportation) is \$2,116 per person per year. The 2015 annual budget for the Family Guidance and Awareness Center in Zarqa is \$1.4 million. The Center for Awareness and Guidance estimated the annual cost of outreach and advocacy issues at \$42,280 and prevention and response programs at \$112,747. The Jordanian Women Solidarity Institute has a total operating budget of approximately \$350,000, of which \$247,000 (or 70%) is devoted to GBV service provision and activities.

The Ministry of Social Development stated that the annual cost of sheltering one GBV survivor is \$1,127.

International agencies and organizations. Annual operating costs to UNICEF for project-based GBV interventions in Jordan include \$70,000 for GBV advocacy and \$422,833 for shelter development.

Costs of individual level services. Public sector hospitals and CSOs traditionally provide support to GBV survivors free of charge. The information in Table 3, gathered from the KIIs, provides an illustrative snapshot of some of the individual, one-time costs associated with GBV. The below table does not take into account the multiple times a survivor might access each service.

Table 3. One-time, individual costs of GBV

Jordan - Sample GBV Survivor Costs	
Service	Cost (\$)
Lawyer consultation fee per case	700–1,000
Court registration fee	11
Medical consultation fee per session (private sector)	28–35
Psychological counseling per session (private sector)	70–100

Medical support in the private sector can include both a single consultation (at \$28–\$35) as well as a single check-up (\$35–\$70). An overnight stay in a public hospital costs the patient approximately \$70, and costs increase depending on medications required. CSO service providers often pay for a survivor’s legal assistance; a GBV survivor who directly contract a lawyer would pay between \$700 and \$1,000. If needed for purposes of a legal case, medical reports cost between \$7 and \$10. Psychological counseling is also provided free of charge through CSO service providers; an individual would pay between \$35 and \$56 per session to directly access in the public sector or between \$70 and \$100 in the private sector.

LEBANON

This chapter summarizes the complicated legal, political, and social context surrounding GBV in Lebanon. As this section will show, the Lebanese legislative and political environment is highly complex, and many laws related to GBV have not been updated in many years. Certain notable gains have been made, and the passage in 2014 of Lebanon’s first law specifically targeting the issue of domestic violence heralded an important step towards needed legislative reform.

However, certain laws may even exacerbate trauma faced by survivors. One penal code article, for instance, absolves rapists who marry their victims. The pluralistic (and contradictory) religion-specific personal status laws also complicate efforts to end GBV and promote women's rights. The country's political environment has been improved by the recent launch of two national-level strategies to support gender equality, although measurable progress toward the objectives of these strategies is lacking. There is an estimated 1,048,275 registered Syrian refugees in Lebanon²⁴ living across the country.³ The influx of refugees from Syria has put a strain on Lebanon's already suffering economy and political stability. Competition over employment opportunities, resources and services between Lebanese and migrants has led to heightened social tensions in the country.²⁵

There are significant data gaps regarding the prevalence of GBV as well as its socioeconomic costs in Lebanon. No nationally representative study on the prevalence of GBV with the rigor of a Demographic and Health Survey (DHS) has taken place. Research for this report included some key informant interviews with GBV service providers and policy makers; the results indicate substantial annual costs to deliver minimum basic services and support to GBV survivors by the public and private sector. These identified costs, though significant, are likely only a small proportion of the actual nationwide costs entailed in GBV response and protection efforts.

No nationally representative study on the prevalence of GBV with the rigor of a DHS survey has taken place in Lebanon.

In conducting primary research for this report, 14 key informant interviews were conducted. Stakeholders were selected based on their involvement in combating GBV in Lebanon, both at the policy level and as direct service providers. All 14 key informants work in urban areas of Lebanon, and 9 of them (64%) also work in rural areas of the country.

Political and legal context for gender-based violence

Despite certain recent improvements, the legal context for addressing GBV in Lebanon has significant shortcomings. Activists have long advocated for a uniform, national-level personal status law. Many relevant articles in the Lebanese penal code have not been amended since the code's original adoption in 1943. Further complicating matters, Lebanon's Constitution grants legislative authority to each of the country's 18 religious sects for enacting personal status laws (regulating marriage, divorce, and other family concerns). Local observers note that the lack of a unified civil code guaranteeing gender equality in family matters has helped perpetuate harmful gender norms, including conferring impunity for some forms of GBV. A 2013 CEDAW shadow report similarly indicated that Lebanon's confessional system has led to legislative confusion when prosecuting GBV cases. Article 7 of the Lebanese Constitution validates equality before the law, whereas Article 9 gives different religions the right to regulate themselves. This has paved the way for "vast violations of women's rights and given clergy the right to object to any modernization of the law which they believe is an intervention in their affairs."²⁶

Nonetheless, even amid political turmoil in the country, some notable improvements have taken place, including the 2014 legislative approval of the "Law to Protect Women and All Family Members from Violence in the Family."²⁷ This law represented a notable step forward

³ As of March 2016.

towards closing legislative loopholes, establishing important protection and policing measures for survivors of domestic violence such as a provision allowing women (or men) to obtain a restraining order against their abuser, and calling for the creation of a special unit on domestic violence in the Internal Security Forces. The law was based on a draft submitted in 2010 to the Lebanese Parliament by several CSOs (notably KAFA—“ENOUGH Violence and Exploitation”), which included a wider definition of family violence that included marital rape. However, GBV prevention activists point to shortcomings in the approved legislation. For example, the addition of the phrase “and all family members” in the title of the law (a late insertion by Parliament) has drawn criticism for its effect of minimizing the gendered nature of violence within the family. Furthermore, the law falls short of comprehensively complying with Lebanon’s commitments to ratified international treaties. In addition, local observers point out that the law’s definition of the forms of violence is too narrow. Marital rape, for instance, has not been named or criminalized as an assault; only the accompanying harm (threat and abuse) is penalized. CSOs and women’s rights groups have stated that the approved version of the law, with its narrow definition of GBV, was a result of pressure from religious authorities.²⁸

While the 2014 law provides a definition of domestic violence, many other problems remain in the penal code of 1943, which lacks proper definitions of many other GBV-related crimes and uses obsolete terminology for others. For example, Article 519 criminalizes sexual harassment only in relation to children, while Articles 487, 488, and 489 criminalize adultery. Article 522 absolves an abductor and rapist who marries his victim; Article 483 permits early marriage with consent of the child’s “guardian.” Additionally, Article 252 provides mitigated sentencing for crimes (e.g., murder) committed in a state of rage, or “crimes of passion.” Article 534 pronounces homosexuality to be “contrary to the laws of nature.” Lebanese civil society organizations such as Helem and MOSAIC have campaigned to change (respectively) Articles 534 and 483.

Sexual harassment, while a widespread phenomenon, is still not criminalized. A draft law prohibiting both sexual harassment and racist abuse was submitted to Parliament in mid-2014, but no law has been issued to date for either workplace or public harassment.²⁹ A draft bill concerning workplace harassment was prepared by the Nassawiya Association in 2008, but it was not adopted by any legislative authority.

Sexual harassment, while still widespread, is not criminalized.

Within the Lebanese legal context, the labor code would be the appropriate place to criminalize sexual harassment in the workplace; however, no existing legislation addresses gender-based harassment in public places (apart from the general provisions for rape and other forms of sexual violence, discussed above). Thus, while the legal context for GBV in Lebanon is somewhat more developed than it was five or ten years ago, it still falls short of providing adequate criminalization of the full array of GBV forms, and does too little to protect and support survivors of violence.

Against this legal backdrop, two notable political strategies have been established at the national level in the last five years, aiming to advance broad gender equality objectives. First, the ten-year National Strategy for Women in Lebanon (2011–2021) was recently developed by the National Commission for Lebanese Women (NCLW), using a participatory approach that involved stakeholders representing CSOs, public administration, and international organizations working on improving the status of women in Lebanon. For the first time, the strategy includes the issue of combating violence against women, as one of its 12 objectives. The Council of Ministers approved this strategy, and the NCLW has also adopted an associated action plan for 2013–2016.

Lebanon established a ten-year **National Strategy for Women in Lebanon: 2011–2021**, through a participatory approach that involved stakeholders from CSOs, public sector representatives, and international organizations. The strategy includes the issue of combating violence against women as one of its objectives.

Noting the absence of data on gender-related programs in Lebanon prior to 2013, NCLW began its action plan by collecting data on programs implemented by public administrators, CSOs, and international organizations. Its initial report, published in 2013, provides information about the work carried out by major stakeholders in all fields related to women’s issues in the country. It highlights the types of activities occurring across the country to address GBV, including awareness-building activities, capacity-building among survivors, protection initiatives, and legislative reforms. The report shows that few activities are implemented to raise awareness or develop the capacity of security forces to respond to GBV survivors.

Also notable, the Ministry of Social Affairs launched a National Social Development Strategy in 2011—providing the basis of the NCLW strategy.³⁰ The Social Development Strategy identified a broad objective of “eliminating discrimination against women on all levels, primarily through combating gender-based violence.” In addition to urging the adoption of a uniform personal status law, the strategy also calls for legal mechanisms to better protect women from violence both at home and at work.³¹ The Ministry of Social Affairs Department of Family Affairs established Women’s Affairs Division to formulate and institute programs responding to the needs of women and strengthening their capacities. The Division is also responsible for proposing budget funding to implement such programs, in coordination with other line ministries.³²

The National Technical Taskforce for the Elimination of Violence Against Women was established in 2012, chaired by the Minister of Social Affairs in partnership with the ABAAD-Resource Center for Gender Equality (ABAAD). Its goal is to consolidate existing programs to meet the needs of survivors and to develop new codes of conduct.³³

While the age of marriage of both males and females has been on the rise, there is no official minimum age of marriage that is adhered to by all religions. Given that marriage falls under the jurisdiction of the various religious courts, different laws can be used to ensure the consent condition is met, without government involvement. This situation is not in conformity with Lebanon’s commitments as part of the Child Rights Convention, where the age of marriage is established at 18 years.³⁴

Social context for gender-based violence

The social context for addressing GBV in Lebanon mirrors the complicated legal and political context. While certain encouraging shifts are under way, a significant number of social challenges face organizations seeking to eliminate GBV. Commonly held norms place the blame for any experience of violence on the victims themselves, with the support of outdated legislation that (for example) absolves a rapist who marries the victim.

The restrictive social, legal, and political environment around GBV issues presents critical barriers to survivors seeking help. Research points to victim-blaming norms among health care providers in particular: one study concluded that perceived cultural norms and religious beliefs were among the most influential barriers to

Survivors of GBV face restrictive social, normative, and legal barriers to seeking help, including victim-blaming norms among health care providers. However, survivors have indicated that the health care space provides a socially acceptable place to break the silence about GBV.

physicians' ability to respond effectively to domestic violence in Lebanon.³⁵ Another research team, in 2012, conducted focus groups with 72 women about whether they felt the health care system could be a helpful resource for survivors of violence. The majority of respondents were eager for the health care system to play this role, considering health care spaces to be “socially accepted ways to break the silence.”³⁶ Unfortunately, their fears of health care providers, who may subscribe to victim-blaming norms, clash with survivors' expressed hopes for the health care system to serve as a safe resource.

Unsurprisingly in this setting, survivors of violence are unlikely to seek formal services. A 2007 study estimated that 57% of survivors of violence “report” their experiences—but this figure includes unofficial reports, to family members or friends.³⁷ Research with Lebanon's refugee populations further illustrates these barriers. A 2013 study by Médecins Sans Frontières catalogued a variety of barriers to refugee women seeking healthcare services in general, including the unaffordable cost of prescription medications, although the study did not specifically mention support or care for survivors of violence.³⁸ An International Rescue Committee's 2012 report reveals that Syrian refugee survivors of violence are unlikely to report their experiences of violence or seek support, due to “the shame, fear, and dishonor to their families.”³⁹ This report also observes that the act of reporting violence may itself increase survivors' likelihood of being targeted for additional violence at the hands of family members. The study's respondents overwhelmingly agreed that “there are few services currently in place specifically designed to meet the needs of GBV survivors or that are accessible to Syrian refugees.”⁴⁰

In spite of the legal and political obstacles, a movement for gender equality has emerged in Lebanon. This movement includes a range of CSOs, none of which focus specifically on GBV. More commonly, organizations attempt to address multiple gender-related social issues under the umbrella of “human rights,” “women's rights,” or “children's rights.”

Data and evidence about gender-based violence

There has been no nationally representative, multi-household survey on the prevalence of gender-based violence in Lebanon. While other countries in the region have conducted at least one national health survey as part of the Demographic and Health Survey program, the Lebanese government has yet to collect rigorous national-level prevalence data on GBV.

Existing sources of information regarding GBV include: the Ministry of Interior; local, national, and international non-governmental organizations; healthcare providers; and centers operated by the Ministry of Social Affairs. National household surveys do not typically include GBV issues, so, despite efforts by the Central Administration of Statistics, data on GBV is currently produced by disparate entities without coordination, making it difficult to synthesize and interpret data to develop a national picture of GBV crimes and patterns. Reports may present conflicting results, while the variety of data collection and sampling methodologies complicates efforts to produce a clear picture of overall GBV costs and impact.

One first-of-its-kind study effectively demonstrates the magnitude of the long-term psychological consequences of GBV in Lebanon, linking women's experiences of physical intimate partner violence with symptoms of post-traumatic stress disorder (PTSD). Nearly all (97%) of the study participants showed symptoms of PTSD.⁴¹

No quantitative data was found on GBV experienced specifically by boys and men, or on violence of a homophobic nature against LGBT-identifying individuals.

Domestic Violence. While noting that it is "very difficult" to obtain statistics in Lebanon on domestic violence, KAFA has claimed that an estimated 2,600 cases of domestic abuse are reported each year and estimates that 75% of Lebanese women have experienced domestic violence at some point in their lives. In 2011, a United Nations Country Team in Lebanon, in a report to the Human Rights Council, cited "high" rates of domestic violence in Lebanon.

One compelling 2007 study (by Usta and colleagues) used a cross-sectional survey of all women accessing services at four primary health care centers in different geographic areas of Lebanon. This study found that 35% of participating women reported experiencing one or more forms of domestic violence in their lifetime and a 23% prevalence rate of physical intimate partner violence. Of this group, 88% had experienced verbal violence and 66% had experienced physical violence.⁴² Other research shows that as many as 17–24% of Lebanese children report experiences of childhood sexual abuse.⁴³ An Open Society Foundations 2011 report indicates that domestic violence affects women of all backgrounds, regardless of religion, sect, socioeconomic status, level of education, age, or cultural background. Syrian refugees in Lebanon indicated that IPV was one of the most common forms of violence experienced by displaced women and that it has increased since the start of the conflict. Almost half of the participants of a 2012 International Rescue Committee (IRC) study conducted among Syrian refugees in Lebanon found IPV to be a key safety and security concern among adult women in their communities.⁴⁴

Public Harassment. A 2010 study undertaken as part of the Status of Women in the Middle East and North Africa program (SWMENA) is one of the first to investigate women's experiences of harassment in public and professional spaces in Lebanon.⁴⁵ Using a large nationwide sample, the study found that more than one in five women across Lebanon (22%) have been touched or pinched against their will in public spaces; 61% of respondents reported experiencing some form of public sexual harassment. Moreover, 35% of Lebanese women report being subjected to “unwanted suggestive noises, comments, or gestures by men” *most times* or *every time* they are in public.

The SWMENA 2010 study found, based on a large nationwide sample that more than one in five Lebanese women have been touched or pinched in public spaces.

The SWMENA study also investigated sexual harassment in the workplace, asking respondents, “When you are at work, how often would you say that men make unwelcome physical contact, noises, comments, or gestures toward you or other women?” The study found that 5% of women experience either verbal or physical harassment of a sexual nature at work either *every day* or *most days*. A total of 24% of women reported experiencing some form of workplace harassment.

CEFM. Owing to Lebanon's plurality of personal status laws, documenting the prevalence of child marriage is particularly difficult. Certain of these laws actually allow for marriages of girls as young as 9, with the approval of the family and/or religious official.⁴⁶ A 2011 UNICEF report found that 11% of women between 20 and 24 years old reported being married before the age of 18. Similarly, a 2015 quantitative study revealed that 13% of Lebanese women of all ages were married before the age of 18. The survey indicated that the highest percentage of under-18 marriage was found among Allawis (16%), followed by Sunnis (13%), Shi'a (12%), Druze (10%), Maronites and Greek Orthodox (7%), and Greek Catholics and other Christian communities (6%).

GBV in Refugee Populations. Based on a sample of 349 pregnant Palestinian refugee women interviewed during prenatal check-ups, one research team found that over one-quarter of women (26%) reported having forced sexual intercourse at least once in the past year. The literature on Syrian refugees' experiences in Lebanon captures one particularly notable dynamic: *survival sex*, which can be understood as a form of prostitution occurring “due to desperation to earn money and/or goods to ease financial pressure from the increased cost of living in Lebanon.”⁴⁷ Early marriage was reportedly common in Syria prior to the conflict but, according to a 2012 IRC study, early and forced marriage has increased and the age of marriage has decreased as families try to find safety and security for their daughters⁴⁸. As many qualitative reports emphasize, among Syrian refugees in Lebanon it is common for women and/or children obtain money, food, shelter, or other goods in return for sex.⁴⁹

Context of service provision for GBV survivors

GBV services are provided by CSOs as well as by the Lebanese government. For example, KAFA runs a hotline for women, offers psychological support, and can provide lawyers to help prosecute cases. Several UN agencies offer programs to protect women and to recommend

changes to laws associated with GBV. The Lebanese Social Affairs Ministry manages a taskforce of government agencies, NGOs and civil society groups; it has also designed systems and training for counsellors and medical staff who may come into contact with survivors, on how to provide assistance and on understanding their legal obligations.

CSOs in Lebanon provide crucial assistance and advocacy for GBV survivors. The most visible organization working to address GBV in Lebanon is KAFA, established in 2005 to promote gender equality and work to end violence against women and children in Lebanon. Since 2008, KAFA has led an effort to advocate for the adoption of a law to protect all family members, including women, from family violence. In addition to KAFA, the following Lebanese CSOs provide legal, social, and psychological assistance to GBV survivors: ABAAD, the Lebanese Council to Resist Violence Against Women, Dar el Amal, Beit el Hanane, Maryam and Martha Association Center, and the Young Women's Christian Association. Additionally, a group of activists recently started an initiative comprising an online map to track harassment in Beirut.⁵⁰

Concerning early marriage, ABAAD and the Arab Institute for Human Rights are playing a major role to raise awareness of early marriage dynamics and to provide services for girls and women who have been married early against their will. Other CSOs are also active in this area: Sawa for Development and Aid, which has conducted awareness sessions, mainly in the Bekaa region; the Lebanese Women Democratic Gathering; and the National Committee for the Follow-Up on Women's Issues.

Some recent developments regarding GBV service provision in Lebanon include: a rehabilitation program for men with violent behavior via The Men Center; the inauguration of a "Protection" center for boys and girls experiencing sexual violence; the establishment of Beit el Hanane Center, to accommodate women who are victims of violence; the Maryam and Martha Association Center, expanding capacity to accommodate more than 40 female GBV survivors; and Nassawiya Association, drafting legislation to criminalize acts of sexual harassment in the workplace.⁵¹

The Men Center, based in Beirut, was established as a result of a partnership between ABAAD and International Medical Corps.⁵² The Center caters to men of all nationalities living in Lebanon who exhibit signs of violent behavior, offering psychosocial support, anger management, and techniques to express and deal with stress and anger.⁵³

The research team for this report interviewed 14 key informants, including representatives from the government and private sector. Five interviewees came from the Ministries of Education, Justice, and Social Affairs, Interior Security Forces, and NCLW; three represented local CSOs (KAFA, ABAAD, and MENA Organization for Services, Advocacy, Integration and Capacity Building–MOSAIC); and five were United Nations agency representatives, including the United Nations Population Fund (UNFPA), the United Nations High Commissioner for Refugees (UNHCR), the United Nations Relief and Works Agency (UNRWA), the United Nations Children's Fund (UNICEF), and the International Labor Organization (ILO). A representative from the international organization International Medical Corps (IMC) was also interviewed.

All of these agencies and organizations currently develop and/or implement GBV-related policies and programs, as well as provide services and support to GBV survivors, ranging from medical visits to legal advice to psychological assistance to providing shelter, among others. Most of the service providers offer medical assistance to survivors by providing medical visits, consultations, and medical exams including rape kits and pregnancy tests, as well as medical treatment such as treating contusions and other wounds, including providing stitches. The majority of the interviewed organizations also provide legal advice and assistance to GBV survivors, and all provide psychological counseling.

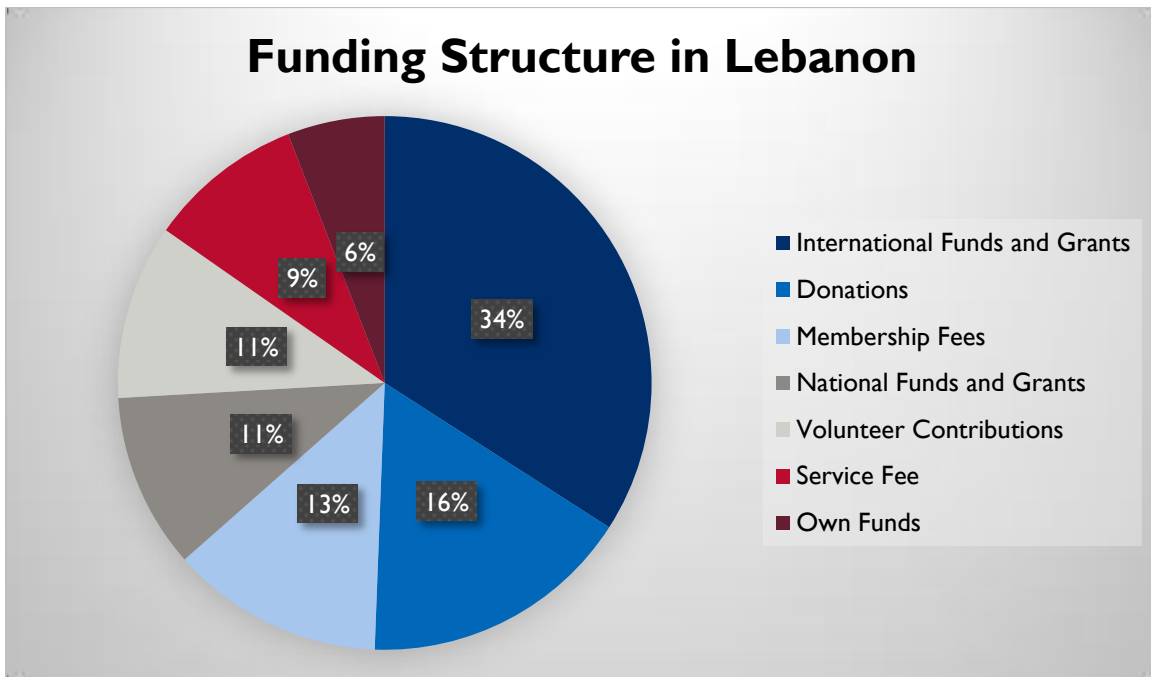
All of the organizations interviewed also offer social and economic support for GBV survivors, in addition to clothing and other essential items. Five provide referral services, though none have a budget specifically for these services. KAFA, UNHCR, MOSAIC, UNFPA, and UNICEF offer housing to GBV survivors in shelters or help in finding another safe location. ABAAD and KAFA run an emergency line for GBV survivors, while UNHCR focuses on training community members and CSOs to better serve survivors of violence in their locales.

Lebanese CSOs involved in GBV service provision rely heavily on international donor funding to support and sustain their implementation efforts.

Three of the organizations interviewed for this report—ABAAD, KAFA, and MOSAIC—indicate that all of their clients are GBV survivors. ABAAD reports serving approximately 1,000 direct beneficiaries per week, MOSAIC noted 35 per week, and KAFA reported 20 new cases per week during 2015. UNICEF states that half of their clients are GBV survivors seeking help.

A 2016 report by Lebanon Support found that women’s organizations, including local GBV service providers, rely heavily on international funding.⁵⁴ The report points to a gap in public funding for organizations working on women’s rights. ABAAD, MOSAIC, and KAFA confirmed that they rely to a great extent on international funds and grants. Figure 3 shows the breakdown of funding for Lebanese women’s rights organizations.

Figure 3. Summary of funding on women’s rights



Evidence of costs of violence

No studies were found that detail the economic or financial costs resulting from any form of GBV. The sections below summarize the available information on the systems level costs (i.e., central and local government as well as international organizations budget allocations) and on individual level costs related to services.

Lebanese government. There were challenges in gathering data on government budget allocations for GBV services. National and municipal level budgets are not based upon programmatic areas but instead on line items, so the portion allocated for GBV services, where it exists, cannot be disaggregated. The Lebanese government provides GBV preventative and response services via multiple government agencies. For example, the Ministry of Social Affairs, the Internal Security Forces, and the NCLW all undertake outreach campaigns focused on eliminating harmful gender norms. Additionally, the Ministry of Social Affairs and Internal Security Forces both provide relocation services to GBV survivors. This report was unable to identify specific government-level budget lines associated with GBV prevention and response efforts.

Local organizations. Many local organizations are active in GBV prevention and response, and most services to GBV survivors are free of charge whether provided by the public sector or by Lebanese CSOs. One way to calculate the cost of GBV to society is to estimate the organizations’ costs associated with GBV prevention and response activities, such as providing safe relocation services to survivors. ABAAD allocates \$750,000 per year for its GBV activities and runs a shelter for 200–250 women; of this total, UNICEF contributes \$250,000. Other organizations devote significant amounts of funding to working with the criminal justice system to improve prosecution for perpetrators of GBV. Similarly, ABAAD, KAFA, and MOSAIC were all identified as also undertaking outreach and GBV-prevention-related activities. Finally, in

addition to directly providing services, many of the organizations interviewed conduct capacity-building activities with smaller CSOs and service providers. For example, capacity-building interventions by MOSAIC in 2015 were budgeted at \$38,000.

International agencies and organizations. International organizations are highly active throughout Lebanon in addressing GBV, including providing services and funding local CSO service providers. Annual budgets for GBV-related services vary significantly, from \$170,000 for UNRWA to \$3 million for UNICEF. Policy advocacy and legislative support projects are also funded by a range of international organizations, in partnership with CSOs throughout Lebanon. A UNFPA report on budgets from 2010–2014 summarized funding for gender equality projects to strengthen national laws, policies, strategies, and plans. According to this report, the ILO allocated \$800,000, the UNDP allotted \$500,000, the UNFPA budgeted \$700,000, and UNRWA pledged \$100,000 to gender programming in Lebanon.⁵⁵

International organizations also provide organizational capacity-building assistance to smaller organizations focused on GBV. GBV-related outreach campaigns are also regularly conducted with support from international organizations such as the International Rescue Committee, UNRWA and UNHRC. In addition, the ILO and UNHCR also provide relocation services to GBV survivors and their children: UNICEF budgets \$250,000 annually for these activities.

Costs of individual level services. Key informant interviews provided helpful information on the treatment and other costs incurred by GBV survivors seeking support. The information in Table 4, gathered from the 14 interviews conducted for this research, provides an illustrative snapshot of some of the one-time costs to individuals of GBV in Lebanon. The below table does not take into account the multiple times a survivor might access each service.

Table 4. One-time, individual costs of GBV

Lebanon - Sample GBV Survivor Costs	
Service	Cost (\$)
Lawyer fees/case	350
Court registration fee	10
Medical consultation fee/session	50–100
Psychological counseling/session	50–100

Should a survivor refer herself to a medical clinic or hospital, according to interviewees, the estimated cost for a visit, exam, or treatment would range from \$50 at public facilities to \$100 at private facilities. However, most GBV survivors seek assistance (and has costs covered) through a CSO, which can pay slightly more—approximately \$50–\$70 per medical visit, usually at a public clinic or hospital. Interviewees whose organizations provide direct medical services to survivors estimated monthly organization expenses of \$200 to \$1,500 to treat survivors. A psychological counseling visit ranges between \$50 and \$100, regardless of whether the cost is incurred by a service provider or directly by survivors seeking private psychological assistance.

When a survivor receives legal assistance through a CSO, most of the legal fees are borne by the organization. However, when legal advice is sought privately, this typically costs the

individual \$50 for an initial consultation. Should the survivor choose to take their case to court, lawyers often charge \$300 per case (in addition to the \$50 consultation fee). For GBV prosecutions, cases typically go through the federal penal courts with an additional penal court registration fee of \$10. Given the variation of legal systems and lawyer credentials, legal cases can cost upwards of \$3,000 per month.

Parallel legal systems

Lebanon maintains separate, confessional family law court systems. As an example, a woman seeking divorce or child custody could have her case heard in either a Muslim or Christian family law court, depending on her religious identification; the costs of cases are set within each system.

MOROCCO

This chapter provides a synthesis of the available evidence on GBV in Morocco, drawing on an array of literature, documents, surveys, and key informant interviews to summarize the political, legal, and social contexts in which this violence occurs and highlighting issues related to provision of services, as well as costs incurred by GBV response systems and individual survivors.

Morocco is noted for more progressive legal reforms on GBV relative to other countries in the MENA region. The country's progressive Family Law (*Moudawana*) was enacted in 2004; with its personal status law, it provides certain strong protections, although local observers note that these are inadequately implemented.¹ Barriers to eradicating GBV in Morocco remain numerous. These include: gaps in the legal protection of women and vulnerable populations; lack of judicial oversight and accountability; the inadequate implementation of progressive legislation; limited legal aid; and cultural barriers to help-seeking.²

The primary research for this report consisted of 18 key informant interviews, including 13 GBV policy makers and program managers as well as 5 GBV service providers. Stakeholders were selected based on their involvement in efforts to address GBV, both at the policy level and as direct service providers.

Political and legal context for gender-based violence

The legal context for GBV in Morocco is defined by the Moroccan Constitution, the Penal Code, and the *Moudawana* Personal Status Law.³ The Constitution establishes the primacy of international law obligations over national law, binding Morocco to CEDAW and the Convention on the Rights of the Child.

Gaps in legal assistance

Legal aid for women in Morocco is insufficient, and requests for legal aid by women go unmet, especially in cases of violence. Some Moroccan CSOs focus on raising awareness about women's legal rights, but these groups tend not to provide direct assistance in navigating the legal system.

While both the Constitution and international treaties offer protections and support to GBV survivors, shortcomings in the legal framework and its implementation continue to impede women's access to rights and freedom from violence throughout the country.

Broadly, there is no comprehensive legislation covering domestic violence in Morocco. In addition to gaps in the legal framework, implementation of existing legislation is uneven, due to limited understanding and training of public sector officials.⁴ There is no clear prohibition of domestic abuse in the civil, criminal, or family codes.⁵ Thus, women must rely on general battery provisions in the penal code. Some argue that the 2011 Constitution's prohibition of "all violations of physical or moral integrity" extends to domestic violence, though this is not explicitly articulated.⁶ Moreover, the judiciary lacks the authority to issue protective orders for survivors of domestic abuse, thus limiting law enforcement capacity to protect women. The Moroccan legal system also fails to recognize marital rape in its criminal code.

In urban areas, however, the *Moudawana* has created a system for dealing more effectively and efficiently with domestic violence, resulting in an increase in the number of women filing

domestic violence complaints in the court systems. Reform of the Code of Criminal Procedure (CCP) also helped in this regard. Article 336 of the CCP originally required women taking civil action against their husbands to have prior authorization from the court; this was changed to permit equal access to the courts.⁷ In 2003, certain articles within the penal code were also altered to impose heavier penalties on a spouse who injures his/her partner. Article 446 of the penal code was redrafted to authorize health care workers to waive professional confidentiality rules, in cases of suspected violence between spouses or other forms of GBV, and to report such incidents to judicial or administrative authorities.⁸

The criminal code takes a stronger approach toward non-partner sexual violence and street harassment. It criminalizes “indecent assault” *without* use of violence under Article 484, and criminalizes such assault *with* use of violence under Article 485. These articles also establish increased punishments when the victim is a minor or has a physical or mental disability. Rape is also punishable under the penal code by a sentence of up to 10 years, which can be increased to 20 years if the victim is a minor, disabled, or pregnant.

The law currently does not address the possibility of a female rapist or a male victim, affecting the access of LGBT survivors to legal redress in cases of sexual violence. These laws also subject LGBT people to systemic discrimination: Article 489 of the penal code criminalizes “an immodest (indecent) act or act against nature with an individual of his sex,” effectively criminalizing homosexuality.⁹ Recent increased enforcement of Article 489, coupled with more anti-gay sentiments in the public and political sphere, has increased harassment towards LGBT-identifying people.¹⁰

Moroccan law does not address the possibility of a female rapist or a male victim, which affects the ability of LGBT survivors to legally redress cases of sexual violence.

Although non-partner sexual assault is addressed fairly well under the current legal system, sexual harassment in public places goes largely unchecked. Sexual harassment, as codified by current law, only includes actions by an employer against an employee. And, as demonstrated in the findings of the national survey on the prevalence of violence against women, most women who experience this harassment are unwilling to pursue a case against their employers, for fear of losing their jobs.¹¹ Meanwhile, strangers are not prohibited from engaging in harassing behavior.

Legislation related to child marriage has undergone the most substantial change in Morocco in recent years. The 2004 *Moudawana* enshrines greater autonomy of women in the formation and dissolution of marriage, as compared with the 1958 *Moudawana*. The new law fundamentally defines marriage as a union based on mutual consent; marriages entered into under fraud or duress may be annulled by the person defrauded, who may obtain damages. Under the 2004 law, a woman does not require a relative to enter into marriage and is at liberty to conclude the contract independently.¹² But although the *Moudawana* in principle established parity between the sexes and guaranteed protection from early marriage, this is often thwarted in practice.¹³ The 2004 revisions changed the legal age of marriage to 18 years for both men and women, but it provided for judicial waivers based on consent of the minor’s parents and demonstration of a well-substantiated reason to justify the marriage.¹⁴

It is difficult to determine the extent of modern-day child marriage; data collection remains inconsistent, as many early marriages are not registered. Reports show that 86% of requests for underage marriage in 2013 were approved, with this number increasing in the years since the ratification of the new *Moudawana*. Government data tend to conceal and ignore early marriages involving girls under 14, including underage forced marriages.¹⁵ Recent public policy advocacy led Parliament to amend the penal code to close loopholes in both the legality of violence and the forced marriage of minors.

The recently adopted GBV law from March 2016 increases penalties for existing criminal offenses but does not criminalize marital rape; it fails to protect victims from their attackers during an investigation. It also neglects to provide procedural clarity on the roles of the police, judges, and lawyers investigating and prosecuting claims. Further, it fails to provide services such as health care and housing to victims who have no safe haven.

Social context for gender-based violence

The social movement to more adequately address and regulate GBV began with the groundbreaking lobbying efforts surrounding the reform of the *Moudawana* in 2004.¹⁶ Beyond the tangible benefits that resulted from these legal reforms, the effort served as a catalyst for political and social movements. Feminist groups that played integral roles in organizing protests and marches in key urban centers are now at the forefront of service provision for GBV survivors. These include the Union de l'Action Feminine (UAF – Women's Action Union), Association Democratique des Femmes du Maroc (ADFM – the Democratic Association of Moroccan Women), and the Association el Amane pour le Developpement de la Femme (El Amane Association for the Development of Women).

These women's rights organizations, along with international human rights advocates, continue to press the Moroccan government for intensive reforms to the penal code designed to better protect women. Avaaz, a global advocacy group, recently submitted a petition signed by more than one million people to Morocco's Parliament, demanding the adoption of promised legislation to address violence against women.¹⁷ Key areas highlighted by advocacy groups include: treatment for survivors of sexual abuse; revision of the prohibition on rape, to widen its applicability; and strengthened prohibitions against early marriage.

Social progress on GBV issues has been offset by the strong distrust of the Moroccan justice system, which has resulted in underreporting GBV incidents.¹⁸ One study found that 68% of female survivors of domestic violence expressed distrust of the justice sector.¹⁹ Specifically, women report that judges show a lack of respect for GBV litigants and do not permit them to present their full case.²⁰ Fear of wasted time, exposure to social stigma by the community, and repercussions from husbands or other family members present critical barriers to entering the judicial arena to actualize legal rights, regardless of their legal availability.

Social progress on GBV issues has been offset by the strong distrust of the Moroccan justice system, which acts as a barrier to survivors' potential access to the justice system.

There is a strong contrast between urban and rural approaches and attitudes towards GBV in Morocco. Urban centers, which tend to be wealthier and more liberal have been more receptive to anti-GBV activist movements. In particular, young urban women, often working alongside CSOs, use their newly afforded rights to push for greater equality. In contrast, rural regions continue to limit women's exercise of rights that are now afforded to them by law. Social stigma prevents accusations against one's husband for rape or abuse. Rural areas of Morocco have less access to civic and political education, and thus many women in rural areas are not aware of the legal and political rights they have gained since the *Moudawana* reforms; they are often unaware of the services and legal recourse available to them and remain untrusting of formal justice systems. Financial pressures also limit women's ability to seek help and GBV services.²¹ Key informant interviews revealed that there are many social pressures to resist change in addressing GBV, and these pressures are greatest in rural areas.²²

These urban-rural sociocultural differences are also a predictor of child marriage, which is most prevalent in rural regions. A 2014 report released by the Ytto Foundation noted that parents in rural villages can consider girls a financial burden. The survey of 138 families in the Medelt province found that 52% of the brides were minors, and some were married as early as 12 years old.²³

Data and evidence about gender-based violence

The quality of datasets and evidence on GBV in Morocco varies widely, and no comprehensive analyses exist. The majority of studies focus on sexual harassment and intimate partner violence (IPV) against women. The most comprehensive national study (the 2009 *Enquête nationale sur la prévalence de la violence à l'égard des femmes*) reports on workplace violence, public harassment, and domestic violence.²⁴ Several more current studies confirm those findings. A national survey conducted in 2011 of 8,000 women and girls throughout the country concluded that 63% of Moroccan women had experienced an act of violence within the 12 previous months.

A 2011 national survey of 8,000 women and children concluded that 63% had experienced an act of violence in the previous 12 months.

Domestic violence. Existing data do not capture physical, sexual, emotional, and economic abuse perpetrated by members of a woman's family other than her intimate partner. The 2009 national survey states that 55% of Moroccan women have experienced some form of IPV, and most quantitative and qualitative data regarding GBV in Morocco is focused on IPV. The 2009 survey states that 6% of women reported being a survivor of physical IPV. The same survey found that women are more likely to report intimate partner and family violence following the *Moudawana* reform, but they confront serious repercussions from exercising their newly expanded rights.

Cultural and gender norms present significant barriers to help-seeking in both urban and rural areas. A 2016 investigative report by Human Rights Watch found that the women and girls interviewed said they have few places to go to escape domestic violence, especially because the few available shelters have limited capacity

Advocates note that the majority of women who seek safe shelter do so because of domestic violence.

and meager resources.²⁵ Many GBV survivors reported being turned away several times, by both police officers and prosecutors, when attempting to file formal complaints against their husbands.²⁶ Women in urban areas are more likely to report incidents of violence in application of the *Moudawana*.²⁷

Public harassment. A 2010 survey by the Status of Women in the Middle East and North Africa (SWMENA), funded by the Canadian International Development Agency (CIDA), surveyed 2,750 men and women on their ability to move freely within public spaces, such as local markets or walking down the street.²⁸ Women respondents were asked how frequently men made “unwanted/sexually suggestive noises, comments or gestures,” and how often men “touched, pinched or made otherwise unwelcome physical contact.” The study found that unwanted physical contact is much less common than harassing comments and noises. 40% of women reported some form of public sexual harassment. Moreover, 16% of women interviewed noted that they experienced some form of sexual harassment *every time* or *most times* they were in a public space. Unmarried younger women were more likely to receive unwanted sexual overtures than married women.

Amnesty International recently described sexual harassment in Morocco as “commonplace.”

The 2010 survey also found that women in urban areas receive more unwanted attention than women in rural areas. For example, 25% of women in urban areas experience harassing comments and noises most times or every time they go out, compared to 5% of women in rural areas. In addition, women in urban areas are five times more likely than women in rural areas to be touched or pinched most times or every time they are outside. The survey found a 13% prevalence rate of sexual harassment at work, with 2% of female respondents reporting that the harassment takes place “every day or most days.”

CEFM. Although the *Moudawana* reforms included significant modifications to the legal age of marriage in Morocco, a recent study by Sabbe and Oulami estimates an increase in marriage of children under the age of 18, from 33,596 in 2007 to 41,098 in 2010.²⁹ More recently, UNICEF found a 16% child marriage prevalence rate, for the decade from 2002 to 2012.³⁰

Context of service provision for survivors of gender-based violence

CSOs play an important role in providing GBV prevention and protection services in Morocco. Staffing and resource limitations were a common theme in interviews with service providers, whether they specialize in legal aid, psychological and emotional counseling, or shelter. There are currently fewer than 15 CSOs accredited by the Ministry of Justice and Liberties (MJL) to provide support services. Prominent organizations include the Ennajda Center, the Moroccan Association for Combatting Gender Based Violence, the Amal Association, the Union de l’Action Feminine, the Association Tajdid Wae, the Association Nakheel for Women and Children, the Centre des Droits des Gens, and the Association Moubadarat.

Most shelters and safe houses for GBV survivors are operated by Moroccan CSOs, with limited government support. These support services are not regulated by law, and their quality and safety can vary widely. One shelter on the outskirts of Rabat is operated by *Association de la femme Bahraouienne pour le développement*; another shelter, operated by *Shabakat Nissa Atlas*,

serves marginalized women in a rural area. Key informants reported that their CSO offers counseling services for GBV survivors, including those experiencing economic violence. Informants were not able to provide statistics on numbers of GBV survivors who have used their services for different types of violence.

Both public and private health clinics and hospitals offer GBV medical support services. Public services provided to GBV survivors include screening for physical or emotional abuse in retaliation. Once violence has been detected, healthcare workers provide women with relevant documentation (necessary to access the legal system and support legal proceedings) as well as medical care. Health care providers do not commonly provide psychological counseling. Some public hospitals in Morocco have GBV units, exclusively for urgent medical care.

Legal aid for GBV survivors are offered by CSOs and the National Bar Association. According to Morocco's Ministry of Statistics, family courts assisted 19,199 women in 2014. Elements of the delivery of legal aid are defined in the Charter for the Reform of the Judicial System. Among other aims, the Charter proposes a plan to evaluate implementation of the *Moudawana* and improve the family court system. However, since the Charter's adoption in July 2013, no funding has been allocated to these efforts or to the establishment of a Central Authority to receive GBV applications for legal aid.

Evidence of costs of violence

While many key informants interviewed for this study were willing to discuss the prevalence of GBV and the services available to survivors, it was difficult to obtain accurate data on the costs of these activities. Informants provided their best estimates on the costs to individuals as well as their own organizations. A 2009 study assessed out-of-pocket and system-wide costs of intimate partner violence, based on responses from a nationally representative sample of more than 2,000 women; it estimated that survivors of IPV on average spend \$157 on services for each episode of IPV. This figure includes related transportation, police, health, and—most expensive—justice services.³¹ This average cost per episode equates to 65% of average monthly per capita GDP.

Moroccan government. A key informant from the MJL pegged the ministry's budget at 3% of the total government budget, but was unable to estimate the proportion of those funds expended on GBV survivors. Providing adequate services in a sustainable manner will require a significant financial commitment by the government.

The 2012 MJL budget includes a line item for the Legal Aid Fund of \$399 million.

Local organizational costs. In general, CSOs do not charge clients for services provided. For example, the shelter for GBV survivors in rural Morocco, mentioned above, reports a monthly operating budget of \$4,000 to serve 100 women and children in 2015. In total, Moroccan CSOs have the capacity to serve only about 10% of those requesting assistance. Even for those served, CSOs are often unable to meet the full needs of the survivors, such as preparing their court documents.³²

Dedicated providers

Service providers reported that workers often bear an emotional and personal cost from the long work hours, and some spend their own personal time and money to ensure that the survivors are well served.

The costs covered by service providers per GBV case include \$25 for public hospital visits, \$130 in legal fees, \$30 for psychological counseling, \$10 for religious counseling, and approximately \$100 per month to provide shelter for survivors in need of refuge. At the systems level, costs can reach \$295 for a GBV survivor requiring full assistance.

International agencies and organizations. International funding for GBV-related programs is present in both rural and urban areas of Morocco. The Millennium Development Goals Achievement Fund (MDGF) funded a four-year project (2008–2012) to address GBV through women’s and girls’ empowerment programs, in collaboration with Morocco-based UN agencies and ministerial departments. With a budget of \$8,385,388, this project brought together 13 ministerial departments, 8 UN agencies, and more than 40 CSOs.³³

A 2013 evaluation of the MDGF program by UN Women found that it created a productive model for engaging partners from various sectors and institutions to provide services to GBV survivors.³⁴ Most notably, the program increased the number of counseling centers available throughout Morocco, from 38 in 2008 to 52 in 2010. The Batha Centre, for example, is a multifunctional center established in Fes where women can seek shelter for themselves and their children, and can acquire trade skills including confectionery, goldsmith art, cookery, and others.³⁵

International donors have also contributed to alleviating budgetary hardships for CSOs. The Mary Foundation (based in Denmark) provides an annual donation to centers working with GBV survivors. In 2012, they donated approximately \$38,000 to Tilila, a women’s crisis shelter in Casablanca, to cover the costs of legal aid for survivors seeking refuge.³⁶

Costs of individual level services. Individuals can incur costs of \$300 per legal case (including court and lawyer fees) if they pursue prosecution. However, women are exempt from court filing fees if they are able to prove their indigent status to the Family Court Registrar and receive a *Régime d'Assistance Médicale* (RAMED) card; applicants’ annual net income must be under \$582. In reality, pro bono lawyers are rarely appointed, due to an ongoing disagreement between the National Bar Association and MJL regarding compensation.³⁷ Service providers interviewed for this study confirmed that Moroccan women, regardless of education or socioeconomic status, are generally unaware of the existence of legal aid services.³⁸ GBV survivors with a RAMED card can access free healthcare in public hospitals throughout the country.³⁹ Other survivors may need to pay full costs out of pocket to access these services.

The information in Table 5, gathered from KIIs, provides an illustrative snapshot of some of the one-time, individual costs associated with GBV. The below table does not take into account the multiple times a survivor might access each service. The number of required visits for a GBV case depends on the condition of the survivor and their decision on whether to pursue legal action.

Table 5. One-time, individual costs of GBV

Morocco - Sample GBV Survivor Costs	
Service	Cost (\$)
Lawyer consultation fee per session	60–80
Court registration fee	15
Public medical consultation fee per session	20
Public psychological counseling per session	20

These costs are different if provided by a CSO on a survivor’s behalf. For example, medical costs that are covered by service providers are reportedly higher than the out-of-pocket costs for survivors. For example, public hospital visits cost the provider \$25 per visit, and psychological counseling sessions are \$30 per visit—slightly higher than the costs for individuals. Survivors of sexual violence seeking medical assistance in public hospitals are charged \$25 for pregnancy tests. This trend is reversed for legal services: service providers pay approximately \$130 in legal fees per GBV case, whereas survivors pay approximately \$80 per session, totaling up to \$560 (with each case requiring 5–7 consultations).

TUNISIA

Five years after the historic change of power in January of 2011, and through subsequent political transformations, Tunisia remains gripped in an economic and social crisis. The crisis has resulted in an unemployment rate of 15%—doubled among young graduates 31% and in rural regions.¹

The National Survey on Violence against Women in Tunisia found that nearly one-half (48%) of women have experienced some form of GBV in their lifetime, and one-third had experienced violence in the past year. However, the literature review and primary research conducted for this report found little readily available data regarding GBV prevalence, help seeking, and service costs. Government budgets are accessible (for the Ministry of Women, Family, and Children's Affairs, for example)—but this is not true of civil society GBV service providers, who were reluctant to discuss organizational budgets in interviews for this report.

The primary research for this report included 18 key informant interviews. Stakeholders were selected based on their involvement in GBV issues, both at the policy level and as direct service providers. Of the total interviews, nine were GBV service providers and ten were GBV policy makers and/or program managers, with one KII operating in both the policy and service provision sectors. Of the nine GBV service providers interviewed, three operate in rural areas of the country and six operate in urban areas.

Political and legal context for gender-based violence

In 1985, Tunisia ratified CEDAW, with reservations. The specific reservations were officially withdrawn in 2014, and the optional protocol was ratified in 2005. Tunisian legislation is generally egalitarian, especially in terms of gender equality and GBV. A notable achievement after independence was the adoption of the Code of Personal Status in 1956 that prohibited polygamy and unilateral repudiation, established judicial divorce, and set the age of marriage for both spouses at 18 years. The reforms reinforced the rights of women within the family; as a corollary, women were required to support the family financially as long as they could afford to do so. In 2015, mothers received equal rights with fathers to request and obtain a passport for, and travel with, their children.

The second constitution of Tunisia, adopted in January of 2014, provides equal rights to women and men, including in the areas of education, health, work, and political participation. This new constitution also asserts the right to litigation and legal defense, regardless of gender. Article 46 of the new constitution ensures protection of women from GBV and requires the state to take necessary steps for its eradication.

The amended Code of Criminal Procedure has strict sanctions against physical and domestic violence. Notably, marriage is forbidden before 18 years of age. The Code of Criminal Procedure criminalizes a sexual act, even without violence, with a female child younger than 15 years. However, the statutory rape provision specifies that marriage between the survivor and perpetrator nullifies prosecution or penalties. The Code of Criminal Procedure also gives children of all genders greater protection against all forms of violence and also criminalizes mutilation of genital organs (Article 221).

No legislation specifically references GBV. Most legal sanctions around violence do not distinguish between men and women, or spouses, and they tend to deal only with physical violence and not, for instance, psychological/emotional violence or economic violence. There is also a legal provision whereby a GBV survivor can be prosecuted for a false accusation, in the case of a dismissal or acquittal of a charge.

Marital rape is still not criminalized in Tunisia. Tunisian law, in fact, only includes crimes perpetrated against female children (not adults) as “rape.” Nor has sexual harassment been defined in the Tunisian Labor Code. Other legal shortcomings relate to: (1) marriage dowry; (2) proof of spousal abuse; (3) prohibition of a wife leaving her husband without his permission; and (4) LGBT rights.

Although Tunisia’s Ministry of Family, Women, Childhood, and the Elderly (MAFFE) has had a national strategy on GBV in place since 2007, reports indicate that implementation of the strategy has been deferred due to political resistance. With the support of international partners and CSOs, and under the protection for women’s rights enshrined in the 2014 constitution, Tunisian officials are now expressing interest in implementing a revised version of this strategy. As of 2016, GBV prevention and response is also a priority in the Five-Year Development Plan for 2016–2020. GBV is also listed as one of the objectives for the Ministry of Health in 2016.

Social context for gender-based violence

After 2011, within the broader democratization of public and social life, Tunisia has seen a notable rise of women-led activist movements. Feminist CSOs created after January 2011 have been mobilized in the democratic battle for important causes, including: lifting Jordan’s reservations to CEDAW; parity between men and women in the electoral code; inclusion of the principle of full equality between women and men in the Constitution; and the eradication of GBV.

CSOs working on GBV issues address domestic violence, rape, marital rape, child rape, and sexual harassment. Often, CSOs provide not only GBV support services but also income-generating skills training and support. For example, the Amal Association founded a center for single mothers, including GBV survivors, with a skill-focused training

Historic women’s center

The Democratic Tunisian Women’s Association (ATFD)—operating since 1989—founded the first domestic violence center in Tunisia, staffing both a listening center and a hotline. This center, launched in 1993, provides survivors with a safe environment to discuss GBV issues.

center. Income-generating activities include producing and selling artisan handcrafts, agricultural products, and baked goods. The Tunisian Women’s Association for Development Research (AFTURD) is delivering new activities and opening new shelters for GBV survivors in vulnerable regions such as le Kef and Kasserine. AFTURD has run the Tanassof center since 1991, which provides counseling services to GBV survivors. Beity runs a small shelter for homeless and vulnerable women, providing shelter for eight adults and four children at a given time; it is currently restoring a house in the old city of Tunis to host more women. Beity provides

accommodation for up to six months, including training and support to become financially independent.

Other GBV-focused associations were created after 2011, including Damj and We Exist, both of which support LGBT-identified individuals in Tunisia. The Nebras Institute for the Rehabilitation of Survivors of Torture was established in 2014 to provide psychological and social support services for violence survivors of all genders. As of 2015, Nebras had served over 100 survivors of torture, 38% of whom were women. Despite its longstanding history and experience, the National Union of Tunisian Women has stopped many of its GBV-support activities due to financial constraints.

There is no Tunisian network of CSOs focused on GBV issues. Child protection services are coordinated through specialized associations, with legal, social, psychiatric activities. There is no Tunisian CSO or other institution working specifically on early marriage.

Data and evidence about gender-based violence

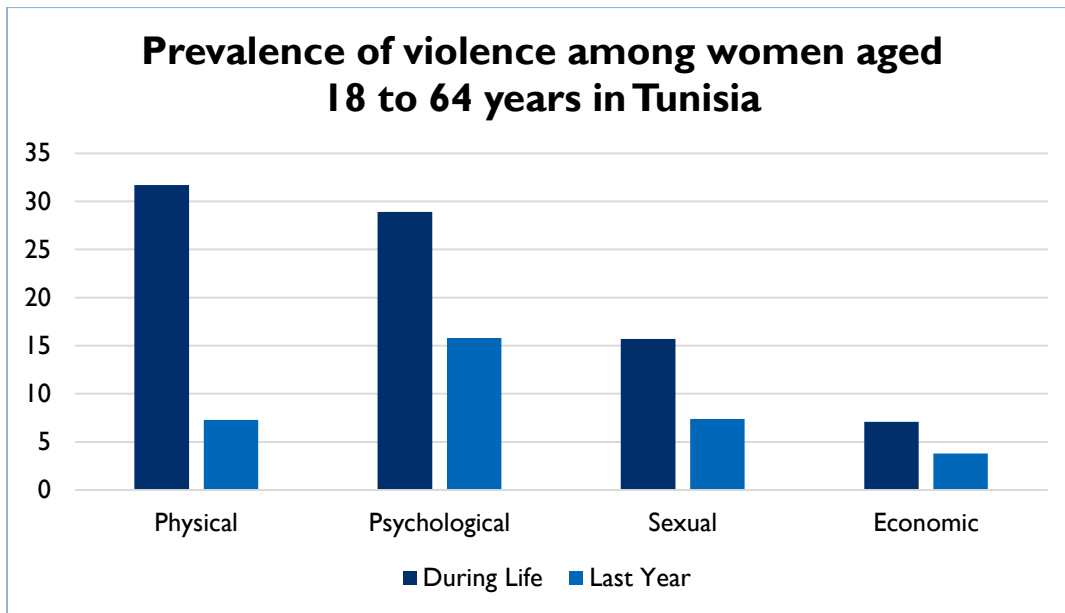
Tunisia undertook a National Survey on Violence against Women in 2010, with a nationally representative sample of 3,873 women ages 18 to 64.² Of the sample, 48% reported having experienced at least one form of violence during their lifetimes; there was no statistical difference between urban and rural populations. Since the change of power in 2011, Tunisian government institutions, with the support of international organizations, have paid more attention to documenting GBV, as well as GBV prevention and response. However, data on GBV remains sporadic, both at the academic and institutional level, making consistent monitoring of GBV issues challenging.

Regarding violence against LGBT populations, Amnesty International issued a 2015 report on GBV in Tunisia.³ Since 2011, Damj, an NGO working on minority and LGBT rights, has documented approximately 80 cases a year of hate-motivated violence against LGBT individuals on account of their real or perceived sexual orientation and gender identity. Damj considers the actual number to be much higher.

In 2014, a Truth and Dignity Commission was established to investigate gross human rights violations that were committed by the state or under its auspices or protection. The Commission's mandate extended broadly over violations committed between July 1955 and December 2013. As of July 2015, the Commission had received some 13,278 complaints, including 1,626 from women. Of these women, 400 were former prisoners; many of their complaints related to sexual harassment, but only a few mentioned rape explicitly.⁴

Figure 4 provides further information regarding the findings of the 2010 National Survey with regard to prevalence of all forms of violence against women.

Figure 4. Prevalence of all forms of violence



Domestic Violence. Domestic violence takes many forms: physical, psychological, sexual, and economic. Within the context of intimate partner violence, the 2010 National Survey found that psychological violence is the most frequently recorded, with a lifetime prevalence rate of 24.8% among Tunisian women, followed by physical violence at 20%, then sexual violence at 14.2%, and economic violence at 5.2%. With respect to domestic violence against girls, 31% of respondents reported the mother as a perpetrator (compared to 5% for boys), and 23% of girl respondents identified the father as perpetrators (compared to 13% for boys). The largest proportion, however—at 35% of girl survivors of physical domestic violence—reported that their brother perpetrated the violence. These statistics demonstrate that domestic violence takes place throughout a girl’s life cycle, and at the hands of multiple perpetrators. IPV was the most frequently reported type of violence in the 2010 National Survey on Violence Against Women in Tunisia, accounting for 47% of all reports of physical violence, 69% of all reports of psychological violence, and 78% of all reports of sexual violence.

Data on GBV incidents in greater Tunis partly relied on information taken from the Family Protection Police Office within the Ministry of Internal Affairs. The Police Office is tasked with family issues, including GBV and abuses against children. According to this Police Office, domestic violence incidents increased in 2015, by 28% at the national level and by 41% in greater Tunis. Higher incident reporting does not necessarily reflect higher prevalence rates but may mean rather that Tunisian women are increasingly reporting incidents. Reasons for these higher reporting rates could include the additional training police have received on case management for female survivors of violence, as well as general awareness-raising campaigns on the social harms caused by GBV.

Public Harassment. A comparison between the number of sexual harassment cases recorded in greater Tunis from 2006–2010 and 2011–2015 shows a marked increase in the number of officially reported sexual harassment cases for women more than 18 years old (an increase

from 460 to 682 cases). The caveat about higher reporting rates expressed above applies here as well: harassment may or may not be increasing, but more women survivors of harassment are reporting it to police.

In 2016, the Centre for Research, Studies, Documentation and Information on Women (CREDIF) released summary findings of a national survey of 3,873 men and women between the ages of 18 and 64, entitled “Gender-Based Violence in Public Spaces.” The findings show that 54% of surveyed women had experienced some form of GBV in a public space during the previous five years (2011 to 2015). Of that group, 78% experienced some kind of psychological violence, 41% were subjected to physical violence, and 75% experienced sexual violence while in public. The CREDIF study also found a 58% prevalence of workplace harassment, with psychological, physical, and sexual violence roughly equally prevalent.

Table 6, based on the CREDIF report, summarizes men and women’s decisions to take legal action related to psychological, physical, or sexual violence experienced in a public space. Survivors generally tend not to report acts of violence, and there are extremely low rates of men or women taking legal action as a result of experiencing violence in a public setting.

Table 6. Decision to Take Legal Action

	Psychological violence	Physical Violence	Sexual Violence
Yes	4.7%	17.8%	3.4%
No	95.3%	82.2%	96.6%

CEFM. The prevalence of early and forced marriage in Tunisia is minimal. According to the 2011–2012 Multiple Indicators Cluster Survey (MICS) of over 9,000 Tunisian households, the national prevalence rate for early marriage is 2%. The MICS report found that approximately 3% of rural women and 1% of urban women ages 20–24 had been married before age 18.⁵ As noted above, Tunisian law currently allows a rapist to marry his victim to avoid legal prosecution.

Context of service provision for survivors of gender-based violence

The majority of GBV services for survivors are provided by CSOs, supported by international donors. As a result, service provision can be uneven and inconsistent, depending on donor priorities and resources. During 2014, MAFFE conducted a mapping exercise of structures and services for female GBV survivors in Tunisia, including institutions providing legal, medical, psychological, and social services as well as shelters offering asylum to survivors and their children.

Access to Services
 Seventy-three percent of respondents in the 2010 national survey noted limited access to GBV support services.

Many Tunisian CSOs assist survivors with seeking medical service and documentation, for instance, since medical confirmation of violence is necessary to initiate legal proceedings. Sometimes a medical certificate is required by hospitals and counsellors, even if no prosecution

is foreseen. An Initial Medical Certificate (IMC) is issued free of charge to survivors of domestic violence by doctors in emergency service medical hospitals. The IMC is provided without a medical referral from the police, regardless of whether the incident took place in a public or a private setting. However, sometimes the additional tests necessary for the IMC incur costs, which CSO service providers may pay on behalf of the individual. In rural or distant governorates, CSOs may turn to local hospitals to provide survivors immediate refuge before referring them to a shelter in Tunis.

The government also plays a role in GBV prevention and protection. In greater Tunis, for example, the Family Welfare Center (part of the Public Security Department of the Ministry of Internal Affairs) operates a 63-agent, 24-hour reception for abused women and their children. In general, however, governmental assistance for GBV survivors is inadequate. Amnesty's 2015 report found that:

The Tunisian authorities have yet to establish comprehensive and integrated support services to provide survivors of sexual and gender-based violence with timely access to health care.... Health institutions, including departments that perform the initial examination for the purpose of the medical certificate, rarely refer survivors to mental health practitioners, social services or legal aid organizations.⁶

Notably, there are currently two governmental shelters for women, with one dedicated specifically to GBV survivors. The first government shelter is located in Zahrouni, Tunis; this multi-functional center, established by the Ministry of Social Affairs, has been providing support for women since 2008, including for GBV survivors. The center offers common services for vulnerable and marginalized women, as well as initial psychological and social services to GBV survivors. The second center, with exclusive service provision to GBV survivors and their children, was opened in February 2016 in Sidi-Thabet—a rural area in the governorate of Ariana, 15 kilometers from Tunis. Financed by MAFFE in partnership with international donors, the Tunisian Women's Association for Development Research manages the new center (with capacity of 35 beds). The shelter offers various services, including job skills training. The Tunisian government continues to develop GBV service provision mechanisms at the governorate level to better coordinate across sectors among local and national support efforts.⁷

The first responders in handling GBV cases are often the police in urban areas and the National Guard in rural areas. These officers often play the role of informal mediator between the survivor and the perpetrator. In addition, police also refer survivors to medical facilities to obtain an examination. In view of the broad ways in which police interact with GBV issues, there has been a call for increased police training. The call for additional GBV awareness-building among police officers is amplified by the fact that LGBT-identified survivors of physical and sexual violence in Tunisia are still likely to be rejected by the police or to be prosecuted themselves, due to homophobia and the criminalization of consensual sexual relations between members of the same sex. Similarly, strong stigma exists against sex workers, who are also at particular risk of sexual exploitation,

Civil society organizations stress the need for additional police officer training to reinforce GBV awareness and sensitivity.

blackmail, and extortion (by the police). As sex workers run the risk of being prosecuted for their livelihoods, they often refuse to report experiences of violence for fear of prosecution.

The research conducted for this report found that GBV survivors generally have little faith in the judicial system and find the legal process for GBV cases to be overly long and complicated. Most GBV survivors are often unaware of legal options, or unable to afford the legal fees to bring their case to trial; they often turn to NGOs or CSOs to guide them through the judicial and organizational support systems in Tunisia.

Evidence of costs of violence

Measuring the social and economic costs of GBV is a good approach to measuring the detrimental impact of GBV. However, obtaining such data requires the cooperation of many different institutions across government and civil society. Gathering socioeconomic data for this report proved challenging, because most government institutions interviewed did not necessarily consider GBV service provision as a discrete activity or budgetary cost.

The lack of a centralized database of GBV case management information presented a substantial challenge in compiling comprehensive socioeconomic costs to survivors of GBV in Tunisia.

Currently, no comprehensive study exists regarding the financial costs or economic impact of any form of GBV in Tunisia. This report references the government ministries providing GBV prevention and protection services: MAFFE, the Ministry of Health, the Ministry of Internal Affairs, the Ministry of Social Affairs, and the Ministry of Education. This report also draws upon the work of two relevant UN agencies, UNFPA and UN Women.

The following sections describe the systems level costs (i.e., budget allocations within the Tunisian government as well as within local and international service provider organizations), along with individual level costs related to services accessed by one GBV survivor.

Tunisian government. Among Tunisian government ministries, only MAFFE has a mandate to combat GBV. While GBV is incorporated into its budget, it is not a separate line item. The 2016 MAFFE budget is approximately \$55 million, an increase of about 23% over the 2015 budget of approximately \$45 million. The budget for the women and the family program is \$2.4 million in 2016, compared to \$2.3 million in 2015—4.29% of the total Ministry budget. The MAFFE budget line devoted to the issue of violence is approximately \$171,000, or 7.14% of the budget for the women and family program and 0.3% of the total budget.⁸ Notably, 86% of this 2016 budget for violence prevention and response is allocated to managing and supporting a pilot center for women survivors of violence and their children, established in Sidi-Thabet. The Ministry of Social Affairs also dedicates approximately \$270,000 per year for the El Aman (Zahrouni) women's shelter, which also hosts GBV survivors and their children.

It is also important to note that a range of other GBV public support services provided by the Tunisian government were not captured by this report. These include services offered by the public health system (e.g., hospitals, ambulances, doctors, paramedics, medicine), the criminal justice system, the civil justice system (e.g., police, prisons, courts) and public social services

(e.g., payment for days missed at work, listening centers, counseling centers, and psychological assistance).

Local organizational costs. Civil society in Tunisia continues to play a crucial role in the fight against GBV. Eight associations were contacted and interviewed regarding their GBV support activities, provision of services, and the costs associated with providing services. For example, the annual operating budget of ATFD is \$230,000; in 2015, this included funding from (among others) OXFAM (40%), UN Women (25%), and Open Society Foundation (17%). Beyond the contribution of international donors, ATFD covers a small percentage of its annual budget from donations, the sale of its products, and member contributions. Some challenges emerged during data collection: the absence of up-to-date and complete information management databases; budget and financial costs spread out across different arms of an organization; and availability issues of key informants who could supply the necessary data.

International agencies/organizations. The international funding landscape for GBV-related programs in Tunisia has changed significantly since the transfer of power in 2011. Unfortunately, the literature review conducted for purposes of this project and the KIs were unable to uncover specific information on project budgets or line items relevant to GBV issues.

Costs of individual level services. When possible, CSO service providers attempt to cover the direct financial costs for a GBV survivor’s treatment. Key informant interviews yielded estimates for these costs, varying with the location and services provided. Table 7 summarizes data gathered during KIs and provides an illustrative snapshot of some of the one-time, individual costs associated with GBV. The below table does not take into account the multiple times a survivor might access each service.

Table 7. One-time, individual costs of GBV

Tunisia - Sample GBV Survivor Costs	
Service	Cost (\$)
Lawyer Consultation Fee/case	100–220
Court Registration Fee	7
Medical Consultation Fee/session (public sector)	5
Psychological Counseling/session	5

A single public sector medical consultation generally costs \$5, but this fee can reach \$25 at a private health clinic. If a survivor of physical or sexual abuse pursues legal action, an Initial Medical Certificate (IMC) is required. The IMC is meant to be free of charge, but medical service providers may be unaware of the free service and charge the standard fee for an IMC of approximately \$5. Whereas a lawyer typically charges an individual survivor between \$100 to \$220 per case, an NGO contractually retaining the services of a lawyer could pay up to \$740 per case. Court registration fees include an application for \$5 as well as the cost of a stamp (\$2). Should a survivor require physical therapy, an estimated 14 sessions costs approximately \$985–\$1,480. Transportation costs range between \$10 and \$100 for roundtrip journeys to the police, the hospital, and courts; the number of trips depends on the particular case. Shelters

providing support to GBV survivors indicated that the operating cost to host a survivor for one evening is \$17.

The number of medical and psychological support visits for a GBV case depends on the condition of the survivor and their decision on whether to pursue a legal course of action, such as filing a police report or initiating divorce proceedings. One psychological counseling visit is approximately \$5 with a public sector doctor and \$25 with a private psychologist. Visits to authorities and experts (legal, medical, consultation) can number between 1 and 20 visits. Some survivors will visit a GBV service provider a handful of times before deciding to undertake legal proceedings, while other survivors count on GBV service providers for direct support and counseling throughout the recovery and legal process. Klls reported that LGBT-identified GBV survivors primarily request listening, psychological, or psychiatric assistance. Research and interviews show that the majority of GBV survivors may refuse to be absent from work, for fear of losing their positions.

Almost all interviewees spoke of the chronic underfunding of GBV service provision in Tunisia. The research shows that governmental and non-governmental interventions are not standardized. In addition, there is a general lack of data on the cost of services for GBV, and LGBT populations have limited access to services, especially outside of Tunis. These are areas that need further research.

WEST BANK AND GAZA

This chapter examines the legal, political, and social aspects of GBV in West Bank/Gaza, as well as the broad costs associated with this violence. Both the literature review and the primary research conducted for this report point to widespread incidence, and social acceptance, of GBV in West Bank/Gaza. The available evidence offers insights into both public and private forms of GBV experienced by women and girls. High rates of domestic violence often restrict women and girls from accessing essential services. Within the Palestinian sociocultural context, GBV is often viewed as a private matter to be dealt with via informal mechanisms, if at all, leading to very low numbers of survivors filing official police reports or even seeking health and support services. Information regarding men's and boys' experiences of GBV is mostly absent.

Both the literature and field research reveal strong political will to address GBV in West Bank/Gaza, as well as a vibrant and committed civil society that provides essential services to survivors and works to prevent violence. However, despite the government's commitment to protect GBV survivors, services for survivors are inadequate overall. Particularly lacking are efforts to address the issues of public harassment and early and forced marriage, or to provide support in such cases.

The primary research for this chapter included 15 key informant interviews—nine with GBV service providers, and six with GBV policy makers and/or program managers (all in the West Bank). Participant stakeholders were selected based on their involvement in efforts to address GBV, whether at the policy level or as direct service providers. All GBV service providers interviewed reported operating in both urban and rural locations. Interviews in Gaza were conducted only with CSOs; five relevant ministries within the Palestinian Authority were also interviewed, regarding the government response to GBV in West Bank/Gaza.

Political and legal context for gender-based violence

The legal framework of the Palestinian Authority in the West Bank/Gaza comprises many complex layers, reflecting the roles of various foreign governments, including British, Jordanian, Egyptian, and Israeli involvement. Currently, a draft penal code is being considered but has not yet been approved. Following pressure from multiple human and women's rights organizations, a "Family Protection From Violence" law has also been submitted to the Council of Ministers. The proposed law, criminalizing violence against women, including human trafficking and sexual violence, has been incorporated into the legislative agenda of the Council of Ministers but is still awaiting approval.¹

Government framework for GBV policy

Policy making for GBV falls under the umbrella of the Ministry of Women's Affairs, via the 2013 National Strategy to Combat Violence against Women. The Takamol National Referral System is implemented under the National Committee to Combat Violence Against Women.

Following the advent of the Palestinian Legislative Council (PLC) in 1996, authorities began a process of governmental reform in an attempt to standardize the legal system; the standardization effort continues today, some twenty years later. Ongoing internal and external political strife, coupled with the 2007 de facto split between the West

Bank and Gazan governments, has also stymied legislative progress and prevented legal

coherence. As a result, different criminal justice codes apply in the West Bank than in Gaza. Furthermore, many cases of rape and domestic violence are often handled through customary law mediation processes. Notably, families pursuing resolution via customary law mediation processes usually pledge not to pursue criminal or civil cases in the regular courts.²

Articles 97, 98, 99, and 100 of the Jordanian Penal Code of 1960, applicable in the West Bank, are extremely problematic for women, as they allow for mitigating circumstances for acts of GBV, specifically “honor crimes.” Article 308 of the Jordanian Code stipulates that a rapist can escape punishment if he agrees to marry his victim and stay married to her for a certain number of years. The Jordanian Penal Code does not categorize incest under sexual assault, but rather regards both parties as offenders. In 2014, however, as a result of enormous advocacy efforts on the part of civil society organizations, Article 98 was amended: the amendment stipulates that someone who killed a woman on “honor” grounds is not permitted to receive a reduced sentence in consideration of dangerous or unjustifiable acts by the victim. While this is a welcome step, Articles 99 and 100 still give judges discretion to reduce the sentences of those who have committed femicide.³

As in many countries around the region, personal status law plays a central role in the legal framework for addressing GBV in West Bank/Gaza. The Women’s Center for Legal Aid and Counseling stated in a 2011 report, “legal protection in the areas of greatest concern for women—family and freedom from violence—lies almost completely outside the state-run legal system. Personal status law is governed by religious authority; crimes against women are... ignored by the formal legal system and dealt with... by the customary legal system.” For Christians in the West Bank/Gaza, the laws of the Orthodox Church, including the 1938 Coptic Law of Personal Status, govern family affairs. For Muslims in the West Bank, family law is based on the 1976 Jordanian Law of Personal Status; for Muslims in the Gaza Strip, the 1954 Law on Family Rights governs family affairs.

Despite the complexity of personal status law, certain important legislative advances have taken place. In 2003, two milestone commitments were made by the Palestinian Authority to ensure gender equality as a first step to combat violence against women. The first was in the form of amendments to the Palestinian Basic Law to codify the commitment of the Palestinian Authority to respect basic rights and liberties, providing equality for men and women before the law without discrimination on the basis of sex.⁴ The second major commitment was the establishment of the Palestinian Ministry of Women’s Affairs (MoWA) to oversee the government’s mainstreaming of gender and human rights issues in all ministerial and legislative level policies and plans.⁵

Other notable political and legislative movements to curtail the harmful effects of GBV include (1) the 2005 Palestinian Legislative Council decree on the provision of protection for women who face abuse from male members of their families, and (2) the 2008 formation of a National Committee to Combat Violence Against Women, led by MoWA and co-chaired by the Ministry of Social Affairs (MoSA). This Committee was responsible for the development of a 2011–2019 National Strategy to Combat Violence against Women.

In 2011, the President ordered an amendment to both the existing Jordanian Penal Code in the West Bank and the Egyptian Penal Code in the Gaza Strip regarding “honor killings.” The

amendment included suspending Article 340 of the Jordanian Penal Code and Article 18 of the British code⁶—laws that grant exemptions from prosecution, or reduced penalties, for husbands or male blood relatives who kill or assault their wives or female relatives on the grounds of “family honor.”⁷ It is important to note that the two articles were suspended rather than repealed, so there remains a possibility that they might be reinstated in the future. Based on previous experience, however, these amendments will have little effect, given that several other articles allow judges to exercise discretion when deliberating a case of gender-based killing (namely, articles 79, 98, 99, and 100 of the Jordanian Penal Code).⁸ The draft penal code (yet to be adopted) also outlaws honor killings. Nevertheless, the legislature’s track record suggests that lawmakers continue to endorse the outlawing of honor killings. As a 2015 EuroMed Rights report found, “although certain legal provisions allowing for exoneration and mitigation of excuses for commuting the sentences of those committing honor crimes have all been suspended by presidential decree, Palestinian courts rarely consider this suspension and several legal loopholes for reduced punishment for ‘honor crimes’ still exist.”⁹

Early marriage is also a significant problem in West Bank/Gaza, with varied legal responses. The local laws establish 18 as the legal age for an adult to sign legally binding documents, including marriage contracts. However, these rules are not consistently followed, and *shari’a* law can be given priority (see textbox). It is not uncommon for religious judges to use puberty as a method of determining whether a marriage contract can take place.

Legal age of marriage

Jordanian *shari’a* law, commonly followed in the West Bank, sets the minimum age for girls to marry at 15 and for boys at 16. Gaza tends to apply unmodified Egyptian laws that set the age of marriage at 17 for girls and 18 for boys.

In 2012, the territory governed by the Palestinian Authority was recognized by the United Nations as a non-member observer state. The Palestinian Authority subsequently ratified the Convention on the Elimination of all Forms of Discrimination against Women. The MoWA and the Prime Ministry are also spearheading a movement to implement UN Security Council Resolution 1325 dealing with women, peace, and security. The various layers of local laws have yet to be brought into alignment with these international conventions, however.

Most recently, in April of 2016, the Public Prosecution Services established the Specialized Prosecution on Protecting Family from Violence, comprising 15 prosecutors dedicated to dealing with crimes of violence against women.¹⁰

Social context for gender-based violence

The information-gathering phase of preparing the 2011–2019 National Strategy to Combat Violence Against Women found that the existing mechanisms to address GBV in West Bank/Gaza do not provide comprehensive protection from violence. The Strategy cited incomplete legislation, as well as disjointed coordination among service providers, as key shortcomings of current efforts to address this violence. Interestingly, the Strategy document also noted that GBV service providers often find themselves at risk for retaliatory violence from the families of perpetrators of violence.¹¹

Encouraging steps have been taken in recent years. In 2008, UN Women—in partnership with the MoSA—established the Mehwar Center for Women in Bethlehem. Mehwar is the first center of its kind in West Bank/Gaza, focusing on a holistic approach to GBV service provision by combining prevention, protection, empowerment, and community awareness activities.¹² Also in 2008, the Ministry of Interior (MoI) and the Palestinian Civil Police force (PCP) established Family Protection Units (FPU) as specialist police units dealing with cases of domestic violence and sexual abuse.¹³

In 2008, the MoSA, in partnership with UN Women, established the **Mehwar Center for Women** in Bethlehem—a pioneering model that focuses on a holistic approach to GBV service provision, combining prevention, protection, and empowerment, coupled with community awareness activities.

In 2009, a coalition of local civil society organizations (including the Women’s Centre for Legal Aid and Counseling and the Juzoor Foundation for Health and Social Development) launched a national referral mechanism for GBV survivors called *Takamol*.¹⁴ Takamol provides a comprehensive legal, health, and social service referral system for women survivors of violence in West Bank/Gaza. The Cabinet approved the legal framework for the referral system in late 2013, and the Takamol system is now legally required of all GBV service providers, including those in health, social affairs and police sectors. While the Takamol system is a noticeable step forward in standardizing GBV service provision, a lack of coordination and implementation across providers persists due to the lack of an implementation plan.

In addition to these notable steps, local CSOs continue to play an important role in addressing and responding to GBV. Local CSOs and the MoWA both regularly conduct awareness-raising and outreach campaigns on GBV, as well as training programs on women’s rights. Lobbying and advocacy efforts have included the call for changes in personal status laws, the establishment of hotlines providing psychosocial support and counseling, family mediation mechanisms, and legal advice. One organizations involved in GBV prevention and response is Al Muntada, a forum of NGOs focused on combating violence against women and women’s empowerment. Other organizations focus on legal reform, such as the Coalition for the Personal Status Law and the Coalition for the Penal Code Law, which targets legal articles discriminating against women.

Data and evidence about gender-based violence

There is limited data on the socioeconomic costs of GBV in West Bank/Gaza. Two relatively recent and comprehensive surveys of domestic violence and other forms of GBV are summarized below.

Domestic Violence. The Palestinian Central Bureau of Statistics (PCBS) issued a 2011 National Survey Report on Violence in West Bank/Gaza, as the follow-up to their equivalent 2005 study. This survey provides the most reliable data on domestic violence in these sites.¹⁵ The report’s overall findings are bleak: forms of domestic violence are common, including verbal humiliation, physical abuse, sexual abuse, and threats of taking children—all of which, according to women, occur most often at home.¹⁶

The 2011 survey found that 37% of ever-married women were exposed to at least one form of violence from their husbands. Psychological abuse was the most common form of violence reported: 59% of ever-married women (48.8% in West Bank and 76.4% in Gaza) reported that they had been psychologically abused at least once during the prior twelve-month period with the majority of this psychological violence was committed by husbands. In the West Bank, over 24% of ever-married women were exposed to physical abuse from their husbands during the prior 12 months; 10% were exposed to sexual violence at the hands of their spouses; and 42% experienced economic violence. In Gaza, 35% of women experienced physical domestic violence, 15% experienced sexual domestic violence, and fully 88% experienced economic violence by their spouses in the prior 12 months.

The PCBS 2011 National Survey Report on Violence identifies a “very high level of violence” in West Bank/Gaza, noting that the majority of violence takes place inside the home. The study found that almost 60% of married women had experienced psychological abuse by their husband at least once in the previous 12 months.

The study also revealed that violence inside the home does not happen only at the hands of a spouse. Fully one quarter (25%) of ever-married women in the 18–64 age group (18.4% in West Bank and 35.2% in Gaza) reported experiencing at least one act of psychological abuse by another family member, while 30% of women (22.2% in West Bank and 43.8% in Gaza) reported that they had experienced at least one act of physical violence by a family member. The most prevalent abusers and batterers were elder brothers and fathers, followed by mothers and elder sisters.¹⁷

Public Harassment. The 2011 PCBS study also underscored that GBV in public spaces is also common, in the form of harassment directed at women on the street, in the marketplace, on public transportation, and at work.¹⁸ Research on these forms of violence in West Bank/Gaza indicates that most women have experienced public harassment many times. For example, a 2014 study conducted with 981 Palestinian women found that 23% said they had experienced some form of workplace violence or harassment in the last 12 months.¹⁹ Some workers experienced at least one form of harassment multiple times: around 4.2% reported experiencing different forms of harassment more than five times in the last 12 months. This study also emphasized the lack of deterrent measures against perpetrators, as well as the general fear and reluctance of survivors to report the harasser. Only 20% of women who had experienced GBV in the workplace had made a formal complaint to their employers. The main perpetrators workplace GBV are women’s clients and co-workers; 35% of the cases involved clients, and 32% involved male coworkers. These findings suggest that more training on workplace harassment, stronger and more transparent policies, and enforceable protections need to be put in place for female workers across West Bank/Gaza.

A 2014 study conducted with over 800 Palestinian women found that 23% had experienced some form of violence or harassment at work in the last 12 months.

CEFM. There is significant evidence of early and/or forced marriage West Bank/Gaza. According to the Multiple Indicator Cluster Survey released by PCBS in 2014, over 24% of women aged

20–49 years, in both West Bank and Gaza, were married before the age of 18. A little over 2% of Palestinian women aged 15–49 years were recorded as married before the age of 15. Early marriage rates have remained in similar ranges for the last few years: a PCBS survey in 2009 found that nearly 23% of married women were married before age 18.²⁰ Studies conducted over the past few years have repeatedly shown that marriage patterns in the West Bank/Gaza are unique compared with other countries in the region. Case studies show that the economic hardship following the war is driving families to marry off their daughters early in order to improve the economic situation of the family.²¹ There is also evidence that child brides are very likely to experience conflict with or mistreatment from their mothers-in-law.

Context of service provision for survivors of gender-based violence

GBV service provision in West Bank/Gaza relies on an evolving partnership between the government and CSOs. As in many other countries summarized in this report, civil society plays a crucial role in providing protection and response to GBV survivors, although financial constraints limit the extent of their involvement. Research for this study—both literature review and interviews—confirms that West Bank/Gaza has a relatively wide variety of services for survivors of domestic violence and public harassment. In contrast, in part due to the complex legal framework surrounding early and forced marriage in these sites, researchers found no services or programs for survivors of early and forced marriage in the West Bank or Gaza.

CSOs offer a wide array of services to survivors of GBV, almost always free of charge. Survivors receive psychological and social counseling, shelter, and the opportunity to be connected with support groups. A toll-free helpline, run by several NGOs, offers first-response psychological support to women needing psychological assistance, especially those subjected to GBV. In 2014, a new service was launched to provide women with counseling by email (e-counseling), a step that allows women to seek help with minimal risk.²² Women can also obtain legal advice and court representation support from CSOs. Several CSOs were heavily involved in establishing and monitoring the Takamol National Referral System, designed to provide a more holistic approach to supporting women subjected to GBV.²³ A number of organizations focus on building capacity of service providers to improve the quality of assistance offered to survivors. Other CSOs pursue advocacy efforts, to sensitize the community to GBV issues and reduce the stigma around it. Still other CSOs are working to create GBV support networks and improve coordination among GBV service providers.

Widespread acceptance of GBV, as well as stigma and blame directed at survivors, create significant barriers to GBV service provision. Several surveys found a high rate of justification expressed for GBV, in both the West Bank and Gaza. For example, a recent UN Women study found that 47% of men and 35% of women see physical violence as justified if a wife disobeys her husband. Nearly half of the men (49%) and 43% of the women surveyed feel that women are responsible for their husbands' violence by doing something wrong.²⁴

Widespread acceptance of GBV — as well as stigma and blame directed at survivors — creates significant barriers to GBV service provision.

With under-resourced services and widespread acceptance of GBV, it is not surprising that the vast majority of women who experience violence are hesitant or unable to seek formal support

from service providers. The PCBS 2011 Violence Survey found that nearly two-thirds (65%) of married women who had experienced partner violence prefer to remain silent about the abuse. Nevertheless, over 30% of the women who experienced violence by their husbands left their homes and went to their extended families for support (parents, siblings, or other relatives). An additional 29% of women survivors of domestic violence, who did not leave their houses, talked with parents or other relatives about their experiences.

Very few survivors of violence seek help from sources outside the family. Most pressing for the official response to GBV in these sites is the very low rate of survivors seeking formal services. The PCBS 2012 Violence Survey shows that only 3.2% of domestic violence survivors report seeking help from a medical center or health clinic. Less than 1% of women survivors of domestic violence report reaching out to a police station or a lawyer; less than 1% reported seeking help from a women's organization.²⁵ The services provided by CSOs reach only a small fraction of total GBV survivors in West Bank/Gaza.

Evidence of costs of violence

Data on the socioeconomic costs of GBV in West Bank/Gaza are very limited. To fill this gap, this context analysis undertook 15 key informant interviews (KIIs) with government representatives, national CSOs, and service providers.

Government in West Bank/Gaza. A key informant from the MoWA cited a total annual operating budget between \$2 million and \$4 million, estimating that \$400,000–\$500,000 went to GBV-related programs and services—notably, implementation of the 2011–2019 National Strategy on GBV. Of that sum, the interviewee estimated that \$40,000 went to capacity building and training, while \$50,000 went to prevention and advocacy initiatives. An informant from the MoSA gave an estimate of \$100 monthly, per person, to house survivors of GBV at a shelter in Nablus. The head of the gender unit in the Ministry of Interior stated that the ministry did not have GBV service programs but that they are trying to sensitize ministry staff to GBV.

The head of the gender unit in the Ministry of Health emphasized that, without data aggregation mechanisms, it is impossible to estimate the exact proportion of routine health services that are going to GBV survivors. The health ministry routinely fundraises for specific GBV-focused programming, primarily for prevention efforts and training of services providers; each program could cost between \$50,000 and \$250,000 per year. The informant estimated annual costs as follows: capacity-building for GBV-related services, around \$35,000; preventing and managing GBV, \$50,000–\$70,000; and prevention-related sensitization and advocacy, \$40,000.

A key informant from the Women's Unit at the Gaza Police Force shared compelling testimony about police assistance to survivors of violence, free of cost to the survivor: helping survivors document crimes, file formal reports, and seek medical or other referrals. This informant was not able to estimate the annual cost of operating the Women's Unit or the proportion of police services directed to GBV issues.

Local organizations' costs. Representatives of various local service providers described very high expenses associated with the prevalence of GBV in West Bank/Gaza. Many CSOs are providing enormously valuable services to survivors of violence, often at no cost, on modest operating budgets.

One organization in Gaza, according to a key informant, provides free counseling and legal advice services to all GBV survivors; out of an annual operating budget between \$700,000 and \$1,250,000, 95% is dedicated to GBV services. This key informant estimated that the organization serves 30 survivors of violence daily and receives 150 new cases every week. The informant estimated that, for survivors of domestic violence and IPV, the overall cost of providing psychological and social counseling, legal assistance, referrals and lodging services is \$750,000 per year, assuming at least 10 visits for each case. For survivors of child marriage, the cost of providing these services was estimated at \$110,000 a year, assuming 5 visits for each case. For cases of public harassment and school harassment, costs were estimated at \$90,000 and \$120,000 respectively, assuming 5 to 12 visits for psychological or social counseling. A similar agency in Ramallah offers a wide range of free services to GBV survivors, including medical care, legal advice, psychosocial counseling, and shelter; of an annual budget of \$400,000–\$500,000, 25% is dedicated to GBV.

A CSO key informant estimated that their organization serves 30 survivors of violence on a daily basis and receives 150 new cases every week.

A key informant from a shelter in Gaza reported that their monthly budget (received from the MoSA) is around \$1,000, to offer free food and clothing to women in the shelter. This shelter mostly supports women who have experienced domestic violence or sexual violence by strangers. On a daily basis, the shelter receives 1–2 new cases referred by the police and another 1–2 cases referred by the MoSA or an NGO.

International agencies and organizations. A key informant from UNFPA noted that, because gender and GBV concerns constitute a “key mandate” for the agency’s work, these areas command a significant proportion (approximately 40%) of the annual budget of \$2–4 million.

UNFPA spends approximately \$800,000 to \$1.6 million a year on GBV prevention and response activities in West Bank/Gaza.

Costs of individual level services. The information in Table 8, gathered from KIIs, provides an illustrative snapshot of some of the one-time costs to an individual GBV survivor who chooses to use private sector medical centers, lawyers, and psychosocial support systems. The below table does not take into account the multiple times a survivor might access each service. Note that GBV services are provided free of cost in the public sector.

Table 8. One-time, individual costs of GBV

West Bank/Gaza - Sample GBV Survivor Costs (Private Sector)	
Service	Cost (\$)
Lawyer Consultation Fee/case	750
Court Registration Fee	6–10
Medical Consultation Fee/session	100
Psychological Counseling/session	60

Single medical visits in the private sector cost approximately \$30; a medical report costs an additional \$70. Transportation costs are estimated at \$2–\$10 per visit, depending on the

distance. Other costs related to receiving treatment after an incident of GBV could include childcare while a survivor travels to medical or counseling appointments. In addition to these out-of-pocket costs, less tangible expenses—such as missing work—contribute to the overall financial toll of the individual’s experience of violence.

CONCLUSIONS

This context analysis confirms that currently the six countries of interest are undertaking significant efforts to end gender-based violence, through initiatives such as legal reforms and implementing a variety of prevention and response mechanisms. While legal reforms and commitments to international norms like CEDAW are common across the countries, gaps in the application of these laws for the protection of vulnerable groups underscore the importance of combining legal measures with social services and primary prevention efforts. Such initiatives are conducted through a combination of government and/or CSOs on the front lines of the growing movement to end GBV.

While data limitations still persist, several of the countries already have population-based surveys estimating the prevalence of multiple forms of GBV. There is also a growing body of qualitative research exploring the risk factors, impacts, and solutions to this violence. One of the main findings is related to the weakness (not to say absence) of official data on the scale of violence against men, sex workers, and LGBTI people. The invisibility of these populations in current data suggests that their needs are not being recognized, nor are services being tailored to address their particular experiences of violence.

Another notable data gap in the data, which is very relevant to this Task Order, is the dearth of reliable data on the costs of any forms of GBV. The KIIs conducted under this context analysis attempted to fill some of this void, with varying degrees of success. It is notable that across the region, most recent activism has centered on the social costs of GBV, without equivalent attention given to the economic costs at all levels: individual, family, community, and national. The next phase of this work will contribute to the ongoing dialogue about the economic costs of GBV by providing estimates of these costs in the MENA region.

NEXT STEPS

These context analyses built upon the summary literature review and prioritization of gaps completed the research component of this project. These analyses, particularly the new data on the costs of GBV, will serve as the basis to craft country-specific country profiles and one regional profile. These profiles will synthesize the available evidence on key indicators for each country, and will provide an estimate for the socio-economic impacts of GBV within the identified countries. To maximize the degree to which these profiles can be used for advocacy, awareness raising and resource mobilization, they will employ data visualization and a reader-friendly design.

As highlighted here, continuing data limitations will affect the extent to which these profiles will be directly comparable across countries. Thus, where possible, they will use a series of econometric models to generate estimates of the out-of-pocket expenses associated with GBV. The econometric methodology will aim to illustrate how GBV impacts the economy, and the country profiles will be used to inform USAID GBV trainings and toolkits as well as the project's advocacy work with civil society groups.

APPENDIX I: HELP-SEEKING PATHWAY

GBV SURVIVOR HELP-SEEKING/REFERRAL PATHWAY ⁴



⁴ Adapted from “[Establishing Gender-based Standard Operating Procedures \(SOPs\) for Multi-sectoral and Inter-organisational Prevention and Response to Gender-based Violence in Humanitarian Settings ENGLISH](http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Establishing-Gender-based-Standard-Operating-Procedures-SOPs-for-Multi-sectoral-and-Inter-organisational-Prevention-and-Response-to-Gender-based-Violence-in-Humanitarian-Settings-ENGLISH.doc)”
<http://gbvaor.net/wp-content/uploads/sites/3/2012/10/Establishing-Gender-based-Standard-Operating-Procedures-SOPs-for-Multi-sectoral-and-Inter-organisational-Prevention-and-Response-to-Gender-based-Violence-in-Humanitarian-Settings-ENGLISH.doc>

APPENDIX 2: KEY INFORMANT INTERVIEWS

Key informant interviews were conducted for the report with representatives of the following stakeholder organizations, listed by country. For certain agencies or organizations, more than one KII was conducted.

JORDAN
GOVERNMENT INSTITUTIONS
Ministry of Social Development
Ministry of Education
Ministry of Health
Ministry of Interior
Parliament
NATIONAL ORGANIZATIONS
National Council for Family Affairs
National Center for Human Rights
National Committee for Women’s Affairs
LOCAL NGOS
MIZAN
SIGI-Sisterhood is Global Institute
Jordanian Women’s Union
Noor Al Hussein Foundation
Center for Family Counsel and Awareness
Tamkeen fields for Aid
INTERNATIONAL AGENCIES
Care International

LEBANON
GOVERNMENT INSTITUTIONS
Ministry of Social Affairs
Internal Security Forces
National Commission for Lebanese Woman (NCLW)
Ministry of Justice
Ministry of Education: Center for Educational Research and Development (CERD)
NATIONAL ORGANIZATIONS
ABAAD
KAFA
MOSAIC
UN AGENCIES
UNFPA
UNHCR
UNRWA
ILO
UNICEF
IMC

MOROCCO

GOVERNMENT INSTITUTIONS

House of Representatives : Justice, législation et droits de l'Homme Commission

Ministry of Justice and Liberties (MJL)

Ministry of Women's Affairs and Social Development

Procureur du Roi près le Tribunal de Première instance pénal de Casablanca

NATIONAL ORGANIZATIONS

National Council for Human Rights

INTERNATIONAL ORGANIZATIONS

Amnesty International

AECID-The Spanish Aid Agency, Embassy of Spain in Rabat

UN AGENCIES

UN Women - Morocco Office

TUNISIA

GOVERNMENT INSTITUTIONS

Ministry of Women, Family and Childhood

Ministry of Education

Ministry of Health

Psychological counseling center for women victims of violence

Center for Research, Studies, Documentation and Information on women (CREDIF)

Ministry of Internal Affairs

Ministry of Social Affairs

NATIONAL ORGANIZATIONS

Reception and Orientation Centre of Women in Distress, National Union of Tunisian Women, Tunis

Tunisian Association of Positive Prevention

Tunisian Association of Democratic Women

Association of Tunisian Women for Research and Development

Association BEITY

Tunisian Institute for Rehabilitation - NEBRAS

We Exist

Amal Association for family and child, Socio Professional integration center

UN AGENCIES

UNFPA

UN Women

INTERNATIONAL ORGANIZATIONS

CIDEAL

Association “Women and Citizenship” (Le Kef)

WEST BANK and GAZA	
GOVERNMENT INSTITUTIONS	
Ministry of Health	
Ministry of Interior	
Ministry of Justice	
Ministry of Social Affairs	
Ministry of Women's Affairs	
Women's Policy Unit – Gaza Police Force / Gaza	
NATIONAL ORGANIZATIONS	
Research and Legal Counselling Center for Women / Gaza	
Family Defence Society	
Aisha Society for the Protection of Women and Children / Gaza	
Sawa Organization	
The Palestinian Initiative for the promotion of Global Dialogue and Democracy (MIFATAH)	
Palestinian Working Women's Society for Development	
Women's Center for Legal Aid and Counseling	
Beit Alman Women's Shelter / Gaza	
UN AGENCIES	
United Nations Population Fund/ UNFPA	

ENDNOTES

MENA REGION

- ¹ Country and international monitoring reports of international conferences and conventions (Cairo, Beijing, MDGs, CEDAW).
- ² World Economic Forum (2015), *The Global Gender Gap*.
- ³ Articles 584/582/578/573 of Penal Code 340 of 1943, and amendments up to 2014; Article 333 of the penal code of Women and Family Members' Protection from Domestic Violence Law, ratified by Lebanese parliament in April 2014.
- ⁴ "Extracted Provisions from the Penal Codes of Arab States Relevant to 'Crimes of Honour.'" Available at: <https://www.soas.ac.uk/honourcrimes/resources/file55421.pdf>
- ⁵ However, the term "rape" appears in the legal codes of several other countries of the region: Djibouti, Sudan, Mauritania, and Yemen.
- ⁶ Several rounds of the nationally representative Demographic and Health Survey (DHS), in 2000, 2008, and 2014.
- ⁷ DHS 2007 and 2012.
- ⁸ National survey on spread of violence against women, 2011.
- ⁹ National survey on spread of violence against women, 2012.
- ¹⁰ Palestinian Central Bureau of Statistics (2006), *Domestic violence survey in the Palestinian territory*. Women Studies Institute, Birzeit University.
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- ¹³ World Health Organization, London School of Hygiene and Tropical Medicine, and Medical Research Council of South Africa (2013), "Global and Regional Estimates of Violence against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence." Available at: <http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/>. See details in our *Summary Literature Review*.
- ¹⁴ Ministry of Health and Population (Egypt), El-Zanaty and Associates (Egypt), and ICF International (2015), *Egypt DHS 2014*. Cairo, Egypt, and Rockville, Maryland, USA: Ministry of Health and Population and ICF International. See details in our *Summary Literature Review*.
- ¹⁵ Department of Statistics (Jordan), and ICF International (2013), *Jordan Population and Health Survey 2012*. Calverton, Maryland, USA. Available at: <https://dhsprogram.com/pubs/pdf/FR282/FR282.pdf>. See details in our *Summary Literature Review*: only 4% of survivors report ever seeking help from a social service organization, and less than 1% report seeking help from a lawyer, doctor, or religious leader. Less than 2% sought help from police.
- ¹⁶ Usta, Jinan, Jo Ann M. Farver, and Nora Pashayan (2007), "Domestic Violence: The Lebanese Experience," *Public Health* 121 (3): 208–19. Available at: doi:10.1016/j.puhe.2006.09.014. See details in our *Summary Literature Review*.
- ¹⁷ World Bank (2015), "Morocco: Mind the Gap: Empowering women for a more open, inclusive and prosperous society."
- ¹⁸ See details in Morocco section: only 3% of cases of marital violence were subject to a formal complaint.
- ¹⁹ The National Survey on Violence Against Women in Tunisia (NSVAW-ONFP-2010). Available at: <http://www.medicities.org/documents/10192/54940/Enqu%C3%AAt+Nationale+Violence+envers+les+femmes-+Tunisie+2010.pdf>
- ²⁰ See details in our *Summary Literature Review* and in Tunisia section: only 5.4% of women survivors of GBV sought support at a governmental institution or a civil society group, only 3.8% went the police, and 2.3% went to the health services.
- ²¹ See details in West Bank/Gaza section: only 1.4% of women filed complaints at police stations or sought protection from the police.
- ²² For services provided by the National Council for Women, see: <http://www.ncwegypt.com/index.php/ar/programmes/social-empowerment-of-women/53-ombara>
- ²³ Hennawy, Hamdy, and El Dieb, Botheyna (2010), "Economies of Violence against Women." Beit al Khebra al Watany.

²⁴ International Center for Research on Women (ICRW) (2009), *Intimate Partner Violence: High Cost to Households and Communities*. Washington DC: ICRW. Available at: <http://www.icrw.org/sites/default/files/publications/Intimate-Partner-Violence-High-Cost-to-Households-and-Communities.pdf>

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http://www.iknowpolitics.org/sites/default/files/womens20movement20in20eg20and20turkey_unrisd.pdf

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⁸ Amnesty International (2015) "Egypt: 'Circles of Hell' Domestic, Public and State Violence Against Women in Egypt" Retrieved from: <https://www.amnesty.org/en/documents/MDE12/004/2015/en/>

⁹ (2016, April 11) U.N. Experts Decry Egypt's Crackdown on NGOs and Human Rights. *Reuters*. Retrieved from <http://www.reuters.com/article/us-egypt-rights-idUSKCN0X81XN>

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¹¹ *Reuters*.

¹² EDHS (Egyptian Demographic and Health Survey Report) 2014.

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¹⁵ UNICEF (2015), National Council for Childhood and Motherhood, "Violence against Children in Egypt Report." See: http://www.unicef.org/egypt/Final_VAC_1002015.pdf

¹⁶ *Ibid*.

¹⁷ Amel Fahmy et al. (2014), "Towards A Safer City Report," Harass Map, Itijah Promotion Team, IDRC. See: http://harassmap.org/en/wp-content/uploads/2013/03/Towards-A-Safer-City_full-report_EN-.pdf

¹⁸ New Women Foundation (2015), *Economic and Social Rights for Women at Workplaces Study*.

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²² Beit Hawa Shelter services; see: <http://www.adew.org/www/?act=tp&ct=4&tpid=38>

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