

**CRITICAL HUMAN RIGHTS VIOLATION**

LIMITED OUTREACH TO SURVIVORS  
NEGATIVE IMPACT **PUBLIC HEALTH ISSUE**  
ON WOMEN'S PERPETUATION  
EDUCATION OF EXISTING  
**SOCIAL INEQUALITIES**  
MARGINALIZATION

INEFFICIENT GOVERNMENT EXPENDITURE  
**LOW REPORTING RATES**  
**HIGH ECONOMIC COSTS**

**IMPACT ON CHILDREN**

**INSUFFICIENT POLICY RESPONSE**  
INFORMAL RATHER THAN FORMAL CHANNELS TO REPORT INCIDENTS

ABSENCE OF STANDARD OPERATING PROCEDURES

UNCOORDINATED REPORTING MECHANISMS

**REHABILITATION SERVICES**  
LACK OF ACCOUNTABILITY MECHANISMS  
HESITATION OF VICTIMS TO SEEK HELP  
LIMITED ACCESS TO REPORTING CHANNELS FOR MIGRANT AND REFUGEE WOMEN  
**LIMITED LEGAL FRAMEWORKS**  
DIMINISHED ABILITY TO WORK

# Status of Arab Women Report 2017 Violence Against Women

## What Is at Stake?



UNITED NATIONS  
العشاق  
ESCWA



Economic and Social Commission for Western Asia

# **STATUS OF ARAB WOMEN REPORT 2017 VIOLENCE AGAINST WOMEN: WHAT IS AT STAKE?**



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Beirut

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It was prepared by several authors. Lead author Ms. Nata Duvvury, Director of the Centre for **Global Women's Studies at the National** University of Ireland at Galway, reviewed the study, and prepared its fourth chapter and conclusion. Ms. Mehrinaz El Awady, Director of the ESCWA Centre for Women, prepared

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## Acronyms

CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
DALY	Disability-adjusted life year
DHS	Demographic and Health Surveys
FGM	Female genital mutilation
GBV	Gender-based violence
GDP	Gross domestic product
GRB	Gender-responsive budgeting
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
ILO	International Labour Organization
OP-CEDAW	Optional Protocol to CEDAW
OECD	Organization for Economic Co-operation and Development
PSM	Propensity score matching
PTSD	Post-traumatic stress disorder
SDGs	Sustainable Development Goals
SGBV	Sexual and gender-based violence
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
VAW	Violence against women
WHO	World Health Organization

## Executive Summary

Violence against women (VAW) in the Arab region is widely recognized as a critical human rights violation that requires political commitment and leadership to prevent its occurrence, mitigate its impact, and prosecute its perpetrators. Most Governments have signed international human rights treaties and conventions, and are beginning to translate commitments into national laws, policy frameworks and strategies. However, progress has been slow, and more importantly uneven, with only a few countries on their way to fulfilling obligations.

The present study reveals a significant gap in knowledge of intimate partner violence (IPV) and its myriad consequences. In particular, there is limited understanding of its economic and financial impacts. A focus on economic costs can potentially offer a way to reach planners and budget decision-makers. Partner violence includes not only visible monetary costs, but also less obvious impacts, on capabilities and intrahousehold gender relations, and causes trauma, thus affecting consumption and welfare. In the long **term, these influence a country's** socioeconomic potential with implications for sustained economic growth. The human capital potential, productivity and overall wellbeing of citizens are affected over time; the loss to the economy is not merely monetary but reflects a **deeper erosion of individuals' rights and agency**. Analysing the costs of violence against women will enable the State to fully undertake its role as

duty bearer in protecting the rights of all people.

Evidence-based knowledge is reviewed, and the socioeconomic consequences of intimate partner violence is explained. The study acknowledges it is a continuum of forms of **violence throughout a woman's life**, including violence that occurs in private and public spaces, and involves husbands, other family and community members, and State actors. It is also true that within this continuum the violence perpetrated by husbands is the most common form experienced by all women, globally and regionally. Thus, this study focuses on violence that takes place within marital/intimate partner relations to provide a coherent discussion on its impacts and cost implications, and the regional and national responses to it.

It draws on global and regional literature reviews to:

- Formulate a conceptual and analytical framework on violence against women;
- Develop an understanding of methodologies used to estimate economic costs of intimate partner violence;
- Identify reporting mechanisms and administrative databases at national level;
- Understand the relationship between intimate partner violence and the economy;
- Examine the adverse health consequences that result from intimate partner violence.

The study comprises seven chapters. Chapter 1 reviews the definitions of violence against women, with implications for laws and policies. It establishes the importance of intimate partner violence as a focus for the study, and assesses evidence of its global and regional prevalence. It reviews international efforts to address violence, particularly intimate partner violence. Drawing upon literature on the determinants of partner violence, the chapter presents an analytical framework to understand the effects and the need for a more comprehensive response.

Chapter 2 examines compliance with due diligence standards, reviewing constitutional, legal and overall policy frameworks addressing violence against women. It analyses how international human rights treaties ratified by States have translated into constitutional amendments and national laws, and identifies key gaps. The chapter also outlines the way economic costing can be a useful tool for expanding the scope of the response.

Chapter 3 examines another gap in State responses, discussing national reporting channels and related administrative data systems. International research and practice are reviewed to understand the importance of – and barriers to – reporting. This chapter, using a **national women’s survey, examines** just how robust the administrative data systems are within the police, justice systems, health system and social services, and looks at coordination between those obliged to respond to violence against women. It discusses ways to strengthen reporting mechanisms and databases for effective monitoring of laws and policies, and to provide a solid foundation for costing studies.

Interest in empirically exploring the economic consequences of violence against women, in particular estimating the economic costs, has grown exponentially in the past 15 years. Since the mid-1990s some 50 studies have estimated these costs, though the majority were in Western industrialized nations, with only a handful producing estimates for low- and middle-income countries. Chapter 4 reviews the approaches used to establish the economic impacts and costs of violence. It discusses the typology of costs informing the studies and specific methodologies used. From this it distils the variables and types of information required for estimating costs.

Chapter 5 looks at why research on violence and the economy is critical if Arab States are to sustain growth. Women remain an underutilized economic resource, even as the region continues to make progress on development indicators such as female literacy, infant mortality and post-secondary education. Violence against women is an important indicator of development, with economic consequences for survivors, families and communities, and Governments. The chapter discusses the links between personal violence and the labour market, **focusing on the state of women’s economic participation** in the region, including rates of participation, trends and structural constraints. It references literature on the relationship between partner violence and economic empowerment, and looks at the consequences **of violence on women’s income and productivity**. It also reviews available data on costs for providing police, justice and social welfare services.

Chapter 6 examines violence against women and health, documenting the likely pathways between intimate partner violence and adverse health outcomes. It analyses physical, mental and reproductive health effects, based on a review of empirical evidence from the region. The chapter describes health system structures, including financing and service delivery, and examines the costs – for government and households – resulting from violence. It identifies sources of data collection for the identified variables affecting health service provision.

In chapter 7, the main findings are pulled together and recommendations are made. While there has been progress, the response to violence against women is fragmented, with a disconnect between frameworks addressing violence at the international level and their translation at the regional and national levels. The study finds that treaties and conventions, such as the Convention on the Elimination

of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child, have been adopted by countries, but evidence is inconclusive on whether they lead to an articulation of violence against women as a key equality consideration.

Equally, a disconnect exists between establishing reporting channels, ensuring their coordination, and developing strong administrative data systems. This is problematic as regards depth of response and the lack of a comprehensive information system that tracks women who use different services. The economic and health impacts of intimate partner violence are evident, but there is little empirical evidence of their depth and magnitude, and the consequences for national economies. An inadequate database has implications for effective costing studies, though an appropriate model can be developed. A major conclusion is that costing marital violence is a necessary policy reform tool that enables States to meet due diligence obligations.



# 1. Intimate Partner Violence: An Alarming Phenomenon

## A. Introduction

The present study focuses on reviewing evidence-based knowledge and providing detailed understanding of the socioeconomic consequences of intimate partner violence. ESCWA and UN Women have initiated a two-phased regional project to support States in costing intimate partner violence by developing an economic model that can be tested and applied in the Arab region. The project on estimating the cost of intimate partner violence in the Arab region also aims to build the capacity of States to adapt this model to their national contexts.

The first phase comprises two studies. The present study lays the groundwork for the project, examining the linkages between intimate partner violence and social, economic and health-related factors. Furthermore, it adopts a human rights approach to guide the response. It uses costing techniques as a tool to reinforce the implications of violence for human and social costs, and economic losses. The cost analysis will provide an economic understanding of a **State's due diligence** obligation to prevent, protect, prosecute and compensate for violent acts against women.

The second study of phase I, entitled "Estimating costs of marital violence against

women in the Arab region: operational model", presents an economic model for the region informed by the findings of the present study, building on international costing work, including service utilization costs and economic costs due to lost output, decreased productivity and lower earnings resulting from violence. The two studies will be complemented by phase II, an implementation phase that will test the economic model in at least one country, and build the capacities of others to use information on the costs of violence for national reform.

The chapters of the present study each introduce a different dimension of violence against women. This introductory chapter discusses definitional issues and identifies intimate partner violence/marital violence against women as the operational definition used throughout both phase I studies (the two terms are used interchangeably). It provides an overview of the magnitude of intimate partner violence at the global and regional levels, and presents the conceptual framework for the study.

## B. Definitional issues with violence against women

The way violence against women is defined has implications for national laws, policies, budget



allocations and ultimately the scope of the response. Definitions that focus only on physical and sexual abuse in the context of legislation, crimes or public health tend to elicit lower rates of reporting and a narrow understanding and, accordingly, perceptions of service systems. For example, in the United States, the National Violence Against Women Survey was designed as a crime survey focused on physical violence, rape and stalking, and excluded many forms of violence not covered by law. It revealed low prevalence of violence against women (1.8 per cent) in the past 12 months. However, in behaviour surveys that adopted broader definitions, including psychological and verbal abuse, 83 per cent reported marital violence.<sup>1</sup>

Adopting a narrow or unclear definition also affects access to services. Egypt, for example, has nine shelters serving women survivors of violence. Their operational definitions do not acknowledge forms of violence that leave no **apparent marks on a survivor's body**. Consequently, many survivors are denied access and left with nowhere to stay, their grievances unheard.<sup>2</sup>

The varying terms used, their overlap and the failure to encompass all individuals exposed to violence regardless of sex, race, ethnicity, disability or colour can be problematic. Examples of terms used in English are domestic violence, family violence and spousal violence, all of which tend to de-gender the issue. Other terms include marital violence, violence against females, violence against women and gender-based violence (GBV),<sup>3</sup> which can mean different things to different people depending on the time and place. They

can be used broadly or narrowly, with precision or vaguely.

Gender-based violence is usually used in a broad sense to include violence against boys and men as well as women and girls, owing to factors associated with their vulnerability. On the other hand, violence against women is limited to incidents excluding men and boys.

**This implies it is due to a society's** subordination of women, which is affected by customs, traditions and laws legitimizing violence.<sup>4</sup> The United Nations defined violence against women in the 1993 Declaration on the Elimination of Violence against Women as rooted in unequal gender relations, differentiating it from other forms of violence. It **is "any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life".**<sup>5</sup>

Other terms used are marital violence or intimate partner violence, which refer to violence perpetrated by one partner/spouse against the other. Neither are defined solely by a specific physical act, but by a combination of psychological, social and family factors. They may include battering, marital rape and emotional abuse. In these instances, the perpetrator can be a man or a woman.<sup>6</sup> This is a category of violence against women most common in the Arab region, with ample research and data available. It is worth noting that much of the research on marital violence refers to family violence, though the focus is only on married couples.

A further definitional issue is the difference between English and Arabic terms. Some English terms used for violence against women do not exist in the Arabic language, and the meaning is often lost in translation. For example, the Arabic translation of 'violence against women' is *al-'unf ded al-mar'a* and is the term widely used in the region, particularly in national legislation and strategies. Further, 'abuse' is translated as *isa'ah*, and mostly used to refer to emotional rather than physical violence.<sup>7</sup>

This study builds on the 1993 United Nations definition, and acknowledges all forms of violence within the private and public spheres throughout the life cycle (pre-birth to death). To reiterate, the terms marital violence against women (henceforth referred to as marital violence) and intimate partner violence<sup>8</sup> will be used interchangeably as specific forms of violence against women.<sup>9</sup> The Arabic term that will be used for this is *al unf al zawjy*. The definition focuses on females regardless of their age, disability or ethnicity, as opposed to sexual orientation, gender identity and expression, or to men and young boys. Intimate partner violence is used since it differs from other violence in its systemic nature, which is embedded in unequal gender relations and intersects with other systems of inequality in the region.

In many cases, information and data are **available on 'violence against women' but not** any specific form. International, regional and national efforts usually refer to violence against women in all its various categories. For this study, where there is no specific data on marital violence or intimate partner violence,

discussion will be broadened to cover violence against women in general, with the understanding that it covers the form of violence being studied here.

## C. Prevalence of intimate partner violence

### 1. Global prevalence

Women experience violence regardless of their colour, race, income, age or education, and violence exists in forms that vary in magnitude and prevalence. As shown in figure 1, in 2015 one in three women worldwide had experienced physical/sexual violence at some point in their lives. Review of published evidence by the World Health Organization (WHO) found global prevalence of physical or sexual partner violence among ever married women to be about 30 per cent, with the highest prevalence (37 per cent) in the African, Eastern Mediterranean<sup>10</sup> and South-East Asia regions, compared with 25 per cent in the European and Western Pacific regions.

Forms of intimate partner violence reflect a pattern rather than an isolated incident. They range from physical to psychological to sexual violence. Slapping is considered one of the most common acts of physical violence. Other forms include pushing, shoving and threatening with a weapon. These are always associated with psychological forms of violence, such as insulting the female partner or belittling her in front of others. Sexual violence includes forcing a woman to have sex against her will, or to carry out a sexual act that she finds humiliating.<sup>11</sup>

**Figure 1. Global prevalence of violence against women**



Source: "Violence against women", in *The World's Women 2015: Trends and Statistics* (United Nations publication, Sales No. E.15.XVII.8). Available from <http://unstats.un.org/unsd/gender/chapter6/chapter6.html>.

Intimate partner violence also occurs during pregnancy, and is a serious health issue.

Research in the United States found this ranged from 0.9 per cent to 20 per cent. For industrialized countries outside North America prevalence ranged from 3.4 per cent to 11 per cent.<sup>12</sup>

## 2. Regional prevalence

Due to sensitivity about intimate partner violence in the Arab region, and the belief that it is a family issue, data is scarce or incomplete. In Jordan, about one-third of married women aged 15-49 reported

experiencing physical violence, including being hit, kicked or slapped, 13 per cent during the past year. Being married increases **Jordanian women's likelihood of experiencing physical violence.**<sup>13</sup>

More data is available on the prevalence of non-partner violence; for example, evidence on the extent to which women experience sexual harassment in public places. In a study in Egypt, virtually all sampled women had experienced some form of sexual harassment, in most cases including unwanted touching.<sup>14</sup> Similar reports have been documented in other countries. In **Sana'a**, 90 per cent of women interviewed reported being sexually harassed in public; in Tunisia, a study of 3,000 women aged 18-64

found that more than half experienced psychological or physical violence at least once in public spaces; and in Saudi Arabia, nearly 80 per cent of women respondents aged 18-48 reported experiencing sexual harassment, including in the street.<sup>15</sup> Data can also be found on female genital mutilation, child marriage and human trafficking, which fall outside the scope of this study.<sup>16</sup>

The data available on intimate partner violence shows that 35.4 per cent of ever married women in the Middle East and North Africa region have experienced physical or sexual violence by an intimate partner in their lifetime, slightly higher than the global average.<sup>17</sup> **Egypt's statistics** reveal that about 46 per cent of ever married women aged 18-64 have experienced some form of spousal violence, with 43 per cent subjected to emotional violence, 32 per cent to physical violence and 12 per cent to sexual violence. About 10 per cent have experienced all three types of violence in their lifetime.<sup>18</sup> In addition, 24 per cent of those subjected to intimate partner violence experienced at least one incident within the past 12 months.<sup>19</sup>

In the region, marital violence is a serious concern for women during pregnancy. A study in one of **Egypt's largest public hospitals** revealed that one third of pregnant women visiting for a medical check-up had experienced marital violence, a quarter frequently or on a continual basis.<sup>20</sup> In Jordan, about 7 per cent of ever married women have experienced violence during pregnancy at least once, including slapping, kicking or hitting.<sup>21</sup>

Anecdotal evidence suggests there are multiple forms of violence against women in

Arab countries undergoing conflict, which is intrinsically linked to the political situation. In 2015, female Syrian refugees in Jordan reported incidents of violence, with about 28 per cent experiencing psychological abuse, 28.8 per cent physical assault and 32.7 per cent child marriage.<sup>22</sup> It is also suggested that violence in public against both men and women exacerbates marital violence. Increased rates of poverty and social burdens, coupled with fear of insecurity, increases intimate partner violence.

## D. Underlying causes of intimate partner violence

**Women's risk of violence is influenced by** factors at relationship, community and societal levels. According to reports, male control over women, unequal gender norms and **stereotypes, women's low socioeconomic status** (poor access to employment and education), and the absence of comprehensive national legislative and policy frameworks that criminalize violence all **increase women's vulnerability**.<sup>23</sup> In addition to these interrelated factors, conflict is documented to increase **women's risk** of various forms of violence in private and public spheres.<sup>24</sup>

An examination of the socioeconomic and political situation and gender dynamics reveals those factors are all prevalent in the region, **heightening women's experiences of violence**, particularly intimate partner violence. Kandiyoti describes countries in North Africa and the **Muslim Middle East as the belt of "classic patriarchy"**,<sup>25</sup> where men exert power over women by controlling their bodies and mobility,

often supported by conservative interpretations of religion. This is normalized within the family and society to the extent that in many cases it is not regarded as discrimination but rather protection and care.<sup>26</sup>

### **Women's participation in the labour market in**

the region is extremely low and lags behind other regions. Participation stands at 23 per cent compared with a global average of 50 per cent. Employment options are limited and characterized by horizontal segregation, since women do not perform the same jobs as men. For example, they tend to be more active in education and agriculture sectors, with minimal involvement in managerial and executive jobs.<sup>27</sup>

Arab women have made significant strides in education, reflected in increased enrolment rates and literacy. However, in many countries female enrolment rates remain below the world average. In Mauritania, the Sudan, the Syrian Arab Republic and Yemen, for example, female enrolment rates in primary school stand at 75.2 per cent, 55.87 per cent, 61.1 per cent and 80.7 per cent, respectively, compared with a world average of 88.3 per cent.<sup>28</sup> Further, achievements in education have not translated into enhanced participation in the labour market.

Limited education and economic options, coupled with conflict and absence of legislation (as discussed in chapter 2), place women in a vicious circle of violence. These factors combine to increase the risk of experiencing intimate partner violence and its frequency, while **violence also increases women's isolation and** limits their ability to sustain jobs and complete their education.

This situation is a consequence of deeply rooted inequalities in Arab society, reinforcing the low socioeconomic status of women and multiple gender disparities. Certain groups of women (those belonging to a specific religion or denomination, or with disabilities, for example) may experience many forms of marital violence, and usually face additional consequences because of this.<sup>29</sup> For example, marital violence against women with disabilities in a conflict setting can be exacerbated, due to the absence of laws and their inability to easily access services.<sup>30</sup> Moreover, disabled women may not be taken seriously due to stigma and stereotyping by the police.<sup>31</sup> Other complex forms of intimate partner violence may include violence towards girls married under the legal age of 18 – the international standard – which constitutes child marriage.

## **E. International efforts to address violence against women**

For a long time, violence against women, particularly intimate partner violence, was perceived as private and absent from the public debate. Its acceptance as a public policy issue and the consequent shift to recognizing its various forms as human rights violations brought change. Treating it as a critical issue at the national and international levels resulted in women being recognized as having rights to a life free of violence at home and in society,<sup>32</sup> and the State as the ultimate duty bearer in responding to violence in both spheres.

A cornerstone of efforts to enhance human rights, **particularly women's rights, was the adoption of** the 1948 Universal Declaration for Human Rights,

which stipulates equal rights for men and women and prohibits discrimination on the basis of sex.<sup>33</sup>

**Women's rights were further enforced by the twin covenants, the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR).**<sup>34</sup>

Efforts to address violence against women gained momentum during the United Nations Decade for Women (1975-1985), which galvanized action to bring the matter to the attention of the global community. International agreements and conventions were introduced and ratified, tackling violence against women<sup>35</sup> and recognizing it as a human rights issue posing a serious threat to human development and security.<sup>36</sup>

CEDAW, adopted in 1979 and considered the **key international bill for women's rights**, provided civic, political and economic rights, and prohibited all forms of discrimination against women. But it did not tackle violence against women directly or in its entirety; rather, it addressed gendered stereotypes and select forms of violence, such as trafficking, prostitution, and sexual harassment at work.

To address gaps, the CEDAW monitoring committee adopted various recommendations. In 1989, it recommended that States report on incidents of violence against women (recommendation 12), followed in 1990 by recommendation 14 addressing female genital mutilation and other harmful practices.<sup>37</sup> The turning point came in 1992 with recommendation 19, which described gender-based violence as a form of discrimination preventing women from enjoying their rights.

The committee recommended that Governments consider this when reviewing policies and regulations.<sup>38</sup>

The 1999 Optional Protocol to CEDAW (OP-CEDAW) established a communication procedure for women, individually or in a group, to submit claims on violations of those rights after exhausting domestic remedies. It also created a procedure to investigate situations of systemic violence.<sup>39</sup> With the exception of Libya and Tunisia, Arab States did not accede or ratify the Optional Protocol to avoid any extra responsibilities it might impose (for example, providing written explanation to the CEDAW committee within six months of receiving a complaint).<sup>40</sup>

The pivotal point was the 1993 World Conference on Human Rights in Vienna, where violence against women was officially defined as a human rights violation. This was augmented by two major developments: the adoption of the 1993 Declaration on the Elimination of Violence against Women by the United Nations General Assembly; and the 1994 appointment of a Special Rapporteur on violence against women by the United Nations Commission on Human Rights. The Declaration provided the first international definition, discussing violence against women beyond family boundaries to include the general community and violence perpetrated by individuals and the State. It outlined the role of the State and United Nations agencies, highlighting the development of national strategies, action plans and budget allocations to address violence. Most importantly it **urged** States to exercise due diligence to prevent, investigate and, in accordance with national



legislation, punish acts of violence against women, whether those acts are perpetrated by the **State or by private persons**".<sup>41</sup> The appointment of the rapporteur allowed human rights violations of women globally to be monitored through official country missions and dialogue with Governments, while at the same time contributing to research on the causes and consequences of violence.<sup>42</sup>

The 1995 Beijing Declaration and Platform for Action, which flagged 12 critical areas of concern **to advance women's rights, introduced a stand-alone area for eliminating violence against women.**<sup>43</sup> This mandated the creation of a formal platform for States to develop policies and strategies to combat violence against women in private and public spheres. Combating forms of this violence was given impetus in 2015 through the Sustainable Development Goals (SDGs), which allocated three of six targets under SDG 5 to tackle discriminatory behaviours, violence against women and harmful practices.

Adopting a human rights approach and making violence against women an international concern was transformative, changing State obligations and the criminal justice system.

States realised violence against women was a continuum, linking the domestic and public spheres, including conflict and the economy. They became more interested in examining its causes and consequences. Their international obligations require them to pay special attention to violence within the domestic sphere and by non-State actors.

Estimating the cost of violence against women – including sexual, physical, psychological and

emotional violence – became a concern for States when they recognized the economic consequences for society and the financial implications of observing due diligence. They have acknowledged costing as an important tool for understanding the expenditure required to prevent, protect, prosecute and compensate for violence.

## F. Conceptualizing the effects of intimate partner violence

The effects of intimate partner violence are devastating for women and children, and society. Intimate violence has multiple adverse **effects on a woman's physical, mental and sexual health**, impacting on their participation in the labour market and on political and civic activities. It influences the demographics of society since it gives rise to mortality and morbidity. Intimate violence increases the risk of miscarriage and is a cause of death among women, especially that associated with honour killing and physical violence.

WHO has documented many of the health consequences of intimate violence on women and their children, including physical trauma, psychological stress and fear, and how it can **increase a woman's risk of disability and death.**<sup>44</sup> There is a growing body of research exploring the relationship between intimate partner violence and the economic empowerment of women, as discussed in chapter 5. Studies relate the extent to which experience of marital violence **affects women's wellbeing**, and their level of productivity and **subsequently society's.**<sup>45</sup> In addition, women are less likely to be attentive and take longer to perform tasks.<sup>46</sup>

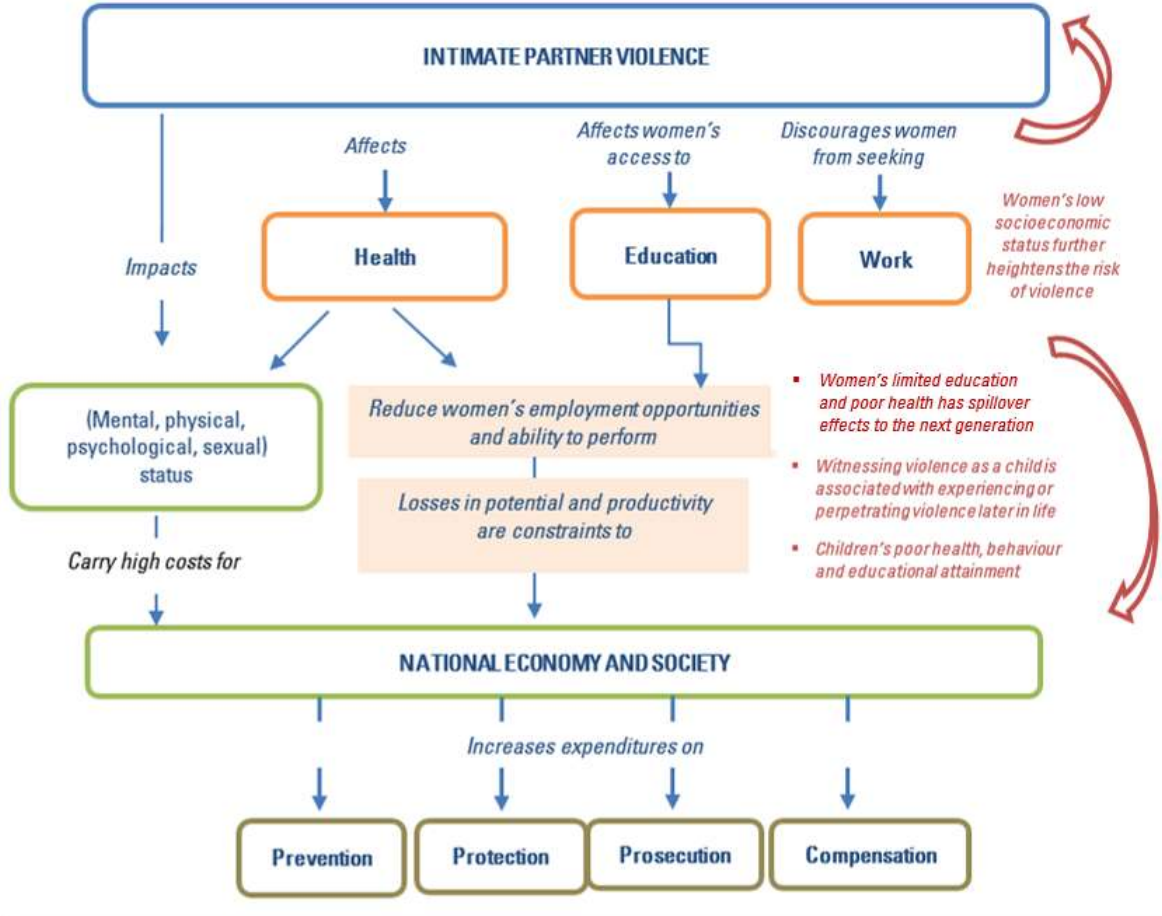
**Intimate partner violence affects children's** welfare and education (especially incidents they witness) and risks a closed circle of violence. It denies them the right to a safe and stable environment – the normal and routine – necessary for development.<sup>47</sup> Exposure to marital violence at home can severely affect behaviour. Children are more likely to have problems with social relations and in empathizing with others, to feel isolated and inadequate, and to sometimes suffer from substance abuse, juvenile pregnancy and aggressive or criminal behaviour. Marital violence encourages children to learn violent ways of communication as a means of control.<sup>48</sup> Studies have shown that children who see violence at home are more likely to engage in similar behaviour when they grow up, or to experience violence themselves.<sup>49</sup>

The costs borne by States and society (including survivors of violence, non-governmental organizations, local

communities and State institutions) to prevent, protect, prosecute and compensate for violence and reintegrate women and their children in society is extremely high, as evidenced by research in advanced countries (chapters 5 and 6). These costs are a burden on the economy, and consume a large portion of government budgets that could be dedicated to sectors benefiting women and men, among others. Figure 2 below offers a visual representation of the multifaceted effects of intimate partner violence on survivors and society.

Intimate partner violence with all its interrelated consequences requires a comprehensive response that fulfils State commitments to international obligations and puts them into operation at the national level. The next chapter will analyse the extent to which the international paradigm has affected national responses in Arab countries.

Figure 2. Effects of intimate partner violence on women and the wider society



## 2. A Disconnected Approach to Violence against Women

### A. Policy context of violence against women in the Arab region

In recent decades, violence against women, including marital violence, has been discussed regionally, and Arab countries have become more active in addressing it, albeit with disparities between them. Political declarations and programmes to combat violence at the national level have proliferated.<sup>50</sup> Many States have joined international instruments advancing gender equality and have undertaken reforms to amend their laws in accordance with obligations. Efforts have been made to translate those reforms into a policy framework that enforces legislation and implements initiatives to combat select forms of violence against women.

International law established due diligence standards for States to uphold, prevent, respond, protect and provide remedies for violence, irrespective of the perpetrator, act or place it occurred. Those considerations are governed by key principles, including that the State cannot delegate its obligations to non-State actors, and must use the same level of commitment when handling all standards, implementing them in good faith.<sup>51</sup>

The Special Rapporteur developed a list of considerations to ensure States' compliance

with these standards, which include: ratifying international human rights instruments; constitutional guarantees of equality for women; national legislation and/or administrative sanctions providing adequate redress for survivors; policies or plans to deal with violence against women; gender-sensitive criminal justice systems and police; accessible and available support services; measures to raise awareness and modify discriminatory policies in education and the media; and data collection and statistics on violence against women.<sup>52</sup> Each standard has special requirements. For example, new legislation should go beyond a penal code that overlooks structural inequalities in the private sphere; it requires establishing institutions that provide services and creating mechanisms, such as an **ombudsman's office to receive and investigate complaints**.<sup>53</sup> Such due diligence steps are sequential, and each step informs the next.

#### **Box 1. Declaration on the Elimination of Violence against Women (article 4)**

States should pursue by all appropriate means and without delay a policy on eliminating violence against women and to this end, should... exercise due diligence to prevent, investigate, and in accordance with national legislation, punish acts of violence against women, whether those acts are perpetrated by the state or by private persons.

The following section examines responses to key **international instruments upholding women’s rights**. It looks at legal (constitutions and laws) and policy (strategies and policies) frameworks,<sup>54</sup> and whether they complement each other and align with due diligence standards.<sup>55</sup>

## B. Ratifying international instruments

Over the past decade, Arab States have not fully embraced international instruments on **women’s rights**. With the exception of Somalia

and the Sudan, they have all ratified CEDAW but with reservations, either to the entire Convention or selected articles, thereby defying the objective (table 1).<sup>56</sup>

States have been engaged in other human and **women’s rights** mechanisms, such as the ICESCR and ICCPR, which were signed by 18 of the 22 Arab countries, exceptions being Oman, Qatar, Saudi Arabia and the United Arab Emirates.<sup>57</sup> In addition, 18 countries ratified the Convention on the Rights of Persons with Disabilities.

**Table 1. Status of Arab countries’ ratification of international instruments**

	ICCPR	ICESCR	CEDAW	OP-CEDAW	CRPD
<b>Algeria</b>	X	X	X		X
<b>Bahrain</b>	X	X	X		X
<b>Comoros</b>	X	X	X		X
<b>Djibouti</b>	X	X	X		X
<b>Egypt</b>	X	X	X		X
<b>Iraq</b>	X	X	X		X
<b>Jordan</b>	X	X	X		X
<b>Kuwait</b>	X	X	X		
<b>Lebanon</b>	X	X	X		
<b>Libya</b>	X		X	X	
<b>Mauritania</b>	X	X	X		X
<b>Morocco</b>	X	X	X		X
<b>Oman</b>			X		X
<b>Palestine</b>	X	X	X		X
<b>Qatar</b>			X		X
<b>Saudi Arabia</b>			X		X
<b>Somalia</b>	X	X			
<b>Sudan</b>	X	X			X
<b>Syrian Arab Republic</b>	X	X	X		X
<b>Tunisia</b>	X	X	X	X	X
<b>United Arab Emirates</b>			X		X
<b>Yemen</b>	X	X	X		X

Source: Compiled by ESCWA.

## C. Constitutional and legal frameworks

### 1. Constitutional reform

To meet international obligations (particularly those under CEDAW and its follow-up recommendations), the relatively high commitment to instruments articulating **women's rights has yet to be fully translated** into action. Despite these instruments being a means through which to map and understand gender issues, national constitutions have not reflected international obligations.

Prohibiting discrimination is enshrined in the constitutions of most countries. Even so, not all prohibit discrimination on the basis of sex, thereby undermining the provision and allowing wide interpretation. For instance, **Morocco's** Constitution acknowledges equality between men and women, and prohibits violations by the State and individuals. Similarly, the Tunisian Constitution states that men and women are equal before the law.<sup>58</sup> **Jordan's, however, prohibits discrimination** against citizens on the basis of race and religion, but does not mention sex.<sup>59</sup> It is worth noting that such an important clause is still absent despite constitutional reform following the Arab uprising in 2011.<sup>60</sup>

In most constitutions, general statements about equality do not allow for constitutionalizing gender equality. Gender-sensitive constitutions should include: a specific provision for gender equality as opposed to a general provision; protecting women as a class rather than limiting the classification to one based on sex; and

extending the discussion to private as well as State discrimination.<sup>61</sup>

With regard to constitutional protections, only Egypt and Tunisia have explicitly included provisions to protect women from violence following amendments in 2014.<sup>62</sup> While many constitutions enshrine **women's other rights**, especially those related to political and economic participation, the majority do not safeguard women from violence in public and private spheres. This is a missed opportunity for Arab countries, particularly those which underwent constitutional reforms in 2011.

### 2. Legal reform

The legal picture is no brighter than the constitutional one. Only a handful of Arab countries have adopted laws specifically geared to combating violence against women, or at least some forms of it, such as domestic violence. Those without specific legislation are still initiating prosecutions on the basis of other criminal offences: for instance, physical or sexual assault.<sup>63</sup> Countries that do not have a specific law for violence against women often deal with a stranger abusing a woman in the same manner as a husband abusing his wife, overlooking structural inequalities at the household level and how they relate to violence in the private sphere. Yet laws on violence against women could draw the attention of the public and justice practitioners to the gravity of abuse, a clear objective in existing national strategies.

As shown in table 2, only Bahrain, Jordan, Lebanon, Saudi Arabia and Tunisia have adopted laws on violence against women.



Other countries are drafting laws, including Egypt (protection from all forms of violence against women), Iraq (protection from domestic violence), Libya (protection of battered and raped women), Mauritania (combating violence against women), Morocco (combating violence against women), Palestine (protection of family), and Tunisia (eliminating violence against women).

Despite this progress in developing legislation, most national reforms were developed in isolation from State obligations to due diligence. Existing laws do not fully comply with the United Nations model law that requires States to adopt a broad definition, include complaint mechanisms, address criminal and civil proceedings, and provide services to survivors.<sup>64</sup> Most legislation, including that newly developed, adopts a narrow definition that omits various elements of violence, such as marital rape and incest. In addition, violence against women legislation focuses on prosecuting perpetrators, ignoring the importance of preventing it, and of protecting survivors and reintegrating them into society. These laws, likewise, remain silent on legalizing services offered to survivors.

Those few countries able to pass laws define the problem narrowly. The first draft of **Lebanon's Law No. 293 of 2014 on the protection of women and all family members from violence in the family** criminalizes marital rape, but this provision was omitted from the draft bill. Surprisingly – the final law **reflected the acceptance of husbands' right to intercourse**, due to the influence of religious authorities.<sup>65</sup>

Countries facing challenges in enacting comprehensive legislation have passed laws tackling specific forms of violence as part of their criminal law reform. Many have made relative progress in incorporating sexual harassment, particularly in the workplace, in national legislation and strategies. In 2014, Egypt categorized sexual harassment in public spaces as a crime.<sup>66</sup> The amended article 306 of the penal code formally criminalizes harassment in the form of words, gestures and actions expressed in person or through other means of communication, punishable by a minimum six-month imprisonment and a fine of 3,000 Egyptian pounds (\$429). A second amendment stipulates increased penalties for an offender in a position of authority and for offences involving multiple perpetrators.<sup>67</sup> The Sudan passed a law in 2009 banning female genital mutilation,<sup>68</sup> while Egypt amended article 242 of its penal code in 2016 thus criminalizing the act of female genital mutilation/cutting.

The majority of Arab countries, however, do not have laws on certain types of violence, and if they do they are discriminatory. This includes honour killing, and sexual harassment and violence in the workplace and against women at large. National penal codes relating to husbands committing violence against their wives are absent in Oman and Qatar, while in many other countries laws are so heavily weighted against women that it is almost impossible to hold perpetrators accountable. The legal impediments commonly encountered by women who bring charges include requirements to present two or more witnesses to prove battery, as is the case in Jordan; and the refusal to admit relatives as witnesses, as in Bahrain. Concepts of marital rape are absent

from the penal codes of all Arab countries, and frequently provide reduced sentences and specific provisions governing honour killings loopholes for those who commit crimes.<sup>69</sup>

**Table 2. Status of legal and policy reform on violence against women**

Country	Legal reform		Policy reform	
	Constitution refers to violence against women	Law on violence against women	Stand-alone strategy on violence against women	Part of an overall strategy on women
<b>Bahrain</b>	No	Law No. 17 (2015) concerning protection against domestic violence	National Strategy for the Protection of Women from Domestic Violence	National Plan for the Advancement of Bahraini Women (2013-2022)
<b>Egypt</b>	Article 11 of 2014 Constitution	No	National strategy to Combat Violence Against Women (2015-2020)	No
<b>Iraq</b>	No	No	National Strategy to Combat Violence Against Women (2013-2017)	No
<b>Jordan</b>	No	Law No. 6 (2008) domestic violence protection act (currently being updated)	National Strategy to Combat Violence against Women (2014-2017)	National Strategy for Jordanian Women (2013-2017)
<b>Kuwait</b>	No	No	No	No
<b>Lebanon</b>	No	Law No. 293 (2014) on the protection of women and all family members from violence in the family		National Strategy for Women in Lebanon (2011-2021)
<b>Libya</b>	No	No	No	No
<b>Mauritania</b>	No	No	National Action Plan on Violence Against Women (2014-2018)	National Strategy to Institutionalize Gender (2015-2020)
<b>Morocco</b>	No	No	National Strategy to Combat Violence against Women (2002)	Government plan for equality (ICRAM) 2012-2016
<b>Palestine</b>	No	No	National Strategy to Combat Violence against Women (2011-2019)	Cross-Sectoral National Gender Strategy 2014-2016
<b>Oman</b>	No	No	No	No
<b>Qatar</b>	No	No	No	No
<b>Saudi Arabia</b>	No	Resolution No. 332 (2013) on regulation on protection against abuse	No	No
<b>Sudan</b>	No	No	Five-year national plan to combat violence against women and children (2012-2016)	No
<b>Syrian Arab Republic</b>	No	No	No	No
<b>Tunisia</b>	Article 46 of 2014 Constitution	Low No. 60/2016 on violence against women	National Strategy to Prevent Violent Behaviour Within the Family and Society (2009)	No
<b>United Arab Emirates</b>	No	No	No	No
<b>Yemen</b>	No	No	No	National Strategy for Women Development (2006-2015)

Source: Compiled by ESCWA.

## D. Policy framework

A policy framework consistent with the legal framework is central to addressing violence against women. Having this in place, along with a gender budgeting approach, facilitates implementing the legal framework and ensures reform trickles down to survivors and society at large. The majority of Arab countries, including Algeria, Bahrain, Egypt, Iraq, Mauritania, Oman, Palestine, Saudi Arabia, the Sudan, the Syrian Arab Republic and Tunisia, have developed national strategies specifically focused on violence against women. Other countries, including Jordan, Lebanon and Morocco, have dedicated sections of their strategies to gender equality and empowering women to combat violence.

Existing policies on violence against women are disengaged from the constitutional and legal reforms that have taken place. This disconnect between legal and policy frameworks is evident in the absence of coordination between the two mechanisms. No country has aligned its legal system with the obligations of CEDAW, nor put in place a policy to operationalize the legal framework. On the contrary, efforts have been fragmented and haphazard. For example, Egypt, one of the Arab countries that have protected women in their constitutions, does not have a domestic/intimate partner violence law.<sup>70</sup> Saudi Arabia recently issued a law on violence against women without constitutional reform or a national policy to operationalize and enforce it. Palestine and the Sudan have developed national strategies to combat violence, but in the absence of a legal framework.

Lack of a clear connection and complementarity between legal and policy frameworks, and failures in implementing due diligence, hamper efforts to reduce the prevalence of violence, and have possibly worsened the overall status of women. Constitutional amendments in Egypt and Tunisia, for instance, which were expected to foster change, did not lead to anticipated reductions in violence or inequality in general. Egypt has witnessed a regression in gender equality. In 2015, the country ranked 136 of 145 countries in the global gender gap report, down 11 places on 2013. Yet constitutional reform introduced in 2014 included protecting women from violence and allocating a 25 per cent quota **to ensure women's representation on local councils**. This suggests reforms had symbolic value not associated with enforcement mechanisms such as new legislation followed by a policy framework - the prerequisites for positive change at ground level.<sup>71</sup>

## E. Costing violence against women: a tool for expanding the response

The recognition of violence against women as a human rights violation has led to various international instruments that are expected to guide national reform and policy development, and improve availability, accessibility and quality of services.

Similarly, looking at violence against women, particularly intimate partner violence, from a human rights perspective clarifies a **State's** obligations as duty bearer to prevent, protect, prosecute and compensate for violent acts.

Understanding violence against women as a human rights issue does not preclude other approaches. Rather, it encourages comprehensive and holistic responses in all areas. Analysing the cost of violence will enable a State to fully undertake its role as duty bearer, confirming the severity of the problem, and that it is a matter of public, not private, concern. Economic analysis influences national budget allocations, guiding planning to allocate more effort and resources to early prevention mechanisms, thereby reducing the cost of consequences.<sup>72</sup>

Costing types of violence is of particular help in the following sequential areas:

- Showing violence against women is morally unacceptable and economically pernicious;
- Understanding how it drains resources from other sectors (private businesses/agencies, government, community groups, individuals), especially in countries with scarce resources;
- Demonstrating how continued violence limits development objectives, such as reducing poverty, enhancing human capability and realising the highest possible standard of wellbeing;
- Raising awareness of the effects of violence on various segments of society and the absence of gender equality in the private and public spheres;
- Reducing the social acceptability of violence and increasing social responsibility towards addressing it;
- Informing policy spending priorities by providing an estimate of the cost of violence and its effect on the economy;
- Advocating for holistic legislation to address violence against women, alongside the required legal and procedural changes.

## Box 2. Egypt: a pioneer in costing violence against women in the Arab region

In 2015, the Egyptian National Council for Women, the Central Agency for Public Mobilization and Statistics and UNFPA launched a national survey on the economic cost of gender-based violence. The survey measures prevalence of the different forms of violence against women and girls, and harmful traditional practices. It assesses the characteristics of women most vulnerable to violence and affected by it, the impact on them and their families, and the economic costs.

The study estimated that over one year, the total cost emerging from violence (both direct and indirect) for women and their families was at least 2.17 billion Egyptian pounds.

Results were based on a representative sample at the national level of about 21,448 households selected in a two-stage cluster covering urban and rural areas separately, and including five regions.

This initiative, the first in the Arab region, faced serious challenges due to data limitations that did not allow for various factors to be measured. For example, the estimated figure does not capture the effect on work productivity for survivors, nor the lost opportunity of missed school/university days. Lack of reliable data also hampered the calculation of costs incurred by the Government in providing subsidized protection and response services, such as health care and therapeutic and social services, plus the time and efforts of the police and justice service.

Despite the challenges, the survey is a remarkable achievement. It provides reliable evidence that combating gender-based violence in Egypt should be a priority that requires swift government action. The National Council for Women will use the results to encourage policymakers to invest in institutionalizing protection and response services for gender-based violence across all relevant sectors.

Source: UNFPA, The Egypt Economic Cost of Gender-Based Violence Survey (ECGBVS), 2015.



### 3. Reporting Violence against Women: A Further Disconnect

Reporting on violence against women is a crucial mechanism that provides statistical data and information to better understand the scope of violence, its magnitude and the sector responses, including availability of services and **whether they meet women's needs. Such data is** useful to quantify the cost of violence on a number of levels: individual, family, society and the economy.

#### A. Importance of reporting and administrative data systems

In all countries, national laws and policies on violence against women identify government institutions or units where women and other concerned citizens can report incidents of violence. In most cases, the police are among the first points of contact and form the foundation of the administrative data system. Developing such a system is a key obligation of member States, repeatedly outlined in United Nations conventions and calls by the Secretary-General.

CEDAW general recommendation No. 19 on violence against women (1992) establishes **States' obligations in compiling statistics and** research on the extent, causes and effects of violence, and on the effectiveness of measures to prevent and respond to it. The Declaration on the Elimination of Violence against Women

notes that **States should "promote research, collect data and compile statistics, especially concerning domestic violence... and encourage research on the causes, nature, seriousness and consequences of violence against women and on the effectiveness of measures implemented to prevent and redress violence against women".** The **Beijing Platform for Action** adopted at the Fourth World Conference on Women in 1995 reiterated the need for government agencies and non-governmental organizations to collect data and compile statistics on domestic violence, especially on prevalence, causes and consequences.

General Assembly resolution 61/143 on intensifying efforts to eliminate all forms of violence against women urges States to ensure **the "systematic collection and analysis of data... including with the involvement of national statistical offices".** Following this, **General Assembly resolution 62/133** requests the Secretary-General to further develop and propose indicators to help States assess the scope and prevalence of violence.<sup>73</sup>

In 2006, a Secretary-General study advised member States to establish administrative data systems, to expand knowledge on violence against women, and contribute to cumulative data and information that can shape policies and strategies for interventions. Data systems

provide information on the socioeconomic and demographic characteristics of violence survivors, and are essential for monitoring legislation and assessing progress in eliminating violence against women. Comprehensive systems also provide greater uniformity and comparability within and between countries, and across regions.

Administrative data systems must systematically record the number of women coming forward to report violence via health-care services, police stations and other agencies that deal directly with survivors. This data can help institutions better evaluate outreach in their communities, learn **about women's reluctance to seek help**, and remedy their strategies to encourage more victims to come forward.

Those systems also identify the number of survivors requesting care and the type of care and assistance, and evaluate the number receiving appropriate help. Such data are critical in assessing the extent to which women are benefiting from the services available to them, what other services are required, whether referral services are available, and the costs associated with these services. Those types of data form a crucial knowledge base for improving services for women survivors of violence, and help identify challenges to prevent such violence.<sup>74</sup>

Information systems are key to determining specific budgetary allocations to prevention programmes. Donors that support Governments and organizations in responding to violence against women rely on reporting mechanisms to assess the magnitude, prevalence and types of violence in any given country, so they can

decide the appropriate level of support and evaluate how effective their monetary provisions are.

Comprehensive, coherent and consistent administrative data systems are critical to calculating the costs of violence against women: to survivors and their families, the economy and public life. In particular, data can help to quantify the resources required for social services, health care and the justice sector.

## B. Sources of data

There are several sources for data on violence against women, including population-based surveys, health-care facilities, police and the justice sector.

Population-based surveys, also known as household surveys, are one of the most reliable methods of obtaining information. These ask women about their experiences with violence, regardless of whether they have reported an incident to local authorities or other agencies.

Service-based reporting is conducted by public and private agencies through records kept in health-care centres, police stations, courts and other support services, such as shelters. This type of reporting collects information on the number of women using specialized services, the availability of services, and the effectiveness of agencies in responding to and preventing violence against women.

Health-care centres, such as clinics and hospitals, can identify survivors of violence by routinely asking about violence. Staff should

provide survivors with appropriate services and make referrals when necessary. Hospitals and clinics should also record and analyse data.

Local authorities are sometimes the first to encounter survivors. The justice sector is able to collect information on survivors and perpetrators and track repeated offences.

Similarly, data from courts record the number of cases of violence against women, the identity of perpetrators and repeat offenders, and the types of remedies women receive. This can feed into evaluating the justice sector response.

International practices indicate the criminal justice system is the most widely used source for collecting administrative data. Below is a sample of data systems developed in several countries to assist in reporting incidents of violence against women.<sup>75</sup>

### United Kingdom

The Crime Survey for England and Wales collects data on violence against women through a survey of crimes experienced by individuals and households during the previous year. Data is sex disaggregated and the relationship of the survivor to the perpetrator recorded. It also includes age, ethnicity, religion and disability, and the number and nature of crimes. The survey has two sections: a main questionnaire conducted face-to-face, and a self-completion module. Survey results are coded **into the United Kingdom's crime categories** and used to help analyse gender-based violence and the costs of violence.

### Spain

The Central Register for the Protection of Victims of Domestic and Gender-based Violence and the

National Statistics Institute collect administrative data on violence against women for the entire country every year. The register, located in the Ministry of Justice, includes information about the survivor (sex, age and relationship to the accused), the perpetrator, punishable offence, interim measures such as protection orders and final judgments. The National Statistics Institute collects data on protection orders and the final judgments it receives from the Ministry, checks for errors and recodes offences to the relevant criminal code provision.

### Italy

The Italian National Statistical Office conducts a survey on the prevalence and characteristics of several forms of intimate partner and non-partner violence. These include physical, sexual, psychological and economic violence. It also collects data on the reasons for non-reporting, and the consequences and costs of violence against women. The sample size is about 25,000 women aged 16 to 70. The National Statistical Office initially launched the survey in 2006 and repeated it in 2014, when it included a sample of non-citizen representatives from six nationalities<sup>76</sup> to help identify specific characteristics of violence in those communities.

### India

The National Crime Records Bureau, under the supervision of the Ministry of Home Affairs, is responsible for crime statistics and is the only data source on violent crimes.<sup>77</sup> Crimes committed against women are recorded under two categories: crimes under the Indian penal code, and those under special and local laws, **including India's Dowry Prohibition Act and the Protection from Domestic Violence Law.**<sup>78</sup> The



Indian crime data system is weak, however, because of low reporting to police. According to Shrinivasan,<sup>79</sup> women are hesitant to approach the police due to social and cultural norms. Moreover, officers are not gender-sensitive, and often not interested or unwilling to investigate **women's allegations**.

### **1. Barriers to reporting violence against women**

That there is massive underreporting of all forms of violence against women is not disputed.<sup>80</sup> The literature documents similar reasons for not reporting violence in both developed and developing countries. A United States study<sup>81</sup> found that more than half of women did not report sexual assaults because of fear of reprisal, the belief police would not help, they did not want their families to know, and lack of proof. A study by Gover and others<sup>82</sup> indicated the most common reason for not **reporting in the United Kingdom was women's dissatisfaction with the legal system**. It found that more than 40 per cent believed the problem was not serious enough to inform police, while 25 per cent thought police exhibited negative behaviours towards violence against women. Women also worried children would lose their father if convicted of a crime.

Some Arab countries reported that women were reluctant to report violence because they believed police would not support them and may turn them away, treating violence as a private, family affair. A study by Amnesty International on domestic violence in Egypt<sup>83</sup> found several hurdles that prevented women from reporting violence, including that they

faced dismissive, often hostile and negligent officials. It also demonstrated a strong relationship between violence against women and the discriminatory divorce system in Egypt that set unequivocal standards between women and men, encouraging many women to remain in abusive marriages. Al-Badayneh<sup>84</sup> found that women did not report violence in Jordan because they feared complicating the situation, they were unsure what to do, governmental bodies did not help, or they feared other **people's reaction, especially male family members**. According to Jordan's Demographic and Health Survey, 41 per cent of women who experienced physical or sexual violence sought help, while 13 per cent did not but told someone about their experiences. It revealed that reporting correlated with the type of violence, since only 5 per cent of women who experienced sexual violence reported the incident compared with 38 per cent experiencing physical violence.<sup>85</sup>

### **2. Effectiveness and efficiency of reporting mechanisms**

Reporting violence against women may involve several stakeholders (actors) from both governmental organizations (for example, police stations, courts, units within interior ministries) and civil society organizations (for example, non-governmental organizations). Their effectiveness in handling incidents of violence remain unclear and merit investigation. Evidence shows that the relationship between these actors depends on their role, mandate, power and authority. This varies from one country to another, according to the level of national priority given to combating violence

against women, and on the existence of comprehensive referral systems and stakeholder collaboration.

Best practices show that police should undertake an immediate thorough and proper response when they receive a complaint from a survivor of violence. But according to the United Nations Office on Drugs and Crime,<sup>86</sup> police globally have been criticized for not allocating sufficient time or protection to women who have faced violence. Local authorities and prosecutors play a critical role in the process of ending impunity. Therefore, the quality of police work is important in determining court proceedings and convictions. The *UN Handbook for Legislation on Violence against Women*<sup>87</sup> notes that establishing specialized units within police stations and courts will enhance response and effectiveness, and may help in developing **officials' gender-sensitive skills**. This will consequently increase the quality and instances of reporting and documentation.<sup>88</sup> In Jamaica, for example, a sex crimes unit was established within the police to create an environment that encourages women to report incidents.<sup>89</sup> Similarly, in Italy, police stations have organized investigation services to respond to women exposed to violence.<sup>90</sup> In the Arab region, several countries have established special units within the police that include female officers to address complaints.<sup>91</sup>

Effectiveness of reporting and the related administrative data system depends on the amount and accuracy of information received from police. For instance, administrative sources of information from police, courts and health institutions are used to track trends over time, though these data sources are limited to

providing information about the prevalence of violence, rather than providing estimates of crimes. Walby<sup>92</sup> recommends that governmental and civil society organizations work collaboratively on the conceptualization and operationalization of violence against women, and sets out a suggested framework for relevant standardized indicators. Another option to maximize effectiveness is to implement victimization surveys to provide better estimates of the prevalence of crimes, particularly violence against women. Such surveys, based on representative samples, ask many questions about the incidents of violence, with results informing policy and legislative developments.<sup>93</sup>

### C. Reporting violence against women, and related data systems in the Arab region: survey results

This section examines the channels for reporting and related administrative data systems based on a 2016 survey by ESCWA member States. Thirteen countries responded to questions on reporting channels, availability of databases on violence against women, follow-up services to survivors, including refugees and migrant workers, and whether police officers were trained to deal with such cases. Countries were asked how they perceived the economic cost of violence, and about national initiatives in that field.

Data on formal and informal national reporting channels provided a better understanding of how violence against women is reported in the region and the coherence of State responses. The survey particularly collected information on the availability of databases and

indicators on violence against women, and capacity development programmes offered to police officers.

## 1. Formal reporting channels

The survey asked women's machineries about formal reporting channels in their countries (table 3). Among the choices were police, courts, departments within interior ministries, governmental hospitals or other channels. Results indicated that in all the surveyed countries, women use the police to report violence, and that in all countries except Bahrain and Saudi Arabia, women also report to the legal system (courts). Eight countries have established units within their interior ministries for reporting violence against women, and the same number indicated that women also reported incidents

through governmental hospitals. Of the seven countries that listed other channels used for reporting violence against women, six mentioned the ministries of social development tasked with family affairs or family safety. In Bahrain, the Supreme Council for Women has a women's support and information center. In Egypt, women can report to the complaints office at the National Council for Women.

Another key channel identified was a national hotline. Except for Lebanon, all countries have official government hotlines where women can report incidents.

Most countries also indicated that they had established specialized units to receive violence complaints in police stations or other formal reporting channels. Tunisia indicated that such measures were underway.

**Table 3. Formal channels of reporting systems by country**

Country	Police	Courts	Other departments within Ministry of Interior	Governmental hospitals	Other channels
Bahrain	✓				✓
Egypt	✓	✓	✓		✓
Jordan	✓	✓	✓	✓	
Kuwait	✓	✓	✓	✓	
Lebanon	✓	✓			
Mauritania	✓	✓			✓
Morocco	✓	✓		✓	
Oman	✓	✓		✓	✓
Palestine	✓	✓	✓	✓	✓
Saudi Arabia	✓		✓	✓	✓
Syrian Arab Republic	✓	✓	✓	✓	
Tunisia	✓	✓	✓		✓
Yemen	✓	✓	✓	✓	

Source: ESCWA survey, 2016.

## 2. Informal reporting channels

Women resort to informal channels to report violence, including non-governmental organizations; health-care centres and private hospitals. Health-care centres and private clinics and hospitals are playing an increasing role in detecting such violence among their patients, with many offering referrals to psychosocial and legal services. All countries surveyed noted that non-governmental organizations were a significant channel for women to report violence. For example, women in Mauritania report to health-care centres run by non-governmental organizations, and in Yemen to tribal leaders and shelters for women survivors.

Results in figure 3 indicate that in almost all (92 per cent) of countries completing the survey, women approach civil society organizations to report incidents of violence. In almost half of the countries (54 per cent), women report to health centers, and that same percentage applies for other informal channels. This reveals that data and information on the magnitude and forms of violence, and its associated costs, should be collected from both governmental and non-governmental organizations.

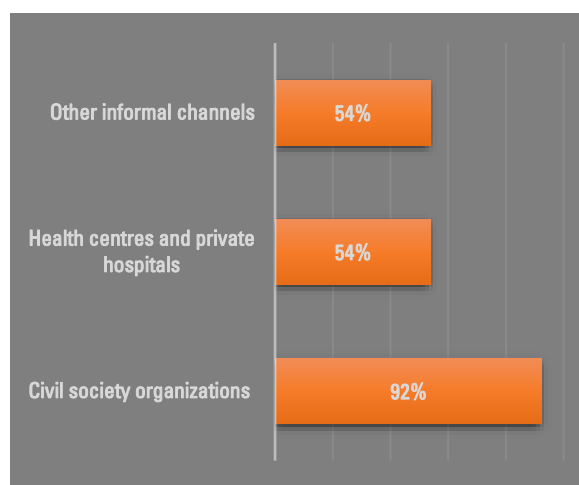
## 3. Who can report violence?

All 13 countries participating in the survey indicated that survivors reported violence themselves. Of those, 8 countries indicated that women also reported through lawyers and 7 through a public prosecutor (figure 4).

In Bahrain, Palestine, Saudi Arabia, the Syrian Arab Republic and Tunisia, women use all three methods. In Egypt, Lebanon and Morocco,

women report violence by themselves with no other channels available to them, though in Morocco it can be done by a family member on their behalf. In Jordan, Kuwait and Yemen, women can report violence or seek the assistance of a lawyer. In Mauritania and Oman, women can report violence individually or through the public prosecutor.

**Figure 3. Informal reporting channels**



Source: ESCWA survey, 2016.

**Figure 4. Who reports incidents of violence**



Source: ESCWA survey, 2016.

#### 4. Methods of reporting

Survey results show most countries use different forms for reporting violence against women (table 4 presents types currently used). Seven countries have a specific form for reporting violence, and nine write detailed statements. Tunisia is piloting a project coordinating protocols and procedures in dealing with women survivors of violence, one outcome being a standardized reporting form. Oman uses a specific form on violence, and a detailed writing statement and special form to report human trafficking.

In Jordan, the public prosecutor receives complaints and his office releases the

specified information. In Morocco, the police in cities and the internal security forces (royal gendarmerie) in rural areas complete a specific form when receiving complaints - the only country surveyed with a standardized form to report violence against women. Since October 2014, the police, the royal gendarmerie, hospitals and courts have used the common form to better exchange data among themselves and the Ministry of Solidarity, Women, Family and Social Development.

Palestine reported it is establishing a comprehensive referral system (from reporting to follow-up services) that includes the use of one form/template.

**Table 4. Forms used for reporting violence against women**

Country	Specific forms	General forms	Writing detailed statements	Other
Bahrain		✓	✓	
Egypt	✓		✓	
Jordan				✓
Kuwait	✓	✓	✓	
Lebanon			✓	
Mauritania			✓	
Morocco				✓
Oman	✓		✓	✓
Palestine	✓	✓		
Saudi Arabia	✓	✓	✓	✓
Syrian Arab Republic			✓	
Tunisia	✓			
Yemen	✓	✓	✓	

Source: ESCWA survey, 2016.

## 5. Follow-up measures after reporting violence against women

After a report is received, most countries take common follow-up steps, including arresting the perpetrator if required, referring survivors to hospitals, offering other services (refuge, shelter, counselling), and referrals to courts and public persecutors to initiate investigations. When asked whether the State provided legal services to survivors, all countries with the exception of Jordan and the Syrian Arab Republic confirmed that they had access to free services.

## 6. Coordinating incident reports

The survey revealed minimal coordination between formal and informal organizations in collecting data on violence against women. Seven countries (Bahrain, Egypt, Morocco, Oman, Palestine, Saudi Arabia, Tunisia) noted that government agencies and non-governmental organizations coordinated to share data on reported incidents. Mauritania indicated that it did not have such a mechanism in place. The remaining countries did not provide sufficient information on this.

In Egypt, the directorate of violence against **women in the interior ministry's human rights** section is the coordinating body that collects incident reports from formal and informal channels. In accordance with article 4 of the implementing procedures of its protection from violence law, Saudi Arabia plans to establish a centre within its social development ministry to receive complaints. It will be responsible for collecting data and information from personal complaints, and those filed through the police

or public/private agencies. Information will be referred to the social protection unit within the same ministry.

## 7. Data on violence against women

Prevalence studies on violence against women remain sporadic in the Arab region and the methodologies used are not always comparable. Results from the survey indicate the absence of a unified information system for gathering data on violence against women cases collected by all formal and informal organizations and stakeholders. Fragmented and disparate data sources lead to differences in case classifications and partial data, which means courts, police stations and other responding agencies cannot always obtain the required and consistent information that results from aggregated data.

## 8. Establishing database systems

According to survey results, most countries have initiated a national database on violence against women, with Oman, Palestine and Tunisia still in the process of establishing one. **Lebanon's** Central Administration of Statistics carries out national surveys, but it does not have relevant data or information on incident reporting. In 2009, incident reporting using data from police departments was surveyed. Eight of 13 countries indicated that staff who maintained databases were trained on violence against women indicators.

Countries with established databases are able to extrapolate different types of information

depending on the indicator set. For example, Mauritania includes indicators such as number of women, and their social and economic status. Saudi Arabia uses age, type of violence, economic status, social status, and relationship **of survivors to perpetrators. Bahrain's database** includes demographic information such as nationality, social and educational status, disability and former criminal offences, along with relationship to the perpetrator, type of violence and weapon, level of harm, and the interval of violence.

## **9. Impediments to reporting violence**

The survey asked about obstacles to women reporting violence. Nine countries indicated women fear retaliation from the perpetrator. The same number said that women did not report violence for emotional reasons. Six countries noted that women were not reporting for economic reasons, believing legal and other assistance to be costly.

Only Bahrain and Egypt indicated that women did not seek help because the police did not take them seriously or assist them adequately. Some countries noted that culture and tradition played a considerable part in preventing women from reporting violence: they feared being stigmatized by family and community if they speak up against violence. In Oman, women are frightened of losing their children.

In Yemen, illiteracy plays a large role in preventing women from seeking assistance, as many are unable to access information, and the media does not provide information or advice.

Yemen also noted that women do not report violence because of the lack of specialized units to handle cases, and that some schools prevent girls from reporting violence.

## **10. Capacity development for police officers**

According to survey results, all countries regularly sensitized police officers on violence and gender issues but indicated training was basic. In many cases, it was reported that training programmes did not include the steps survivors needed to follow in documenting violent incidents.

**Training on women's issues, particularly violence**, is critical because it helps officers deal competently with reporting. They are taught to understand the questions that guide investigations, and how they should interpret information and statements, thereby improving law enforcement responses to victims.<sup>94</sup>

## **11. Reporting violence against women by refugee and migrant groups**

The survey focused on the right of women migrant workers and refugees to be protected from violence. Countries were asked about the channels available for reporting incidents. Results reflected variations. Although Tunisia noted no systems were in place for registering cases of violence against refugees and migrant workers, many countries – including Egypt, Jordan, Mauritania, Oman, Saudi, the Syrian Arab Republic and Yemen – responded that they had established systems. Of these:

- Egypt, Jordan, Mauritania, Oman and the Syrian Arab Republic have formal and informal channels in place;
- Saudi Arabia has formal channels only;
- Yemen has informal channels only, but for refugee women, not migrant workers. International organization INTERSOS also provides refugees with services, including:
  - Psychological and social counselling;
  - Prevention unit and early response in cases of social and gender-based or sexual violence;
  - Legal support for cases of social and gender-based or sexual violence;
  - Monitoring detention cases and providing **legal support in Sana'a**, Al Hudaydah, Ibb, Dhamar, Al-Mahwit, Amran, Hajjah and Al Bayda;
  - Facilitating access to specialized government programmes in technical and vocational education.

Palestine noted that since the country was under occupation, it did not have a category for refugees, with Palestinians considered refugees and subject to asylum and immigration. Bahrain responded that anyone could resort to the available formal and informal channels, since laws and services protecting against such violence were available for all, regardless of nationality or residency status. Kuwait, Lebanon and Morocco did not answer on reporting channels.

## D. Efforts to enhance reporting and data systems in the Arab region

Survey results from the 13 Arab countries provided considerable insight into efforts to collect data and information on violence against women. Countries have made progress in establishing VAW units in agencies receiving complaints. They have taken steps to ensure police officers and others are properly trained to better handle cases of violence. The survey also revealed that survivors had numerous channels to report violence, though ensuring that those were strong, effective and fed into comprehensive administrative data systems remained challenging. The lack of concrete, regular data reflects a disconnect between data systems and laws, policies and the system of services on the ground. Having services without robust data collection ultimately undermines a response that adapts to the changing needs of survivors.

The absence of a common method to collect and share data was apparent. Statistics gathered from formal and informal channels do not generate national figures disaggregated by age and other demographic information, number of lifetime incidents, types of violence, prosecutions and convictions of perpetrators. It is also evident that national agencies collecting data do not use common, agreed definitions of violence, which would allow for a better understanding.





## 4. Costing Violence against Women: A Review of Methodologies

Interest in empirically exploring the economic consequences of violence against women, particularly estimating the economic costs, has grown exponentially in the past two decades. From the mid-1990s, some 60 studies across the globe have provided cost estimates but the majority have been in Western industrialised countries, with only about seven producing estimates for low- and middle-income countries.<sup>95</sup>

The present chapter reviews the methodologies used in the studies. It begins with an overview of the impacts of intimate partner violence, then discusses the typology of costs that inform the studies and the specific methodologies used. It distills the variables and types of data required for estimating costs, and concludes by examining aspects to consider when developing cost estimates in the region.

Most country-specific studies have focused on violence experienced by women in marriage or intimate relationships (including engagement or dating relationships), and on estimating the costs of violence occurring in the past 12 months. This review will limit the focus to marital violence.

### A. Overview of framework on violence against women impacts for the economy

Violence against women ranges in type across the life cycle. Research is limited, however, on estimating the costs of all types of violence. One recent study by McKinsey Global Institute suggests that the overall cost of violence against women for the United States economy is about \$500 billion.<sup>96</sup> The study includes violence by an intimate partner or spouse, including physical and sexual violence, and sexual violence or sexual harassment by a non-partner.

In another study by Fearon and Hoeffler,<sup>97</sup> the estimate of violence includes conflict-related violence (collective violence) and interpersonal violence. Under interpersonal violence, the types considered are homicides of men, women and children, child abuse, child sexual abuse, intimate partner violence and sexual violence against women. The estimation is based on extrapolating costs (per assault or per homicide) from studies in the United States, and scaling them on a per capita basis for the rest of the world. According to the study, domestic violence, including violence against children and women, costs about \$8.1trillion annually or about 7.4 per cent **of the world's** gross domestic product (GDP).

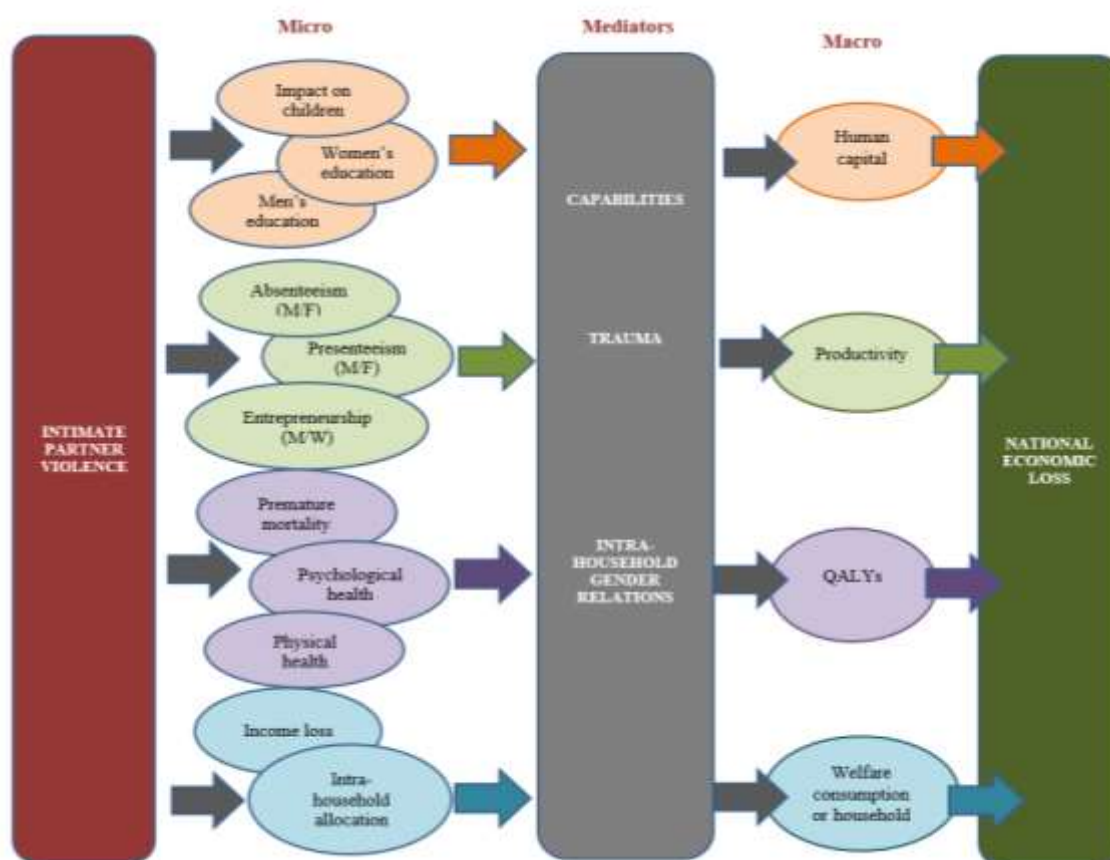
These estimates are useful, for a broad picture of the costs of violence, but problematic given the assumptions in extrapolating costs in one sociocultural and economic context to societies across the globe.

To establish costs, an overview of the multiple impacts from violence against women and the mechanisms by which these affect the economy is essential. Figure 5 outlines the mediators by which micro-level impacts translate to macro impacts and, therefore, national economic loss. What is argued here is that violence implies loss

of potential, as the myriad impacts at the micro level undermine capabilities, intensify trauma and strengthen unequal intrahouse gender relations. Through these, human capital, productivity, quality of life and citizen welfare are affected, leading to overall economic loss for a country.

The loss to the economy is not merely monetary but reflects a deeper loss of individual rights and agency. The framework highlights that cost estimates in monetary terms captures only a fraction of this overall loss.

**Figure 5. Framework of intimate partner violence impacts for national economic loss**



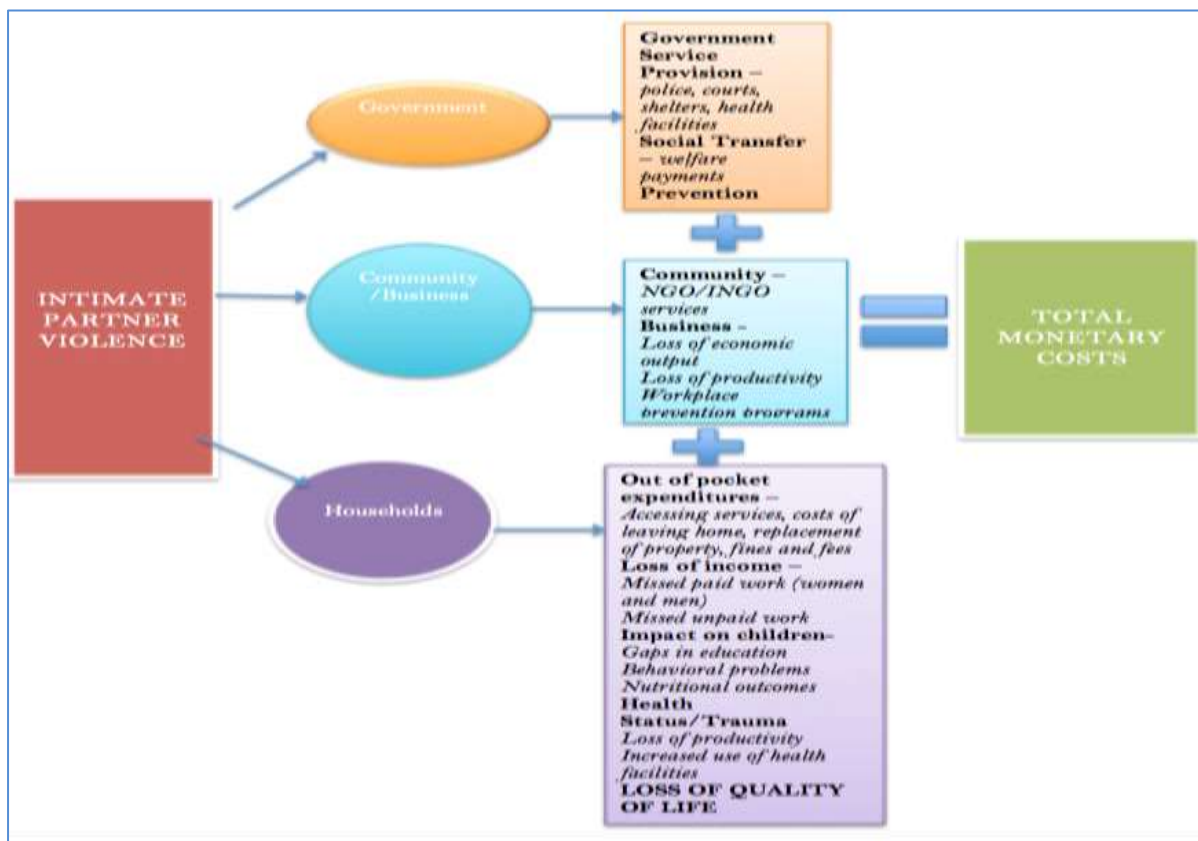
Source: Adapted from Nata Duvvury and others, "Intimate partner violence: economic costs and implications for growth and development". Women's Voice, Agency, and Participation Research Series, No. 3 (Washington D.C., World Bank, 2013), p. 5.

## B. Framework of costs

Intimate partner violence has multiple microeconomic impacts for both individuals and households, in the immediate and long-term. Immediate impacts include missed work (paid and unpaid), poor physical and mental health, poor reproductive outcomes, out-of-pocket expenditures to access services, and the cost of replacing lost property. In the long-term, it impacts on accumulation of education, expanding skills, experience and upward mobility within the workforce, chronic disability and morbidity, and rebuilding stable

family life. Marital violence also has costs for communities, including informal community interventions, loss of economic output for businesses and expenditures incurred by national and local non-governmental organizations. Governments incur costs in providing services to survivors (and, to varying degrees, perpetrators), and investing in programmes to prevent violence and loss of taxes due to lower household incomes and lower economic output for businesses. Figure 6 breaks down the costs at the government/sectoral, community and household/individual levels.

**Figure 6. Costs of violence against women**



Source: Compiled by ESCWA.

Calculating costs at those levels requires careful review to ensure that aggregation avoids double counting; summing up costs for individuals, businesses and Government should capture costs exclusive to each level. A robust typology can help do this in a more systematic manner.

### C. Typology of costs

Day and others<sup>98</sup> provide a useful categorization of costs:

1. Direct tangible costs are expenses paid, representing real money spent. Examples are a taxi fare to hospital and salaries for staff in a shelter. It also includes expenditure on prevention and service provision across sectors, including justice, health, social services and education.
2. Indirect tangible costs have monetary value in the economy but are measured as a loss of potential. Examples are lower earnings and profits resulting from reduced productivity. These indirect costs are also measurable, although they involve estimating opportunity costs rather than actual expenditures. Lost personal income, for example, can be estimated by measuring lost time at work and multiplying by an appropriate wage rate.
3. Direct intangible costs result directly from the violent act but have no monetary value. Examples are pain and suffering, and the emotional loss of a loved one through a violent death. These costs may be approximated by quality or value of life measures, although there is debate on whether it is appropriate to include these

when measuring the economic costs of violence against women.

4. Indirect intangible costs result indirectly from the violence and have no monetary value. Examples are the negative psychological effects on children who witness violence, which cannot be estimated numerically.

Tangible costs are monetary in nature, or a monetary value can be applied; intangible costs are non-monetary in nature. Duvvury, Grown and Redner<sup>99</sup> suggest the estimation of costs in low- and middle-income countries should focus on direct and indirect tangible or monetary costs for individuals, families, communities and the national economy overall. They argue it is difficult in those countries to establish the intangible costs of pain and suffering given the inadequate value of life measures. Direct and indirect intangible/non-monetary costs also rely largely on longitudinal data, which are not easily available in low- and middle-income countries.

### D. Main methodologies for estimating costs of violence against women

Estimating the economic costs of violence against women, especially intimate partner violence, has been undertaken mostly in North American and European countries, with few studies in developing countries. Several meta reviews of costing studies<sup>100, 101, 102, 103</sup> indicate that most studies use distinct approaches or methodologies.

What is evident is that no one methodology is sufficient to estimate the variety of costs

outlined in figure 6. Most studies either focus on a limited range of costs or use multiple methodologies to develop comprehensive estimates.<sup>104</sup> Each methodology has advantages

and limitations that can inform the estimation process. The content of each methodology, a brief review of their findings, and advantages and limitations are detailed in table 5.

**Table 5. Overview of cost methodologies**

Methodology	Cost categories	Level
<b>Accounting</b>	<b>Direct tangible costs</b> Out-of-pocket expenditures Service provision Prevention programmes Social transfers	Individual Household Business Community Government
	<b>Indirect tangible costs</b> Foregone income Loss of unpaid work	Individual, household
<b>Econometric</b>	<b>Direct tangible costs</b> Service provision	Community Government
	<b>Indirect tangible costs</b> Premature mortality Productivity loss Educational impacts Nutritional impact	Individual Household Community Business
<b>Propensity score matching</b>	<b>Indirect tangible costs</b> Labour-force participation Earnings Children's education outcomes Reproductive health outcomes Morbidity	Individual Household
<b>Willingness to pay</b>	<b>Direct tangible costs</b> Service provision	Community Government
	<b>Direct intangible costs</b> Pain and suffering Chronic morbidity	Individual Community
<b>Disability-adjusted life years</b>	<b>Indirect tangible costs</b> Productivity loss Premature mortality	Individual Community
	<b>Direct intangible costs</b> Pain and suffering Chronic morbidity	
<b>Gender-responsive budgeting</b>	<b>Direct tangible costs</b> Service provision Prevention programmes Social transfers	Community Government

## 1. Direct accounting methodology

This methodology is particularly useful to establish direct and indirect tangible costs of intimate partner violence (or marital violence). It can be used to estimate costs of other forms of violence, such as child marriage or sexual harassment in schools or workplaces. The main focus is on establishing a unit cost,<sup>105</sup> either through a bottom-up approach (based on detailed costs for providing a service), or a top-down proportional approach (derived from an annual budget). The accounting methodology is used across sectors providing services for an aggregate cost of preventing and responding to violence. The expenses incurred by women in accessing services can also be estimated using this methodology. It is used to establish foregone income and requires data on prevalence of intimate partner violence or the specific form of violence under consideration, the number of incidents experienced in a year, days lost per incident, and average wage.

This core methodology is used in most studies to establish the direct cost of providing services.<sup>106 107 108</sup> The 2004 Access Economics study, for example, establishes the rate of service utilization (health, police, court), calculates the unit cost of providing services, including capital cost, salary cost and raw material cost, and applies a national prevalence rate to calculate costs for each service. The utilization rate refers to the proportion of women who seek and obtain a particular service due to violence. This would imply service providers maintain clear information on who is using the service and why. When no such data are available, researchers such as Greaves and others<sup>109</sup> apply available unit cost of services

from other studies. When detailed unit cost data are unavailable, another approach is to estimate the fraction attributable to marital violence, along with marital violence exposure of individuals (prevalence rate), and apply these to a regression model of total expenditures to establish the increase in annual costs of the specific service. The regression technique has been applied particularly in the case of medical expenditures.<sup>110</sup>

The accounting methodology is useful also to establish the financial costs or expenses incurred by women in accessing services. For example, when receiving medical treatment, women not only pay fees for a visit to a health clinic but incur expenses buying medicines and food, paying laboratory fees and taking transport. Estimating these costs is important to avoid double counting (if fees paid by the patient are also included in the cost) and to minimize underestimation (service costs ignore the additional expense incurred by the individual).

A study on foregone income by the National Center for Injury Prevention and Control, a unit of the Centers for Disease Control in the United States, calculated the impact on work by establishing the incidents resulting in missed paid work and household work, and applying average number of days missed to estimate the total person days lost.<sup>111</sup> The total person days lost is multiplied by mean daily wage rate to estimate the monetary cost of missed work.

### (a) Findings using the accounting methodology

In recent studies on costs of intimate partner violence in low- and middle-countries, the

accounting methodology has been used widely. For example, a recent study by the United Nations Population Fund (UNFPA) and the National Council for Women in Egypt estimated that women incurred expenses for medical treatment equivalent to \$14.25 million,<sup>112</sup> \$10.125 million for replacing property broken in domestic violence incidents, and \$62.5 million for shelter and refuge.<sup>113</sup> A 2009 multi-country study estimated the out-of-pocket spending incurred by women when accessing services ranged from \$5 for an incident of violence in Uganda to \$157 in Morocco.<sup>114</sup> A household survey in Viet Nam in 2012 estimated that out-of-pocket spending for accessing services and replacing property amounted to 21 per cent of **women's monthly income**.<sup>115</sup> The same study found missed paid and unpaid work came to **13.5 per cent of women's monthly income**. The Egypt study found that the loss for missed domestic work was equivalent to \$77.5 million annually.<sup>116</sup> Of particular relevance to the Arab region, more than 80 per cent of the costs attributable to intimate partner violence were invisible, affecting unpaid work in the home and support offered by family and friends.

### (b) Advantages and limitations

The accounting methodology is straightforward and less data-intensive than other methods. It is most often useful to establish a quick, rough estimate based on available data and simple assumptions. It allows for direct estimation of opportunity costs (foregone income and out-of-pocket expenditures) at the household level, which can be a powerful demonstration to communities of the impact of violence against women and girls in marriage. A recent study by CARE International found the total cost of

domestic violence in Bangladesh in 2010 equated to more than 143 billion taka (about \$1.8 billion at current exchange rates). This amounted to 2.05 per cent of GDP, or the equivalent of 12.65 per cent of government spending that year.<sup>117</sup>

One limitation of this method is that it requires primary data, which is often not available in less developed countries, particularly for service provision. Fewer available services, combined with normalization of marital violence, could lead to direct costs for women being underestimated. Another disadvantage is that time frames may not be consistent when depending on unit costs from other studies. More importantly, it is unable to capture long-term costs and has the potential for double counting. These disadvantages make it difficult to aggregate the costs of providing services across sectors.<sup>118</sup>

## 2. Econometric methodologies

Using a human capital framework, econometric regression methodologies measure indirect costs due to lost productivity and lost time in the labour market owing to intimate partner violence. The specific costs estimated by various studies include lost productivity due to such violence, and loss due to premature mortality and disability. For example, the loss due to premature mortality is estimated using regression analysis to establish the present value of lifetime earnings. This method has been used by several studies including Greave and others<sup>119</sup> for Canada, Miller and others<sup>120</sup> for the United States, and Walby<sup>121</sup> for England and Wales. Estimates of impact on labour-force



participation and earnings due to intimate partner violence are based on a reduced-earnings equation that includes a standard variable for earnings and indicators for intimate partner violence.<sup>122, 123</sup> The reduced-form model is appealing in its simplicity but complex to implement. Often there is a simultaneity problem: earnings may impact on the probability of experiencing violence, and violence may impact on earnings. This is usually addressed by using an instrumental variable approach, or including a variable related to violence but not labour-force participation or earnings. This method requires data on working-life trajectories: micro data sets with **standard labour force information on women's** participation, working hours and earnings. The simultaneity is often not addressed so the causal direction cannot be ascertained and a robust instrumental variable is usually difficult to identify. There are some efforts to use the reduced-form model to estimate the economic costs of child marriage across Asia and sub-Saharan Africa, but such studies face the challenge of developing a model that takes into account multiple pathways of impact.

#### (a) Findings using econometric methodologies

Many studies using econometric methodologies have focused on the relationship between intimate partner violence and economic outcomes. A study in Jordan using probit analysis (a type of regression used to analyse binomial response variables) explored whether **women's employment was a risk for domestic violence**. The study found that while employed women had increased risk of violence, the causal relation could not be established. In

terms of the impact on earnings, Duvvury and others<sup>124</sup> found that Vietnamese women experiencing violence earned 35 per cent less than those not abused. Morrison and Orlando<sup>125</sup> found similar levels of earnings loss in Chile (34 per cent) and in Nicaragua (46 per cent). These translated into an overall productivity loss of 2 per cent in Chile, 1.6 per cent in Nicaragua, and 1.78 per cent in Viet Nam. Ribero and Sanchez<sup>126</sup> find Colombian women who suffered physical violence had 14 per cent lower earnings than women who did not suffer violence.

#### (b) Advantages and limitations

Econometric methodologies are more rigorous than the accounting methodology and try to establish causality between the experience of violence and the economic impacts. There is less mixing of time frames, which is possible in the accounting methodology, and also greater clarity in the unit of analysis.

The human capital or present value of lifetime earnings approach is limited by the need for an adequate sample size and significant amount of detailed data on macro variables that may or may not be routinely or systematically collected. It can be useful in estimating some but not all costs associated with intimate partner violence.

### 3. Propensity score matching

This falls broadly under the econometric methodology, but stands out as a non-parametric approach used to establish the social and health impacts of intimate partner violence. Propensity score matching involves estimating a probit equation of risk factors for violence,

matches women victimized and those not victimized with the same probability of experiencing violence, and compares some outcome measure for the two groups, such as wages. It controls observational bias in survey samples and is, therefore, more rigorous than a simple comparison of means, as women in the two samples are matched for probability of violence. The logic is that since the two groups have the same distribution of key characteristics that predict probability of experiencing violence, the difference in outcome is attributable to exposure to violence.

#### (a) Findings using propensity score matching

The method has been used to estimate the impacts of intimate partner violence on employment, earnings, children and health costs. In Colombia, researchers found women experiencing violence had 8 per cent higher unemployment rates than non-abused women.<sup>127</sup> Morrison and Orlando<sup>128</sup> applied the methodology to datasets of demographic and health surveys that had data on prevalence of violence, different measures of child health, **children's education and women's reproductive health outcomes and mental health** to estimate the impacts of intimate partner violence on **women's health, earnings and employment, and** on child health. They found children were more likely to suffer diarrhoea and anaemia, and be shorter in height in Peru. Additionally, in researched countries, women had more reproductive health problems. They report women affected by lifetime physical violence are 6.2 per cent more likely to be in paid employment in Peru, 2.2 per cent more likely in Haiti, and 6 per cent more likely in Zambia.<sup>129</sup>

Applying this methodology to household panel data in the United Republic of Tanzania, Vyas<sup>130</sup> explored differences in weekly earnings. The results show that abused women earn less than non-abused women by as much as 35 per cent, with the greatest loss experienced by women in formal waged work, and in urban areas. This equates to an estimated productivity loss of 1.2 **per cent of the country's GDP**. A 2004 study in Colombia found women who experienced violence would have earned about \$60 more per month had they not been abused.<sup>131</sup>

#### (b) Advantages and limitations

Propensity score matching attempts to address casual inference through an innovative adaptation of experimental design to observational cross-sectional data. It also attempts to account for confounding variables. The method aims to overcome selection bias that often plagues observational data. But despite its rigour and robust estimates, it has its limitations, particularly in estimating the costs of violence. It requires large samples to have meaningfully matched groups for comparison. The required level of data limits the extent to which it can be applied in low- and middle-income countries. Focused on outcomes, it can be limited in calculating all the cost categories of intimate partner violence.

### 4. Willingness-to-pay or accept/contingent value methodology

This methodology has been used to estimate the direct intangible cost of long-term pain and suffering. Willingness-to-pay estimates are based on values that workers (or consumers)

place on small risks of injury or death, whereas willingness-to-accept estimates are based on actual jury awards for individuals who were injured. The latter has been used in high-income market economies with developed jurisprudence on damages in road accidents, medical malpractice and so on. Walby,<sup>132</sup> who estimated the costs of intimate partner violence for the United Kingdom in 2004, applied the willingness-to-pay estimates determined by the Department of Transport to reduce the risk of injuries and fatalities from automobile accidents. She relied on work developed by Brand and Price (2000) on “the economic and social costs of crime”, estimating willingness to pay to avoid certain types of violent crimes. Essentially, she matched injuries and trauma from domestic violence, including rape and stalking, to the common crimes listed by Brand and Price, and applied their estimates of willingness to pay to estimate the monetary cost of pain and suffering due to such violence. A 1996 study in the United States used jury awards to determine the willingness-to-accept compensation for pain and suffering and reduced quality of life due to fatal and non-fatal outcomes.<sup>133</sup> An alternative approach focuses on using life satisfaction as the key outcome, exploring its interaction with violence and income to estimate the loss due to pain and suffering. Relying on individual data on self-reported life satisfaction, household income and experienced domestic violence, it estimates a life satisfaction regression equation dependent on income and domestic violence.<sup>134</sup>

#### (a) Findings using willingness-to-pay/accept methods

A United States study in 2003 by Sorenson<sup>135</sup> found that 81 per cent of respondents would be willing to pay \$5, and 75 per cent \$25 to support the prevention of domestic violence. Walby<sup>136</sup> estimated the costs of pain and suffering resulting from domestic violence not counted in the costs of services to be about £17 billion per year. Santos,<sup>137</sup> using the life-satisfaction approach, estimates that for individual women recently exposed to violence, there is a £73,666 loss in welfare.

#### (b) Advantages and limitations

Willingness to pay/accept is an alternative methodology to obtain the direct intangible costs of violence, mainly the pain and suffering of survivors over their lifetime. The limitation of the approaches is that they require significant data and make assumptions about the similarity of duration and intensity of trauma from intimate partner violence and other violent crimes/road accidents. Given the lack of willingness-to-pay or accept surveys focused on intimate partner violence, studies using these methodologies make assumptions about comparability of risk. The scope to apply the methodology in many developing countries is limited, given the normalization and social acceptance of violence, and where market-based valuation of life is not the norm; that is, life and other types of health insurance are underdeveloped.

## 5. Disability-adjusted life years

Used in health economics, disability-adjusted life years (DALYs) measure the years of life 'lost' due to death, disability and chronic morbidity. They are calculated as the present value of the future years of disability-free life that are lost as a result of illness, injury or premature death. DALYs are the sum of the years of life lost (YLL) due to premature mortality in the population and the years lost due to disability (YLD) for incident cases of the disordered health condition (DALY = YLL + YLD). One DALY represents the loss of one year of equivalent full health. To calculate the DALYs lost to death, for example, the age at premature death is subtracted from the life expectancy for that age and demographic group in a low-mortality population. DALYs are measured on a scale of 0 to 1, with 0 representing a year of perfect health and 1 representing death.<sup>138</sup> An increase in this scale coincides with an increase in the loss of health. For example, a broken ankle corresponding to a DALY of 0.20 implies that 20 per cent of one year of healthy life is lost.<sup>139</sup>

### (a) Findings using DALYs methodology

It is particularly useful to establish the health burden of intimate partner violence relative to other health conditions, such as heart conditions and cancer. A study in Mexico City indicated such violence was the third most important source of DALYs for women;<sup>140</sup> another in Australia suggested that for women aged 15 to 44, it was a leading contributor to death, disability and morbidity.<sup>141</sup> Using WHO and World Bank data, researchers in a United States study estimated 48.4 million DALYs were lost as a result of 1.6 million deaths due to

violence in 2002, for a total estimated economic value of \$151 billion (in constant United States dollars for the year 2000).<sup>142</sup> A 2009 study in Australia estimated the cost of pain, suffering, and premature mortality was 3.5 billion Australian dollars in 2002-2003.<sup>143</sup> It is expected that by 2021-2022, this will rise to 3.9 billion Australian dollars.

### (b) Advantages and limitations

While estimating DALYs has helped in having violence against women recognized as a public health issue, they have not been useful in policy formulation or having an impact beyond the health sector. The weakness of the approach is that outcomes that do not result in mortality or morbidity, such as lost productivity, increased future criminality or more street children, are not captured in estimates. DALY calculations are methodologically complex and can be data-intensive,<sup>144</sup> and a systematic method to translate them into monetary costs is often lacking.

## 6. Gender-responsive budgeting

Gender-responsive budgeting (GRB) is an important methodology used in the Arab region to ensure Governments meet their commitments on gender equality, enhance the capacity of government technical experts and civil society, and expand dialogue and negotiation on budgetary priorities among women and elected officials. GRB initiatives have been in place from 2003 in Bahrain, Egypt, Iraq, Jordan and Morocco (box 1).<sup>145</sup>

Studies over the past five years have focused on assessing resource requirements for

implementing national laws or action plans on violence against women.<sup>146</sup> These studies have employed the GRB methodology, which assesses budgetary allocations to sectoral stakeholders involved in service delivery. The methodology involves: mapping services that need to be provided as part of the legislation and policies in each country; identifying services being provided; identifying services used by women by mapping their help-seeking behaviour; identifying government allocations for programmes addressing violence against women from national to local administrative authority; and assessing the flows of money to local services. An overview of the steps is given in figure 7.

The GRB methodology is particularly useful for estimating the cost of providing services in the absence of proper data on the ground, which can be the case in countries emerging from conflict.

### (a) Findings using gender-responsive budgeting methodology

In India, the GRB methodology was applied to analyse budgetary allocations and expenditures at each state level, and estimate the resources required to implement the 2005 Protection of Women from Domestic Violence Act.<sup>147</sup> The study found that a majority of states had minimal allocations, and less than half of the estimated budget was spent. A study examining the costing of a multi-disciplinary package of multisectoral services in Cambodia and Indonesia had similar findings, and highlighted the low level of funding in central ministries for violence against women services, significant funding gap in flows of resources to local services and high reliance on international donors to fund services.<sup>148</sup>

**Figure 7. Steps involved in gender-responsive budgeting**



Source: Author.

### Box 3. Gender-responsive budgeting initiatives in the Arab region

Morocco's model to institutionalize gender-responsive budgeting and implement Millennium Development Goal 3 (promote gender equality and empower women) as a means to combat violence is upheld as an example of good practice and one to be emulated. A budget circular issued by the Prime Minister calls on ministries to include gender indicators in their expenditure control mechanisms and performance audits, and in the budgetary information system. In Jordan, a pilot initiative was launched by the National Commission for Women to institutionalize gender-responsive budgeting as part of a process to mainstream gender in development planning. The initiative includes analysis of budget allocations in support of women's development and the capacity building of key stakeholders. In Palestine, a national commission was established to develop and implement gender-responsive budgeting as part of a gender planning process.

Source: ESCWA.

## (b) Advantages and limitations

GRB is a valued method for understanding the extent of resources allocated to services. It is particularly useful for identifying the gap between availability and need, and the impact of that gap on implementation. A significant limitation is that government budgets are often not readily available, and it is difficult to discern allocations to violence against women if only functional budgets are to hand. It can also be difficult to distinguish the resources intended for targeted violence against women activities in large ministerial or departmental budgets; for example, education and health.

## E. Data requirements for different methodologies

Data requirements for estimating costs by the different methodologies are summarized in table 6.

Regardless of the methodology chosen, a basic set of data required for costing includes: reliable prevalence rates of intimate partner violence, including types of violence; victimization or incidence rate; injury rates; type of injuries; help-seeking rate or utilization rate of services; unit cost of service provision; user fees of services; employment rates; and earnings or wage rates by gender, age and occupation. Those data are essential to establish the direct and indirect tangible costs of service provision, foregone income and lost productivity at a minimum. In the case of unavailable data, it is often necessary to undertake primary data collection.

To calculate meaningful estimates, Governments must invest in data collection for data on violence,

and strengthen existing systems particularly at point of service in health and police sectors. The purpose of estimating costs needs to be articulated. If a **Government's priority is to** strengthen its response to violence, estimates of the cost of providing services are useful to evaluate the adequacy of that response. If the priority is to assess the efficacy of the response, the cost estimation of productivity impact or of pain, suffering and loss of quality of life would highlight the need to address mental health consequences and the extra support survivors require to rebuild lives. Cost estimates for intimate partner violence, of whatever level, are essential to plan for effective economic development to improve welfare and wellbeing and strengthen the voice and participation of women, girls, boys and men in the development process.

### Box 4. Strategy for cost estimation in Egypt

Relevant data is often only partially available. For example, in the planning stage of the costing study in Egypt in 2015 – mapping available data with ministries, NGOs and international NGOs through a series of consultations – it became clear the type of information required for robust estimation was not readily available, particularly for indirect tangible costs. Egypt carried out several rounds of the Demographic Health Survey, including a module on domestic violence, but the survey did not cover key domains, such as employment and earnings data or the impact of intimate partner violence on economic activity, making it difficult to estimate foregone income for individual women. It was recognized, therefore, that a primary survey was essential to gather prevalence, incidents, injuries, detailed expenditures for different sectoral services, missed paid work, missed care work and earnings. In addition, the GRB methodology was proposed as a useful tool to identify the level of government allocations for programmes addressing violence against women as a baseline for monitoring future commitments.

Source: Nata Duvvury and M. O Zanz, "Options paper: costing methodology for Egypt-technical note to UNFPA Egypt" (unpublished, 2014).

**Table 6. Exhaustive list of data requirements for costing methodologies**

Methodology	Costs	Data requirements
<b>Accounting</b>	<p><b>Direct tangible costs</b></p> <p>(a) Sectoral service provision: health, police, court, shelter, counselling, legal aid</p> <p>(b) Loss of economic output to businesses</p> <p><b>Indirect tangible costs</b></p> <p>(a) Out-of-pocket expenditures: accessing services, leaving home, replacing property</p> <p>(b) Loss of income due to missed work</p> <p>(c) Missed schooldays</p> <p>(d) Reduced time for care work</p>	<p>Prevalence rate: percentage of women experiencing violence in the population</p> <p>Incident or victimization rate: number of incidents per 100 women</p> <p>Utilization rate: percentage of women experiencing violence using the service</p> <p>Unit cost of service provision: cost per one meeting of woman providing service, calculated on basis of detailed breakdown of cost or a proportion total budget of service based on utilization rate</p> <p>Number of days missed by employees, number of times employees are tardy, unfocused, leave early, etc.</p> <p>Primary data on fees, transport and other routine costs for accessing services, hotel and transport costs when leaving home, expenditure on replacing property (furniture, utensils, phones, vehicles, etc.)</p> <p>Days missed per incident, average wage</p> <p>Days missed by children per incident, total school fees paid in a year to estimate value of missed schooldays, days unable to do care work per incident</p>
<b>Econometric approaches</b>	<p><b>Indirect tangible costs</b></p> <p>(a) Lost time in the labour market</p> <p>(b) Lost productivity/earnings</p> <p>(c) Consumption loss</p>	<p>Prevalence of violence/incidents, macro data on age, education, employment rate, occupation, years of employment, hours worked, earnings/wage data, labour-force participation, discount rate</p> <p>Detailed data on income for different types of households to calculate equivalent disposable income</p> <p>Data on probability of not being in relationship after violence</p>
<b>Propensity score matching</b>	<p><b>Direct and indirect intangible costs</b></p> <p>(a) Reproductive health outcomes</p> <p>(b) Physical health and well-being</p> <p>(c) Mental health status</p> <p>(d) Children's school performance</p> <p>(e) Children's health</p> <p>(f) Productivity loss</p>	<p>Detailed data on experience of violence, detailed demographic, employment and health data, including reproductive health and mental health, family consumption patterns, children's schooling, health</p>
<b>Willingness-to-pay/accept</b>	<p><b>Indirect tangible and direct intangible costs</b></p> <p>Productivity loss, pain suffering and lost quality of life</p>	<p>Prevalence data/incidents, distribution of type of injury or fatality, cost estimates on willingness-to-pay – detailed data by risk of different types of injury/negative outcomes, detailed data on jury awards for different types of injury or fatality</p>
<b>Disability-adjusted life years</b>	<p><b>Indirect tangible and direct intangible costs</b></p> <p>Productivity loss, pain, suffering and lost quality of life</p>	<p>Detailed demographic and burden-of-disease data, detailed data health outcomes due to intimate partner violence, attributable fraction of burden of disease to intimate partner violence, value of statistical life, discount rate</p>
<b>Gender-responsive budgeting</b>	<p><b>Direct tangible costs</b></p> <p>Sectoral costs of service provision</p>	<p>Budgets of national, regional and local governments, administrative data</p>

Source: Author.

## 5. Violence against Women and the Economy

The lack of comprehensive data on the impact on the economy of violence against women is a serious obstacle to sustained economic growth in the Arab region, where women remain an underutilized resource despite progress in female literacy, infant mortality rates and the number of women completing post-secondary education.<sup>149</sup>

**Women's labour**-force participation rates vary across the Arab region, though overall they remain lower than in the rest of the world.<sup>150</sup> According to the World Bank, participation rates have stalled at a regional average of 27 per cent.<sup>151</sup> **Trends in women's labour and economic empowerment** cannot be explained without addressing the societal structures that keep women in certain sectors of the economy, and often prevent their economic empowerment. Violence against women and girls, particularly marital violence, manifests not only in micro and macroeconomic impacts at the individual and household levels, but in the differential gendered access to the economy and economic empowerment. Further exploration is needed of the relationship between violence against women, marital violence in particular, and the economy.

### A. Understanding the relationship between interpersonal violence and the labour market

Feminist political economy provides a conceptual framework that can illuminate the

ways intimate partner violence shapes the labour market and economic practices at the micro and macro levels of the individual and household. Gendered division of labour and unequal power relations in marriage and the **family impede women's economic empowerment** and make them vulnerable to violence outside the home.<sup>152</sup> These gendered outcomes determine how female labour is organized and policies are adopted. Legal frameworks and laws institutionalize gender norms and roles, and most economies worldwide maintain at least one legal gender difference.<sup>153</sup>

Feminist political economy complicates definitions of labour, paying special attention to formal and informal labour that naturalize patterns of gendered labour responsibilities. The so-called patriarchal gender contract, or the social norm of men as workers and breadwinners and women as wives and mothers, is inscribed legally across the region and places a double burden on women. Their labour in and around the home is not uniformly viewed as formal labour, despite taking **precedence to women's labour outside the home**.<sup>154</sup> The patriarchal gender contract also places a burden on the jobs that women can access outside home, including restrictions on working hours and prescribing gender-appropriate job sectors and occupations. Every Arab economy maintains at least one restriction on the type of work they can perform. In the United Arab Emirates, women are prohibited



from several jobs; they cannot, for example, work in the asphalt industry or tanneries, with fertilizer derived from animal droppings or blood, clean workshops associated with any job prohibited to women, or repair or clean mechanical machines.<sup>155</sup>

The patriarchal gender contract constrains **women's ability to act in a legal** capacity and conduct economic transactions. Legal status is not only dependent on gender, but on marital status. Feminist political economy identifies discrepancies based on gender and marital identity, and the disparate effects these have on **women's participation** in the economic and political spheres. In Arab countries, these differences result in legal policies that have **serious ramifications for women's ability to** participate in the labour force (table 7).<sup>156</sup>

## B. Formal and informal labour

Development scholars and feminist economists emphasize the position of women within the labour market as an important empirical measure of their social position and legal status. The International Labour Organization (ILO) has a long history of policy recommendations to ensure gender equality, justified on two grounds: the rights-based equity rationale, and the economic efficiency rationale. Rights-based equity argues that the discrimination women face in the labour force threatens fundamental human rights and justice. The economic efficiency rationale argues that women, who comprise half of any potential labour force, play a critical role

in the economic success of countries and, therefore, that **women's labour must** be protected.<sup>157</sup>

Globalization and the liberalization of many **markets in the region have meant women's** labour has diversified and generally been split into formal and informal types. This section defines formal and informal labour relative to **women's labour-force** participation.

Formal labour includes two main categories that represent status of employment, those being employees and the self-employed. The level of economic activity in a country is captured by a labour-force participation rate that measures the proportion of the working-age population engaging actively in the labour market by working or looking for work.<sup>158</sup> However, this measure presents an incomplete picture of **women's economic activity**.

There are various impediments to women joining the formal workforce. Notions of what labour is appropriate for women, restrictions on working hours and the effects of marital status on the jobs available all limit **women's** opportunities. A 2016 ILO report on Lebanon, Jordan and Palestine<sup>159</sup> found women were still **employed in predominantly 'feminized'** industries and occupations, and remained relatively segregated from male counterparts. Feminized industries, the report notes, reflect a substantial pay gap. In the private sector, women continue to face invisible biases in the hiring process, especially at higher levels, with men often choosing other men to fill job openings.

**Table 7. Blocking access for women**

Action	Economies where married women cannot perform some labour activities in the same way as married men
Apply for a passport without consent	Algeria, Bahrain, Egypt, Iraq, Jordan, Oman, Saudi Arabia, United Arab Emirates, Yemen
Confer citizenship to children	Bahrain, Iraq, Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, Syrian Arab Republic, United Arab Emirates
Get a job without permission	Bahrain, Jordan, Kuwait, Palestine, Qatar, Syrian Arab Republic, United Arab Emirates, Yemen
Obtain a national identity card	Algeria, Bahrain, Egypt, Oman, Saudi Arabia
Travel outside the country	Iraq, Qatar, Saudi Arabia, Syrian Arab Republic

Source: Women, Business and the Law database.

The public sector remains the most prominent employer of women in the region. It offers better working conditions and business hours generally considered more accommodating for women employees, giving them the time to fulfil household chores. In Egypt, the public sector accounts for 56 per cent of employed women, compared with Jordan at 52 per cent.<sup>160</sup>

Informal labour and the informal economy more generally refer to workers and activities operating outside State legal and regulatory frameworks, and includes labour that is not paid and self-employed individuals. The ILO characterizes informal labour as “all economic activities by workers and economic activities that are – in law or practice – not covered, or insufficiently covered, by formal arrangements”.<sup>161</sup> Informal labour lacks social security and adequate protection, and often involves poor working conditions, insufficient knowledge of rights, and an absence of workers’ representation and voice.<sup>162</sup> It is not always equated with illegality and is more likely to be

considered ‘hidden’, especially as it occurs outside formal labour institutions.

A large component of the informal labour economy is unpaid care work, also known as unpaid household work. Women overwhelmingly perform most of this work, and it is one of the biggest barriers to their employment in the formal economy.<sup>163</sup> Unpaid care work reduces the financial burden on the State, spans the public and private spheres of the economy, and can cross into both the formal and informal sectors. Feminist research in the past decade has highlighted the critical role unpaid care work plays in supporting the formal economy. Research in Arab countries, however, focuses on migrant domestic workers and does not pay significant attention to Arab women who shoulder this burden. A preliminary assessment in Lebanon by the ILO Regional Office for Arab States emphasized the need to create State social policies to improve care services as a first step towards advancing women’s access to work.<sup>164</sup>

There have been few systematic studies of informal labour in the Arab countries, and even fewer studies that acknowledge the overwhelming presence of women in the informal economy.<sup>165</sup> The heterogeneous make-up of workers, including large public and agricultural sectors, is thought to correlate to the high level of informality across the region (table 8).<sup>166</sup>

Gender and age are strong contributing factors to levels of informal labour in Arab countries. In Egypt and Morocco, women face a higher probability of informal employment; in Iraq, Jordan and Lebanon, it is men who face the higher probability. Marital status also affects the probability of informal employment. In Egypt and Lebanon, being a married man is strongly associated with a lower probability of working in the informal sector, which supports the patriarchal gender contract requiring young

men to have stable employment before marriage.<sup>167</sup>

**Another impediment to women's labour-force participation** is the lack of legislative protections, which are discussed in the next section.

## C. Protecting women: legislative frameworks

**A comprehensive overview of women's labour patterns and participation rates** requires an examination of the various legal frameworks that encourage or deter women from joining the workforce. Legal frameworks that protect women from violence, in the economy and elsewhere, influence their labour-force participation rates.

**Table 8. Economic and demographic factors**

	GDP per capita (2000 \$ constant) <sup>a</sup>	% employment in rural areas	% employment age 15-24 <sup>a</sup>	% employment in the public sector	% Unemployment <sup>a</sup>
Egypt	1785.83	-	23.1	30.0	8.7
Iraq	730.79	27.1	23.2	36.9	17.5
Jordan	22444.83	17.1	21.5	35.6	12.7
Lebanon	5858.76	-	28.7	13.5	9.0
Morocco	1718.14	43.5	34.7	19.2	9.6
Syrian Arab Republic	1329.85	49.6	32.3	26.8	8.0
Yemen	5590.97	71.8	21.9	38.6	15.0

Source: Angel-Urdinola and Tanabe, "Micro-determinants of informal employment", p. 4.

<sup>a</sup> World Development Indicators (WDI) dataset – last available year 1999-2008.

## Labour incentives and protections

Though most Arab States have ratified core ILO conventions, only a few have signed the C001 Hours of Work, C089 Night Work and C183 Maternity Protection (2000) conventions, which provide significant legal protections for women in the labour force and those considering entering it (table 9).

Implementation of international labour conventions varies across countries, and many labour frameworks exclude specific categories of workers. For example, Egypt and Lebanon exclude domestic workers and women in agriculture from protections provided in domestic labour laws. In Jordan and Tunisia, labour laws exclude domestic, agriculture and irrigation workers and their family members from protections.<sup>168</sup>

Pay gaps vary greatly by country and arguably contribute to low **women's** labour participation rates. As an example, although Egypt has ratified the ILO C100 Equal Remuneration Convention, it ranked the lowest of 12 countries for wage equality between women and men for similar work in 2014.<sup>169</sup>

Social security and retirement benefits vary greatly by country and gender. Generally, women tend to receive more pension benefits, though this is largely due to differences in retirement ages and pension benefit schemes. Retirement age is often flexible for women: in Bahrain and Jordan, some can retire at 35; in Morocco, the earliest retirement age is 50.<sup>170</sup>

Algeria and Morocco are the only Arab States to ratify the ILO Maternity Protection Convention (2000). It specifies a minimum 14 weeks of maternity leave and six weeks of compulsory leave after childbirth, unless otherwise agreed at the national level by the Government and the representative organizations of employers and workers. It guarantees that the prenatal portion of maternity leave shall be extended by any period elapsing between the presumed date of childbirth and the actual date of childbirth. While the majority of Arab countries provide some form of maternity leave (see table 10), the length and benefits, on average, tend to be much lower than the ILO recommendations and the 2013 OECD Gender Recommendation, which underlines the importance of providing paid maternity and paternity leave.

**Table 9. Accession of Arab States to core gender-relevant international labour conventions**

<i>Core international labour conventions with gender relevance</i>	<i>Algeria</i>	<i>Egypt</i>	<i>Morocco</i>	<i>Tunisia</i>	<i>Lebanon</i>	<i>Kuwait</i>	<i>Yemen</i>	<i>Jordan</i>	<i>Bahrain</i>	<i>United Arab Emirates</i>
<b>C001 Hours of Work (Industry) Convention</b>	X									X
<b>C089 Night Work (Women) Convention</b>	X	X		X	X				X	X
<b>C100 Equal Remuneration Convention</b>	X	X	X	X	X		X	X		X
<b>C111 Discrimination (Employment and Occupation) Convention</b>	X	X	X	X	X	X	X	X	X	X
<b>C138 Minimum Age Convention</b>	X	X	X	X	X	X	X	X	X	X
<b>C183 Maternity Protection Convention</b>	X		X							

Source: [www.ilo.org/ilolex/english/convdisp1.htm](http://www.ilo.org/ilolex/english/convdisp1.htm).

**Table 10. Maternity leave provisions of Arab States**

Country	Does the law mandate paid or unpaid maternity leave?	What percentage of wages is paid during the maternity leave?	Who pays maternity leave benefits?	What is the length in weeks?
Algeria	Yes	100	Government	14
Egypt	Yes	100	Employer	12
Jordan	Yes	100	Employer	11.6 for private sector 15 for public sector
Lebanon	Yes	100	Employer	7
Morocco	Yes	67	Government	14
Oman	Yes	75	Employer	7*
Palestine	Yes	100	Government	10
Saudi Arabia	Yes	50	Employer	10
Tunisia	Yes	67	Government	4
United Arab Emirates	Yes	100	Employer	10
Yemen	Yes	100	Employer	8.6*

Source: MENA-OECD Governance Programme, "Women in public life: gender, law and policy in the Middle East and North Africa", p. 181.

Note: \* The calculations are based on a seven-day calendar week (50 days).

In summary, labour protections, critical to facilitating **women's labour**-force participation, are limited in the region. Participation is further compounded by the impact of intimate partner violence, which requires further exploration.

#### D. Intimate partner violence and the economy

While the need to expand women's participation in economic activity is unquestionable, there has been less consideration of how violence can impact **women's engagement**. An assumption in policy discussion is that increased economic empowerment reduces the risk of violence for women. In other words, economic empowerment is a critical pathway to protect women against marital violence. The literature,

however, does not provide a clear unidirectional relationship.

The relationship, to some extent, depends on why violence occurs.<sup>171</sup> For example, if violence is the **result of a woman's economic dependence** on her husband, it is possible that an increase in her income leads to decreased dependence on the husband and a refusal to accept violence. If the purpose of violence is to control women, an **increase in a woman's income** may lead to greater conflict and increased risk of violence. **And if violence is an expression of men's dissatisfaction and frustration**, women may face an increased risk of violence due to male **backlash**. **Equally, an increase in women's earnings** could lead to a decrease in violence as household income and well-being increase. The empirical literature across many countries suggests a mixed picture.

There are few studies on the relationship between employment and marital violence in Arab countries. A study in 2004 found a significant negative effect in Egypt,<sup>172</sup> where a multivariate analysis of data suggested greater differences between a woman and her **husband's socioeconomic status were** associated with a higher probability of physical abuse.<sup>173</sup> A recent study in Jordan suggests the **positive association between women's paid** work and marital violence disappears when the model controls for the fact women who experience violence may be more likely to work through using an instrumental variable, though it is not strongly negative either.<sup>174</sup> Employment seems to be a slightly protective factor against the risk of sexual violence, but no such relationship is found for emotional and physical violence by the husband.<sup>175</sup>

Few studies on violence against women in the region have identified the severe reduction in **women's productivity resulting from violence.** As referred to in chapter 4, a study in Egypt on the economic costs of violence indicated that married women lost nearly 500,000 working days a year due to marital violence.<sup>176</sup> Few legislative frameworks offer women compensation for missed labour as a result of violence, nor do the majority of legal frameworks recognize the effects of violence on **women's labour productivity. Marital violence** also affects care work done in households, which amounted in Egypt to a loss of 630 million Egyptian pounds (or \$78.75 million) in one year.<sup>177</sup>

A study conducted in Egypt by the homeless charity *Karama* and the Egyptian Association for Community Participation Enhancement

found that almost half the women who reported having experienced harassment at work in the past 12 months had to take more frequent interruptions from work, ranging from once to eight times.<sup>178</sup> For physical violence, the same study showed that 12 per cent of female survivors (28 of a sample of 236) had to interrupt their work because of injury, at an average of 10.86 days per woman.<sup>179</sup> Figures showed that for every 28 women injured, there was more than one work year lost.<sup>180</sup> With daily interruptions from work costing on average 23.2 Egyptian pounds, the cost of violence against women in terms of lost work time reached 251.95 Egyptian pounds per case.<sup>181</sup>

The economic impact of violence for a country **is not limited to women's work and income but** also involves the costs women incur when accessing services and the costs to Governments in providing them. These are the direct costs of marital violence referred to in chapter 4 and represent an opportunity cost for women and the Government. Costs of accessing or providing services represent valuable resources that could otherwise be allocated – by households or States – to improving wellbeing. Health impacts and costs are discussed in the next chapter; here the focus is on legal and support services.

### Costs of accessing justice

Women can face challenges accessing justice for reasons beyond the scope of the present study.<sup>182</sup> Even though many countries have provisions on equality and non-discrimination, local religious juridical institutions often supersede constitutional frameworks.

Limited funds to register a case before a court and to hire a lawyer who accepts cases of sexual and gender-based violence (SGBV) are just two of the difficulties women may encounter when pursuing justice. Legal aid programmes are the responsibility of advocacy organizations in the Arab region, as no Government subsidizes the costs of registering or following cases of gender and sexual violence before the courts.

The plurality of legal systems can also create **a fiscal barrier to women's justice**. A study conducted by UNFPA and the International Center for Research on Women provides an insight into the scale of costs involved in combating violence against women at the justice level. Noting that about 14 per cent of women who have experienced intimate partner violence resort to the justice system in Morocco, the study found that such violence cost the system \$112,000 a year, a significant share of its national budget.<sup>183</sup> Those expenses are in addition to average individual out-of-pocket costs of \$275 for one time use, including transport.

### Survivor support services

In many countries, non-governmental organizations (rather than the Government) offer services to survivors, lowering some of the financial barriers to women. Activist networks and powerful regional organizations, such as *Karama*, are often able to provide immediate services to survivors where government services are unavailable. KAFA, a Beirut-based non-governmental organization, provides a full range of services for survivors, including a 24-hour hotline, legal consultation and

representation, access to medical treatment, social workers, counsellors, support groups and therapy, and temporary overnight housing.

In a survey completed in Egypt in 2009, the United States Agency for International Development and the National Council for Women examined all available services offered to survivors of violence.<sup>184</sup> The survey found that although the Government of Egypt and non-governmental organizations were actively engaged in creating and sustaining services, many were not easily accessible to a large portion of the population. In addition, reluctance to report violent incidences leaves many of these services underutilized, even by populations who have easy access. The survey found that only eight shelters were operating in Egypt, offering 214 beds.

A United Nations baseline survey completed in Jordan on services for survivors identified the following four national institutions whose mandates included protecting women and children from violence: the Jordanian National Commission for Women, the National Council for Family Affairs, the National Center for Human Rights, and the Family Protection Department (part of the Public Security Directorate).<sup>185</sup> Only three formal shelters exist for survivors, although members of all organizations interviewed emphasized their ability to network with one another in case of emergencies when shelter for survivors is needed. Box 5 describes a model transition house in Lebanon established by ABAAD.

The full costs of service provision cannot be accurately determined, but estimates suggest that \$456,250 a year was required to run one

shelter with a capacity to meet the needs of 365 survivors. In this context, it is women themselves and their extended families who are bearing the burden of trying to overcome the impacts of marital violence and the need for immediate safety. The Egypt study estimated that women and their immediate families incurred a cost of 500 million Egyptian pounds or \$62.5 million to access temporary shelter in one year.<sup>186</sup> This brings into focus the significant expense women incur in the absence of services, which is a drain on household income, with consequences for the economy.

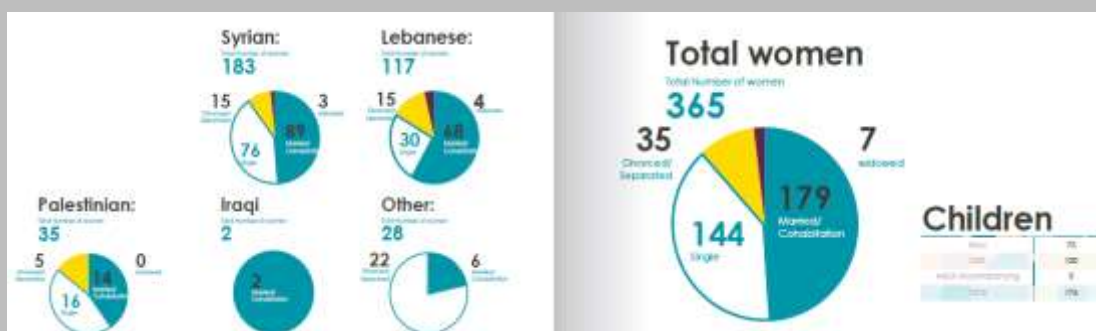
Chapter 6 discusses the health sector, which is among the first points of contact for women

experiencing partner violence. No discussion of the links between violence against women and the economy is complete without reviewing the health consequences of intimate partner violence. Not only does the health sector involve costs for the economy in providing services, long-term health impacts can reduce productivity and human capital potential. As outlined in chapter 4 (figure 5), the physical and mental health effects on individual women translate into lowered quality years of life, reflecting lower productivity and wellbeing, with implications for national economic loss. The chapter focuses on the relationship between the health sector and violence to understand how this sector affects the entire economy.

### Box 5. ABAAD: a shelter for survivors of violence

In 2013, ABAAD established the exemplary Mid-Way Transition House (Al Dar), a free, safe and temporary shelter that hosts women at risk and survivors of violence: single women, teenage adolescent girls and women with their children.

In Al Dar, women benefit from round-the-clock, immediate, safe and confidential accommodation and have access to crisis counselling, information on legal rights, psychosocial support, and referrals for welfare social services and income assistance. These services help women in “strengthening their self-esteem, increasing their life management skills, receiving emotional support, decreasing physical and psychological harm and enabling [their] long-term safety and empowerment”.



In 2015, Al Dar hosted 365 women: 183 Syrians, 117 Lebanese, 35 Palestinians, 2 Iraqis and 28 women from other nationalities. The total estimated cost for hosting one survivor of violence is approximately \$1,250 a year. This estimate does not include elements of opportunity cost due to violence, or intangible costs related to psychological and human suffering. Therefore, though this estimate indicates some of the cost associated with violence against women, it is incomplete and misses components that cannot be calculated due to the lack of data.

**Source:** ABAAD Annual Report (2015) and personal interview with Ghida Anani, the founder of ABAAD, a civil association founded in June 2011 to promote sustainable social and economic development in the MENA region through equality, protection and empowerment of marginalized groups, especially women.





## 6. Violence against Women and Health

According to WHO,<sup>187</sup> health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

The documented health effects of violence against women reveal just how significant a public health concern it is, leading to a broad array of persistent adverse outcomes.<sup>188</sup> It contravenes the fundamental right of all **individuals to enjoy the “highest attainable standard of health”**.<sup>189</sup>

In addition to the immediate effects, negative health consequences can persist long after the violence has ceased. And it involves huge expenses.<sup>190</sup> The present chapter focuses on violence against women, and on the health sector in the region. It provides an understanding of the health effects and their cost consequences for individual women accessing health services and for Governments and communities providing them.

### A. Health effects of violence against women

Literature on the health effects of violence against women mainly covers intimate partner violence, female genital mutilation and violence during conflict and crisis, but since female genital mutilation is beyond the scope of this study, the section will focus on violence by a

partner and – due to political instability in the region – in conflict settings.<sup>191</sup>

Evidence reviews commonly categorize outcomes into physical, mental, sexual and reproductive health, with a traditional focus on intimate partner violence and/or non-partner sexual violence. Emerging evidence, however, is beginning to highlight the effects of female genital mutilation and violence in conflict settings, although it remains scarce, particularly on the latter. Findings reveal the extent to which women suffer direct health consequences (such as injury or death), and indirect health consequences (such as persistent conditions due to chronic stress).

In conflict-affected areas, rates of intimate partner violence and other forms of violence, such as rape, sexual abuse and forced transactional sex, are reportedly higher than in non-conflict areas,<sup>192</sup> with the elevated risk extending to migration and arrival in destination countries.<sup>193</sup> Health consequences include physical injuries, and psychological distress and mental disorders such as anxiety and post-traumatic stress disorder (PTSD), substance abuse and suicidal thoughts.<sup>194</sup> Women are at risk of unwanted pregnancies, abortions, gynaecological problems, and potentially limited access to obstetric care and contraception.<sup>195</sup>

## 1. Physical health effects of intimate partner violence

Immediate physical effects of violence by a partner include non-fatal injuries, from minor bruises, abrasions, cuts, punctures and bites, to more serious ones such as fractures and eye injuries.<sup>196</sup> In extreme cases, the violence can be fatal. One review reported more than a third of female homicides globally are perpetrated by an intimate partner.<sup>197</sup>

Campbell<sup>198</sup> lists longer-term or chronic health problems caused either by violence or exacerbated by the acute stress of being in a violent relationship. These include persistent pain (for example, headaches and back pain), recurring central nervous system symptoms (fainting, seizures), neurological disorders, gastrointestinal problems such as loss of appetite, eating and other disorders (irritable bowel syndrome), and cardiac symptoms (hypertension, chest pain).

Experience of injuries varies. A WHO multi-country study on domestic violence and **women's health**<sup>199,200</sup> showed that between 19 per cent (in Ethiopia) and 55 per cent (in Peru) of women reported injuries as a result of physical violence by a partner. Of those experiencing partner violence in Thailand and Bangladesh 23 per cent and 80 per cent needed care, respectively. Pooled analysis of all sites found women who had experienced physical or sexual partner violence self-reported their health status as **'poor or very poor', the lowest two categories** on a five-point scale.<sup>201</sup> Considering each site separately, this was statistically significant in 10 of the 15 sites. Women who experienced partner violence were also more likely to report physical

symptoms that included difficulty walking and carrying out daily activities, pain, memory loss, dizziness and vaginal discharge.<sup>202</sup>

## 2. Mental health effects of intimate partner violence

Depression and post-traumatic stress disorder are commonly documented mental health effects associated with partner violence.<sup>203</sup> While stress following violence can trigger depression and suicidal behaviour, the causal relationship is not always clear. Pre-existing depression might make women more vulnerable to abuse. Nevertheless, compelling evidence exists on the relationship between partner violence and adverse mental health outcomes.

In a systematic review of longitudinal studies, Devries and others<sup>204</sup> found a positive relationship between intimate partner violence and symptoms of depression in 12 of 13 studies. WHO noted that in all the 15 sites studied, women who reported partner violence at least once experienced significantly more emotional distress,<sup>205</sup> and a three-fold increase in suicidal thoughts.<sup>206</sup>

## 3. Sexual and reproductive health effects of intimate partner violence

Sexual partner violence such as forced sex can have immediate gynaecological consequences, such as vaginal, anal or urethral bleeding or trauma and increased risk of acquiring sexually transmitted infections.<sup>207</sup> Studies have found physical partner violence to be associated with poorer sexual health outcomes.<sup>208</sup> For example,

women who experience violence and men who are abusive towards their partners are more likely to have high-risk behaviours such as inconsistent condom use or multiple sexual partners, putting them at risk of sexually transmitted infections.<sup>209</sup> Other effects are decreased sexual desire, pain during intercourse, chronic pelvic pain<sup>210</sup> and urinary tract infections.<sup>211</sup> Adverse reproductive health effects include unintended/unwanted pregnancy and induced abortions.<sup>212 213</sup>

## B. Health consequences of violence against women in the Arab region

Increasing evidence has emerged in the region over the past 10 years on the health effects of violence. Most studies explore intimate partner violence or family violence, although here the **most frequently cited perpetrator is the woman's husband**. This section therefore uses the term

intimate partner violence for all included studies. Other studies have focused on the negative consequences of female genital mutilation and, recently, on conflict and crisis settings.

### 1. Health consequences of intimate partner violence

In total, 14 studies were identified that explore the relationship between intimate partner violence and different health outcomes. Studies were from the following six countries: Egypt (four), Iraq (one), Jordan (three, with two using same data), Lebanon (two), Saudi Arabia (three) and Yemen (one). The majority were either hospital-based studies or household surveys. Table 11 documents the prevalence of violence within the sample. Although varied measures make comparisons difficult, the figures show the extent to which women experience violence in their domestic lives.

**Table 11. Characteristics of studies exploring partner violence and women's health in the Arab region**

Country and author	Study date	Location	Study	Sample	Number	Type of violence	Prevalence %
<b>Egypt</b>							
<b>National Council for Women and UNFPA, 2016<sup>a</sup></b>	April-June 2015	National	Cross-sectional household survey	Ever married women age 18-64	18 100	Ever partner violence (any)	45.6
						Emotional	42.5
						Physical	31.8
						Sexual	12.3
						Current violence (any)	23.8
						Emotional	22.3
						Physical	11.8
Sexual	6.5						
<b>Fahmy and El Rahman, 2008<sup>b</sup></b>	March-September 2007	Zagazig district	Cross-sectional hospital-based (three health centres)	Randomly selected women age 18-50	500	Current domestic violence	62.2

Country and author	Study date	Location	Study	Sample	Number	Type of violence	Prevalence %
<b>Diop-Sidibé and others, 2006<sup>c</sup></b>	1995	National	Cross-sectional household survey	Currently married women age 15-49	6 566	Ever beaten Past year beaten	34.3 16.0
<b>Ministry of Health and Population, 2015<sup>d</sup></b>	2014	National	Cross-sectional household survey	Ever married women age 15-49	6 693	Physical violence Sexual violence Physical or sexual Current physical Current sexual Current physical or sexual	25.2 4.1 25.6 13.5 2.7 14.0
<b>Iraq</b>							
<b>Al-Atrushi and others, 2013<sup>e</sup></b>	October 2009- March 2011	Erbil city	Cross-sectional hospital-based (two primary health hospitals)	Randomly selected Kurdish women age 16-65 with reproductive health problems	800	Partner violence (any) Emotional Physical Sexual Current partner violence (any) Current emotional Current physical Current sexual	58.6 52.6 38.9 21.2 45.3 43.3 15.1 12.1
<b>Jordan</b>							
<b>Department of Statistics, 2013<sup>f</sup></b>	2012	National	Cross-sectional household survey	Ever married women age 15-49	7 072	Physical violence Sexual violence Physical or sexual Current physical Current sexual Current physical or sexual	21.8 9.2 24.3 11.2 6.0 14.1
<b>Clark and others, 2016<sup>g</sup></b>	2012	National	Cross-sectional household survey (DHS)	Current married women age 15-49	6 183	High controlling behaviour Partner violence Family violence	12.6 22.4 16.7
<b>Abujiban and others, 2014<sup>h</sup></b>	January-December 2014	National	Hospital-based (natural experiment)	Women age 17-45 given birth in last 24 hours	158	Physical violence	50.0
<b>Lebanon</b>							
<b>Awwad and others, 2014<sup>i</sup></b>	Not stated	Beirut	Cross-sectional hospital-based	Ever married women age 20-65 presenting for gynaecological care	91	Physical Sexual Verbal Emotional Social isolation Economic abuse	40.7 33.0 64.8 18.7 22.0 33.0
<b>Khadra and others, 2015<sup>j</sup></b>		Lebanon	Purposive sample (snowball method)	Physically abused women age 18+	85	Battered	100.0
<b>Saudi Arabia</b>							

Country and author	Study date	Location	Study	Sample	Number	Type of violence	Prevalence %
<b>Al Dosary, 2016<sup>k</sup></b>	December 2013-February 2014		Cross-sectional online sample	Age 14-55	421	Domestic violence	69.6
<b>Barnawi, 2015<sup>l</sup></b>	March-July 2011	Riyadh	Cross-sectional hospital-based	Ever married women presenting at clinic	720	Current domestic violence Current emotional Current social Current economics Current physical Current sexual	20.0 13.9 6.8 5.3 4.0 2.1
<b>Affi and others, 2011<sup>m</sup></b>	January-June 2010	Al-Ahsa governate, Eastern Province	Cross-sectional hospital-based	Ever married women age 15-60 attending selected primary health-care centres	2000	Domestic violence Emotional/psychological Physical Sexual	39.3 35.9 17.9 6.9
<b>Yemen</b>							
<b>Ba-Obaid and Bijleveld, 2002<sup>n</sup></b>	Not stated	Sana'a	Household survey	Adult women	111	Threats Sexual violence Physical violence Controlling behaviour	50.9 17.3 54.5 28.2

- a The Egypt Economic Cost of Gender-Based Violence Survey (see chap. 4, footnote 116).
- b Howaida H. Fahmy and Seham I. A. El Rahman, "Determinants and health consequences of domestic violence among women in reproductive age at Zagazig district, Egypt", *Journal of the Egyptian Public Health Association*, vol. 83, issue 1-2, (2008), pp. 87-106.
- c Nafissatou Diop-Sidibé, Jacquelyn C. Campbell and Stan Becker, "Domestic violence against women in Egypt – wife beating and health outcomes", *Social Science & Medicine*, vol. 62, issue 5 (March 2006), pp. 1260-1277.
- d Egypt, Ministry of Health and Population, El-Zanaty and Associates (Egypt), and ICF International, *Egypt Demographic and Health Survey 2014* (Cairo: Rockville, Maryland, USA, 2015).
- e Hazha H Al-Atrushi and others, "Intimate partner violence against women in the Erbil city of the Kurdistan region, Iraq", *BMC Women's Health* 13:37 (October 2013), pp. 1-9.
- f Jordan Population and Family Health Survey 2012 (see chap. 1, footnote 18).
- g Cari Jo Clark and others, "The influence of family violence and child marriage on unmet need for family planning in Jordan", *Journal of Family Planning and Reproductive Health Care* (March 2016), pp. 1-8.
- h Sanaa Abujilban and others, "Effects of intimate partner physical violence on newborns' birth outcomes among Jordanian birthing women", *Journal of Interpersonal Violence* 1-17 (September 2015). DOI: 10.1177/0886260515603975.
- i Johnny Awwad and others, "Intimate partner violence in a Lebanese population attending gynecologic care: a cultural perspective", *Journal of Interpersonal Violence* 29(14) (September 2014), pp. 2592-2609.
- j Christelle Khadra and others, "Symptoms of post-traumatic stress disorder among battered women in Lebanon: an exploratory study", *Journal of Interpersonal Violence* 30(2) (January 2015), pp. 295-313.
- k Ahmad Hamad Al Dosary, "Health impact of domestic violence against Saudi women: cross sectional study", *International Journal of Health Sciences*, Qassim University, 10(2) (April 2016), pp. 165-173.
- l Fatima Hamza Barnawi, "Prevalence and risk factors of domestic violence against women attending a primary care center in Riyadh, Saudi Arabia", *Journal of Interpersonal Violence* (May 2015). DOI: 10.1177/0886260515587669.
- m Zeinab Emam Afifi and others, "Domestic violence and its impact on married women's health in Eastern Saudi Arabia", *Saudi Medical Journal* 32(6) (June 2011), pp. 612-620.
- n Mohamed Ba-Obaid and Catrien C. J. H. Bijleveld, "Violence against women in Yemen: official statistics and an exploratory survey", *International Review of Victimology*, vol. 9 issue 3 (December 2002), pp. 331-347.

**Note:** All estimates are lifetime estimates, unless otherwise stated. Domestic violence includes partner violence and family violence.

### (a) Physical health consequences of intimate partner violence

Nine studies explored the relationship between intimate partner violence<sup>214</sup> and physical health outcomes (four from health facilities, one from an online sample, and four household surveys), and seven explored injuries directly resulting from physical violence (table 12).

In a 2016 study in Egypt, the most common physical injuries were scratches, bruises or abrasions, followed by sprains or dislocations and fractures.<sup>215</sup> An earlier study, part of the DHS programme, noted that 37 per cent of women who had been physically abused by their partner reported being injured.<sup>216</sup>

Similar results were found among Kurdish women studied in Iraq. Among those reporting physical violence by a partner in their lifetime, 43.1 per cent were injured, virtually all with cuts and/or bruises. About 1 in 10 abused women (one-quarter of those reporting injury) received eye injuries, dislocations, sprains or burns, with an equal proportion reporting stab wounds, and broken bones or teeth.<sup>217</sup>

In a nationally representative study in Jordan, one third of women who reported physical partner violence reported injuries. Almost all had minor injuries, but 9.4 per cent reported injuries to the eye, sprains, dislocations or burns, and a further 4.3 per cent reported serious injuries such as deep wounds and broken bones or teeth.<sup>218</sup>

In a hospital-based study in Beirut, almost a quarter of women who had been physically abused by their partner needed medical attention, with 8 per cent admitted to hospital.<sup>219</sup>

Of women experiencing intimate partner violence in Riyadh, 15.4 per cent reported physical injuries. In about one-third, the violence exacerbated existing medical problems, 19 per cent needed treatment, and 6.4 per cent were admitted to hospital. Levels of chronic disease were much higher among abused women compared with non-abused women.<sup>220</sup>

Also in Saudi Arabia, in a study from 10 primary health-care centres in Al-Ahsa governorate, a quarter of women reported injuries following violent incidents, including scratches/bruises, wounds, torsion/sprain, fractures, loss of consciousness, and eardrum or eye injury. In addition, abused (any type of violence) women were significantly more likely to state their overall health was bad, and to have problems with mobility, daily activity and pain.<sup>221</sup> Findings from the online study in the country found that abused women were more likely to report poorer overall health and to suffer from insomnia. While abused and non-abused women both visited the doctor in the past year, abused women were more likely to make frequent visits.<sup>222</sup>

In Yemen, of women who had experienced violence, 17.3 per cent reported suffering physical consequences, but no further details were provided.<sup>223</sup>

**Table 12. Partner/family violence against women and physical health effects**

Country and author	Abuse	Prevalence %	Direct health effect because of violence	%	Health outcomes	Violence group %	No violence group %
<b>Egypt</b>							
<b>National Council for Women and UNFPA, 2016<sup>a</sup></b>	Current partner violence	23.8	Scratches, abrasions, bruises	23.8			
			Cut, puncture or bite	3.4			
			Sprain/dislocation	8.6			
			Burns	0.5			
			Penetrating injury, deep cut or gash	1.4			
			Eardrum/eye injury	1.6			
			Fractures/broken bones	3.1			
			Broken teeth	0.6			
			Teeth bleeding	2.7			
<b>DHS, 2015<sup>b</sup></b>	Physical partner violence	25.2	Cuts bruises, aches	34.9			
			Eye injuries, sprain, dislocation or burns	11.5			
			Deep wounds, broken bones/teeth or other serious injury	7.0			
			Any injury	37.4			
<b>Iraq</b>							
<b>Al-Atrushi and others, 2013<sup>c</sup></b>	Lifetime physical partner violence	38.9	Physical injury (n=134)	43.1			
			Cuts, bruises, aches (n=132)	42.4			
			Eye injuries, sprain, dislocation or burns (n=34)	10.9			
			Stab wounds, broken bones or teeth (n=36)	11.6			
<b>Jordan</b>							
<b>DHS, 2014<sup>d</sup></b>	Physical partner violence	21.8	Cuts bruises, aches	32.4			
			Eye injuries, sprain, dislocation or burns	9.4			
			Deep wounds, broken bones/teeth or other serious injury	4.3			
			Any injury	33.7			
<b>Lebanon</b>							
<b>Awwad and others, 2014<sup>e</sup></b>	Physical partner violence	40.7	Bruising (n=25)	67.5			
			Contusions (n=14)	37.5			
			Broken bones (n=5)	13.5			
			Miscarriage (n=2)	5.4			
			Required medical attention (n=8)	22.8			
			Hospital admission (n=3)	8.1			
<b>Saudi Arabia</b>							
<b>Al Dosary, 2016<sup>f</sup></b>	Violence	69.6			Overall health (very bad/bad)	7.5	2.3
					Doctor visits (four or more)	35.8	21.1
					Insomnia (often)	14.0	2.3
					11.9	6.3	



Country and author	Abuse	Prevalence %	Direct health effect because of violence	%	Health outcomes	Violence group %	No violence group %
					Body pains, headaches, abdominal pain (often)		
<b>Barnawi, 2015<sup>a</sup></b>	Overall domestic violence	20.0	Physical injuries	15.3	Any chronic disease	45.8	19.1
			Medical/behavioural	71.5	Hypertension	16.7	7.6
			Violence exacerbated medical problems (n=45)	31.7	Diabetes	16.0	9.5
			Violence needed treatment (n=27)	19.0	Epilepsy	4.2	0.3
			Violence needed admission (n=9)	6.4	Other chronic disease	19.4	7.3
			Visited a doctor (n=10)	7.0			
<b>Affi and others, 2011<sup>b</sup></b>	Overall violence	39.3	Scratches/bruises	12.1	Perceived general health		
			Wounds	3.7	Hypertension		
			Torsion/sprain	0.9	Other diseases		
			Fractures	0.9	Haemorrhage		
			Loss of consciousness	0.9	Problem in movement		
			Eardrum/eye injury	0.6	Problem with daily activity		
			Multiple injuries	4.0	Pain		
							Dizzy
<b>Yemen</b>							
<b>Obaid and Bijleveld, 2002<sup>c</sup></b>	Any violence		Physical consequences	17.3			

<sup>a</sup> The Egypt Economic Cost of Gender-based Violence Survey (see chap. IV, footnote 116), p. 89.

<sup>b</sup> Egypt Demographic and Health Survey 2014.

<sup>c</sup> Al-Atrushi and others, "Intimate partner violence against women in the Erbil city," pp. 1-9.

<sup>d</sup> Jordan Population and Family Health Survey 2012 (see chap. I, footnote 18).

<sup>e</sup> Awwad and others, "Intimate partner violence in a Lebanese population".

<sup>f</sup> Al Dosary, "Health impact of domestic violence against Saudi women".

<sup>g</sup> Barnawi, "Prevalence and risk factors of domestic violence".

<sup>h</sup> Affi and others, "Domestic violence and its impact on married women's health".

<sup>i</sup> Ba-Obaid and Bijleveld, "Violence against women in Yemen".

## Box 6. Women's help-seeking behaviour in response to partner violence

Among women who experienced physical violence by a partner in Egypt, 46.1 per cent sought help to stop it. More than one third (35.4 per cent) never did this or told anyone. Help-seeking behaviour among women who had experienced physically and sexually violent acts by a partner was also explored in Jordan. Among women who experienced sexual violence only, the vast majority (93.5 per cent) did not seek help or disclose the violence to anyone. Only 4.8 per cent sought help to stop the abuse, and just 1.7 per cent told someone. These figures are in contrast to women who experienced physical violence only, or both physical and sexual violence, where 52 per cent and 70.7 per cent, respectively, either sought help or told someone about it.

Source: UNFPA, *The Egypt Economic Cost of Gender-Based Violence Survey*, 2015.

(b) Mental health consequences of intimate partner violence

Five studies explored the mental health effects on women of partner and family violence (table 13).

**Egypt's Zagazig district study found that across** all forms of violence (psychological, controlling behaviour, physical and sexual), exposed women were significantly more likely to experience anxiety and depression. In all violence categories, more than three-quarters of women reported anxiety, ranging from 77.6 per cent (sexual violence) to 87.5 per cent (physical violence), compared with 67.2 per cent (women not exposed to sexual violence) and

63.9 per cent (not exposed to physical violence). Around 61 per cent of women who reported psychological abuse and 71.4 per cent of women who experienced sexual violence reported symptoms of depression, compared with 38.3 per cent and 48.7 per cent in the respective non-exposed groups.<sup>224</sup>

In Lebanon, an exploratory study among 85 ever married women who had experienced physical abuse by their partner documented that only two did not display symptoms of post-traumatic stress disorder. Women in current violent relationships had higher PTSD scores than those for whom the violence had ceased, at least temporarily.<sup>225</sup>

**Table 13. Partner/family violence against women and mental health effects**

Country and author	Abuse	Prevalence %	Direct health effect because of violence	%	Health outcomes	Violence group %	No violence group %
<b>Egypt</b>							
<b>Fahmy and El Rahman, 2008<sup>a</sup></b>	Psychological	60.8			Anxiety	82.4	48.2
	Control	26.8			Anxiety	79.3	66.1
	Physical	22.4			Anxiety	87.5	63.9
	Sexual	19.6			Anxiety	77.6	67.2
	Psychological	60.8			Depression	60.9	38.3
	Control	26.8			Depression	63.8	48.7
	Physical	22.4			Depression	69.6	47.2
	Sexual	19.6			Depression	71.4	47.5
<b>Lebanon</b>							
<b>Khadra and others, 2015<sup>b</sup></b>					Post-traumatic stress disorder	97.6	
<b>Saudi Arabia</b>							
<b>Al Dosary, 2016<sup>c</sup></b>	Violence	69.6			Depression	16.4	3.9
<b>Barnawi, 2015<sup>d</sup></b>	Overall domestic violence	20.0	Psychiatric problems	57.6			
<b>Yemen</b>							
<b>Obaid and Bijleveld, 2002<sup>e</sup></b>	Any violence (except insults)		Psychological consequences	47.3			

<sup>a</sup> Fahmy and El Rahman, "Determinants and health consequences of domestic violence".

<sup>b</sup> Khadra and others, "Symptoms of post-traumatic stress disorder".

<sup>c</sup> Al Dosary, "Health impact of domestic violence against Saudi women".

<sup>d</sup> Barnawi, "Prevalence and risk factors of domestic violence".

<sup>e</sup> Ba-Obaid and Bijleveld, "Violence against women in Yemen".

The Riyadh online survey found that over half of women who experienced intimate violence also reported psychiatric problems.<sup>226</sup> It documented that 86.7 per cent of abused women had symptoms of depression with 16.4 per cent experiencing them most of the time. In the Yemen study, 47.3 per cent of abused women had psychological consequences associated with domestic violence.<sup>227</sup>

### (c) Sexual and reproductive health consequences of intimate partner violence

Five studies explored different aspects of women's sexual and reproductive health (table 14).

In Riyadh, of those experiencing family violence, 22.2 per cent reported gynaecological

problems,<sup>228</sup> and in Al-Ahsa governorate abused women were significantly more likely to have had vaginal bleeding or undergone an abortion.<sup>229</sup>

In Jordan, a national household survey explored the links between partner and family violence (physical violence since age 15 by family member/not a partner) and the unmet need for family planning. Among women married before the age of 18, the odds ratio of unmet contraceptive need was 87 per cent higher among those who reported partner or family violence.<sup>230</sup> In Egypt, a study analysing data from the 1995 demographic and health surveys found that ever abused women were less likely to use a female contraceptive method and receive antenatal care.<sup>231</sup>

**Table 14. Partner/family violence against women and sexual and reproductive health effects**

Country and author	Abuse	Prevalence %	Health outcomes	Violence group %	No violence group %	Odds (ratio)
<b>Egypt</b>						
<b>Diop-Sidibé and others, 2006<sup>a</sup></b>	Ever beaten	34.3	Antenatal care			0.17
	Beaten more than three times in past year		Contraceptive use			0.51
<b>Jordan</b>						
<b>Clark and others, 2016<sup>b</sup></b>	Partner violence	22.4	Unmet need married 18+			1.76 (1.30-2.38)
			Unmet need married <18			1.87 (1.13-3.10)
<b>Abujilban and others, 2014<sup>c</sup></b>	Physical violence	50.0	Birth weight	2.9kg	3.1kg	
			Preterm	12.7	13.9	
			Newborn assisted ventilation	10.1	3.8	
<b>Saudi Arabia</b>						
<b>Barnawi, 2015<sup>d</sup></b>	Overall domestic violence	20.0	Gynaecological problems as a direct consequence of violence	22.2		
<b>Affi and others, 2011<sup>e</sup></b>	Overall violence	39.3	Abortion			
			Vaginal bleeding			

<sup>a</sup> Diop-Sidibé, Campbell and Becker, "Domestic violence against women in Egypt".

<sup>b</sup> Clark and others, "The influence of family violence and child marriage".

<sup>c</sup> Abujilban and others, "Effects of intimate partner physical violence".

<sup>d</sup> Barnawi, "Prevalence and risk factors of domestic violence".

<sup>e</sup> Affi and others, "Domestic violence and its impact on married women's health".

A hospital-based study in Jordan explored the relationship between partner violence during pregnancy and birth outcomes. Using a **'natural experiment' design to select 158** pregnant women (split equally between abused and non-abused) from a government hospital, the authors found newborn birth weight was significantly lower among abused women. There were no statistical differences in preterm births and newborn ventilation between the two groups.<sup>232</sup>

## 2. Health impact during conflict

Since late 2010, several countries in the region have experienced political uprisings. In the Syrian Arab Republic an estimated 11.5 per cent of the population have been killed or injured,<sup>233</sup> and 4.9 per cent have registered as refugees since 2011.<sup>234</sup> Women and girls have been exposed to abuse in its myriad forms: torture, use as human shields, rape and sexual violence,<sup>235</sup> kidnapping, forced disappearance of political activists and women from families of male activists, executions, enslavement, forced recruitment and detention, and denial of fair trials.<sup>236</sup> Those who have fled the country remain at risk of violence, including forced displacement and migration, forced and early marriages in refugee communities in neighbouring countries, and denial of basic services such as health care.<sup>237</sup>

A study in Lebanon explored the relationship between abuse during conflict experienced by displaced Syrian women aged 18-45 and health outcomes. Between June and August 2012, data were collected from six health facilities in North Lebanon and the Bekaa Valley.<sup>238</sup> Of the

452 women taking part, 30.8 per cent reported violence by an armed person since the conflict began, 27.7 per cent reported more than one form of violence, and 3.1 per cent reported sexual violence by an armed person. Of those reporting violence, more than a quarter had physical injuries and 67.7 per cent suffered psychological difficulties, though only 9.2 per cent of exposed women sought psychosocial or mental health services. Women exposed to conflict violence were more likely to report menstrual irregularity, pelvic pain and symptoms of reproductive tract infections.<sup>239</sup>

## C. Health services in the Arab region

A series of reviews on health systems highlights, in general, a comprehensive level of health care provision, including prevention, ambulatory care and inpatient services. These services are either free of charge or provided for a nominal fee.<sup>240</sup> However, gaps in provision and variation in service delivery exist within and between countries. For example, legal, religious, **medical and social factors hamper women's** access to safe abortion services in many countries.<sup>241</sup> For some services, the range of treatments provided is incomplete. For instance, dental health is limited to fillings and extractions, and essential mental health-care services, such as counselling and psychotherapy, are not offered. Consequently, many clients are forced to seek care in the private sector.<sup>242</sup>

The reviews documented that since the 1990s, out-of-pocket payments for health care have increased as a proportion of total health expenditure, though the increase is partly

explained by privatization in several countries.<sup>243</sup> Examples of out-of-pocket payments include payment for health insurance, private health care, and cost-sharing within the public sector and for health products such as prescriptions. In many countries, informal payments are common as families co-pay to cover part of the cost of services, materials and medicines. Table 15 documents the extent of out-of-pocket payments and the per capita health expenditures in countries in 2014.

Data reveal a possible inverse trend relationship between out-of-pocket payments and health expenditure per capita. For example, in Egypt, Morocco, the Sudan, the Syrian Arab Republic and Yemen, more than half of total expenditure

is from out-of-pocket payments and these countries have the lowest per capita health expenditure. Conversely, Qatar has the highest per capita health expenditure with the lowest out-of-pocket payments.

In addition to financial constraints, other barriers exist, such as geographical access and cultural issues, which also limit **people's access** to health care.<sup>244</sup> Public transport systems may be patchy, particularly in rural areas, and in some countries the cost and safety of public transport is problematic, while for women the need to wait for a male guardian to arrange transport **may be an obstacle**. **Health workers'** negative attitudes towards women with sensitive issues are also reported.

**Table 15. Out-of-pocket payments and total per capita health expenditure in the Arab region, 2014**

Country	Out-of-pocket payments as % of total health expenditure	Total per capita health expenditure (\$ US)	Total per capita health expenditure PPP* (\$ US)
Algeria	26.5	362	932
Bahrain	23.3	1243	2273
Egypt	55.7	178	594
Iraq	39.7	292	667
Jordan	20.9	359	798
Kuwait	12.7	1386	2320
Lebanon	36.4	569	987
Libya	26.5	372	806
Morocco	58.4	190	447
Oman	5.8	675	1442
Palestine	-	-	-
Qatar	6.9	2106	3071
Saudi Arabia	14.3	1147	2466
Somalia	-	-	-
Sudan	75.5	130	282
Syria Arab Republic	53.7	66	376
Tunisia	37.7	305	785
United Arab Emirates	17.8	1611	2405
Yemen	76.4	80	202

Source: <http://wdi.worldbank.org/table/2.15>.

\* purchasing power parity.

## 1. Provision of health services for women survivors of violence

A 2013 ESCWA survey solicited input on health services provided nationally for women and girls who had **experienced violence**. **Women's** machineries in nine countries (Egypt, Iraq, Jordan, Kuwait, Lebanon, Palestine, Qatar, Sudan and Yemen) completed a self-administered survey, the findings of which are summarized in table 16.

Forensic and psychological services are available in all countries, although the extent of psychological support varies (for example, it is

available for those under 18 in Sudan, and via a hotline in Yemen). Health services are generally provided through ministries of health, with support from non-governmental organizations, and international non-governmental organizations in Egypt and Palestine.

In Jordan, Qatar and the Sudan, services are all or mostly free of charge. Elsewhere, with the exception of Palestine, women and girls pay a nominal charge or the service is considered **'affordable'**. In Palestine, having insurance dictates whether women receive services from the Ministry of Health (for those insured) or the Ministry of Social Affairs (those without insurance).

**Table 16. Availability of medical services for victims of violence**

Country	Medical service available	Responsible party for service delivery	Service affordability	Accessibility via public transport	International standards alignment	Target beneficiaries	Standard operating procedures for referring survivors	Role of civil society organizations in service delivery
<b>Egypt</b>	Emergency services Primary care units	Ministry of Health with UNFPA, National Council of Women, National Commission for Mothers and Children, National Commission for Human Rights	Affordable	Yes, both urban and rural	Don't know	All women Widows Domestic workers Foreigners	No	Providing rehabilitation services
<b>Iraq</b>	Forensic services Psychological support	Ministry of Health Ministry of Interior	Nominal cost	Yes, though rural areas under-served	Yes	All women Widows Refugees and migrants Domestic workers Foreigners	Yes	None
<b>Jordan</b>	Forensic services Psychological support	Ministry of Health forensic department with Ministry of Social Development and civil society organizations	Most services free of charge	Yes, though mostly in urban areas	Yes	All women Widows Refugees and migrants Domestic workers Foreigners	No	Providing psychological support and reproductive health services
<b>Kuwait</b>	Forensic services+	Ministry of Health Ministry of Social	Affordable	Yes (Kuwait has 100%)	Yes, in terms of trained HCW	All women Widows Refugees and	Yes, through police to Ministry of	Supporting survivors to

Country	Medical service available	Responsible party for service delivery	Service affordability	Accessibility via public transport	International standards alignment	Target beneficiaries	Standard operating procedures for referring survivors	Role of civil society organizations in service delivery
	Psychological support	Affairs Ministry of Interior		urban population)		migrants Domestic workers Foreigners Elderly and people with disabilities	Justice/ Ministry of Social Affairs	access services
<b>Lebanon</b>	Forensic services in Ministry of Health and Ministry of Social Affairs+ primary care centres Counselling services in Ministry of Social Affairs centres	Ministry of Health Ministry of Social Affairs Private sector	Affordable	Yes, both urban and rural	No answer	All women Widows Refugees and migrants Domestic workers Foreigners	No	Providing medical services on site
<b>Palestine</b>	Forensic examination after police referral Psychiatric services	Ministry of Justice forensic examination Ministry of Interior Ministry of Health NGOs	Service granted with Ministry of Health for patients insured, others receive the service at Ministry of Social Affairs	Difficult given occupation. Many women not insured/mostly in urban areas	Don't know	All women Widows Refugees and migrants Domestic workers Foreigners	Yes	Providing services particularly in rural areas
<b>Qatar</b>	Medical examination Rehabilitation services Awareness services	Psychiatric department in Qatar Foundation for the protection of women and children, in partnership with Ministry of Health	Free of charge	Yes	Yes	All women Widows Refugees and migrants Domestic workers Foreigners	Yes	Awareness-raising
<b>Sudan</b>	Medical examination/ HIV and STIs prevention Psychological support for under 18s	Ministry of Health family protection units in collaboration with Ministry of Interior, Ministry of Justice, Ministry of Social Affairs	Free of charge	Yes, though mostly in urban areas	-	-	-	-
<b>Yemen</b>	Forensic services after police order Hotline services offering psychological support	Ministry of Health Ministry of Justice	Affordable	Only in urban areas	No	-	No	None

Source: Compiled by ESCWA.

Iraq, Kuwait, Palestine and Qatar have a referral system in place for survivors of violence, while Egypt, Jordan, Lebanon and Yemen do not. With the exception of Iraq and Yemen, civil society organizations play an important role in service provision, from awareness-raising in Qatar to providing health services and psychological support in Jordan, Lebanon and Palestine.

## 2. Provision of health services in response to conflict

In response to crisis resulting from conflict in the Syrian Arab Republic, some neighbour countries have developed response interventions.

### Jordan

UN Women supports health service delivery in refugee camps. Through partnership with the **Jordanian Women's Union, it provides medical support** in three locations (Amman, Irbid and Zarqa). Clinics provide basic medical treatment for vulnerable Syrian and Jordanian women who cannot access existing public services. The clinics also make referrals to specialists: a unique system including a hotline, shelter and the three clinics enables the most vulnerable women to access available services. Many of those approaching the clinics have experienced gender-based violence and are referred to the hotline and or shelter.<sup>245</sup>

### Lebanon

The Ministry of Public Health and the Lebanese Society of Obstetrics and Gynaecology, in partnership with UNFPA, developed a protocol

on the clinical management of rape that formed part of a review on existing reproductive health service delivery guidelines. Training for health-care providers began in 2012 with further modules – such as sensitizing health workers to victims of sexual and gender-based violence – developed continuously and rolled out nationally. To date, 43 public health facilities provide these services across the country (17 in North Lebanon, nine in Beirut and Mount Lebanon, 11 in South Lebanon and six in the Bekaa region). The UN Refugee Agency (UNHCR) covers all costs related to the clinical management of rape for refugees, while ABAAD and the International Medical Corps continue to cover expenses for Lebanese survivors.<sup>246</sup>

Also in Lebanon, the National SGBV Task Force, chaired by UNHCR and co-led by UNFPA, finalized standard operational procedures on sexual and gender-based violence prevention and response in 2015-2016. Service providers must coordinate survivor referrals to ensure safe, timely and appropriate interventions, including clinically managing rape and medical assistance. More than 5,000 doctors, nurses, midwives and non-GBV frontlines have been trained on the procedures, including how to identify and refer survivors.

## D. Health costs of intimate partner violence

Women and girls who have been abused use health services to address either their immediate injuries or longer-term problems resulting from the violence. Several studies have reported the resources required to treat survivors.



## 1. Evidence on costs to the health sector internationally

- In the United States, the annual health-care costs of partner violence, including medical and mental health services, was estimated in 1995 at almost \$4.1 billion.<sup>247</sup> Services costed included emergency visits, outpatient and overnight hospital services, physician and dental visits, ambulatory/paramedic services, physical therapy and mental health.
- Direct medical costs from injuries resulting from interpersonal and self-directed violence amounted to 0.4 per cent of the health budget in Brazil in 2004; 4 per cent in Thailand in 2005; and 12 per cent in Jamaica in 2006.<sup>248</sup>
- The annual cost of treating physical injuries from partner violence in Uganda was \$1.2 million.<sup>249</sup>
- In the United Republic of Tanzania, the average cost per encounter for a health facility to treat a victim of gender-based violence, including HIV counselling and care, was \$43.60 in 2014.<sup>250</sup>
- In 2015-2016, domestic violence cost the health system in Australia an estimated \$1.4 billion Australian dollars (\$1.05 billion).<sup>251</sup>

Estimates from low- and middle-income countries are likely to be too low as they focus on direct injuries, omitting the relatively higher costs associated with psychosocial support and mental health needs, emphasizing how the **effects on women's health often continue long** after the violence has stopped.

## 2. Evidence on costs to the health sector in the Arab region

The cost of treating injuries because of violence is not only borne by the public sector; studies have shown the considerable out-of-pocket expenditures for individuals. In Morocco, for example, a study by the International Center for Research on Women estimated the average out-of-pocket expenditure for health services from a violent incident amounted to \$211.<sup>252</sup> These expenses can have catastrophic effects on individuals and families, particularly in conflict and crisis settings. As a study in Lebanon noted, while primary and secondary health care is available for refugees from the Syrian Arab Republic, it involves payments that most cannot afford.<sup>253</sup>

In Egypt a study on the consequences of violence by an intimate partner estimated it resulted in 600,000 women seeking care (about a quarter of all injured women), with a cost of 114 million Egyptian pounds (\$14.55 million) for the health service in 2015.<sup>254</sup>

Out-of-pocket payments in the region range from 6.9 per cent in Qatar (the country with highest per capita health expenditure) to more than 75 per cent in the Sudan and Yemen (countries with the lowest per capital expenditure), revealing the extent to which violence against women and girls can confer costs on households and public budgets.

## 7. Conclusion and Recommendations

The present recurrent publication on the status of Arab women reviews existing knowledge and practices on violence against women, and responses to it. It suggests considerable and unprecedented progress in the region. Protecting women from violence has been integrated into the constitution of two countries, five have issued laws on such violence, and five others have draft laws under review. National strategies or action plans to combat violence have been developed in 10 countries.

The study, however, also points to the fragmented nature of national responses to violence, especially the disconnect between due diligence standards of international policy and their translation at the national level. While countries have adopted several key international treaties and conventions – CEDAW and the Convention on the Rights of the Child, for example – the evidence is uneven on whether these commitments have led to an articulation of violence as a critical equality consideration.

No country has adopted a sequential approach to violence against women, where each step is informed by and builds on the previous. A comprehensive response, one that includes constitutional and legal reform aligned with international obligations, is absent in all countries. Such a response is crucial, and must feed into a policy framework that is supported by a budget to put national strategies into operation. No clear connection or

complementarity between legal and policy frameworks, and a failure to implement due diligence, have hampered national efforts to reduce the prevalence of violence, possibly contributing to the deteriorating overall status of women in the region.

An overview of the institutional mechanisms available for women reflect further disconnect. Many Governments have designated the police, courts and hospitals as organizations where women can report violence. This includes offering survivors access to a hotline, often run by the police and other service providers. Yet there is no clear information on the type of data collected, or how effective such mechanisms are for survivors. A review of national reporting mechanisms revealed little coordination between governments and non-governmental organizations on service provision. This is problematic as regards the depth of response; as is the lack of a comprehensive information system to track numbers of women using services and, accordingly, accurate prevalence estimates of violence.

The study provides the costs borne by the individual survivors. Notably, women experiencing sexual violence only did not seek help to stop it, but larger proportions of women experiencing physical and/or sexual violence did seek help in both Egypt and Jordan (for which data is available). There is virtually no data on the associated costs of providing services in the

justice, health and social service sectors. Information on out-of-pocket payments, which could potentially be used as proxy information for expenditure by individual women on medical treatment, is given for 2014 across countries in the region.

Overall, information on violence against women, particularly intimate partner violence and its consequences, is highly fragmented and incomplete in the region. Given these gaps, any robust estimation of economic costs would require primary data to be collected from individual women and service providers to capture their associated costs. The key methodologies for this are the accounting and econometric approaches. Given the rudimentary nature of service provision, gender-responsive budgeting is unlikely to yield reliable estimates of direct tangible costs. For countries with a minimal response in place, it may be ineffective to include expenditure on service provision as a cost. It would be preferable to frame it as investment, and include in estimates the foregone income or opportunity costs for women and households, and the lost productivity for communities and businesses that result from violence against women.<sup>255</sup>

From the findings of the present study, several policy recommendations are made to ensure all stakeholders meet their obligations as duty bearers to address violence against women, particularly intimate partner violence.

Recommendations focus on three key stakeholders: the State; United Nations agencies and other international organizations; and civil society organizations and research institutions.<sup>256</sup>

## A. State institutions: accountability and leadership

As the prime agent obliged to address and respond to violence against women, recommendations for the State include the following:

1. Align national legislation with international instruments, due diligence standards and **obligations pertaining to women and girls'** human rights to ensure the culture of impunity is addressed.
2. Align legislation on violence against women with constitutional provisions (particularly in countries that have undergone constitutional reform) to ensure a coherent approach in legal and policy frameworks.
3. Enact legislation on violence against women that incorporates marital violence, defining all forms of violence (such as marital rape) and outlining the civil and criminal sanctions/penalties that will apply. Services the State is obliged to provide as duty bearer should be identified.
4. Institutionalize a referral system, linking justice and security sector professionals, health-care professionals and non-governmental organizations providing services for survivors of intimate partner violence, ensuring an interlinked service delivery chain based on human rights standards and procedures.
5. Develop an administrative database that allows for regular monitoring of all forms of violence and the status of agency responses. It should be developed and operated in coordination with civil society organizations, and cover key indicators on violence against women.

6. Strengthen capacities of government employees involved in reporting (police, health-care professionals, court officials, administrative staff, among others) to ensure systematic record-keeping at all levels.
7. Build data collection systems on different types of violence. These may include a population-based national survey on **women's experiences of marital violence**. This will provide data for monitoring, and identify trends in violence against women over time.
8. Conduct nationwide evidence-based research on the economic costs of violence to encourage policymakers to undertake legislative reforms to **protect women's** economic opportunities and recognize their benefit as a source of productive labour.
9. Integrate gender-responsive budgeting into government processes to ensure adequate allocation of resources to services for survivors.
10. Enhance the human and financial capacity of **national women's machineries to coordinate** advocacy and monitoring of the response, including the extent to which it has been prioritized in budget execution.
11. Strengthen links between national development strategies generally, and those for **women's development and addressing** violence against them.

## B. United Nations and international organizations: supporting partners

United Nations organizations and other agencies in the region can be of crucial support, providing information, resources and practice to

leverage government actions for sustained regional and national impact.

Recommendations that would reinforce existing programmes include the following:

1. With local civil society organizations, promote and advocate for legal reform to address loopholes in legislation by mobilizing political leaders and public opinion to combat violence against women, particularly intimate partner violence.
2. Develop **Governments' capacity and** exchange information on institutionalizing gender-responsive budgeting in national planning and budgeting mechanisms to **ensure women's concerns are prioritized in** annual plans.
3. Help design and implement studies costing the impact of intimate partner violence on the economy and society at large.
4. Design and deliver regional and national consultations on the importance of costing all forms of violence against women to acknowledge and understand the social and economic burden.
5. Exchange information, best practices and lessons learned between countries, drawing on those with extensive experience in costing forms of violence and the pros and cons of methodologies.
6. Help implement a comprehensive response to violence against women, in line with due diligence standards.

## C. Civil society and academia: new issues

Significant knowledge gaps remain on how violence against women interacts with the broader

economy in the region. Key areas of research that will expand understanding of the economic impact of violence and contribute to new interventions to reduce it include the following:

### Non-governmental organizations

1. Educate society (such as the police and health-care providers) on the importance of costing violence through, for example, awareness-raising sessions and study tours.
2. Coordinate with government agencies to establish reporting systems at the grass-roots level, covering local clinics, health facilities and other outlets.
3. Provide a model for costing services, using as an example estimates of the costs associated with shelters managed by non-governmental organizations.
4. Provide shadow reports on progress in addressing the various forms of violence, including intimate partner violence, such as regular analysis of the national legislative and policy response.

### Academia and research institutions

1. Research the intergenerational impact of partner violence in the region, exploring in

- particular the impact on young people's** capabilities as they move into adulthood.

  2. Undertake thematic research to provide policymakers with detailed understanding of the importance of costing violence against women and its relationship to various sectors of the economy. This may include intimate partner violence and the justice system, and the impact of marital **violence on women's long-term** economic activity.
  3. Assess the impact of the economic cycles on intimate partner violence, in particular the **broad business cycles, the 'booms and busts', and seasonal fluctuations in** household income.
  4. Partner with government institutions and non-governmental organizations on cost-effective assessments to identify a set of interventions that could be prioritized as part of a comprehensive and coordinated national response.
  5. Ensure research findings are widely disseminated through various channels, such as briefs for policymakers, round-table discussions and seminars targeted at civil society organizations and other stakeholders.

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The study focuses on intimate partner violence and its economic costs to the Arab States. It reviews evidence-based knowledge and explores socioeconomic, human rights and health-related consequences. The discussion aims to reach key policymakers and economic planners, providing them with a complete picture of the implications of violence against women – for the individual, society and the national economy – while highlighting the importance of estimating such costs as an innovative approach and advocacy tool for addressing this issue.

