

EGYPT VIOLENCE AGAINST WOMEN STUDY

OVERVIEW OF SERVICES ON VIOLENCE AGAINST WOMEN

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“Violence against women is perhaps the most shameful human rights violation. And it is perhaps the most pervasive. It knows no boundaries of geography, culture or wealth. As long as it continues, we cannot claim to be making real progress towards equality, development and peace.”

— Kofi Annan, Secretary General of the United Nations, March 8th, 1999.

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CONTENTS

Executive Summary	1
1. Introduction	3
2. Shelters.....	6
3. Medical Services for Victims of Physical and Sexual Violence and Abuse.....	11
4. Helpline Services	14
5. Listening and Counseling Services	16
6. Family Counseling Services	17
7. Legal Services.....	17
8. NGO Advocacy and Prevention Strategies.....	20
9. Conclusions and Recommendations	23
Annex A. Health Facilities Visited	26
Annex B. Contributing NGOs.....	27

EXECUTIVE SUMMARY

This report provides an overview and examination of services currently available to women victims of violence. The focus of the study is a core set of direct protection services for addressing immediate needs for women victims of violence, including health services, shelters, counseling services, help lines, and legal services. In addition, the report describes selected advocacy initiatives by NGOs in recent years which seek to prevent violence against women through legal changes, research, and awareness.

To examine the services and initiatives, the report draws on a wide range of data sources. Information on services provided by the government was mostly collected through interviews with key government officials and review of laws, regulations and other key government documents. Site visits were made to eight women's shelters, eleven health facilities, and two government-sponsored family counseling centers. Information on non-governmental services was obtained through interviews and group discussions with eighty-five NGOs active in women's issues.

The examination finds both government and NGO engagement in providing the core services for protecting victims of violence against women. However, availability of these services is quite limited overall considering the immense challenge of addressing this issue. Specific findings include:

Shelters. Eight shelters are currently operating in Egypt, comprising 214 total beds. Despite the limited availability of beds, shelter managers note that many shelters are often empty for extended periods of time.

Medical services. Interviewed medical professionals note that they commonly treat cases of domestic violence, but also noted that although women victims receive medical treatment, there are no specific services or protocols at hospitals and health units for victims of violence against women.

Helplines. Among 85 NGOs interviewed, only 4 provide helplines, and only one of these is available 24 hours (hotline). In addition, the National Council of Women's Ombudsmen's office operates the only government helpline for women.

Listening and counseling services. Among the 85 NGOs interviewed, eight provide in-person listening or counseling service available for women victims of violence. In addition, the Ministry of Social Solidarity (MoSS) funds and local NGOs operate 183 Family Counseling Office.

Legal services. Twenty-one of the 85 NGOs interviewed provide some legal services which may be accessible to women victims of violence, although most of these organizations focus on other legal issues affecting women. In addition, the NCW's Ombudsmen's office provides legal assistance to women on a variety of women's issues, including violence.

Advocacy and prevention strategies. Although there have been some national campaigns of note in recent years addressing violence against women, most of the 85 NGOs interviewed acknowledge that campaigns regarding on violence against women have been sporadic.

Based on the finding a number of recommendations are provided in the conclusion of the report to address the service needs of women victims of violence, focusing primarily on shelters, medical services, and the role of NGOs as service providers.

1. INTRODUCTION

In its *In-depth study of Violence against Women*, the United Nations noted that “Women subjected to violence need access to shelters, medical, psychological and other support, legal aid and other services.”¹ To what extent are such services available to women victims of violence in Egypt?

There are various services available in Egypt for women in general and for abused women in particular. This report examines the services currently available through government agencies and NGOs to women victims of violence. The focus of the study is a core set of direct protection services for addressing immediate needs for women victims of violence, including health services, shelters, counseling services, helplines, and legal services. In addition, the report examines selected advocacy initiatives by NGOs in recent years which seek to prevent violence against women through legal changes, research, and awareness.

The road is still long and bumpy to fulfill the commitment to development, equality, and peace noted by the former UN Secretary General, yet there are vigorous endeavors from the state and the civil society in Egypt. Collaborative rigorous efforts of all key actors are still needed to transform the cultural, social, and legal context that gives rise to and condones widespread violence against women. To this end, the study team ends this report with key recommendations for further action.

1.1. Key Concepts

Violence Against Women. The term “violence against women” (VAW) refers to many types of harmful behavior directed at women because of their sex. In 1993 the United Nations put forward the first official and comprehensive definition of such violence when the General Assembly adopted the Declaration on the Elimination of Violence Against Women and was duly adopted by Egypt.

For the purpose of this study, the Declaration on the Elimination of Violence against Women of 1993 is our reference and the following articles are the main foundation for this research study. The term “violence against women” means any act of gender-based violence results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Article 1 of the Declaration states: “violence against women shall be understood to encompass, but not be limited to, the following:

1. Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non- spousal violence and violence related to exploitation;
2. Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at

¹ In-depth study on all forms of violence against women – Report of the Secretary General, United Nations, General Assembly 2006

work, in educational institutions and elsewhere, trafficking in women and forced prostitution;

3. Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.”

In the declaration, article 4 calls for states to condemn VAW: “states should condemn violence against women and should not invoke any custom, tradition or religious consideration to avoid their obligations with respect to its elimination. States should pursue by all appropriate means and without delay a policy of eliminating violence against women” Moreover, in the same article 4(g) calls on states to: “work to ensure, to the maximum extent feasible in the light of their available resources and where needed, within the framework of international cooperation, that women subjected to violence and, where appropriate, their children, have specialized assistance, such as rehabilitation, assistance in child care and maintenance, treatment, counseling, and health and social services, facilities and programs, as well as support structure, and should take all other appropriate measures to promote their safety and physical and psychological rehabilitation”.

Principles for Effective Services to Victims of VAW:

- **Available:** of sufficient quantity within the state party
- **Accessible:** without discrimination within the jurisdiction of the state party. This means, without discrimination, especially towards the most vulnerable and marginalized sections of the population; physically accessible; economically accessible and genuinely affordable.
- **Acceptable:** respectful of professional ethics, particularly confidentiality, and culturally appropriate, as well as gender- sensitive.
- **Of appropriate quality:** staff providing services should be trained and professional, providing a service which responds to needs of women victims of VAW.

Source: Making Rights a Reality – The Duty of States to Address Violence against Women” – Amnesty International, 2004.

Protection services and prevention strategies. Practices focusing on addressing violence against women may be classified broadly as either protection services or prevention strategies. Protection services provide assistance to women after an experience of violence and are usually focused on the immediate needs for health and safety. Examples include health services, shelters, helplines, counseling, and legal services. Prevention strategies attempt to reduce the incidence of violence by addressing known or suspected factors associated with violence against women.² Prevention strategies might include a variety of approaches including advocacy campaigns, community mobilization, working with men, promoting public safety, education, and capacity building, among other activities.³

² “Violence against Women and Girls in San Francisco: Meeting the needs of survivors”, http://www.sfgov.org/site/dosw_page.asp?id=19977

³ Ending Violence Against Women: From Words to Action: Study of the UN Secretary-General”

1.2. Methodology

Many qualitative research tools and techniques were used to gather information for this report, including review of key documents, in-depth interviews, and focus group discussions. Personal observations of the field team were also employed where appropriate.

In general, information on government services was collected through interviews with key government officials and review of laws, regulations and other key government documents. For information on shelters, the study team reviewed the MoSS bylaws that govern the operations of shelters and visited all shelters currently operating according to the MoSS. At each shelter, study team members interviewed shelter personnel regarding shelter policies and practices. To examine government medical services available to victims of physical and sexual violence, a series of personal interviews with 40 health professionals, including managers of hospitals, forensic medical doctors, general health practitioners in emergency units, nurses, and health community leaders, were conducted in five hospitals, four medical units, and two forensic bureaus in various locations throughout Egypt. Information on the MoSS Family Counseling Centers was obtained through interviews with an MoSS official and representatives of two NGOs operating Family Counseling Centers on behalf of the MoSS. Finally, the study team interviewed an official at the National Council of Women (NCW) regarding the services of the Ombudsmen's office and reviewed publicly available documents from NCW about the office.

For the purpose of understanding the extent and types of VAW related services and activities provided by non-governmental organizations, the study team conducted interviews and group discussions with eighty-five Egyptian NGOs. According to the 2008 Human Development report, there are over 15,000 NGOs dispersed throughout Egypt.⁴ Due to the large number of NGOs and the small number expected to focus on services addressing violence against women, the study team used a snowball technique to identify relevant NGOs. Approximately fifteen prominent NGOs addressing women's issues were purposively selected for in-depth interviews and were asked for referrals to other NGOs in the Delta region, Upper Egypt, and Greater Cairo that are broadly addressing women's issues and that may be conducting activities related to violence against women. Identified NGOs were invited to attend one of four NGO discussion workshops.

- Two workshops in Menia including NGOs and Community Development Associations from Menia, Qena, Sohag, and Aswan.
- One workshop in Alexandria including NGOs from Alexandria, Beheira, Kafr El Sheikh, and Damnahour.
- One workshop in Cairo including NGOs from Cairo, Wadi el Geded and Gharbia.

In conducting the interviews and discussions, semi-structured interviews with probing questions were employed to understand the services and activities of these NGOs related to Violence against Women. Representatives from 61 NGOs participated in the four workshops. Identified NGOs that were unable to send a representative to the workshops were interviewed by telephone. A list of participating NGOs is included in the annex.

⁴ United Nations Development Program and Institute of National Planning, Egypt. *Egypt Human Development Report 2008, Egypt's Social Contract: The Role of Civil Society*, 2008, p. 90.

While this is not an census of all NGOs addressing violence against women nor a directory of the services these NGOs provide, the list intends to capture key NGOs providing the core services for victims of violence against women examined in this report.

In addition to the information collected from government and NGO sources, the study team also held three focus group discussions with approximately sixty women who have experienced domestic violence. Two of these discussions were held in Manshiet Nasser among women seeking assistance from health units and the other discussion was held in Imbaba among women seeking the assistance of a women's NGO. As noted in the section on shelters, the respondents were asked about their knowledge and experience of services to addressing violence against women.

Given the nature of this issue, the research team was cognizant of the sensitivities of this research throughout the data collection phase. The team strove to ensure that respondents were fully informed of the study objectives and that sensitive information remained confidential.

The rest of the report is organized as follows. Sections one through six present the findings from the review of victim services addressing violence against women – shelters, health services, help lines, listening and counseling, and legal services, respectively. Section seven provides information on advocacy oriented preventative strategies by NGOs. The report ends with a conclusion and set of recommendations.

2. SHELTERS

2.1. Background

Shelters are temporary or transitional living facilities where women victims of violence and their children can live safe from direct threat by their abuser. It may also be a space that offers women and children qualified counseling and practical support, either in-house or by arrangement⁵. In Egypt the term translates as “hosting house”.

Ensuring that women have access to shelters that meet safety standards is essential for protecting women from further violence. Moreover, adherence by shelters to general principles of availability, accessibility, acceptability and appropriate quality,⁶ is important for ensuring the appropriate support for victims of violence.

The study team reviewed the MoSS bylaws for shelters and visited each of the eight shelters in Egypt. At each shelter, study team members interviewed the shelter manager and at least one specialist regarding shelter policies and practices.

2.2. Shelters in Egypt

Shelters for women victims of domestic violence have been available in Egypt since 2003 and there are eight in operation. Following two ministerial decrees issued in 2000, the MoSS established seven shelters. One of these shelters is under direct MoSS operation;

⁵ “Combating violence against women” – stocktaking study on the measures and actions taken in Council of Europe member States, Directorate General of Human Rights, Strasbourg, 2006.

⁶ “Making rights a reality – The duty of states to address violence against women” – Amnesty International , 2004, page 37.

the remainder operates under NGOs assigned by the MoSS. As indicated in the ministry's bylaws, the main objectives of shelters are as follows⁷:

- To host women in an emergency situation.
- To protect them from culturally inappropriate behavior, helping them overcoming difficulties and solving their problems
- To provide them with social, health, and psychological care.
- To develop their skills and invest in their potential.
- To rehabilitate them to adapt to society, both vocationally and culturally.

Within this framework, all shelters share the same objectives and mandate as specified by MoSS in their brochures, as follows:⁸

- Host women who are in emergency circumstances as a victim of violence.
- Protect women from violence and assist them in overcoming difficulties and solving their problems.
- Provide social, health, vocational, and cultural care.
- Develop women's skills and invest in their potential.
- Hold awareness seminars for men and women to create community awareness that would combat violence against women and support the importance of family ties to protect the family and children.
- Hold awareness seminars on legal, religious, cultural, and health issues.
- Conduct psychological rehabilitation aiming to assist women to overcome their crises.
- Rebuild women's self esteem to encourage them to be assertive.

The Association for Development and Enhancement of Women (ADEW) established the eighth shelter, Beit Hawaa (House of Eve), in 2005. This shelter is the only shelter which operates independent of the MoSS. In total, only 214 shelter beds are available across all eight shelters, approximately one bed per 380,000 inhabitants of Egypt. According to the Council of Europe's Group of Specialists for Combating Violence against Women, there should be a minimum of one place in a shelter per 7,500 persons in the population.⁹ To meet this standard, Egypt would need more than 10,000 more shelter beds. Moreover, there are many population centers without close access to a shelter. While there are two shelters in Lower Egypt (Alexandria and Mansoura), three in Greater Cairo (6th of October, Heliopolis, and Qalubiyah), and three in Upper Egypt (Fayoum, Beni Suef, and Menia), there are no shelters in Sinai, the Canal region, or Upper Egypt beyond Menia.

Despite the limited number of shelter beds available, shelter managers noted that few victims of VAW in Egypt go to shelters, resulting in shelters that are frequently empty. Shelter managers attribute this to factors such as the inadequate protective measures and legislation to protect women victim of domestic violence, patriarchal culture, structural

⁷ Ministerial decree No 6,3 dated 4 April 2000, on rules and regulations of shelters in Egypt.

⁸ Brochure of MoSS – General Directorate for women.

⁹ Council of Europe, Group of Specialists for Combating Violence against Women, *Final Report of Activities of the EG-S-VL including a Plan of Action for Combating Violence Against Women* (Strasbourg, Council of Europe, 1997), p. 74.

problems in the management of shelters, and the lack of awareness of the existence of shelters.

2.3. Shelter Policies

The seven shelters governed by the MoSS follow regulations stipulated by the ministry, although implementation of these rules varies somewhat across the different shelters. Also, the independent shelter generally follows the MoSS shelter policies. Rules and regulations stipulated by the MoSS include the following:

Admissions. Admissions policies for shelters are set by MoSS and are standard across all eight shelters. Shelters admit women victims of violence provided that they submit the following extensive paperwork:

- An application form with two photos.
- Identification card.
- Recent police record. (Applicants with a criminal background not accepted.)
- Completion of a social case study (to be conducted by social worker in the shelter and during the first week of her stay).
- Copy of formal documents of her marital status.
- Detailed salary sheet if the women is employed.
- A pregnancy test and medical examination to ensure that the applicant is free of any infectious diseases (to be examined by the medical center associated to the shelter during her first week of stay).

In addition to these formal policies, managers at most of the shelters, with the exception of the shelters in Menia and Fayoum, stated that they refuse to accept an applicant who is unable to take care of herself due to age or incapacity.

Length of stay. Women may stay up to 12 weeks in most cases, however, a woman's stay may be continued for an additional three months and even longer as determined by the shelter supervision committee after a case review.

Accompanying children. Children may accompany their mothers in the shelter, although male children must be younger than the age specified by the shelter, which varies from 8 to 15 years. There is no age limit for girls. In general, the shelters usually have extra beds for children when needed. However, none of shelters have a specific strategy or programs for dealing with children of victims, with the exception of Beit Hawaa managed by NGO ADEW, as they have special recreational activities and psychological help for children.

Evening check-in time. Women admitted to the shelters are allowed to leave the shelters during the day to run errands, go to work, or search for a job provided that they detail their plans to the shelter supervisor. All shelters have strict evening check-in times for residents to return to the shelter and stay for the night – 7 p.m. during winter and 8 p.m. during summer.

2.4. Shelter Personnel

The standard organizational chart of the shelters according to MoSS rules and regulations includes the following: a shelter manager, a social worker, a legal advisor, a part-time

medical doctor, a secretary, a warehouse keeper, a cook, a day supervisor, and a night supervisor. Despite having psychological rehabilitation as part of their mandate, psychologists are not included in the mandated organizational structure. Four of the shelters (see Table 1) have recruited psychologists to serve on their staff for the psychological rehabilitation of victims

Two shelter managers said that there is a budget allocation for training and capacity building; however little training has been delivered. Managers noted that staff need to acquire the appropriate skills and knowledge to deal effectively with victims of domestic violence.

In discussions with shelter managers and other personnel, the study team observed that most of the interviewed staff lack gender sensitivity and the enthusiasm to respond to the needs of battered women. Many interview respondents displayed conservative attitudes and believe in very strict gender roles and responsibilities related to the status of women. For instance, the overwhelming majority of the personnel interviewed believe that economic problems are the core reason for violence against women, and often blame the women for being battered. As stated by one shelter manager, “it is women’s attitudes that contribute to anger and violence.” Others expressed their bias that women’s beliefs in equality and empowerment causes abuse. Another staff member mentioned that “men are like children and women should deal with them accordingly” as a way to avoid abuse. Finally, most of the shelter staff, including managers, believe that women should return to their homes after family differences are resolved. Consequently, they regularly call upon the husband (who is the batterer in most cases) to come and take his wife back to the home.

2.5. Support Services

Awareness seminars for both men and women are included in the mandate of the shelters. However, with the exception of religious seminars, none of the shelters currently sponsor such programs. Similarly, shelters have a mandate to develop the skills of shelter residents. However, economic empowerment activities in most shelters tend to focus on activities within the realm of traditional gender roles like sewing, tricot, and needle work. An exception is the Women’s Shelter Center in Beni Suef. The shelter’s strong linkages with community resources translate into referrals to other NGOs or the MoSS, often allowing these women to benefit from micro-credit programs to assist them in generating income.

2.6. Public Awareness about Shelters

For shelters to be truly accessible, women victims of violence need opportunities to become aware of shelters and how they can benefit from their services. As noted by many of the shelter managers during the interviews, the concept of shelters as safe places for victims of violence in Egypt is still new, and their place in Egyptian society remains ambiguous. For instance, managers noted that many officials who play a direct role in “helping” victims, such as policemen, family courts’ staff, and other community leaders, do not know about the existence of shelters. Even NGOs and community development associations are not fully aware of both their existence and their mandate. Consequently, shelter managers noted that most referrals to the shelters come from the ombudsperson office of the NCW and a small number of women’s organizations. Few referrals come

from other NGOs serving women, family courts, or the police. In addition, only the shelter managers in the Beni Suef, Qalubiya, and 6th of October shelters described efforts to reach out to the community and build linkages with community leaders. Managers at other shelters typically rely on passive referrals to direct their clients to other services rather than proactive outreach.

2.7. Personal Obstacles for Women to Seek Shelter

In addition to visiting shelters and interviewing shelter personnel, team members also met with approximately 60 women from three focus groups who have experienced domestic violence. Many of the focus group participants noted that they struggle to maintain the status quo for the stability of their family, especially their children. Some of the women were not familiar with services for women victims of violence. Many reported that they typically speak with their neighbors and friends as a way of coping with their suffering, but not as a solution to their underlying problems. When asked about seeking services from shelters or counseling centers, many noted that they would not use these services due to fear of the consequences, including the following:

- Losing custody of their children
- Ostracism or hostility in the community for “airing dirty laundry”
- Not receiving the services because they will not be believed
- Not being able to survive alone financially
- Ending an emotional bond with their husband when they still hold out hope that that the husband will change in the future.

Profile: ADEW Domestic Violence Program

The Association for the Development and Enhancement of Women (ADEW) is an Egyptian NGO working in the field of gender empowerment through social, economic, and cultural projects in poor urban areas. When first founded in 1987, ADEW initially targeted female heads of households, but today their services have extended to girls, youth, and the community. In 2005 ADEW initiated a domestic violence program. That same year the Beit Hawaa was established as the first independently run shelter in Egypt which provides comprehensive services. The ADEW Domestic Violence Program objectives are as follows:

- Provide a safe, secure alternative to staying in a potentially threatening situation
- Create a comprehensive service plan for women and children fleeing domestic violence
- Develop and promote a working definition of and dialogue about domestic violence in Egypt
- Educate and empower women with regard to the issues surrounding domestic violence
- Raise awareness of the problem of domestic violence among women and local communities, in the media, at the policy level, and with relevant agencies
- Act as a model for other such services in Egypt or in other Arab countries
- Promote healthy family relationships that validate all members in a positive manner
- Organize and deliver training on issues of violence awareness and female empowerment both for new staff and for other relevant agencies and organizations in Egypt
- Identify the best approaches to create income-generating projects to encourage the financial self-sufficiency of the women staying in the shelter.

In 2006 ADEW trained a team of program staff on 1) proper reception and welcoming for women who reside at the shelter and 2) the logistics of operating the shelter. Additionally, they created a listening and counseling program for domestic violence victims. The shelter has served a total of 485 people over a three-year period (238 women and 176 children). Moreover between 2005 and 2008, they filed 71 court cases on behalf of women. Literacy classes for children during their stay at the shelter have benefited 60 children, and 40 children have participated in arts and crafts classes. Currently, ADEW is setting up a domestic violence helpline.

Table 1. Shelters for Women Victims of Violence

Shelter Name and Operating Organization	Governorate	Capacity (no. of beds)	Psychologist on Staff?	Upper age limit on accompanying male children
Women Shelter (Operated by Family Planning Association, Giza Branch).	6 of October	20	No	13 years old
Women Protection and Shelter Center (Operated by Omar Bin Abdulaziz Association for Local Community Development)	Heliopolis	14	Yes	8 years old
Women Shelter and Rehabilitation (Operated by the Association of Mabarat El-Shaheed Mohamed Othman)	Alexandria	35	Yes	10 years old
Women Shelter Center (Operated by the Local Community Development Association of Makoosa)	Menia	20	No	12 years old
Women Shelter and Orientation Center (Operated by the Community Development – 3 rd Bandar)	Fayoum	30	Yes	10 years old
Women Shelter Center (Operated by MoSS)	Beni Suef	45	No	10 years old
Women Shelter Center (Operated by the Mouassat Association for Charity)	Mansoura-Dakalyia	20	Yes	10 years old
Beit Hawaa (Operated independently by Association for the Development and Enhancement of Women (ADEW))	Qalubiya	30	Yes	15 years old

3. MEDICAL SERVICES FOR VICTIMS OF PHYSICAL AND SEXUAL VIOLENCE AND ABUSE

Women who are physically abused or otherwise victims of domestic violence need timely access to health services. They may also need medical support and evidence for legal cases regarding the violence perpetrated against them. In addition to addressing any immediate needs for medical attention, medical service centers, as one of the first points of contact for victims of violence, also have the potential to provide psychological support and serve as sites for referring victims to NGOs that address additional services for victims of VAW.

For most women in Egypt, immediate medical attention is available through hospitals and their emergency rooms (primarily in urban areas), and rural health units (for those outside dense population centers). In addition, forensic services are available through specialized, forensic medical bureaus. Women with higher incomes may also use private hospitals. To understand the medical services provided to the majority of women victims of physical and sexual abuse in Egypt, the team conducted in-depth discussions and interviews with 40 health professionals from five hospitals, four medical units, and two forensic bureaus in various locations throughout Egypt. A list of sites visited is provided in the annex. Interviewees included managers of hospitals, forensic medical doctors, general health practitioners in emergency units, nurses, and community health leaders.

Types of Abuse

Physical Abuse is a pattern of physical assaults and threats used to control another person. It includes punching, hitting, choking, biting and throwing objects at a person, kicking and pushing and using a weapon such as knife. Physical abuse usually escalates over time and may end in the women's death.

Sexual Abuse is the sexual mistreatment or control over a partner. This can include demands for sex using coercion or the performance of certain sexual acts, forcing her to have sex with other people, treating her in a sexually derogatory manner and/or insisting on unsafe sex.

Psychological Abuse is the use of various tactics to isolate and undermine a partner's self-esteem causing her to be more dependent on and frightened of the abuser. It can include such acts as:

- Refusing to allow the woman to work outside the home
- Withholding money or access to money
- Isolating her from her family and friends
- Threatening to harm people and things she loves
- Constantly checking up on her

(Source: A Practical approach to Gender-Based Violence: A program Guide for Health Care Providers and Manager – UNFPA)

3.1. Medical Services

The interviewed medical professionals in hospitals and health units noted that they commonly treat cases of domestic violence, with women between 25 and 35 years as the group most likely to seek medical help. Medical professionals also noted that among the cases of domestic violence that they encounter, the following types of violence are widespread:

- Beating
- Hair-pulling
- Punching
- Shoving
- Slapping
- Kicking, particularly the chest and abdominal areas
- Using a wooden rod for beating
- Using a belt to strike the face or other areas of the body.

Despite the common treatment of women victims of violence, medical professionals interviewed reported that there are no specific services at hospitals or health units for victims of gender-based violence, with the exception of standard emergency treatment as provided to any women in need of medical attention. Similarly, these health professionals noted that there are no specific case management protocols for victims of gender-based violence or abuse.

Availability of support and referral. Many of the women who visit a health facility to seek treatment for domestic abuse or other forms of gender-based violence are likely to be in need of emotional and psychological support. Indeed, interviewed doctors reported that in the majority of cases, depression and post-traumatic stress are associated with physical abuse. While all of the health professionals included in this study affirmed that counseling services for abused women are essential, interviewed doctors said that they do not have

the resources nor the time to deal with the emotional and psychological effects of violence. Moreover, these health professionals noted that referrals to services that could help victims of domestic abuse are not provided. “Social workers should play a role in those cases and all hospitals do not have social workers to help women,” reported a doctor at one health facility. This role is often taken on by nurses or community health leaders. Interviewed nurses said they often sympathize with the cases, but the actions they can take are very limited and center upon advising the victim to avoid provocation and refrain from acting in a way which may escalate the problems in the household.

Forensic medicine. In addition to immediate health care and support, victims of physical and sexual violence, including rape, may need evidence for any resulting legal case.¹⁰ In many countries, evidence is obtained through a forensic examination, i.e., a medical exam conducted for the specific purpose of a possible judicial proceeding. Such exams require a medical opinion about the victim’s condition and result in a medical report submitted to prosecutors. Protocols and guidelines on forensic examination in cases of sexual violence are, therefore, important.

A woman in Egypt who wishes to file a complaint of physical abuse to the police is required to obtain a medical certificate stating that she has an injury that will last at least 21 days. This certificate is only issued upon request and is not specifically for police complaints. Rather it is commonly used by individuals with any form of medical injury to present to their employers. Individuals with physical injuries that a medical examiner deems will last fewer than 21 days have no similar medical certificate to file or substantiate a complaint. The interviewed medical professionals noted that most women go to the hospital only to seek treatment and are reluctant to speak out about domestic abuse in an effort to avoid escalating their marital problems

However, they also noted that some women go to the hospital to request the medical certificate required to file a complaint at the police station. In completing this certificate, the interviewed medical professionals noted that doctors do not ask and do not report who or what caused the injuries.

The interviewed health professionals reported that incidents of sexual violence or assault are rarely reported in hospitals. However, in the event that a victim of rape wishes to report the incident, the women is expected to report the incident first to the police and prosecutors and then to the forensic medical bureau for examination and treatment. Following internal procedural guidelines, the forensic medical bureau will then prepare a forensic report regarding the evidence of rape for prosecutors.

3.2. Family Planning Units and Community Health Leaders

As the World Health Organization notes, “the availability and widespread use of reproductive health services (including antenatal care, family planning services, post-abortion care and services dealing with sexually transmitted infections) in most countries

¹⁰ In-depth study on all forms of violence against women – Report of the Secretary General, United Nations, General Assembly 2006

give these services a potential advantage for identifying women in abusive relationships and offering them referrals or support services.”¹¹

The Ministry of Health currently employs approximately 15,000 community leaders (*ra'idat al rifiyat*) dispersed throughout urban and rural areas in all governorates of Egypt. In most cases, these community leaders are attached to health units or rural hospitals. They address women's health needs and disseminate information on issues such as hygiene, family planning, reproductive health, and more recently, avian flu. In rural areas, the community leaders typically conduct home visits, while in urban areas, they conduct lessons and lectures at community health units.

Interviews with community leaders (*ra'idat al rifiyat*) reveal that they are often the first to hear about cases of violence against women and that woman victims often turn to these workers when they have problems. However, the interviewed community leaders report having little information in dealing with victims of violence nor where to refer them to obtain appropriate services.

4. HELPLINE SERVICES

Women victims of violence often find themselves in a situation from which they see no way out. Telephone hotlines (which provide 24-hour assistance) and helplines (which provide assistance mostly regular business hours) services can be an effective way to establish initial contact with women victims of violence and offer immediate information, support, and help. In addition to assisting victims, they may play a preventative role. Because many women are hesitant to seek help, best practices of hotlines and helplines include preserving the privacy and confidentiality of the clients and providing information free of charge.¹²

Information on hotlines and help lines came from the interviews and discussions with NGOs in Cairo, Alexandria, and Menia. In total, one hotline and four helplines operate in Egypt. These services generally focus on legal advice to women regarding discrimination or the Personal Status Law. The exception is the Nadeem Center hotline which has a stronger focus on serving women victims of violence. Only three provide actual counseling to women victims of violence. Each call center provides referrals to other services. Of the five assistance centers, only two have nationwide reach: the NCW ombudsman's office and the Nadeem Center. Details of each service are provided in Table 2.

¹¹ WHO multi-country study on women's health and domestic violence against women: summary report of initial results on prevalence, health outcomes and women's responses. Geneva, World Health Organization, 2005.

¹² In-depth study on all forms of violence against women – Report of the Secretary General, United Nations, General Assembly 2006.

Figure 1. Example of Hotline Brochure from El Nadeem Center



Table 2. Women's Hotlines and Help Lines in Egypt

Name of Organization	Location/ Reach	Hours of operation	Services provided:		
			Counseling and advice	Legal advice	Referral
Government					
National Council of Women Ombudsman's Office	Cairo, Nationwide reach	9am-4pm; Sun-Thurs.		■	■
NGOs					
Nadeem Center	Cairo, Nationwide reach	24 hours, every day (hotline)	■	■	■
Center for Egyptian women's Legal Assistance (CEWLA)	Cairo	9am-4pm; Sun-Thurs.	■	■	■
Egyptian Center for Women's Rights (ECWR)	Cairo	9am-5pm; Sun-Thurs.		■	■
Woman and Development Association	Alexandria	9am-3pm, 7pm-10pm; Sun-Thurs.	■	■	■

5. LISTENING AND COUNSELING SERVICES

Listening and counseling centers provide safe spaces for women victims of violence to speak freely and interact face-to-face with trained personnel to discuss their personal situations and options for counseling and treatment. Information on non-governmental listening and counseling centers came from interviews and discussions with NGOs in Cairo, Alexandria, and Menia. In total eight NGOs providing in-person listening or counseling services were identified, each of which is listed in Table 3.

The Nadeem Center, which opened in 2001, was the first such center established. In 2002, the center began working with other NGOs as part of a knowledge-sharing program. The center developed a toolkit, created basic guidelines for operation, and conducted trainings for NGOs to establish listening or counseling centers in different areas of Egypt. By 2003 seven additional NGOs had established listening or counseling centers and began offering services, all of which participated in the initial training provided by the Nadeem Center. The training included basic counseling skills and guidelines for referrals for cases which necessitate further assistance. Half of the NGOs providing listening or counseling services are located in Cairo. Of the eight service providers, only one, the Nadeem Center, has a trained psychologist on staff; the others have staff counselors trained by the Nadeem Center. In addition to listening and counseling services, these centers provide referrals for psychiatrists and legal specialists. Four of the centers provide referrals to women's shelters when appropriate.

Table 3. Listening/Counseling Services

Name of Organization	Location	Hours	Average cases per month	Psych. on staff?	Referrals Provided		
					Shelter	Legal	Psych.
Nadeem Center	Cairo	9am-3pm; Sat-Wed	20	Yes	■	■	■
ADEW	Cairo	9am-3pm; Sun-Thurs	20-30	No	■	■	■
Bashayeer Center	Helwan	9am-3pm; Sun-Thurs	10-12	No	■	■	■
CEWLA	Cairo	9am-3pm; Sun-Thurs	10	No	■	■	■
Bent El Nil	Cairo	9am-3pm; Sun-Thurs	Not available	No		■	■
Hawaa El Mostakbal Foundation	Menia	9am-3pm; Sat-Thurs	50	No		■	■
Ahmed Taher Community Development Association	Beni Suef	12pm-3pm; Sat-Thurs	5	No		■	■
Women and Development Association	Alexandria	9am-3pm; Sat-Thurs	3-10	No	■	■	■

6. FAMILY COUNSELING SERVICES

Family counseling offices were originally established in 1967 by the Ministry of Social Affairs (now MoSS) to resolve family disputes. Currently 183 Family counseling offices exist in Egypt, widely dispersed throughout each governorate. Although these offices are part of the MoSS, the offices are operated by local NGOs.

Family counseling offices include a social worker, a religious leader, a part-time psychologist and a part-time lawyer. They conduct awareness lectures on a variety of issues including common family problems: legal rights related to family issues, raising children, drugs, smoking, etc. They often meet with families to help solve domestic dispute or provide informal advice to couples considering divorce about applicable legal rights and processes. For couples who are already divorced, the offices help mediate issues of visitation and child support. These offices try to ensure that issues are addressed in an amicable, informal setting, with an emphasis on avoiding conflict. Since the advent of mediation centers in family courts, the role of these offices has shrunk.

7. LEGAL SERVICES

Women victims of violence often require legal services to address a variety of issues such as divorce, child custody, child support, property settlements, housing, employment and civil suits. Legal services may be provided as part of an integrated model of support or by legal aid centers, community legal services or networks of pro bono lawyers. Legal assistance and representation are essential services in prevent violence against women and to protect victims of violence.

In Egypt, legal services to victims of violence against women are usually provided by civil society organization. However, the establishment of the ombudsman office supported by the NCW is a significant state supported measure to address this issue.

7.1. The Ombudsman Office at NCW

The NCW established an ombudsman office in 2002 to receive complaints from women with regard to gender discrimination. The office appointed lawyers and installed a toll-free helpline, as described earlier in this report. The complaints deal with gender discrimination at work, the Personal Status Law, domestic violence, inheritance, and other issues. The office assigns lawyers free of charge to poor women who cannot afford to file court cases. In addressing VAW the ombudsman office cooperates with the Ministry of Social Affairs to refer victims of VAW to their shelters. The office has received about 20,000 complaints and legal queries thus far. These calls have centered on personal status matters, work-related problems, implementation of court rulings, social security pensions, insurance, violence, and citizenship, etc.¹³ The office is active in all governorates of Egypt and has the following goals:

- Monitoring women's needs and complaints and serving as a link between NCW and the women of Egypt who encounter any form of unconstitutional discrimination or unequal opportunity.

¹³ http://www.ncwegypt.com/english/prog_ombuds.jsp

- Ensuring that women’s voices and concerns are brought to the attention of policy- and decision-makers.
- Contributing to solve some of the day-to-day problems facing women.
- Establishing an information database documenting the types of complaints received, the frequency of recurrence, and the obstacles they pose to women’s progress, with the purpose of making the relevant suggestions, proposals, or amendments to legislations to the authorities concerned.¹⁴

7.2. Legal Services by NGOs

Information on non-governmental legal services came from interviews and discussions with NGOs in Cairo, Alexandria, and Menia. In total 21 of the women’s NGOs interviewed provide some form of direct legal services to women victims of violence, all of which provide women with legal awareness, i.e. general information about women’s legal rights and applicable laws. Twenty of the NGOs also provide legal advice, i.e. specific and direct counseling to women facing legal problems. Finally, just over half (11) of these NGOs provide legal representation for their clients in court. NGO legal service providers follow in Table 4.

Most of the legal services provided are part of an integrated model of support, including social and psychological counseling, legal services, awareness programs, economic empowerment, job-seekers, income generation etc. For many of these NGOs, victims of violence are not their sole or even primary population, although the legal services they provide may be of particular benefit to victims of violence. Typically, the legal services of these NGOs focus on issues of divorce, child custody, housing, etc., rather than directly on domestic violence.

For the most part, the volume of legal services these NGOs can provide is limited. Only three of the NGOs have more than two lawyers on staff, although some of these NGOs also rely on pro bono services of lawyers in private practice. As is typical of the NGO sector as a whole, more of these NGOs are located in Cairo than in any other area of Egypt.

Among the NGOs providing legal services, a few are widely recognized as leaders in the field, particularly the Center for Egyptian and Women’s Legal Activities (CEWLA), the Association for the Development and Enhancement of Women in Egypt (ADEW), the Egyptian Center for Women’s Rights (ECWR), and the New Woman Foundation.

¹⁴ <http://www.wluml.org/english/news/egypt-ncw.pdf>

Table 4. Legal Services for Women Victims of Violence by NGOs

Name of Organization	Location	Hours of operation	No. of Lawyers on Staff	Services provided:		
				Legal awareness	Legal advice	Legal/Court representation
Center for Egyptian Women's Legal Assistance (CEWLA)	Greater Cairo	9am-4pm; Sun-Thurs	2	■	■	■
Association for Development and Enhancement of Women (ADEW)	Greater Cairo	9am-4pm; Sun-Thurs	4	■	■	■
The Egyptian Center for Women's Rights (ECWR)	Greater Cairo	9am-4pm; Sun-Thurs	7	■	■	■
Barik Association	Greater Cairo	9am-4pm; Sun-Thurs	2	■	■	■
Al Shehab	Greater Cairo	9am-4pm; Sun-Thurs	1	■	■	
Basheer Center for Social Services	Helwan	9am-4pm; Sun-Thurs	1	■	■	
Bent El Nil Association	Cairo	9am-4pm; Sun-Thurs		■		
The Egyptian Association for Family Development	Aswan	9am-4pm; Sun-Thurs	2	■	■	■
Women Association for Health Improvement	Sohag	9am-4pm; Sun-Thurs	1	■	■	
Women Business Association for Community Development	Sohag	9am-4pm; Sun-Thurs	1	■	■	■
Bader Community Development Association	Sohag	9am-4pm; Sun-Thurs	1	■	■	
The Egyptian Association for Human Development	Sohag	9am-4pm; Sun-Thurs	2	■	■	■
The Islamic Association	Menia	9am-3pm, 5pm-8pm; Sun-Thurs	2	■	■	■
Koran Recitation and Community Development Association	Menia	9am-3pm; Sun-Thurs	1	■	■	
Hawaa El Mostakbal	Menia	9am-4pm; Sun-Thurs	1	■	■	
Resalat Nour for Community Development	Menia	9am-5pm; Sun-Thurs	1	■	■	■
Women and Development Association	Alexandria	9am-3pm, 7pm-10pm; Sun-Thurs	2	■	■	■
Family Planning Association	Alexandria	9am-3pm; Sun-Thurs	1	■	■	
Legal Services Association for Women and Children	Alexandria	9am-3pm; Sun-Thurs	7	■	■	■
Future Businesswomen	Kafer El Sheikh	9am-3pm; Sun-Thurs	1	■	■	
Egyptian Association for Comprehensive Development	Cairo	9am-3pm; Sun-Thurs	1	■	■	

8. NGO ADVOCACY AND PREVENTION STRATEGIES

In addition to protection services to victims of domestic violence, prevention strategies are integral part of addressing violence against women. National advocacy efforts by NGOs can play a critical role in preventing violence against women in the long run by raising awareness of the harm done to women and society by violence and through focusing attention on laws and other government actions that could address violence against women.

A focus on laws that address domestic violence at the national level can have positive outcomes. First, strengthening laws or shedding the light on the role that government can play either through budget allocation or directing efforts at the policy level on prevention and protection mechanisms or services. Second, both laws and the enforcement of laws reflect social values and help shape them. Laws can create new social norms regarding women. As such, they provide a vital opportunity to shape values and show respect for women. Finally, campaigns highlighting the different forms of violence against women may spark a public debate on the state of violence within Egyptian society.

During interviews and in-depth discussion with NGOs in Cairo, Alexandria, and Menia, the respondents were asked about the activities they conduct that address violence against women, the strengths and weaknesses of the NGO sector in responding to violence against women, and the opportunities for NGOs more fully address this issue.

8.1. Current Initiatives by NGOs to Address Violence Against Women

The discussions revealed that while many NGOs work on women's rights as a cross-cutting issue, minimal efforts specifically targeted violence against women. Rather, most of their work focused on community-based services in the following fields:

- Reproductive health and harmful health practices, especially FGM for girls
- Health services, including reproductive health care for women, prenatal care, postpartum care, etc.
- Legal assistance for women
- Literacy for women
- Income generating programs and other forms of economic empowerment
- Awareness and advocacy for Convention on the Elimination of All forms of Discrimination Against Women (CEDAW)
- Family counseling programs, as a result of recent funding on this issue from USAID (in Menia and Cairo only,)

Many NGOs participating in the discussions and interviews noted that tremendous work has been done on CEDAW in terms of building community awareness on the convention and its relation to both the Egyptian constitution, and the Personal Status Law. Indeed, NGOs noted the coalitions and networks in Sohag, Qena, and Alexandria which have formed in recent years. However, NGO representatives acknowledged that activities and initiatives on violence against women, such as legal services and counseling services for battered women have been sporadic. None of the women's organizations named programs nor activities which men in an effort to address the issue of violence against women.

Still, a number of NGOs noted advocacy initiatives that they have undertaken in recent years to address violence against women at the regional or national level. The most significant of these campaigns at the national level include the following activities detailed below.

“Making our Streets Safer for Everyone,” led by ECWR. ECWR launched a volunteer campaign against sexual harassment in the Egyptian streets. The “Making our Streets Safer for Everyone” campaign started in 2005, when the center discovered that there was no relevant data on the issue and no formal research had been conducted. The center’s survey of more than 2,800 women from Greater Cairo and five separate governorates regarding received widespread media coverage, both in Egypt and internationally.

The campaign targets the men and women of all ages. The campaign encourages women to stand up for their rights, to understand that they are not the cause of harassment, to boost their confidence, and to help them face challenges in everyday. The campaign targets men with messages that remind them that women’s existence is important and they should receive respect as humans--not just as women--when in public. The campaign also works to sensitize men to the psychological effects and sociological impact of sexual harassment on women.

“Life is Possible Without Violence and Discrimination,” led by the Nadeem Center. This campaign began as a collaborative effort between the Nadeem Center and the New Woman Research center. It started in 1993 with a field study of violence against women which noted that violence exists at all levels of Egyptian society and is not limited to certain classes or directly attributable to poverty. Following a two-year series of roundtables involving activists, social experts, psychologists, legal specialists, and approximately 85 NGOs, the campaign culminated in the development of a proposed law to criminalize domestic violence.

The proposed law consists of 14 articles, and calls for the establishment of a new division to protect women from violence by a virtue of a ministerial decree from the MoSS. In addition, the law requires consolidated efforts from key stakeholders, such as MoSS, family courts, family counseling offices, prosecutors, and shelters to reduce acts of domestic violence against women and ensure a healthy environment within the Egyptian family. The importance of the proposed law lies in its development through a grassroots advocacy process, its role in drawing greater attention to the problem of VAW in Egypt, and the linkages the campaign created with efforts of others in the region, including Jordan, Morocco and Yemen.

Campaign against “honor killing” in Egypt, led by CEWLA. CEWLA launched the first ever campaign against so-called “honor crimes” in 1997 and adopted several strategies in this campaign. These strategies consisted of searching for and analyzing information on “honor killing,” obtaining information on court cases connected to “honor crimes,” analyzing court rulings and sentences given to offenders, and discussing remedies with legislators, policy makers, and the media. The campaign resulted in drafting amendments to the discriminatory penal code articles and cooperating with other NGOs working against gender based violence.¹⁵

¹⁵ further information is available at: www.un.org/womenwatch/daw/egm/vaw-gp-2005/docs/experts/khafagy.honorcrimes.pdf

An initiative to combat gender-based violence, led by The Alliance for Arab Women (AAW). AAW, national NGO network, launched an initiative to combat gender-based violence using the slogan “No Violence Against Women” for its campaign to stop violence against women in the Arab region. AAW organized a, regional workshop in May 2003 on violence against women, its dimensions, and repercussions.

NGO Profile: The Nadeem Center

Since 1993 the Nadeem Center for Psychological Management and Rehabilitation of Victims of Violence has provided medical and psychological rehabilitation to victims of torture and violence. In 2000 the Nadeem Center launched a series of activities to deal address the issues related to violence against women, specifically. After establishing a listening and counseling center to provide psychological services to women victims of violence, the center sponsored training activities related to gender issues in general, and violence against women in particular. Additionally, they created an outreach program to other NGOs, and by the second year of the program, listening services were available at several NGOs throughout Egypt. Finally, they set up a 24-hour hotline to complement their services.

Through this initiative the Nadeem Center founded the Salma group, a network of Arab NGOs working in the field of VAW.

The centre has a multidisciplinary team approach to psychosocial and medical support, including the following:

- Assessment.
- Medical treatment: psycho-pharmacotherapy, treatment of psychological disorders, orientation for other specialists, and follow-up.
- Psychotherapeutic methods: individual psychotherapy, cognitive-behavioral therapy, family and systemic therapy, supportive psychotherapy, and debriefing group psychotherapy.
- Methods of social intervention: individual intervention, family intervention, community intervention, school intervention, social activities, and intervention for vocational training.
- Physiotherapy treatment: respiration, relaxation, body awareness and body reactions, self-training, balance training, and self-help.

8.2. NGO Potential to Address Violence Against Women

NGOs participating in the interviews and discussions acknowledged a need to adopt a holistic approach to address VAW from different dimensions and with key stakeholders. Despite limited efforts by NGOs thus far, many of the NGO participants noted considerable potential in the NGO sector to address violence against women:

- *Existence of strong coalitions and networks.* Many women’s NGOs have developed coalitions and networks in many areas of the country based on women’s issues, such as health and family planning that could be adapted to address violence against women.
- *Experience and know-how.* These NGOs have a variety of experience and expertise in fields related to violence against women, such as legal and psychological counseling, shelters, social empowerment, and rehabilitation.

- *Acknowledgement of VAW.* Most of the NGOs participating in the interviews and discussions acknowledged the existence and the magnitude of the problem of VAW. However, in the discussions, many of the NGOs commonly conflated discussion of CEDAW and gender discrimination with VAW.
- *Links with the media.* Many of the NGOs have experience working with and, in some cases, strong links with the media based on past advocacy campaigns.

NGOs also noted the difficulties in addressing the issue of violence against women, including the following:

- Lack of funding and the difficulty in getting donors to fund culturally-sensitive issues such as violence against women
- Lack of a clear national strategy to address violence against women
- Lack of experience and know-how among NGOs on violence against women in some parts of the country

9. CONCLUSIONS AND RECOMMENDATIONS

As the previous chapters show, a number of government agencies (particularly the MoSS and the NCW) and a limited number of NGOs are actively engaged in providing the core services needed by women victims of violence. Shelters for women fleeing their abusers exist and have grown in number in recent years. Those seeking counseling and advice may be able to call one of the help lines. Even legal representation for women intending to divorce an abusive husband is available from some NGOs.

However, considering the challenges of addressing violence against women, the current availability of services for women victims of violence are quite limited. According to the 2005 DHS, approximately a third of married women have been physically abused at some point by their husband. Even if only a small percentage of these women sought assistance at a shelter, there would be little room to accommodate them. Moreover, in many parts of the country shelters are scarce or non-existent

Even where services are available, information presented here suggests services that assist or could assist women victims of violence are lack a strong emphasis on the victim's needs. Shelter managers note that their staff members need additional skills and training to adequately assist victims. Outside of the standard emergency treatment for all patients, medical facilities lack protocols or specific services to serve women victims of violence. Although NGOs have made great strides in recent years addressing issues affecting women, very few have expertise in the needs women victims of violence.

These limitations, however, can be overcome. Based on the finding in the previous chapters there are a number of recommendations to address the service needs of women victims of violence, focusing primarily on shelters, medical services, and the role of NGOs as service providers.

9.1. Shelter Recommendations

Shelters in Egypt currently do not provide women with long-term solutions and support. When a woman leaves her family she needs a new support unit to be able to survive both

socially and financially. Shelters should not only seek to protect victims, but also to empower them. A number of improvements could be made to shelter policies and practices and the capacity of shelter staff to address the needs of women.

Shelter policies and practices. There are three main areas where new policies and practices could make an immediate difference in serving clients: outreach, confidentiality, and admissions. Few of the shelters have developed constructive links with NGOs and community leaders. However, those that have done so have benefited from these links, resulting in greater awareness of the shelter and more opportunities to provide shelter residents with a broad array of services. Shelter managers should actively develop these linkages to maximize the benefits from existing community resources.

Although family reconciliation is a worthwhile goal, it should be addressed only at the discretion of the woman seeking help. There should be strict policies in force to ensure that shelter staff members do not intervene in family reconciliation or family mediation unless the woman requests that such actions be taken.

Current shelter policies require extensive paperwork for admittance. There should be an analysis to determine whether women in crisis are deterred from using shelter services due to the extensive documentation required before admission. If so, procedures should be modified to take a more flexible approach toward paperwork.

Shelter capacity building. Training for shelter management and staff members who interact with and provide assistance to shelter residents is in demand. Such training should address the following:

- The reasons for domestic violence
- Addressing the needs of victims of domestic abuse
- Dealing with traumatic cases such as sexual assault and rape
- Sensitization on women's rights and human rights.

Information exchange. Shelters in Egypt and throughout the region have adopted different approaches to best serve the needs of their clients. The MoSS and shelter management should explore mechanisms to increase awareness of best practices in the region and foster and exchange of insights and experiences.

9.2. Medical Services Recommendations

It is essential to highlight that health care providers can play a crucial role in addressing violence against women. As in many countries, the health care system is the only institution that interacts with almost every woman at some point in her life. Consequently, health care providers are in a unique position to deal with domestic violence and to help victims. Much more could be done within this group of professionals to address the needs of victims of violence.

Information and referral. Medical facilities should improve opportunities for women victims of violence who visit medical facilities to access basic information on domestic violence and referrals to agencies or organizations where they can receive further assistance and support. In addition to information, managers of medical facilities should work to establish or strengthen constructive links between health providers and the police

and prosecutors. This would facilitate the transition from immediate health needs of the victim to further legal action.

Training. Reproductive health care providers, specifically nurses and community leaders of the mobile health units can help identify victims of violence and connect them with support services. Appropriate training for health professionals and health providers is also needed to assist them in identifying and responding appropriately to victims of abuse.

9.3. NGO Recommendations

NGOs have initiated important programs in recent years to address violence against women, but the NGO community has the potential to do much more.

Protection services. NGOs should establish or strengthen existing services for women including legal, health, social, and psychological help. Additionally they should develop treatment programs for male abusers. Also, they should explore programs that address the capabilities and potential of women victims of to deal with their personal situations, including social and economic empowerment

Prevention initiatives. Increase the number and scope of programs to teach women their rights and empower them to exercise those rights if they are victims of violence. Prevention efforts must include programs that promote social and economic empowerment.

Publicity and media. Reaching the public through the media is vital in bringing VAW into the public forum. Providing information, documentation and circulation of publications of success, achievements, and best practices on empowering victims of VAW are important for grass-roots efforts. Programs to educate men, women, and young people about women's rights and their own responsibility in honoring the rights of others should be part of a media campaign.

Networking. It is important for NGOs to expand their reach through networking—particularly in rural areas. It is important to share models in combating VAW and to support and guide changes within the NGO community.

ANNEX A. HEALTH FACILITIES VISITED

Hospitals

Burdeen Hospital, Burdeen Village, Zagazeg, Sharkia Governorate
General Hospital, El Qanayat, Zagazeg, Sharkaia Governorate
Luxor General Hospital, Luxor
Gomhoraya General Hospital, Alexandria
Omm el Masreen Hospital, Giza

Health Units

Douakaa, Manshiet Nasser, Cairo
Khozam Health Unit, Qena
Hager Mares Health Unit, Luxor
Khorshed Health Unit, Alexandria

Forensic Medical Bureaus

Forensic Medical Bureau, Moharrem Beik, Alexandria
Forensic Medical Bureau, Zenhom, Cairo

ANNEX B. CONTRIBUTING NGOS

The tables below list the eighty-five NGOs that were interviewed or participated in the group discussions in Cairo, Alexandria, or Menia for this study report. All of these NGOs were referred to the study team as active in women's issues. Of these 85 NGOs, 29 provide at least one core VAW protection service addressed in this report as noted in the right hand columns of Table 1. Table 2 lists all of the other NGOs that were interviewed or participated in discussions. All of these NGOs are active in women's issues, such as advocating against gender-based discrimination or providing economic empowerment services for women, but do not provide any of the core VAW protection services discussed in this report.

Table 1. Interviewed NGOs providing at least one of the core protection services for victims of violence against women

Name	Governorate	Core VAW Protection Services Provided:			
		Shelter	Helpline	In-person Counseling	Legal
Family Planning Association, Giza Branch	6 of October	■			
Association of Mabarot El-Shaheed Mohamed Othman	Alexandria	■			
Legal Services Association for Women and Children	Alexandria				■
Family Planning Association	Alexandria				■
Women and Development Association	Alexandria		■	■	■
Egyptian Association for Family Development	Aswan				■
Ahmed Taher Community Development Association	Beni Suef			■	
Al Shehab Foundation for Comprehensive Development	Cairo				■
Association for Development and Enhancement of Women (ADEW)	Cairo	■		■	■
Barik Association	Cairo				■
Bent El Nile NGO	Cairo			■	■
Center for Egyptian women's Legal Assistance (CEWLA)	Cairo		■	■	■
The Nadeem Center	Cairo		■	■	
The Egyptian Center for Women's Rights (ECWR)	Cairo		■		■
Egyptian Association for Comprehensive Development	Cairo				■
Community Development - 3rd Bandar	Fayoum	■			
Omar Bin Abdulaziz Association for Local Community Development	Heliopolis	■			
Basheer Center for Social Services	Helwan			■	■
Future Businesswomen	Kafer El Sheikh				■
Mouassat Association for Charity	Mansoura-Dakahlyia	■			
Hawaa El Mostakbal Foundation	Menia			■	■
Local Community Development Association of Makoosa	Menia	■			
Koran Recitation and Community Development Association	Menia				■
Resalat Nour for Community Development	Menia				■
The Islamic Association	Menia				■

Name	Governorate	Core VAW Protection Services Provided:			
		Shelter	Helpline	In-person Counseling	Legal
Women Association for Health Improvement	Sohag				■
Women Business Association for Community Development	Sohag				■
Bader Community Development Association	Sohag				■
The Egyptian Association for Human Development	Sohag				■
Total: (29 out of 85 Interviewed NGOs)		7	4	8	21

Table 2. Interviewed NGOs providing that do not provide any of the core protection services for victims of violence against women

Name	Governorate
Peace protectors NGO	Aswan
Women Renaissance NGO	Aswan
Abi Seifeen NGO	Cairo
Ahebaa El Dereeny NGO	Cairo
Appropriate Communication Techniques for Development (ACT)	Cairo
Arab Women Alliance	Cairo
Development NGO for care of street food vendors	Cairo
El Anba Moussa NGO	Cairo
El Foqahaa NGO for Community Development	Cairo
Forum of Development and Human Rights Dialogue (Moltaka)	Cairo
Foundation of Women in Development (FWID)	Cairo
Friendship and Faith NGO	Cairo
Future Horizons for Social Development	Cairo
Future Sun NGO (Shams El Mostaqbal NGO)	Cairo
Land Center for Human Rights	Cairo
Mabada Charity NGO	Cairo
Mafazet El Islam NGO	Cairo
Masr El Qadima 's Voice NGO	Cairo
New Beginnings for Family Care NGO	Cairo
New Women Foundation	Cairo
Security and Peace NGO	Cairo
Together Forward NGO (Maa'an Lel Amam)	Cairo
Women and Memory Forum	Cairo
El Beheira Women NGO in El Mahmoudiah	El Beheira
Regional Union for Civil Society NGOs	El Beheira
Women Development NGO	El Beheira
Women Development NGO in Damanhour	El Beheira
Islamic NGO for Development and the Environment	Itsa – Menia
Islamic Charity NGO	Giza
Modern Women NGO	Kafr El Sheikh
Al Amal for Women Development	Menia
Arab Women League	Menia
Association for Humanitarian Services	Menia
CARE	Menia
Egyptian NGO for Media and Creativity	Menia
Evangelical NGO for Sustainable Development	Menia
Gender Union for Health and Population	Menia
Human Development Association	Menia
Local Development NGO in Tela	Menia
Moslem Families NGO	Menia
New Vision NGO	Menia
NGO's Regional Union	Menia
Salama Moussa Association	Menia
Social Services NGO	Menia
Women Association in Matay	Menia
YMCA	Menia
Youth NGO for Population and Development	Menia
YWCA	Menia
Community Development in Balat NGO	New Valley

Name	Governorate
Community Development in Ma'sarah NGO	New Valley
Community Development in Beshendy NGO	New Valley
NGO for Development of Rural and Urban Women	Qena
Women's NGO for Rural Women	Qena
Women Clubs NGO	Sohag
Kowm El Naggat NGO	Tanta
Shebsheer NGO	Tanta