Sexual and Gender Based Violence and Access to Health Services in Arab countries[1]

Barriers and Key Interventions

Mèdecins Sans Frontières – Operational Centre Barcelona

[1] Arab countries where MSF-OCBA is present: Iraq, Occupied Palestinian Territory, Somalia, Sudan, Syrian Arab Republic and Yemen.

CONTENTS

ACRONYMS AND ABREVIATIONS

ACCESS	Arab Community Center for Economic and Social Services
AI	Amnesty International
AWRD	Association for Women Role Development
CAP	Consolidated Appeals Process
CEDAW	Committee on the Elimination of Discrimination against Women
CBS	Central Bureau of Statistics
DCAF	Geneva Centre for Democratic Control of Armed Forces
FGM/C	Female Genital Mutilation/Cutting
GBV	Gender-Based Violence
GRT	Gruppo per le relazioni Transculturali
GWU	General Women Union
HIV	Human Immunodeficiency Virus
HRC	Human Rights Council
HRW	Human Rights Watch
IAU	Inter-Agency Information and Analysis Unit
IASC	Inter-Agency Standing Committee
IAWG	Inter-Agency Working Group
ICRC	International Committee of the Red Cross
IDP	Internally displaced person
IEC	Information, education and communication
IMC	International Medical Corps
IPV	Intimate Partner Violence
IRC	International Rescue Committee
IRIN	Integrated Regional Information Networks
IWTC	International Women's Tribune Centre
KRG	The Kurdistan region
OCBA	Operational Centre Barcelona
MENA	Middle East and North Africa
MSF	Médecins Sans Frontières
NGO	Non-governmental organization
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner for Human Rights
OPT	Occupied Palestinian Territory
OWFI	Organization of Women's Freedom in Iraq
PCBS	Palestinian Central Bureau for Statistics
RHRC	Reproductive Health for Refugees Consortium
SAF	Sisters' Arab Forum for Human Rights
SEA	Sexual exploitation and abuse
SGBV	Sexual and Gender-Based Violence
SHIMA	National Network to Combat VAW
SOPDDO	Somali People Displacement and Development Organization
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
SV	Sexual Violence
Syria	Syrian Arab Republic
SCFA	Syrian Commission for Family Affairs
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
US	United States
VAW	Violence Against Women
WCLAC	Women's Center for Legal Aid and Counselling
WHO	World Health Organization

EXECUTIVE SUMMARY

The purpose of this review is to analyse the current state of knowledge regarding Gender-based Violence (GBV) in Arab contexts where MSF-OCBA is present. GBV context analysis of six countries**: Iraq, Sudan, Occupied Palestinian Territory (OPT), Syrian Arab Republic (Syria), Somalia and Yemen**, has been done, aiming to draw out the prevalence and major barriers that exist for GBV survivors to access medical and psychosocial services and provide an overview of challenges and opportunities for health care provision in these contexts.

These Arab countries analysed belong to the category of states undergoing war, state repression, occupation, and violent political conflicts. Furthermore, some segments of society seem to be growing more conservative and returning to traditional values. Women, men, girls and boys are subjected to various forms of violence, including psychological, physical and sexual violence inside and outside of their home. However, in these countries the bulk of GBV is located within the family. Humanitarian actors frequently focus on GBV perpetrated by individuals outside the family, often with a particular emphasis on sexual violence. Nevertheless, this report evidence that collective violence also increases risk of GBV perpetrated by family members, such as physical and sexual violence, honour crimes and forced prostitution.

GBV survivors in these Arab countries face two major types of obstacles to access health care: those arisen from their own culture and society and those imposed as the result of occupation, war, and civil unrest. As a result of the violence, the barriers provoked by insecurity, the deterioration and destruction of health care facilities and infrastructure, and the economic situation are very similar to the impediments that can be found in other countries in conflict or post-conflict. The additional challenge in these Arab countries, where prevailing cultural attitudes, patriarchal structures and Islamic fundamentalism, is how overcome cultural and social barriers to improve GBV survivor's access to health care.

While it seems that the majority of women and girls who experience GBV do not seek medical care due to the fear that this may provoke an "honour crime" or social stigmatisation by their families and their communities, an especially troubling finding is the widespread tolerance -by both men and women- of Domestic Violence. Yet despite widespread recognition of the problem, GBV thrives in a culture of silence and denial. These barriers together with the restriction of freedom of movement that most of Arab women and girls suffer and the Arab family's role in women's health are the major obstacles to GBV access to health care services.

The report findings highlight opportunities for addressing post-conflict challenges of improving availability, accessibility, and quality of care for GBV survivors in Arab countries. Demand-side barriers needs to be reduced while simultaneously implementing an integrated model in existing health care facilities and improving privacy and confidentiality. In addition, community leaders, health care providers and women need greater involvement in improving access to medical and psychosocial services for GBV survivors.

It has been identified that, while many of the obstacles, gaps and needs in the health sector are well documented, there is a lack of data and information relating to health access for GBV survivors in the Arab countries. This report provides contributes to key interventions regarding future action to address these needs, focusing on providing medical and psychosocial services, and the role of MSF as service provider, in Arab contexts. It only constitutes a first step in this direction. More in depth analysis on GBV response services (provision of medical and psychosocial care) is needed.

1. INTRODUCTION

Médecins Sans Frontières (MSF) Operational Centre Barcelona (OCBA), Operational Plan (2010-2012) states that "*we will build our capacity to detect, react and respond to:*

- *Survivors of violence and displacement.*
- *Survivors of deliberate neglect, ostracism and marginalization resulting in threatened physical integrity.*
- *Survivors of epidemics, nutritional crisis and natural disasters."*

The 2010 OCBA Vision Paper on Sexual Violence (SV) states that
"*MSF programs should be sensitive to Sexual Gender-Based Violence (SGBV) among their beneficiaries and staff must prepare a comprehensive response, within a framework including medical care, psychosocial care, IEC, medico-legal support, and liaison with other women's organisations who can provide continued material, and social support".*

As a medical humanitarian organization MSF has a responsibility towards survivors of sexual violence. What this responsibility means is also explained in the **MSF Sexual Reproductive Health policy 2010**:

"MSF should respond to the needs of victims of sexual violence in all projects. This response includes:
· Medical and psychological care, preferably by a female staff (even for male victims)
· Offer and provision of medico-legal documents
· Connecting with community for social and legal support according to context
· Raising community awareness
· Advocacy that highlights the scope of the problem and exposes gaps in the response.
High-risk situations such as conflict zones and refugee /IDP camps increase vulnerability for sexual violence and need particular attention. MSF needs to establish a sexual violence response capacity, which can adequately address the additional burdens that these situations create. MSF should also take all appropriate preventive measures to minimize the risk of sexual violence through logistical measures (water provision, lighting at latrines etc.) and advocate for others to do so."[2]

Although in the last years MSF-OCBA has put a great amount of effort to enhance the capacity of health staff to provide a medical and psychological package for responding to SGBV many challenges still remain.[3]

2. REVIEW PURPOSE AND METHODOLOGY

Despite the fact that studies have shown that GBV is quite prevalent among women using primary health care services, the Arab world have not yet recognized GBV as a health care problem. GBV is viewed as a personal and family issue rather than a community problem despite its substantial public health effects. Interventions that addressed GBV so far have been scattered, lacking coordination and limited by lack of policies and policy's makers support.[4]

Survivors of Sexual violence in Arab communities experience many barriers to access health and psychosocial services.[5] Providing an innovative health care model for SGBV services and promoting access to care, speaking the unspeakable, in these contexts is challenging for NGOs promoting SV services for survivors. Addressing the needs and the perceived barriers is an important preparatory step. Adequate planning for the engagement of the health care sector in addressing GBV needs to take these barriers in consideration.

This paper attempts to review and analyze the current state of knowledge regarding Gender Based Violence in Arab contexts where MSF-OCBA is present and to determine where major barriers remain for GBV survivors to access health care. This review identifies a wide range of topics within the context of gender based violence, including prevalence and risk factors, impact and barriers for SGBV survivors to access health facilities, as well as selected studies on specialized areas such as intimate partner violence, honour crimes, trafficking in persons, and other forms of gender based violence.

[2] MSF Sexual and Reproductive Health Policy. International Working Group on Sexual and Reproductive Health – March 2010.
[3] MSF-OCBA, SGBV Vision Paper 2011.
[4] Jinan Usta, Rima Habib, *Involving the Health Care in addressing Gender-based Violence in Lebanon*. Montecatini Terme, Italy: 11th Mediterranean Research Meeting; March 24-27 2010.
[5] Ibid.

In addition, this paper wants to contribute to the reflection of key interventions about future action to address the needs of GBV survivors in Arab contexts, focusing on medical and psychosocial services. Accordingly, the purpose of this report is to explore the gendered nature of the factors contributing to obstructing women, men, girls and boys' equal access to quality health care facilities and services in these Arab states and to provide a comprehensive analysis and guidance to MSF-OCBA and its operational partners for moving forward on the issue.

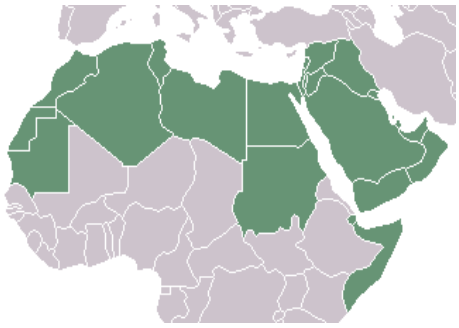
Literature review

The components consist of a comprehensive literature review of region, specific policies, programmatic experiences and best practices related to effective health responses for SGBV survivors. The review includes country reports, human rights reports, papers based on limited health survey research, and analytical papers or reports on particular GBV issues or interventions. Source institutions include international organizations, government institutions as well as university, NGO, and individual researchers.

Scope and limitations

1) The focus of this report is based on literature from the Arab World, particularly Iraq, Sudan, Occupied Palestinian Territory (OPT), Syrian Arab Republic (Syria), Somalia and Yemen, with material from outside this countries used only where deemed relevant in the Arab context.
2) This report contextualises the specific components of GBV in conflict settings.
3) This report has as a specific purpose to inform MSF, as a medical humanitarian organisation, providing a GBV health response. It has been identified that, while many of the obstacles, gaps and needs in the health sector are well documented, there is a lack of data and information relating to good practices on delivering a health response and improving access to care for GBV survivors in the Arab countries. This gap in knowledge means that MSF-OCBA is not in a position to analyse the challenges, threats and opportunities that would guide MSF-OCBA and other partners on the optimal intervention to provide quality health services for SGBV survivors.
4) Finally, It is important that GBV survivors are not seen as a homogeneous group; Arab countries has a very diverse population and access to health care will as much depend on a person's social status, ethnicity, geographical location (especially in terms of whether they are urban- or rural-based), culture/religion, etc. as on their gender and age. In view of the time-scale involved in developing this report and the breadth of study required to examine an age, gender and diversity matrix of analysis, it was not possible to explore the intersections between gender and these other characteristics in the context of this report. However, in reading this paper, this issue must be borne in mind.

3. ARAB COUNTRIES – GENDER-BASED VIOLENCE SITUATIONAL CONTEXT ANALYSIS



The term **Arab** is associated with a particular region of the world. The classification is based largely on common language (Arabic) and a shared sense of geographic, historical, and cultural identity. The large majority of Arabs are Muslims (92%) however, in total the Arabs comprise only about 17% of the Islamic population worldwide (with other substantial populations in Indonesia/Malaysia, South Asia, Iran, Central Asia, Turkey, and Sub-Saharan Africa).[6]

Historically, these countries have traditionally adopted religiously dominated traditions in issues related to sexuality and sexual health and Islam remains the basis and the dynamic force of the Arab family. Today, there is no Arab country (except Lebanon) where constitution does not mention Islam as a State religion. The laws on the status of the family in the countries are directly inspired by the Islamic jurisdiction that dictates all matters related to marriage, sexual behaviour, and sexual health. Besides Islam, traditional and cultural heritage is still dictating a lot of practices and social habits and shaping the daily life of people.[7]

In order to better understand the extent and nature of GBV in Arab countries where **MSF-OCBA is present: Iraq, Sudan, OPT, Syria, Somalia and Yemen**, it is important to understand the political, legislative and social context in these countries. For this reason, based on an analysis of a literature review, this section contains basic information about the political, legislative and social context in which GBV flourishes, and examines the nature and extent of the various forms of GBV against women and girls, men and boys in Arab countries.

In most of these Arab countries, after many years of armed conflict and violence, violence has become a socially accepted way to resolve conflict and achieve change; consequently violence has infiltrated all aspects of society, including family life.

Gender Based Violence Situational Context Analysis COUNTRY FACT SHEETS:

- → **Fact Sheet IRAQ**
- → **Fact Sheet OCCUPIED PALESTINIAN TERRITORY**
- → **Fact Sheet SOMALIA**
- → **Fact Sheet SUDAN**
- → **Fact Sheet SYRIA**
- → **Fact Sheet YEMEN**

[6] ACCESS, Community Health & Research Center. "*Guide to Arab Culture: Health Care Delivery to the Arab American Community*", 1999.
[7] WHO, *Background Paper on Reproductive and Sexual Health in the Eastern Mediterranean Region*, Dr Faysal el-Kak, Associate Professor, Obstetrics and Gynaecology, American University of Beirut, October 2003.

4. FINDINGS

Gender-based Violence (GBV) is a manifestation of the historically unequal power relation between men and women. While no part of the world is free from the stain of GBV, the Arab countries are exceptional in their array of laws, practices, and customs that pose major obstacles to the protection of women and the punishment of abusers.[8] Many Arab women are still bound by patriarchal patterns of kinship, legalised discrimination, social subordination and ingrained male dominance. Some of these practices are based on religious beliefs, but many of the limitations are cultural and emanate from tradition rather than religion.

Arab women encounter violence throughout the different phases of their lives: in girlhood, violence can come in the form of physical, sexual and psychological abuse; female genital mutilation; child marriage; and child prostitution and pornography; in adolescence and adulthood, such violations can expand to include sexual abuse and rape, forced prostitution and pornography, trafficking in women, marital rape, and partner violence and homicide.[9]

Gender-based Violence has harmful physical, emotional, psychological and social effects on individuals. These effects are interrelated, for example physical well-being affects psychological well-being; social well-being affects emotional well-being. The primary roles of health sector actors in humanitarian settings are to ensure access to good quality basic health services for all survivors and to prevent and manage the consequences of GBV. In emergency settings, health response tends to focus on sexual violence, however other forms of GBV that are prevalent in a given setting also need to be addressed through health interventions.[10]

4.1 Patterns of Prevalence of Gender based Violence in Arab countries

It is difficult to gauge the prevalence of gender based violence in Arab societies. The subject is taboo in a male-oriented culture of denial.[11] Most of this violence is inflicted and unseen in the home, on wives, sisters and mothers. The under-reporting of offences is widespread and there are only few comprehensive studies on the nature and extent of GBV. Nonetheless, GBV is thought to be widespread in every country in the region, with its existence typically covered up by and kept within the family.

The literature divides Gender Based Violence into the following types of GBV [12] [13]

Rape	Non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object. Rape includes marital rape and anal rape/sodomy.
Sexual Assault	Any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks.
Sexual Abuse	The term "sexual abuse" means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.[14]
Sexual Exploitation	The term "sexual exploitation" means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Some types of "forced prostitution" can also fall under this category.[15]
Physical Assault	An act of physical violence that is not sexual in nature. Example include: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury.
Domestic Violence	Violence that takes place between intimate partners (spouses, boyfriend/girlfriend) as well as between other family members. This type of violence may include physical, sexual and/or psychological abuse, as well as the denial of resources, opportunities or services.
Intimate Partner Violence	Intimate Partner Violence is defined by the relationship between perpetrator and survivor and may include multiple forms of violence (rape, sexual assault, physical assault, psychological / emotional abuse + Intimate Partner[16] / Former Partner = Intimate Partner Violence).

[8] Sanja Kelly and Julia Breslin, Women's Rights in the Middle East and North Africa, 2010.
[9] Freedom House, "*Challenging inequality: Obstacles and opportunities' towards women's rights in the Middle East and North Africa: Citizenship and Justice*", 2005.
[10] IASC, *Guidelines for Gender-based Violence Interventions in Humanitarian Settings. Focusing on Prevention of and Response to Sexual Violence in Emergencies*, 2005.
[11] UNDP, *Arab Human Development Report 2009: Challenges to Human Security in Arab Countries*.
[12] The first six definitions of GBV included in this matrix are based on the GBV Classification Tool for the GBVIMS (http://gbvims.org).
[13] GBVIMS User Guide (2010).
[14] UN Secretary General's Bulletin on Protection for Sexual Exploitation and Abuse (ST/SGB/2003/13)
[15] UN Secretary General's Bulletin on Protection for Sexual Exploitation and Abuse (ST/SGB/2003/13)
[16] husbands, boyfriends

Sexual harassment	Any unwelcome, usually repeated and unreciprocated sexual advance, unsolicited sexual attention, demand for sexual access or favours, sexual innuendo or other verbal or physical conduct of a sexual nature, display or pornographic material, when it interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment.
Forced Marriage & Early Marriage	Forced Marriage: The marriage of an individual against her or his will. Early marriage (marriage under the age of legal consent) is a form of forced marriage as the girls are not legally competent to agree to such unions).[17]
Psychological/ Emotional Abuse	Infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, social exclusion, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc. "Sexual harassment" is included in this category of GBV.
Trafficking in Persons	"…the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs."
Harmful Traditional Practices	Cultural, social and religious customs and traditions that can be harmful to a person's mental or physical health. It is often used in the context of female genital circumcision/mutilation or early/forced marriage. Other harmful traditional practices affecting children include binding, scarring, burning, branding, violent initiation rites, fattening, forced marriage, so-called "honour" crimes and dowry-related violence, exorcism, or "witchcraft".
Female genital mutilation (FGM)	Cutting of genital organs for non-medical reasons, usually done at a young age; ranges from partial to total cutting, removal of genitals, stitching whether for cultural or other non-therapeutic reasons; often undergone several times during life-time, i.e., after delivery or if a girl/woman has been victim of sexual assault.
Honour crimes	Injuring or murdering a woman or girl as punishment for acts considered inappropriate for her gender that are believed to bring shame on the family or community (e.g., pouring acid on a young woman's face as punishment for bringing shame to the family for attempting to marry someone not chosen by the family), or to preserve the honour of the family (i.e., as a redemption for an offence committed by a male member of the family).

Although the scope of SGBV and appropriate health response package is vast, in practice programs responding to SGBV within MSF-OCBA currently focus on rape, sexual assault and trafficking.

A. Domestic Violence/ Intimate Partner Violence

Domestic Violence may be directed from the father, brother, husband or son. Harm could be directed against women in various forms such as beating, humiliation or imposing control over the finer specifics of the privacy of women, which leads and ends with a crisis that requires physical and/or psychological treatment.[18]

In general violence continues to be perceived as a normal aspect of family life, including by women themselves. Physical violence in the home is commonly believed to be instigated by the husband or father. However, any member of the family may perpetrate violence; this includes fathers, brothers, sons, or even mothers-in-law or extended family.

Among the six Arab countries analyzed[19], none offer specific protections against domestic violence which it is viewed as an acceptable and 'ordinary' phenomenon[20]. The high prevalence of domestic violence is more apparent in those countries for which at least some studies exist (e.g. Iraq, Syria and OPT), yet the limited available evidence suggests that it is a severe and chronically under-reported problem across the region, regardless of whether the countries are in conflict or not.

A testimony of a University Student in Ramallah said:
"*You can even be at home (…) and dressed properly, but you still fear how your brother looks at you and how your father looks at you. Our communities are somewhat scary. You must try to cover yourself up with your clothes, or you would attract the attention of your brother or father. (…) We had cases of rape by brothers, fathers or uncles living in the same home. A woman cannot wear anything she wants*". [21]

[17] Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons, (UNHCR, 2003).
[18] Mediterranean Programme. Workshop 11: Gender –Based Violence in the MENA Region, 2010. *Prevention of Violence against Women*.
[19] Iraq, OPT, Syrian Arab republic, Yemen, Turkey, Somalia and Sudan.
[20] Icon Institute Public Sector, Hacettepe University Institute of Population Studies, and BNB Consulting, *National Research on Domestic Violence against Women in Turkey*, 2009.
[21] DCAF, Palestinian Women and Security: Why Palestinian Women and Girls do not feel secure, 2009.

Although **Intimate Partner Violence (IPV)**, where women are the victims in most cases, is increasingly being recognized as a problem in many countries in the Arab states, there is limited information and even less research specifically on attitudes around IPV. Recent studies from Iraq[22] that examine violence within the marriage indicate a broad women acceptance of IPV (63%). This rate of acceptance is comparable to rates of acceptance among women in other Arab countries.

Marital rape is not only a fault under the law of these countries but it is justified and reinforced by gender and societal norms that also impede attempts to alleviate the consequences of such behaviour.[23] In addition, for example in Yemen, discriminatory laws, reinforced by traditional norms, include the requirement that a wife must obey her husband and fulfilling his sexual desires.[24] This type of provision and customs flagrantly legitimizes sexual violence and rape within marriage**.**

B. Harmful traditional practices

In the Arab states some specific areas of GBV have received more attention and have been subject of specialized research, being honour-related violence, early, forced, and/or temporary marriages, and FGM/C.

So-called "**honour crimes**" are the most notorious form of violence against women in several Arab societies. 'Honour crimes' occur for a range of reasons, including adultery, refusal to marry a man chosen by the family, attempting to marry someone of whom the family do not approve, having pre-marital sex, being a rape survivor, or even suspicion of committing any of these acts. 'Honour crimes' most commonly involve 'honour killings', but also includes other forms of violence, such as mutilation. The punishment for women can be as severe as death, especially if the prohibited act results in pregnancy. Generally, the perpetrators of honour crimes serve minimal time in prison due to judicial discretion and laws that prescribe leniency for murders committed in the heat of passion. [25]

Here too, under-reporting makes the prevalence of such crimes difficult to establish, but the practice is known to continue. While Syria has recently instituted stiffer penalties to deal with these crimes, honour crimes are reportedly on the rise in other countries, such as OPT, Iraq and Yemen.[26]

In Iraq, for example, outside the Kurdistan Region, perpetrators of 'honour killings' are protected by Iraqi law, the legislation imposes the most lenient sentences for such crimes. Since a 2001 RCC order expanded the category of 'honour killings' and provided for even further mitigated sentences, the number of 'honour killings' has increased. In addition, despite the leniency of the sentences, 'honour killings' generally go unreported to the police. It is believed that, with the rise in religious conservatism, the incidences of 'honour killings' have further increased in Iraq since the fall of the Ba'ath regime.[27]

In many parts of the Arab world, girls are married off at a young age, often to men who are much older. **Early/forced marriage** and teenage pregnancies threaten the health of mothers and children, and increase female vulnerability to violence. Moreover, early marriages often lead to divorce. Although early marriage is on the decline in the Arab countries, the numbers of teenage girls who are married remains significant, in this order, in Somalia, Yemen, Sudan, Iraq and Syria (UNICEF 2007).[28]

Other harmful traditional practices as **mut'ah marriage** and **"tourist marriages"** are growing more popular in Iraq, Syria and Yemen. These marriages are of a predetermined duration and become null and void once the agreed-upon term has passed. They can last as little as one day and primarily serve individuals seeking to legitimize patronizing prostitutes.[29] In Yemen, increasingly, "tourist marriages" are held between Yemeni girls and men from Saudi Arabia.[30]

Although some Arab states have banned the practice of **Female Genital Mutilation/Cutting (FGM/C),** none of the studied countries have enacted legislation against it. FGM/C continues to be widespread in many countries because traditional beliefs favour it. Influential figures aligned with conservative political or social forces

[22] IAWG, Workshop GBV in the MENA Region, 2010. Khawaja, Kaplan & Linos, *Women's Acceptance of Wife Beating in Iraq*.
[23] VAW Journal 2007, What we know about Intimate Partner Violence in the Middle East and North Africa, Angie Boy and Andrzej Kulczycki.
[24] Sanja Kelly and Julia Breslin, Women's Rights in the Middle East and North Africa, 2010.
[25] IAU, *Gender-based Violence in Iraq. The effects of violence - real and perceived- on the lives of women, girls, men and boys in Iraq*, 2006.
[26] Sanja Kelly and Julia Breslin, Women's Rights in the Middle East and North Africa, 2010.
[27] IAU, *Gender-based Violence in Iraq. The effects of violence - real and perceived- on the lives of women, girls, men and boys in Iraq*, 2006.
[28] UNDP, Arab Human Development Report 2009: Challenges to Human Security in Arab Countries.
[29] U.S. Department of State, *2010 Human Rights Report: Syria*.
[30] http://www.yemenpost.net/12/LocalNews/4.htm

continue to speak out in its defence. FMG/C (Type II and III[31]) is widespread in Yemen, Somalia, Sudan and the Iraq Kurdistan region. There is also circumstantial evidence to suggest that FMG/C is present in Syria.[32]

C. Rape / sexual assault

Rape and sexual assault are often underreported as crimes because of the stigma attached to being a violated woman. Family and society join to deny occurrences, preserve the image of virginity and downplay the crime, and few cases come before the courts.[33]

Laws exist across all Arab countries analysed but there are no reliable estimates of the incidence of **rape** and the effectiveness of government enforcement of the law. Yet, despite positive developments in the legal framework rape persists in all these countries.

Pregnancy resulting from rape can have severe consequences for women (physical, psychological and social). As rape is generally underreported and no truthful data exists, it is difficult to know the amount of abortions practiced in these cases. In most Arab countries **abortion** is not allowed and is considered a crime unless the physical health of the mother is threatened by the pregnancy itself (OPT[34], Syria[35], Yemen[36]). Only Iraq[37] and Sudan[38] permit as well abortions for reasons of incest of rape. In Somalia[39], the abortion in all the cases is forbidden by the Penal Code.

D. Trafficking / Sexual Exploitation

Human trafficking is a multi-billion dollar transnational industry that is spreading across the Arab countries. Security deterioration and displacement, financial hardship, social disintegration, and the dissolution of the rule of law and state authority have contributed to an increase in trafficking and forced prostitution in these countries. For men, the trade entails forced labour under dehumanizing conditions and without respect for labour rights. For women, it usually means domestic service often indistinguishable from slavery, or sexual exploitation; and, for children, it leads to employment as beggars, itinerant vendors or camel jockeys, or to sexual abuse. [40]

For example in Iraq, women and girls sold into prostitution have little, if any, recourse. If they are able to escape and seek assistance from law enforcement authorities, they are often charged with crimes because they are carrying fake passports or because they have been forced by their captors to engage in unlawful behaviour. Others are kept in prisons for their own safety; to protect them against the family's or community's retaliation for bringing shame upon them. Efforts to detect and prevent trafficking for sexual exploitation are inadequate.[41]

Women trafficking and sexual exploitation is a phenomenon in Syria, Yemen, Somalia and Sudan and have also increase in Iraq[42]. For example, thousands of Iraqi women have been forced to work as prostitutes in Syria, Jordan and the United Arab Emirates.[43] These countries can be destinations for the trade, they may act as a transit point for such commerce (e.g. Yemen), or they may be a source of persons being trafficked (e.g. Somalia and Iraq).

[31] The WHO classifies Female Genital Mutilation (FGM) into four types:
I **Clitoridectomy**: partial or total removal of the clitoris and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
II **Circumcision**: partial or total removal of the clitoris and the labia minora, with or without circumcision of the labia majora
III **Infibulation**: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
IV **Other**: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.
[32] http://www.irinnews.org/InDepthMain.aspx?InDepthId=15&ReportId=62474&Country=Yes
[33] UNDP, *Arab Human Development Report 2009: Challenges to Human Security in the Arab Countries*.
[34] Sanja Kelly and Julia Breslin, *Women's Rights in the Middle East and North Africa,* 2010.
[35] UN, *Syrian Arab Republic Abortion policy 2011- World Abortion Policies 2011.*
[36] UN, *Yemen Abortion policy 2011- World Abortion Policies 2011.*
[37] UN, *Iraq Abortion policy 2011- World Abortion Policies 2011.*
[38] UN, *Sudan abortion policy 2011- World Abortion Policies 2011*
[39] This abortion policy is before the breakdown of central Government in Somalia; currently abortion law and policy of the country are unclear.
[40] UNDP, *Arab Human Development Report 2009: Challenges to Human Security in the Arab Countries*.
[41] IAU. Gender-based Violence in Iraq. The effects of violence - real and perceived- on the lives of women, girls, men and boys in Iraq, 2006.
[42] HRW, *At a Crossroads. Human Rights in Iraq Eight Years after the US-Led Invasion*, February 2011
[43] Sarhan, Afif. "In Baghdad, Sex is Traded for Survival." Al Jazeera. Aug. 13, 2007. http://english.aljazeera.net/NR/exeres/36B04283-E43F-4367-90BBE6C60CB88F76.htm (accessed Aug. 14, 2007).

4.2 Conflict and post-conflict situations

Collective violence, such as war, state repression, torture, and violent political conflicts increases risk of various forms of GBV.[44] In addition to the "normal" violence of peace-time, random cruelties are perpetrated by the enemy against all members of the community, as well as enemy violence that deliberately targets women. However, much of the violence that women suffer is little different from their experiences during "peace time", we should see it as a "continuum of violence" that "runs through the social, the economic, and the political, with gender relations penetrating all these forms of relations".[45]

In the wave of protests and disturbances in the Arab world, women are confronting attempts to exclude them from public life, as well as acts of discrimination and violence, perpetrated with impunity by extremist groups and security forces.[46] Security conditions (e.g. Syria) and the rise of Islamists that contest existing laws for women on religious grounds (e.g. Yemen), also pose serious complications for women. Although women's activism has clearly been important to the Arab revolts, there is no guarantee that women's rights activists will be able to turn their engagement into longer-term economic, social, and political gains. In fact, there is reason for concern that women will see their rights erode.[47]

In Iraq and Palestine, the conditions are not better, partly related to the uncertain security situation. And, in Sudan and Somalia, sexual violence and GBV continues to occur throughout the region, both in the context of continuing attacks on civilians, and during periods of relative calm.

A. Domestic Violence/ Intimate Partner Violence

Domestic Violence may start or worsen in conflict situations due to increased tensions, traumatic experiences and greater availability of weapons and is less likely to be taken seriously when rape and other forms of violence have been widespread and continue to go unpunished.[48]

Research from the OPT have shown that exposure to political violence is associated with increased odds of psychological, physical, and sexual intimate-partner violence in a sample of presently married women in the Occupied Palestinian Territory. A result of a survey research[49] of Palestinian adolescents has shown associations between exposure to political violence and reports of spousal, child, and sibling abuse.[50]

In refugee camps in Somalia and Ethiopia, Somali women reported that because of the lack of wood in the area it may take women up to seven hours to go and collect firewood. According to them, this is also seen as another factor contributing to IPV as women will not able to make food for their husbands in time or be away from the house for too long.[51]

B. Harmful traditional practices

The deterioration of security promotes a rise in tribal customs and religiously-inflected political extremism, as **Honour crimes,** which have had a deleterious effect on women's rights, both inside and outside the home. For example in Iraq, due to insecurity situation, increasingly, women and girls are victimized in their own homes, sometimes killed by their fathers, brothers and husbands for a wide variety of perceived transgressions that allegedly shame the family or tribe. If they seek official protection from violence in the home, women risk harassment and abuse from Iraq's virtually all-male police and other security forces. Iraqi law protects perpetrators of violence against women: Iraq's penal code considers "honourable motives" to be a mitigating factor in crimes including murder. The code also gives husbands a legal right to discipline their wives.[52]

C. Forced/early marriage

During and after the conflict, there is an increase of **forced/early marriage** for girls.[53] In a GBV rapid assessment conducted in July 2011 by the IRC in the Daadab refugee camp in Kenya, participants identify early

[44] RHRC, Ward J. *If not now, when? Addressing gender-based violence in refugee, internally displaced, and post-conflict settings: a global overview,* 2002.
[45] Cockburn, Cynthia, "The Continuum of Violence: A Gender Perspective on War and Peace", in Wenona Giles and Jennifer Hyndman, editors, Sites of Violence: Gender and Conflict Zones, Berkeley: University of California Press, 2004.
[46] http://arabwomenspring.fidh.net/index.php?title=Main_Page
[47] http://www.foreignpolicy.com/articles/2011/12/20/arab_spring_women?page=full
[48] IWTC, *Confronting Sexual Violence in Conflict Situations*, 2009.
[49] Haj-Yahia MM, Abdo-Kaloti R., *The rates and correlates of the exposure of Palestinian adolescents to family violence: toward an integrative-holistic approach*, 2003.
[50] *Cari Jo Clark, Susan A Everson-Rose, Shakira Franco Suglia, Rula Btoush, Alvaro Alonso, Muhammad M Haj-Yahia.* Association between exposure to political violence and intimate-partner violence in the occupied Palestinian territory: a cross-sectional study, 2010.
[51] UNFPA. *GBV Assessment Report, Kebri Beyah refugee camp Somali region, Ethiopia and Shimelba refugee camp Tigray region, Ethiopia*, 2007.
[52] HRW, *At a Crossroads. Human Rights in Iraq Eight Years after the US-Led Invasion*, February 2011
[53] UN, Security Council, *Report of the Secretary – General on Conflict-related sexual violence*, 13 January 2012.

marriage as the most common form of violence experienced by women and girls. Reasons most often cited for forced marriages at an early age included families receiving money in exchange for the marriage, (eg. one participant of the IRC assessment said: "*If I don't do my duty, they will beat and curse me."),* or families wanting to "protect" their daughters from pregnancy.[54]

D. Rape/ Sexual abuse

Women, men and children have been raped and sexually abused by men in all forms of combat, whether wars between nations or internal conflicts, and by men from all sides, both enemy forces and their own troops – even by members of UN peacekeeping forces.

Sexual Violence casts disproportionately affects women and girls. However, recent information underscores that the situation of male victims and the plight of children born as a result of **wartime rape** require deeper examination.[55] For example, in Syria, the Commission of Inquiry reported the use of sexual torture on male detainees by Syrian military and security forces in detention. Testimonies were received from several men who stated they had been anally raped with batons and that they had witnessed the rape of boys between the ages of 11 and 15.[56]

Rape may be used to degrade women and it may be used to humiliate and dehumanize the 'other side' in the conflict. While the reasons vary, rape and sexual abuse have increasingly been used as a specific tactic of armed conflict, designed to crush the spirit that keeps families, communities and nations bound together. [57]

In Darfur conflict, rape and other forms of sexual violence remain endemic. As documented extensively, it featured prominently in the government's "ethnic cleansing" campaign, both during and following displacement. The crimes of sexual violence are committed in the context of attacks on civilians, in the vicinity of IDP camps, in towns with large IDP populations, and in rural areas near military bases or in areas under rebel control.[58] From December 2010 to November 2011, a total of 66 reported cases of sexual violence involving 111 victims, all internally displaced persons, including 43 children, were recorded by the African Union-UN Hybrid Operation in Darfur (UNAMID). In the majority of incidents, victims and witnesses were unable to provide information on the identity of the alleged perpetrators, described as "men in uniform". The victims in 17 % of cases identified Government of Sudan forces as their attackers, specifically the Central Reserve Police, SAF, Government police and "forest guard".[59]

Displaced Somali women and girls were reportedly subjected to sexual assaults and threats of sexual violence by bandits or men with guns while in transit, and upon arrival in refugee camps.[60] Lack of security, low social status as members of ethnic minorities and a lack of clan protection are all factors that continue to expose them to the risk of sexual violence. Very often these attacks involved multiple perpetrators, with women and girls reportedly raped or gang-raped, often in front of their husbands. Women are raped at night in their huts, or going about their chores such as collecting firewood or water, going to the market or working as housemaids.[61]

Using rape as a weapon of war in the context of patriarchal religious societies holds unique potential as a horrific tool of political repression. During the popular uprisings in the Arab spring (Yemen and Syria), sexual violence against women has been used as a tool to punish or intimidate those advocating for political change. Women agitating for political change in these countries face the ever-present threat of sexual abuse and the societal stigma that results from sexual violence in highly patriarchal societies.[62]

According to the Report of the High Commissioner on OHCHR's visit to Yemen, for example a boy was reportedly raped by Government security forces in Aden in April 2011, after his mother accused security forces of killing a civilian.[63] During the civil unrest in Syria, there are widespread reports of sexual assault and rape of women, men and children in detention. However, these crimes are extremely difficult to document, in large part due to the fear of reprisals and stigmatisation of survivors. The independent international

[54] IRC, *GBV rapid assessment in Daadab (Kenya)*, July 2011.
[55] UN, Security Council, *Report of the Secretary – General on Conflict-related sexual violence*, 13 January 2012.
[56] Ibid.
[57] IWTC, *Confronting Sexual Violence in Conflict Situations*, 2009.
[58] HRW, *Five years On, No Justice for Sexual Violence in Darfur*, 2008.
[59] UN, Security Council, *Report of the Secretary – General on Conflict-related sexual violence*, 13 January 2012.
[60] Ibid.
[61] GRT, *GBV towards Women a Girls in Gardo – Puntland, Situational Analysis, November – December 2011.*
[62] Centre for American Progress, *Rape and the Arab Spring: The Dark Side of the Popular Uprisings in the Middle East by Elizabeth Marcus, 2011.*
[63] HRC, *Report of the High Commissioner on OHCHR's visit to Yemen*, 13 September 2011.

commission of inquiry on the Syrian Arab Republic received frequent accounts of security officials threatening men with the rape of female relatives.[64]

Evidence suggests that sexual violence does not necessarily end with the cessation of armed conflict. Incidents of rape are reported to have increased sharply in the context of ongoing insecurity in post-war Iraq, for example. In April 2011, detainees, male and women, reported been raped prison guards at an MOI facility in the Adamiya neighbourhood of Baghdad.[65]

E. Human Trafficking/ Forced prostitution/ Sexual slavery/ Sexual Exploitation

In conflict situations, especially displaced women and girls who have been abducted by armed groups are very vulnerable to being **trafficked,** kidnapped and forced to become prostitutes or sex slaves.[66] In Yemen, Woman's Committee representatives, sheikhs and security personnel, from villages such as Bir Ali and Mayfa Hagar, explained that refugee's women not having clan or family support end up in prostitution. According to the Bir Ali sheikh, about 15 women were withdrawn from the community due to prostitution from April to October 2008.[67]

In post-conflict settings risk of exposure to forced or coerced prostitution, as well as trafficking, may increase. An unstable post-conflict economy is particularly hard for single women and those who have lost their husband or parents during the conflict. Ironically, and sadly, women and girls who experienced sexual violence during conflict are probably the most vulnerable of all to further exploitation in post-conflict settings. [68]

According to a Human Rights Watch testimony[69], a former police chief Abd al-Jalil Khalaf, local human rights organizations that assist trafficked women in Iraq, women are forced into prostitution through false promises of legitimate employment overseas. Traffickers also transport women and girls internally and internationally through arranged and forced marriages. Families marry off their young women and girls to older men from outside their community who are either agents or brokers. She said: "*Many of these poor girls who think they are escaping their hard life in Iraq end up in Syria dancing in nightclubs*."[70]

In Somalia**,** numerous reports have been received of Harakat Al-Shabaab al-Mujahideen (Al-Shabaab) fighters committing sexual violence, including **forcing women into marriages and acts of sexual slavery.** Women were reportedly stopped at checkpoints and informed that a certain militant had selected her for marriage. Families, fearing retaliation, generally comply. Still others attempting to escape from war may be the target of traffickers. The absence of border controls and normal policing make conflict-affected countries prime routes for traffickers.[71]

Sexual exploitation is identified as another form of violence perpetrated against women and girls. During flight, women and girls remain at high risk for sexual violence -- committed by bandits, insurgency groups, military and border guards. Many women must flee without the added safeguard of male relatives or community members, further increasing their vulnerability. Without money or other resources, displaced women and girls may be compelled to submit to sex in return for safe passage, food, shelter or other resources.[72]

In refugee camps, due to barriers inhibiting women from accessing services, transport issues from the reception centres and extreme vulnerability of single women and adolescent girls, the conditions are conducive to high rates of survival sex.[73]

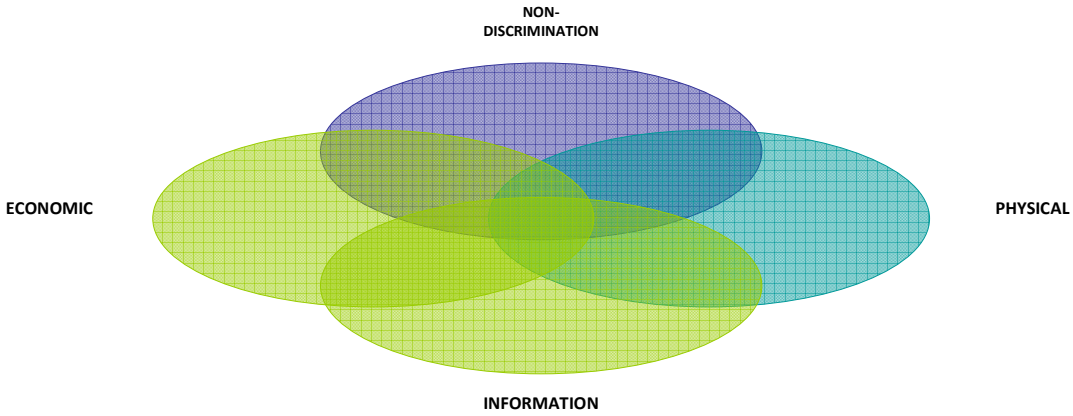
[64] HRC, *Report of the independent international commission of inquiry on the Syrian Arab Republic*, 22 February 2012.
[65] US Department of State, *2010 Human Rights Report: Iraq*.
[66] IWTC, *Confronting Sexual Violence in Conflict Situations*, 2009.
[67] Intersos, *Rapid Assessment Report. Ahwar and Mayfa Reception Center in Yemen*, 2008.
[68] IWTC, *Confronting Sexual Violence in Conflict Situations*, 2009.
[69] HRW, *At a Crossroads, Human Rights in Iraq Eight years after the US-Led invasion*, February 2011.
[70] HRW, *At a Crossroads, Human Rights in Iraq Eight years after the US-Led invasion*, February 2011.
[71] UN, Security Council, Report of the Secretary – General on Conflict-related sexual violence, 13 January 2012.
[72] UNFPA, *Sexual Violence against Women and Girls in War and its Aftermath: Realities, Responses, and Required Resources*. Jeanne Ward and Medny Marsh, 2006.
[73] IRC, *GBV rapid assessment in Daadab (Kenya*), July 2011.

4.3. Barriers for GBV survivors to access Health Care Services

GBV survivors experience a wide variety of somatic and stress related symptoms[74]. Such consequences translate into lower health status, lower quality of life, higher hospitalization rates for all conditions, higher utilization of outpatient health services for illness and injury and less preventive and well-adult care. Although, survivors of GBV are frequent users of health care services[75], there exist a high number of barriers to an effective health system response.[76]

According to the **International Covenant on Economic, Social and Cultural Rights** (**ICESCR),** which all the Arab states analyzed are part (except from OPT[77]), *accessibility* to health care services means that health facilities, goods and services must be accessible to everyone without discrimination, within the jurisdiction of the State party.

Within this framework, **ACCESSIBILITY** has four overlapping dimensions:



Presently, the most significant obstacles for SGBV survivors to access health services include the following;

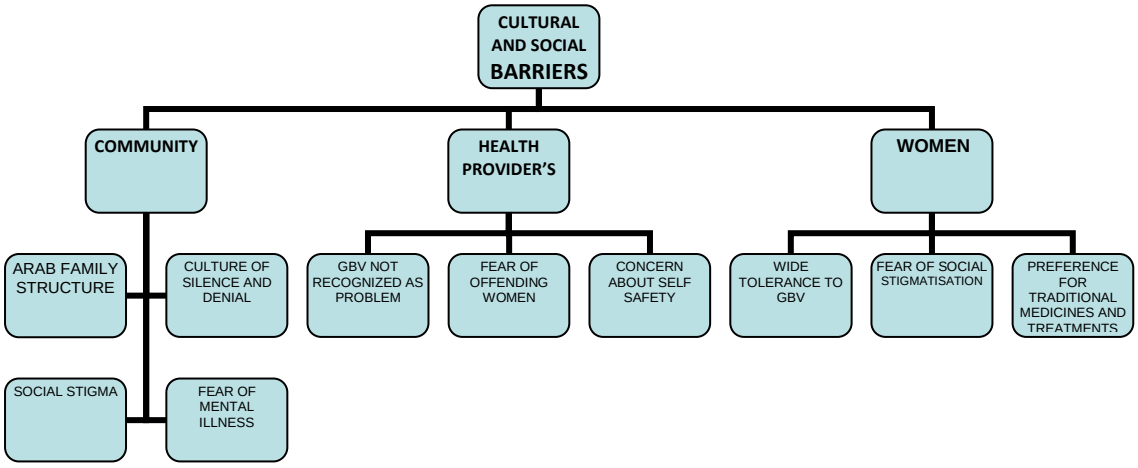
1. **Cultural and social barriers**
2. **The deterioration of the security situation;**
3. **The deterioration of the health care services;**
4. **Economic and geographical barriers;**

Each of these factors impact on women, men, girls and boys' access to quality health care in different ways and to different degrees.

[74] Symptoms: pains fainting, gastrointestinal disorders and appetite loss, viral infections, and cardiac problems, hypertension and chest pain, as well as a poor pregnancy outcomes, obstetrical complications and gynaecological problems.
[75] Women's Health Issues. Plichta S, *The effects of women abuse on health care utilization and health status: a literature review*. 1992
[76] Eleventh Mediterranean Research Meeting, Florence and Montecatini Terme 24-27 March 2010, Gender-Based Violence in the Middle East Region Research, Policy, and Action, 2010.
[77] So far Palestine is not recognized as a State for United Nations.

CULTURAL AND SOCIAL BARRIERS

Access to health is affected not only by economic conditions, geographic, social and political stability and the efficiency and quality of health systems; it is also shaped by the sum total of the prevailing beliefs and values in society, which influence community, health providers and women' attitudes toward access to health for GBV survivors.



I. Community's attitudes and beliefs:

The pattern of demand for medical care is an extremely complex issue that is governed by social and behavioural factors. Shame and honour are highly emphasized within this context, and personal bad action not only dishonours the individual, but also the entire family unit and community. Honour is an important value in the region, as the norm is codified into customary law. Accordingly, the family must ensure that the code of honour is observed by its members as transgressions (or mere rumours of such transgressions) are seen as "stains" on the entire family. These stains may have to be cleansed at any cost, if necessary through murder. Unlike physical violence, rape and other forms of sexual violence can permanently damage a woman's reputation and status within her community. Not only is she considered unfit for marriage but rape causes profound humiliation to the male members of her family and potentially her community. [78] This norm has a great deal of bearing of health behaviour, in particular of GBV survivors' access to health.[79]

- The Arab Family Structure is integrated by nuclear members and extended family. The consideration of the welfare of the family takes precedence over individual considerations. Because of the supremacy of the family, decisions are more likely to be made collectively in Arab families. Older males, the patriarchs, of families may be asked to make health decisions for an individual family member. This role of the family complicates informed consent and confidentiality issues.[80] In this context, women's health is often neglected or subordinated to the family's health and this may result in the worsening of medical conditions as a result of significant delays in seeking treatment. Preferential treatment of male members of the family may also act as a barrier to women's and girls' health.
  - → A 2003 American Medical Association survey of **Iraqi** women found that only 18% reported that they were unable to obtain healthcare without the approval of a male relative.[81]
  - → In complex emergencies like the one facing **Yemen**, women and children often bear the brunt of the health burden. The situation is further compounded by the prevailing cultural norms, under which women may not leave their homes alone; even to seek medical care for themselves or their children, unless they are accompanied by adult male family members.[82]

- Chronic diseases and mental illness are viewed as a matter of shame with this context. Illness are generally hidden from disclosure for fear that people will view the condition as a sign of hereditary defect or as an indication that the family has earned the wrath of Divine Will, which might affect the social standing and marriage ability of all associated family members.[83]

[78] Centre for American Progress, Rape and the Arab Spring: The Dark Side of the Popular Uprisings in the Middle East by Elizabeth Marcus, 2011.
[79] ACCESS, Community Health & Research Center. "*Guide to Arab Culture: Health Care Delivery to the Arab American Community*", 1999.
[80] Ibid.
[81] IAU, *Access to Quality Health Care in Iraq: A Gender and Life-Cycle Perspective*, Siobhán Foran, Gencap Gender Advisor, 2008.
[82] UN, *Yemen Humanitarian Response Plan 2012*.
[83] ACCESS, Community Health & Research Center. "*Guide to Arab Culture: Health Care Delivery to the Arab American Community*", 1999.

- Culture of silence and denial surrounding GBV. In addition a culture of impunity is prevalent in these countries.
  - → For example, in the mostly Muslim province of **Darfur**, many authorities refuse to acknowledge the problem and some accuse victims of lying to international aid workers to exaggerate their plight for political ends. Some local Sudanese authorities have also sought to stifle humanitarian agencies working on the issue. Women fear that, rather than receiving help and support, they will be punished for illegal pregnancy. [84]
  - → In **Somalia**, according to Amnesty International, Aisha Ibrahim Duhulow was killed on Monday, 27 October, by a group of 50 men who stoned her to death in a stadium in the southern port of Kismayo, in front of around 1,000 spectators. She was accused of adultery in breach of Islamic law but, her father and other sources told Amnesty International that she had in fact been raped by three men, and had attempted to report this rape to the al-Shabab militia who control Kismayo, and it was this act that resulted in her being accused of adultery and detained. None of men she accused of rape were arrested.[85]

- Social stigma attached to GBV, in particular sexual violence discourages many women from attempting to access medical treatment for injuries, wounds and STIs. Rape is especially damaging within conservative Islamic communities because women who have been raped are deemed unfit for marriage (their primary social value) and often murdered to remedy a perceived "dishonour" to their families.[86] Women who have been raped are viewed as having brought the crime upon themselves by transgressing conservative social and sexual norms.[87]
  - → As in most Arab societies, the issue of sexual violence in general, and within the family specifically, is highly sensitive in **Palestinian society**. When discussing family sexual violence, women mention cultural taboos as an important motivation for not speaking out about abuse, as the fear of scandal compels women to remain silent. Women frequently perceive the consequences of denouncing the abuse as more severe than the abuse itself. Many, thus, believe that there is no way of fighting sexual violence perpetrated by family members.[88]
  - → According a **Syrian** testimony *"In detention centres, women who participated in protests are insulted and labelled prostitutes. Traditionally, it is considered shameful for a woman to even enter a police station, it's even worst if she is arrested or spends time in detention. People suspect that women are sexually abused in these places. Hardly anyone makes complaints about such crimes or even talks about it. If it is known that a woman has been raped, nobody will want to marry her".* [89]
  - → **Iraqi** refugee woman testimony, Amman, June 2007. *"Four or five days ago [we found out that] our neighbour [in Iraq] was abducted by a group of people. She was taken aside and she was raped and then she was killed. And, I really liked her very much. She was a mother of several children… [If a woman has been raped] she would never go to a doctor. Rarely that would happen. This is taboo. We cannot speak about it. She would only shut her mouth and that's it. And, of course she would feel depressed because she couldn't speak out. This is a very difficult situation she finds herself in. She cannot even face her own children, especially her male children, her husband, her brothers. She cannot do anything".* [90]

II. Health care provider's attitudes and beliefs: Breaking down the barriers that stop providers from talking about GBV is crucial. Knowing what these barriers are and overcoming them is key to successfully intervening with GBV victims. Because of their role as healers, providers are one of the few people in the survivor's life who are in the position to identify, assess and treat GBV.[91]

- GBV is not recognized as a "problem" by healthcare staff.
  - → A recent policy report from the **Palestinian Territory** similarly identified the presence of harmful health provider attitudes and beliefs. The study of Palestinian physicians found that between 11% and 31% supported a husband's use of severe violence against a wife under certain conditions.

[84] "Sudan: too scared to tell – sexual violence in Darfur," PlusNews, February 12, 2008, http://www.reliefweb.int/rw/rwb.nsf/db900sid/SKAI-7BRPCR?OpenDocument&rc=1&cc=sdn (accessed February 27, 2008).
[85] http://www.stophonourkillings.com/?q=node/3149
[86] IAU, *Gender-based Violence in Iraq. The effects of violence –real and perceived- on the lives of women, girls, men and boys in Iraq,* 2006.
[87] Centre for American Progress, *Rape and the Arab Spring: The Dark Side of the Popular Uprisings in the Middle East* by Elizabeth Marcus, 2011.
[88] DCAF, *Palestinian Women and Security: Why Palestinian Women and Girls do not feel secure*, 2009.
[89] http://arabwomenspring.fidh.net/index.php?title=Syria
[90] Women's Commission for Refugee Women & Children, *Iraqi Refugee Women and Youth in Jordan: Reproductive Health Findings. A Snapshot from the field*, 2007.
[91] UNFPA, *A Practical Approach to Gender-Based Violence: A programme guide for Health Care Providers & Managers*, 2001.

These attitudes were more common among male physicians, those who were exposed to violence in childhood, and those who held more patriarchal ideologies.[92]

→ While it seems that the majority of **Iraqi** women and girls who experience sexual violence do not seek medical care or pursue legal recourse due to the fear that this may provoke an 'honour killing' or social stigmatisation, where a woman does want to pursue a police investigation, which itself requires forensic examination, or medical assistance, they are often hampered from seeking assistance because "some hospital staff do not regard treating victims of sexual violence as their responsibility, or give such care low priority given their limited resources due to the war and its aftermath".[93]

- Fear of offending women and despite symptoms, women are not asked about GBV in their lives. For example, health care providers frequently fail or avoid addressing GBV. In a study conducted in **Lebanon**, reasons provided by health care providers included a lack of knowledge, lack of adequate training, pressures on time, fear of offending the woman, fear of opening up a "Pandora's box", the topic being too close for comfort because of a personal history of GBV, a belief that GBV is irrelevant to health care, negative cultural social attitudes, institutional constraints and feeling powerless to offer a solution.[94]

- Concern about self safety. In Muslim Arab countries speak out has a security risk.
  → Agencies running women's health clinics in **Darfur**'s largest IDP camps have been subjected to harassment and obstruction by government officials and generally do not publicize their work.[95]

III. Women's attitudes and beliefs:

Women's attitudes around violence, especially intimate partner violence, are an important marker of social norms and may be a key condition for ending this form of violence. In a study of battered Arab immigrant women in the United States, women who expressed more traditional views on gender roles and justified violence against women by husbands in certain circumstances were also less likely to seek support through formal social services, such as hotlines and shelters.[96]

- Wide tolerance to GBV, specifically IPV. An especially troubling finding across the Arab countries analysed is the widespread tolerance—by both men and women—of IPV. Research is uncovering that many people, including both men and women justify wife beating and hold women partially responsible for the abuse they suffer.
  → According to study carried out in **Iraq** the majorities (61%) of Iraqi women believe that wife beating is justified, with significant differences by rural-urban residence.[97]
  → In a 2011 survey in Melkedida Refugee Camp in **Somalia**, 47% of refugees (averaged between men and women) identified at least one justification for husbands to beat their wives.[98]

- Fear of social stigmatisation and increasing of violence. The stigma of asking for help outside of the family, coupled with a lack of confidentiality among response mechanisms, leaves women feeling re-victimised and suspicious. The very real fears of losing one's children, or facing divorce, increased abuse or even murder, cause women to employ the strategy of keeping quiet.
  → In the mostly Muslim province of **Darfur**, sexual violence is an extremely sensitive topic. Women and girls often do not admit to being sexually abused because they fear social stigmatization and do not trust the authorities to take action.[99] Women or girls who had been raped would very likely not report to anyone, due to fear of being blamed, shame, or fear of being identified as being "unmarriageable" by their families and communities: "*If you tell, no one will help. It is better to be safe, and tell no one.*"[100]
  → In the **OPT**, a unwritten rule is that speaking out against this type of violence will cause more problems, as women and girls will likely be stigmatised by their families and by their communities.[101]

[92] Eleventh Mediterranean Research Meeting, Florence and Montecatini Terme 24-27 March 2010, *Gender-Based Violence in the Middle East Region Research, Policy, and Action*, 2010.
[93] HRW, *Climate of Fear: Sexual Violence and Abduction of Women and Girls in Baghdad,* July 2003.
[94] Jinan Usta, Rima Habib, 11th Mediterranean Research Meeting, *Involving the Health Care in addressing Gender-based Violence in Lebanon*, March 2010.
[95] "Sudan: too scared to tell – sexual violence in Darfur," PlusNews, February 12, 2008,
[96] IAWG, Workshop GBV in the MENA Region, 2010. Khawaja, Kaplan & Linos, *Women's Acceptance of Wife Beating in Iraq*.
[97] Ibid.
[98] IMC, *Knowledge, Attitudes, Practices Survey, Melkedida Refugee Camp*, February 2011.
[99] "Sudan: too scared to tell—sexual violence in Darfur," PlusNews, February 12, 2008.
[100] IRC, *Gender-based violence rapid assessment, Dadaab, Kenya, July 2011.*
[101] DCAF, *Palestinian Women and Security: Why Palestinian Women and Girls do not feel secure*, 2009.

- Traditional medicines and treatments preference.
  - → In **Darfur**, like women, girls reported using traditional medicines and treatments when they are ill which are administered by the faki or the traditional healer this includes: applying hot materials on the skin; bleeding or hijama. The girls said that hijama is most commonly used when they have headaches, stomach aches, or chest pain; it is effective in that the new harm is more painful that the previous (older) harm. If necessary, this process is sometimes repeated a second time.[102]

Improve privacy and confidentiality.

→ Strengthen identification of GBV survivors, especially in triage with privacy and confidentiality.

→ Health professionals should have a good understanding of the elements of confidentiality issues, and how to approach and communicate with Arab GBV survivors.

→ Improve the patient flow, streamline services and reduce points of contact for SGBV in the hospital or health centre.

→ Refer GBV survivors directly to a designated private consultation room with privacy sign or locked/guarded door.

→ Limit the number of people allowed in the room during the examination to the minimum necessary. During the consultation, it is important to find a way to talk to him/her and/or do the examination alone so that no one can overhear, including anyone accompanying the survivor.

→ Maintain survivors' medical records with a code and store in a separate locked cabinet.

Improve community involvement and networking

→ Identify and coordination with officials, community leaders, religious and traditional healers.

→ Build networks of Women CHW (Community Health Workers) to raise SGBV awareness in their communities. (It has been proved that Community Health Workers (CHWs) increase coverage of reproductive health services[103]).

→ Sensitized stakeholders on responding to cases of sexual violence with a competent, compassionate and confidential approach.

→ Development and production of culturally appropriate sensitization materials (radio, bill board with messages, posters…) for community and clinic-based awareness creation.

→ Adaptation the MISP to social & cultural context of Arab world.

→ Examine and address health provider attitudes that support violence against women.

[102] UNFPA_UNICEF, *The Effects of Conflict on the Health and Well-being of Women and Girls in Darfur. Situational analysis report: Conversations with the Community*, 2006.

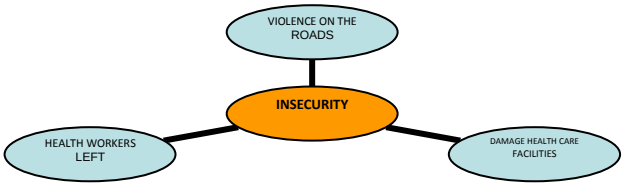
[103] Kavitha Viswanathan, Peter M Hansen, M Hafizur Rahman, Laura Steinhardt, Anbrasi Edward,3 Said Habib Arwal, David H Peters, Gilbert Burnham, *Can community health workers increase coverage of reproductive health services? Research Report*, 2011.

THE DETERIORATION OF THE SECURITY SITUATION

In the Arab countries concerned by this report, human rights situation remains dire and the civilian population continues to pay a heavy price for the ongoing political violence. They face threats to their lives, freedom, livelihoods, education, nutrition, health and physical environment.[104] Insecurity is one of the barriers for GBV survivors to access health.

The Arab countries are the site of both the world's longest-standing refugee question.[105] IDPs in the region are more widespread geographically than refugees, whom they outnumber at an estimated total of about 9.8 million.[106] Most are to be found in six Arab states—Sudan, Iraq, Somalia, Lebanon, Syria and Yemen—with Sudan alone accounting for up to 5.8 million. IDPs share many of the insecurities of refugees: loss of livelihoods, status, families, roots and, sometimes, life itself.[107] In this context, access to basic health services support remains a challenge, especially for GBV survivors.

As a result of the INSECURITY, barriers to access health services for GBV survivors in these Arab countries are:



- Insecurity and violence on the roads, curfews and road blocks, will only attempt to go to hospital as a very last resort.
  - → In **Syria**, hospitals and health clinics are not safely accessible for survivors and because adults accompanying them risk arrest. Doctors operate clandestinely on patients facing arrest and hospitals do not offer post-surgical care. In many places of unrest, civilians set up clandestine field hospitals with volunteer practitioners, rudimentary equipment and medical supplies smuggled from abroad, donated by concerned citizens or diverted from State hospitals. [108]
  - → **Iraqi** refugees feared to go to hospital in case they should be asked to show their residency permits, which had expired and which they had not renewed. They were concerned that they could get into difficulties if the police were to find out that they had overstayed although they were aware that the Syrian authorities rarely deport Iraqis simply for overstaying.[109]

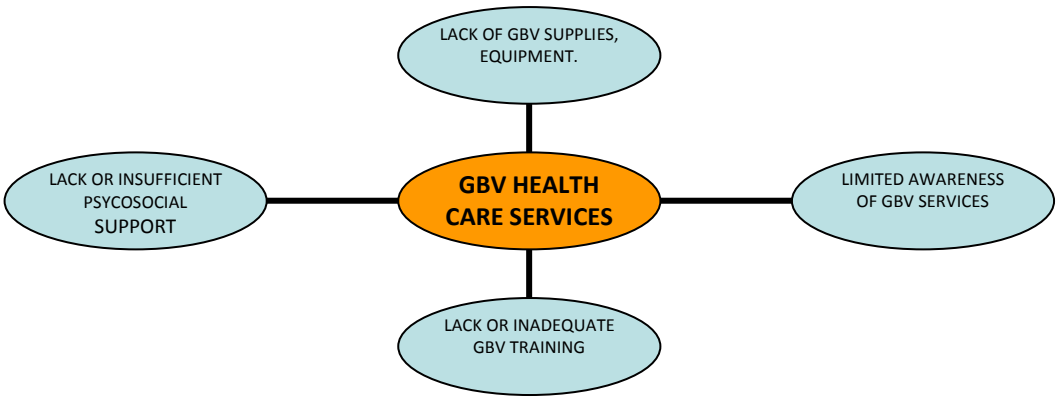
- Many health workers left the country or relocated to safer areas. Medical personnel are unable to carry out their work in safety; received attacks, intimidation and harassment. In Somalia, Sudan and Yemen there are fewer than fifty physicians per 100,000 members of the population.[110]
  - → Thousands of **Iraq**'s medical doctors, among them the most experienced and specialized, have fled Iraq due to the increasing threats and violence directly against them thus affecting the overall capacity to deliver health services.[111]

- Damage to the health facilities. Diverting of human and financial resources away from public health and other social goods contributes to a decline in the overall health and well-being of a population. Essential services such as primary and reproductive health care are often disrupted or inaccessible during conflict or post-conflict situations. These indirect consequences may remain for many years after a conflict ends.
  - → In **Somalia**, public infrastructure has crumbled, leaving most parts of the country without basic services.[112]
  - → In **Iraq,** women are often hampered from seeking assistance because "some hospital staff do not regard treating victims of sexual violence as their responsibility, or give such care low priority given their limited resources due to the war and its aftermath"[113]

→ Increase presence and coverage of mobile clinics, especially in rural areas.
→ Conduct assessments on the GBV situation in the affected locations and provide regular analysis to inform GBV programming.

[104] UNDP, Arab Human Development Report 2009: Challenges to Human Security in Arab Countries.
[105] Ibid.
[106] Ibid.
[107] Ibid.
[108] HRC, Report of the independent international commission of inquiry on the Syrian Arab Republic, 22 February 2012.
[109] AI, *The situation of Iraqi refugees in Syria - A briefing paper*, 2007.
[110] UNDP, Arab Human Development Report 2009: Challenges to Human Security in Arab Countries.
[111] Medact, *Rehabilitation under fire. Health care in Iraq 2003-7*, 2008.
[112] Alertnet, *Somalia in Turmoil - Delivering aid in a lawless state. Background briefings, February 2012.*
[113] HRW, *Climate of Fear: Sexual Violence and Abduction of Women and Girls in Baghdad,* July 2003.

THE DETERIORATION OF HEALTH CARE SERVICES



- Lack of adequate supplies, equipment and shortages in medicine and electricity. Limited or lack of clinical care services for survivors of sexual violence including and availability of post-exposure prophylaxis (PEP) to prevent HIV infection. Refugee women and girls need immediate access to priority reproductive health services, including care for survivors of GBV, services for women with obstetric emergencies and the prevention of HIV transmission, as well as good quality comprehensive reproductive health care (comprehensive reproductive health care in emergencies includes services to prevent and care for sexually transmitted diseases, including HIV).
  - → In **Gaza**, 63% of primary health facilities and 50% of hospitals lack basic infrastructure, 23% of all medical equipment is not functional, and 38% of essential drugs and 23% of disposables are out of stock.[114]
  - → In **Iraq**, clinical care for rape survivors, which includes emergency contraception to prevent pregnancy and medicine to reduce HIV transmission, was not available at the clinics or hospitals. "Moreover, the medical director of the main referral hospital for refugees said he was unaware of a prophylaxis to minimize HIV infection and emergency contraception was not made available at this faith-based hospital".[115]

→ Availablitiy of medical protocol on the management of GBV, translated in language of provider
→ Offer medical care according to agreed Protocol
→ Ensure availability of the medical package for SGBV (equipement, medication, tests and clinical forms)
→ Organise follow-up for survivors for at least 3 sessions
→ Developed mechanisms to improve follow-up

- Lack or inadequate training health care professionals, especially in GBV. No trained female and male providers are usually present in the facilities.
  - → In **Sudan**, access to and coverage of the basic health system is weak and fragmented, particularly in areas affected by conflict and seasonal emergencies, characterized by poor infrastructure and severe limitations in human and financial resources. Limited capacity among health care providers also represents a serious shortfall in the sector.[116]
  - → In Kobe Health Centre (**Somalia**), the staff has not received basic GBV training and there are no providers trained to provide post-rape care in Dolo Ado Health Centre. [117]
  - → In **Yemen**, female community groups report the lack of reproductive health care support, female health staff and lack of specialised health support for children.[118]
  - → In **Iraq**, women and girls who do make it to the health facility may find that female medical personnel are staying home due to insecurity "leaving them to choose between foregoing treatment or accepting treatment from a male doctor who may lack appropriate expertise or sensitivity".[119]

[114] UN, *Consolidated Appeal, Occupied Palestinian Territory, 2012.*
[115] Women's Commission for Refugee Women & Children, *Iraqi Refugee Women and Youth in Jordan: Reproductive Health Findings. A Snapshot from the field*, 2007.
[116] UNDP, SGBV Programme in Darfur: Progress Report, July 2007.
[117] IMC, *Gender-Based Violence Rapid Assessment Kobe Refugee Camp and Dolo Ado Reception and Transit Centers, 20-25 July 2011.*
[118] CARE International in Yemen, *Joint Rapid Assessment of the Northern Governorates of Yemen*, prepared by Assessment Capacities Projects (ACAPS), October 2011.
[119] HRW, Climate of Fear: Sexual Violence and Abduction of Women and Girls in Baghdad, July 2003.

→ Ensure that there is an adequate number of trained female staff.
→ Ensure that a trained health worker of the same sex accompanies the survivor throughout the examination (most times men prefer to be examinated also by female health workers).
→ All health staff (including doctors, nurses, pharmacists, counsellors, intake clerks,…) should undergo basic sensitization training and orientation to the SGBV clinical guidelines and referral protocols.
→ Training on the clinical management of medical professionals to improve clinical care skills in taking clinical history, patient examination, and collection of forensic evidence and treatment of GBV survivors

- Lack or insufficient psychosocial support services available for survivors of GBV. Although they are an essential part of the emergency health response, resources for this area are not always forthcoming in complex emergencies.
  - → In **Yemen**, the lack of trained mental health professionals in general and female mental health professionals in particular, coupled with limited resources, severely limit the provision of mental health care services, especially for traumatized children, women, and victims of violence in general.[120]
  - → Mental health care is also generally not available for **Iraqis** in Jordan who survived or witnessed violence.[121]
  - → In **Syria**, according to Amnesty International, one serious gap was the absence of any provision for psychological counselling and other treatment of Iraqi refugees who have been directly exposed to human rights abuses. Amnesty International met a number of Iraqi refugees who were still apparently traumatized by the experiences they had been through, including both men and women who had been tortured and raped.[122]

→ Increasing number of female trained psychologists & counsellors
→ Offer psychosocial care according to guidelines
→ Deliver age-and gender-appropriate emotional support

- Limited awareness of GBV services for survivors.
  - → As one woman refugee in Kobe camp (**Somalia**) explained when asked who a survivor of sexual violence might tell about her experience, "We just came here. We don't know of anyone to tell or any service for us".[123]

→ Health Promotion on SGBV
→ Development of adapted IEC materials
→ Outreach programs in collaboration with communities, CHW, TBA's, peers, etc
→ Free GBV mobile hotline

[120] WHO, A Situational Analysis of Mental Health in Somalia, October 2010.
[121] Women's Commission for Refugee Women & Children, *Iraqi Refugee Women and Youth in Jordan: Reproductive Health Findings. A Snapshot from the field*, 2007.
[122] AI, *The situation of Iraqi refugees in Syria - A briefing paper*, 2007.
[123] IMC, *Gender-Based Violence Rapid Assessment Kobe Refugee Camp and Dolo Ado Reception and Transit Centers, 20-25 July 2011.*

ECONOMIC AND GEOGRAPHIC BARRIERS

Low priority is given to the subject of health itself in budgets and programmes pertaining to development in the Arab countries. Rather, public health is treated as secondary compared to issues such as basic needs, job creation, and economic growth. In general, there are two distinct types of health providers in the Arab world: the government and private providers. The government system is the largest of the sectors. These services are funded by general taxes and are established on the basis of a social insurance system. Government services are usually open for everybody, but the quality, efficiency, and effectiveness of this system is markedly inferior to private services.[124]

Throughout the Arab world availability to GBV health care tends to be much greater in the urban centres than in the rural countryside. In addition, in many regions there tends to be a private fee-for-service sector that provides care to more wealthy patients with greater perceived quality and decreased waiting times.[125]

I. Geographic barriers.

The sizeable disparities between rural and urban areas are a major challenge as far as the GBV response services and the unequal geographical distribution of health providers between rural and urban areas is a concern, as well as an appropriate gender distribution, taking into account the fact that women prefer to be seen by female doctors. The numbers of public health practitioners, dentists, nurses, and medical assistants are however woefully inadequate and their distribution among urban versus rural areas and between hospitals and basic centres is highly inequitable.

- → In **Somalia**, the most important constraint is the limitation of humanitarian access to certain geographical locations where most of the population had limited access to essential health care including life-saving emergency medical treatment.[126]
- → Distance to health services is the main obstacle cited to women's access to health care in **Gaza.**[127]

II. Economic barriers.

Health care services (which include, for example, free GBV health care) continue to be unavailable to many. This is particularly true of marginalized groups in both urban and rural areas. Healthcare consultancy, treatments and medicines represent a significant cost. Transportation costs to reach services, especially for those in rural areas, add further to the cost of healthcare.

Most women suffer economic abuse and don't control their own income and have difficulties in their families to address to their own needs (including health related to ones). Since the cost of the services is considered to be a potential barrier to the accessibility of the health services, women's control over their own income needs to be looked into. With the increasing number of widow/female-headed households, the burden of healthcare for themselves, their children and other dependents has become ever more difficult for women.

- → In North of **Yemen**, closure of previously opened health centres, lack of cash to pay for transport and drugs, and insufficient health staff represent the main challenges, particularly in rural areas.[128]
- → In Puntland, **Somalia**, when women and girls survivors were asked if they feel comfortable and safe going to seek assistance. They added "…they go nowhere because no health facilities are available free of charge and also when a woman is raped and you don't have money to pay for her transportation, how can you drop her there?" (Focus Group Participant, female aged 17).[129]

- → Make available free health care services related to SGBV.
- → Provide transportation options for vulnerable groups (provide voucher system)
- → Offer free hotline/ credit for mobile phones
- → Facilitate a strong, effective referral system by building alliances and standard referral procedures between medical professionals, governmental and non-governmental organizations (NGOs) that provide services to survivors of violence.

[124] UNDP, *Arab Human Development Report 2009: Challenges to Human Security in Arab Countries.*
[125] IAU, *Access to Quality Health Care in Iraq: A Gender and Life-Cycle Perspective*, Siobhán Foran, Gencap Gender Advisor, 2008.
[126] UN, Somalia Consolidated Appeal 2012.
[127] UNIFEM, *Voicing the needs of Women and Men in Gaza. Beyond the aftermath of the 23 day Israeli military operations*, 2008.
[128] CARE International in Yemen, *Joint Rapid Assessment of the Northern Governorates of Yemen*, prepared by Assessment Capacities Projects (ACAPS), October 2011.
[129] GRT, *GBV towards Women a Girls in Gardo – Puntland, Situational Analysis, November – December 2011.*

CONCLUSIONS

BARRIERS AND KEY INTERVENTIONS

While no part of the world is free from the stain of Gender-based Violence (GBV), the Arab countries are exceptional in their array of laws, practices, and customs that pose major obstacles to women's access to GBV health.[130]

The primary role of the health sector in humanitarian settings is to ensure access to good quality health care services for all survivors and to manage the consequences of GBV.

The limited available evidence suggests that **Domestic Violence** is a severe and chronically under-reported problem across the Arab region, regardless of whether the countries are in conflict or not. Among the six Arab countries analyzed[131], none offer specific protections against domestic violence which it is viewed as an acceptable and 'ordinary' phenomenon.[132]

In addition to the "normal" violence of peace-time, GBV increases in conflict, where **sexual violence** can be used as a weapon of war that deliberately targets women. However, as much of the violence that women suffer is little different from their experiences during "peace time", we should see it as a "**continuum of violence**" that "runs through the social, the economic, and the political, with gender relations penetrating all these forms of relations".[133]

According to the Inter-Agency Standing Committee Task Force on Gender and Humanitarian Assistance, *"in emergencies all humanitarian personnel should assume and believe that GBV, and in particular sexual violence, is taking place and is a serious and life-threatening protection issue, regardless of the presence or absence of concrete and reliable evidence."*

With the limited data that we have, we can say that GBV is widespread, and acceptance of abuse, particularly **intimate partner violence**[134] **(IPV) and honour crimes**, is high. Nevertheless, **there are even few large-scale studies on the social, economic and health consequences of GBV in the Arab region**.[135]

BARRIERS

In the above discussed Arab countries, many barriers prevent survivors of GBV to access health care services. Many of these barriers are present in other emergency (conflict or natural disaster) contexts; more specifically the **deterioration of the security situation and health care services** and **economic and geographical barriers** (which are present in most of the contexts where MSF works).

GBV is viewed as a personal and family issue rather than a community problem despite its substantial health effects.[136] Since the Arab culture emphasizes the family privacy, solidarity and reputation, involving the primary health care system can play a major role in this regard.[137] Most GBV survivors do not seek help, especially not formal help, and **cultural factors are the main barriers to seeking health care assistance due to**:

- Fear of causing a scandal in the community and of being stigmatised by their own family, constitutes the first obstacle for women seeking health care.
- Wide acceptance and tolerance to GBV, both from the community, health providers, family and GBV survivors.
- Arab family's role in women's health (older males may be asked to make health decisions for women and it exists as a preferential treatment of male members).

[130] UNDP, *Arab Human Development Report 2009: Challenges to Human Security in Arab Countries*.
[131] Iraq, OPT, Syrian Arab republic, Yemen, Turkey, Somalia and Sudan.
[132] Icon Institute Public Sector, Hacettepe University Institute of Population Studies, and BNB Consulting, *National Research on Domestic Violence against Women in Turkey*, 2009.
[133] Cockburn, Cynthia, "The Continuum of Violence: A Gender Perspective on War and Peace", in Wenona Giles and Jennifer Hyndman, editors, Sites of Violence: Gender and Conflict Zones, Berkeley: University of California Press, 2004.
[134] Eleventh Mediterranean Research Meeting, Florence and Montecatini Terme 24-27 March 2010, *Gender-Based Violence in the Middle East Region Research, Policy, and Action, 2010*.
[135] Ibid.
[136] UNFPA, Reproductive Health Effects of Gender-Based Violence: Policy and Programme Implications, 1995.
[137] Jinan Usta, Rima Habib, 11th Mediterranean Research Meeting, *Involving the Health Care in addressing Gender-based Violence in Lebanon*, March 2010.

KEY INTERVENTIONS

Interventions to improve access to Sexual violence clinical management and psychosocial services
The delivery of sexual violence health care services could be improved, putting focus on reducing demand-side barriers while simultaneously implementing an integrated model in existing health care facilities and improving privacy and confidentiality. In addition, community leaders, health care providers and women need greater involvement in improving access to health and psychological services for SV survivors.

Interventions to improve access to health care services for SGBV
Considering that available evidence suggests that Domestic Violence, Trafficking and Harmful Traditional Practices are an important problematic for women and girls, humanitarian programs should be prepared to address not only sexual violence, but put effort to address as well Domestic Violence, Trafficking, Harmful Traditional Practices and Sexual Exploitation as part of their response package.

Interventions to prevent FGM/C
The overall objective of an MSF health promotion program[138] focusing on FGC should be to support a strategy for improving women's health and for abandoning the practice of FGC and early marriage. This strategy could be planned through a Community Empowerment approach with the objective that the communities themselves engage in the promotion of health, hence abandoning female genital cutting. Providing a proposal to concentrate only on the harmful health consequences of FGC and early marriage (in contradiction to a human rights approach).

Improve knowledge and base of good practices
Results showed that there are few large-scale studies on the social, economic and health consequences of GBV in the Arab region[139] as well as a lack of data and information relating to good practices on delivering a health response to health access for GBV survivors and in the Arab countries. This gap in knowledge means that MSF-OCBA is not in a position to analyse the challenges, threats and opportunities that would guide MSF-OCBA and other partners on the optimal intervention to promote gender equality in the health sector.

Next steps
In order to improve our GBV Health response in the Arab world, we would further recommend working closely with:
1) All MSF sections teams working in the Arab world.
2) Regional Inter-Agency Working Group (IAWG) on RH in Crisis Middle East and North Africa (MENA).
3) Other organisations (international and local) with relevant presence in the region.

To focus on information on Arab contexts specifically on GBV response services (provision of medical and psychosocial care) more information should be collected on the following subjects:

- Specific challenges for implementation.
- Good practices of GBV response strategies.
- Lessons-learned on health care models (integrated, semi-vertical, vertical).
- Lessons-learned on improving access to care: health promotion and community strategies.
- Recommendation for improving the health response in Arab context for GBV survivors.

[138] Doris Butcher, an anthropological research on Local perception of FGC in the Salamat region, Am Timan District Chad,
[139] Ibid.

ANNEX: DEFINITIONS

In this document, we use these generally accepted definitions:

Sex: Sex is defined as "biological characteristics of males and females. The characteristics are congenital and their differences are limited to physiological reproductive functions".
Gender: Gender is the term used to denote the social characteristics assigned to men and women. These social characteristics are constructed on the basis of different factors, such as age, religion, national, ethnic and social origin. They differ both within and between cultures and define identities, status, roles, responsibilities and power relations among the members of any culture or society. Gender is learned through socialisation. It is not static or innate, but evolves to respond to changes in the social, political and cultural environment. People are born female or male (sex); they learn how to be girls and boys, and then become women and men (gender). Gender refers to what it means to be a boy or a girl, woman or man, in a particular society or culture. Society teaches expected attitudes, behaviours, roles, responsibilities, constraints, opportunities and privileges of men and women in any context. This is learned behaviour known as gender identity.
Violence: Violence is a means of control and oppression that can include emotional social or economic force, coercion or pressure, as well as physical harm. It can be overt, in the form of physical assault or threatening someone with a weapon; it can also be covert, in the form of intimidation, threats, persecution deception or other forms of psychological or social pressure. The person targeted by this kind of violence is compelled to behave as expected or to act against her will out of fear. An incident of violence is an act or a series of harmful acts by a perpetrator or a group of perpetrators against a person or a group of individuals. It may involve multiple types of and repeated acts of violence over a period of time, with variable durations. It can take minutes, hours, days, or a lifetime.
Abuse: Abuse is the misuse of power through which the perpetrator gains control or advantage of the abused, using and causing physical or psychological harm or inflicting or inciting fear of that harm. Abuse prevents persons from making free decisions and forces them to behave against their will.
Coercion: Coercion is forcing, or attempting to force, another person to engage in behaviours against her will by using threats, verbal insistence, manipulation, deception, cultural expectations or economic power.
Power: Power is understood as the capacity to make decisions. All relationships are affected by the exercise of power. When power is used to make decision regarding one's own life, it becomes an affirmation of self acceptance and self-respect that, in turn, fosters respect and acceptance of others as equals. When used to dominate, power imposes obligations on, restricts, prohibits and makes decisions about the lives of others.
Perpetrator: Person, group, or institution that directly inflicts or otherwise supports violence or other abuse inflicted on another against her/his will.
Consent is defined as words or overt actions by a person who is legally and functionally competent to give informed approval, indicating a freely given agreement to an interaction of a sexual nature. Inability to consent can be due to age, illness, disability, being asleep, or being under the influence of alcohol or drugs. Inability to refuse occurs when use of weapons, threats of (physical) violence, coercion, or misuse of authority preclude disagreement.
Survivor is a person (male or female) who has experienced gender-based violence. The term survivor is generally preferred in psychological and social support sectors because it implies resilience; however the word survivor is also used – primarily in legal settings.
Gender-based violence: Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females. The term "gender-based violence" is often used interchange with the term "violence against women." The nature and extent of specific types of GBV vary across cultures, countries, and regions. Examples include: Sexual violence, including sexual; exploitation/abuse and forced prostitution; Domestic violence; Trafficking; Forced/early marriage and Harmful traditional practices such as female genital mutilation, honour killings, widow inheritance, and others.
Sexual violence is a form of gender-based violence, which includes rape or attempted rape, sexual assault, and child sexual abuse. It is "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person's sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the survivor in any setting, including but not limited to home and work.
Sexual violence as a weapon of war and torture: Crimes against humanity of a sexual nature, including rape, sexual slavery, forced abortion or sterilisation or any other forms to prevent birth, forced pregnancy, forced delivery, and forced child rearing, among others. Sexual violence as a form of torture is a defined as any act or threat of a sexual nature by which severe mental or physical pain or suffering is caused to obtain information, confession of punishment from the victim or third person, intimidate her or a third person or to destroy, in whole or in part, a national, ethnic, racial or religious group.
Survival sex is the exchange in circumstances where those exchanging sex for survival lack other options. Survival sex includes the exchange of sex for food, clothes, money, shelter, the ability to attend school, make rent, or other survival needs.
Rape, Sexual Assault, Sexual Exploitation, Sexual Abuse, Physical Assault, Domestic Violence/ Intimate Partner Violence, Forced Marriage & Early Marriage, Psychological/ Emotional Abuse, Trafficking in Persons, Harmful Traditional Practices, Sexual Harassment, Female genital mutilation (FGM), Honour Crimes [140]

[140] Definitions page 7-8

BIBLIOGRAPHY

GENERAL

- Cockburn, Cynthia, "*The Continuum of Violence: A Gender Perspective on War and Peace*", in Wenona Giles and Jennifer Hyndman, editors, Sites of Violence: Gender and Conflict Zones, Berkeley: University of California Press, 2004.
- Inter-Agency Standing Committee (IASC), *Guidelines for Gender-based Violence Interventions in Humanitarian Settings. Focusing on Prevention of and Response to Sexual Violence in Emergencies*, 2005.
- Inter-agency Standing Committee (IASC), *Gender Handbook in Humanitarian Action, Different needs-equals opportunities*, 2006.
- Inter-agency Standing Committee (IASC), *Guidelines on Mental Health and Psychosocial support in Emergency settings,* 2009.
- International Women's Tribune Centre, *Confronting Sexual Violence in Conflict Situations*, 2009.
- Kavitha Viswanathan, Peter M Hansen, M Hafizur Rahman, Laura Steinhardt, Anbrasi Edward,3 Said Habib Arwal, David H Peters, Gilbert Burnham, *Can community health workers increase coverage of reproductive health services? Research Report*, 2011.
- MSF International Working Group on Sexual and Reproductive Health. MSF Sexual and Reproductive Health Policy, March 2010.
- MSF-OCBA, Sexual Gender-Based Violence Vision Paper 2011.
- The Reproductive Health for Refugees Consortium. Ward J. *If not now, when? Addressing gender-based violence in refugee, internally displaced, and post-conflict settings: a global overview,* 2002.
- UN, Security Council, *Report of the Secretary – General on Conflict-related sexual violence*, 13 January 2012.
- UNFPA, Reproductive Health Effects of Gender-Based Violence: Policy and Programme Implications, 1995.
- UNFPA, *A Practical Approach to Gender-Based Violence: A programme guide for Health Care Providers & Managers*, 2001.
- UNFPA, *Sexual Violence against Women and Girls in War and its Aftermath: Realities, Responses, and Required Resources*. Jeanne Ward and Medny Marsh, 2006.
- Women's Health issues. Plichta S, *The effects of women abuse on health care utilization and health status: a literature review*. 1992.
- Women National Committee, *Violence Against Women*, 2003.

Internet Resources

- Child Protection Working group
  http://cpwg.net/
- GBV Network
  http://www.gbvnetwork.org/blog/PromisingPracticesInnovativeIdeasIssues
- Health Promotion Practice
- http://hpp.sagepub.com/
- Humanitarian News and Analysis (IRIN)
  http://www.irinnews.org/Theme/GEN/Gender-Issues
- *Inter-agency Working Group (IAWG) on Reproductive Health*
  http://www.iawg.net/
  IAWG on Reproductive Health in Crisis Community of Practice
  http://knowledge-gateway.org/iawg
- One Response –Gencap Project
  http://oneresponse.info/crosscutting/GenCap/publicdocuments/Forms/AllItems.aspx
- Mental Health & Psychosocial Network
  http://mhpss.net/
- Model for Psychosocial Support and Mental Health in Emergencies
  https://extranet.unfpa.org/Apps/GBVinEmergencies/module4/player.html
- Population Reports
  http://www.k4health.org/pr/l11edsum.shtml#contents
- Relief Web
  http://reliefweb.int/
- Reproductive Health Acces, Information and Services in Emergencies
  http://www.raiseinitiative.org/home/
- Reproductive Health Response In Crisis Consortium
  http://www.rhrc.org/
- Sexual Violence Research Imitative (SVRI)
  http://www.svri.org/
- Social Institutions & Gender Index. OECD
  http://my.genderindex.org/
- WHO – Regional Office for the Eastern Mediterranean
  http://www.emro.who.int/index.asp

ARAB CONTEXT

- Arab Community Center for Economic and Social Services (ACCESS). Community Health & Research Center. "*Guide to Arab Culture: Health Care Delivery to the Arab American Community*", 1999.

- Centre for American Progress, *Rape and the Arab Spring: The Dark Side of the Popular Uprisings in the Middle East* by Elizabeth Marcus, 2011.
- Eleventh Mediterranean Research Meeting, Florence and Montecatini Terme 24-27 March 2010, *Gender-Based Violence in the Middle East Region Research, Policy, and Action, 2010*.
- Freedom House, "*Challenging inequality: Obstacles and opportunities' towards women's rights in the Middle East and North Africa: Citizenship and Justice*", 2005.
- Icon Institute Public Sector, Hacettepe University Institute of Population Studies, and BNB Consulting, *National Research on Domestic Violence against Women in Turkey*, 2009.
- Inter-agency Working Group on Reproductive Health in Crisis. Middle East/North Africa Regional Working Group meeting. 27 - 28 July 2009. Cairo (Egypt).
- Jinan Usta, Rima Habib, 11th Mediterranean Research Meeting, *Involving the Health Care in addressing Gender-based Violence in Lebanon*, March 2010.
- Mediterranean Programme. Workshop 11: Gender –Based Violence in the MENA Region, 2010. *Prevention of Violence against Women*.
- Regional Inter-Agency Working Group (IAWG), Workshop GBV in the MENA Region, 2010. Sana Tareq & Sameh Badry, *Prevention of Violence against Women*.
- Sanja Kelly and Julia Breslin, *Women's Rights in the Middle East and North Africa,* 2010.
- UNDP, *Arab Human Development Report 2005: Toward the Rise in Arab Women*.
- UNDP, *Arab Human Development Report 2009: Challenges to Human Security in Arab Countries*.
- Violence Against Women Journal 2007, *What we know about Intimate Partner Violence in the Middle East and North Africa*, Angie Boy and Andrzej Kulczycki.
- World Health Organization (WHO), *Background Paper on Reproductive and Sexual Health in the Eastern Mediterranean Region*, Dr Faysal el-Kak, Associate Professor, Obstetrics and Gynecology, American University of Beirut, October 2003.

Articles

- In-depth: Razor's Edge - The Controversy of Female Genital Mutilation. MIDDLE EAST: FGM still largely an unknown quantity in Arab world. 2005.
  http://www.irinnews.org/InDepthMain.aspx?InDepthId=15&ReportId=62474&Country=Yes
- Is the Arab Spring bad for women? Overthrowing male dominance could be harder than overthrowing a dictator. December 2011.
  http://www.foreignpolicy.com/articles/2011/12/20/arab_spring_women?page=full

IRAQ

- ABA/ILDP, *The Status of Women in Iraq: Update to the Assessment of Iraq's De Jure and De Facto Compliance with International Legal Standards,* December 2006.
- Alertnet, *Iraq Background briefing*, March 2011.
- Amnesty International, *Iraq (AI): Decades of Suffering – Now Women Deserve Better,* 2005.
- Amnesty International (AI), *The situation of Iraqi refugees in Syria - A briefing paper*, 2007.
- Amnesty International (AI), *Iraq Humans Rights Briefing*, 2010.
- German charity WADI, Amit R. Paley, "*For Kurdish Girls, a Painful Ancient Ritual*", *Washington Post*, December 2008.
- Human Rights Watch (HRW), *Climate of Fear: Sexual Violence and Abduction of Women and Girls in Baghdad,* July 2003.
- Human Rights Watch (HRW), *At a Crossroads. Human Rights in Iraq Eight Years after the US-Led Invasion*, February 2011.
- IFHS (Iraqi Ministry of Health in collaboration with the World Health Organization and the Ministry of Planning and Development Cooperation), *Family Health Survey in Iraq 2006/2007*.
- MADRE. *Promising Democracy, Imposing Theocracy.* March 2007.
- Medact, *Rehabilitation under fire. Health care in Iraq 2003-7*, 2008.
- Organization of Women's Freedom in Iraq, *Safe Houses: A Report from Iraq,* April 2007.
- Regional Inter-Agency Working Group (IAWG), Workshop GBV in the MENA Region, 2010. Khawaja, Kaplan & Linos, *Women's Acceptance of Wife Beating in Iraq*.
- Sanja Kelly and Julia Breslin, *Women's Rights in the Middle East and North Africa: Iraq,* 2010.
- The Inter-agency Information and Analysis Unit (IAU), *Gender-based Violence in Iraq. The effects of violence –real and perceived- on the lives of women, girls, men and boys in Iraq*, 2006.
- The Inter-agency Information and Analysis Unit (IAU), *Access to Quality Health Care in Iraq: A Gender and Life-Cycle Perspective*, Siobhán Foran, Gencap Gender Advisor, 2008.
- UN, Department of Economics and Social Affairs. Population Division. *Iraq abortion policy 2011- World Abortion Policies 2011*
- UNFPA, *Iraq Reproductive Health Assessment,* 2003.
- UNICEF, Iraq Humanitarian Action Update, 2009.
- US Department of State, *Country Reports on Human Rights Practices for 2008 – Iraq*, February 2009.
- US Department of State, *2010 Human Rights Report: Iraq*.
- Women's Commission for Refugee Women & Children, *Iraqi Refugee Women and Youth in Jordan: Reproductive Health Findings. A Snapshot from the field*, 2007.

Articles

- Sarhan, Afif, "In Baghdad, Sex is traded for Survival." Al Jazeera. Aug. 13, 2007.
  http://english.aljazeera.net/NR/exeres/36B04283-E43F-4367-90BBE6C60CB88F76.htm (accessed Aug. 14, 2007).

- Nihal Hassan, "50,000 Iraqi refugees' forced into prostitution. Women and girls, many alarmingly young, who fled the chaos at home, are being further betrayed after reaching 'safety' in Syria", June 2007. http://www.independent.co.uk/news/world/middle-east/50000-iraqi-refugees-forced-into-prostitution-454424.html
- Judith Colp Rubin, "Women in the New Iraq,"; "Iraq: Women's Groups Blast 'Temporary' Marriages," IRIN, January 23, 2006, http://www.irinnews.org/report.aspx?reportid=26074; Isobel Coleman, "Women, Islam, and the New Iraq," *Foreign Affairs* (January/February 2006).
- Sarhan, Afif, Hitmen charge $100 a victim as Basra honour killings rise. Fathers and husbands who openly hire assassins on the streets of the city are going unpunished. 30/11/2008. http://www.guardian.co.uk/world/2008/nov/30/iraq-honor-killings-women
- Agence France-Presse. "More than 400 Iraqi Women Kidnapped, Raped in Post-war Chaos." Aug. 24, 2003. http://www.reliefweb.int/rw/rwb.nsf/AllDocsByUNID/c21efb4c4e3dda7e49256d8d0010bacb
- Rania Abouzeid "Iraq's Unspeakable Crime: Mothers Pimping Their Daughters," *Time*, March 7, 2009, http://www.time.com/time/world/article/0,8599,1883696,00.html?xid=rss-world#ixzz0WVVBISIA.

Webs

- UNHCR IRAQ web. http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e486426
- Stop FGM in Kudistan web. http://www.stopfgmkurdistan.org/html/english/fgm_e.htm
- http://en.wikipedia.org/wiki/Human_trafficking_in_Iraq
- INTERSOS web. http://www.intersos.org/en/countries/asia-and-middle-east/iraq/iraq

OCCUPIED PALESTINIAN TERRITORY (OPT)

- *Cari Jo Clark, Susan A Everson-Rose, Shakira Franco Suglia, Rula Btoush, Alvaro Alonso, Muhammad M Haj-Yahia.* Association between exposure to political violence and intimate-partner violence in the occupied Palestinian territory: a cross-sectional study, 2010.
- Emma Hansson, *Women Under Siege: A Review of Violence Against Women in Palestine and Its Extreme Expression in the Form of 'Honor' Killings* (Jerusalem: Palestinian Human Rights Monitoring Group, April 2008).
- Geneva Centre for Democratic Control of Armed Forces (DCAF), *Palestinian Women and Security: Why Palestinian Women and Girls do not feel secure*, 2009.
- Haj-Yahia MM, Abdo-Kaloti R., *The rates and correlates of the exposure of Palestinian adolescents to family violence: toward an integrative-holistic approach*, 2003.
- Human Rights Watch (HRW), *A Question of Security Violence against Palestinian Women and Girls*, 2006.
- OPT Health and Nutrition Cluster, *Needs Analysis Framework*. CAP 2012-13.
- Palestinian Central Bureau for Statistics (PCBS), "Percentage of Ever Married Women Exposed to Any Violence by Husband at Least Once, by Region, Type of Locality, and Types of Violence, During the Year 2005," http://www.pcbs.gov.ps/Portals/_pcbs/gender/vio1.htm.
- Palestinian Central Bureau for Statistics (PCBS), Ramallah. Domestic violence survey (December 2005 – January 2006) main findings. 2006.
- Randa Siniora, "The Right to Be Protected Against Violence," in The Legal and Social Status of Palestinian Women: A Gap Analysis Report Using CEDAW as Reference.
- Sanja Kelly and Julia Breslin, *Women's Rights in the Middle East and North Africa: Palestine (Palestinian Authority and Israeli-Occupied Territories),* 2010.
- UN, *Consolidated Appeal, Occupied Palestinian Territory, 2012.*
- UNIFEM, *Voicing the needs of Women and Men in Gaza. Beyond the aftermath of the 23 day Israeli military operations*, 2008.
- Women's Center for Legal Aid and Counselling (WCLAC), *The Legal and Social Status of Palestinian Women: A Gap Analysis Report using CEDAW as Reference*, 2005.

Articles

- Integrated Regional Information Networks (IRIN), Few Legal Options for Abused Palestinian Women, Say Activists, October 3, 2007. http://www.irinnews.org/
- Kandy Rinder, *Palestinian Women Subject to 'Honour' Killing*, *BBS News*, March 7, 2007. http://bbsnews.net/article.php/2007030719462242.
- PCBS, news release on the occasion of "Palestinian Children's Day," April 5, 2007. http://www.pcbs.gov.ps/Portals/_pcbs/PressRelease/CHILD07E.pdf.

SOMALIA

- Alertnet, *Somalia in Turmoil - Delivering aid in a lawless state. Background briefings, February 2012.*
- British government, EU, UNFPA, WHO, UNICEF, *Reproductive Health, Somalia National Strategy & Action Plan – 2010-2015*.
- Gruppo per le relazioni Transculturali (GRT), *GBV towards Women a Girls in Gardo – Puntland, Situational Analysis, November – December 2011.*
- Gruppo per le relazioni Transculturali (GRT), *Final Report Psychosocial support for Gender Based and Sexual Violence's survivors, Galkayo District, Mudug Region, Somalia 21st July 2011 - 31st January 2012*.
- IASC Protection Cluster. GBV South and Central scale up Strategy 2011, August 2011. Reports received from IASC Protection Cluster Partners Somali People Displacement and Development Organization (SOPDDO), *Assessment on Gender-Based Violence in Banadir Region*, carried out 2nd April – 6th April, 2011.

- Immigration and Refugee Board of Canada, *Somalia: Prevalence of forced or arranged marriages in Somalia; consequences for a young woman who refuses to participate in a forced or arranged marriage*, 20 September 2007, SOM102612.E, available at: http://www.unhcr.org/refworld/docid/47ce6d7a2b.html [accessed 27 April 2012].
- International Medical Corps (IMC), *Focus Group Discussions, Boqolmayo Refugee Camp,* 2010.
- International Medical Corps (IMC), *Knowledge, Attitudes, Practices Survey, Melkedida Refugee Camp*, February 2011.
- International Medical Corps (IMC), *Gender-Based Violence Rapid Assessment Kobe Refugee Camp and Dolo Ado Reception and Transit Centers, 20-25 July 2011.*
- International Rescue Committee (IRC), *Gender-based violence rapid assessment, Dadaab, Kenya, July 2011.*
- Population Reference Bureau, *Female Genital Mutilation/ Cutting: Data and Trends*, 2010.
- UN, Somalia Consolidated Appeal 2012.
- UN, Country Assessment on Violence against Women – YEMEN.
- UNFPA. *GBV Assessment Report, Kebri Beyah refugee camp Somali region, Ethiopia and Shimelba refugee camp Tigray region, Ethiopia*, 2007.
- UNHCR *Somalia briefing sheet*, November 2011.
- WHO, *A Situational Analysis of Mental Health in Somalia*, October 2010.

Articles

- *Rape victim stoned to death before 1,000 spectators*. Statement from Amnesty International, November 2008. http://www.stophonourkillings.com/?q=node/3149
- *My biggest fear is that somebody will take my daughters and circumcise them*, April 2012. http://www.stophonourkillings.com/?q=node/3382

SUDAN

- Alernet, *Sudan Background briefings*, February 2012.
- DARA, The Humanitarian Response Index HRI 2011, *Focus on Sudan "Much of the same if not worse*".
- GID-DB – OECD, Social Institutions & Gender Index, *Gender equality and social norms in Sudan*.
- Human Rights Watch (HRW), *Five years On, No Justice for Sexual Violence in Darfur*, 2008.
- Human Rights Watch (HRW), *Sexual Violence and its Consequences among Displaced Persons in Darfur and Chad*, April 12 2005.
- MSF-Netherlands, *The crushing Burden of Rape. Sexual Violence in Darfur. A briefing paper*, 8 March 2005.
- OHCHR, *Access to Justice for Victims of Sexual Violence*, July 29 2005.
- OHCHR's Periodic Reports for consistent reporting on the sexual violence occurring in Darfur. http://www.ohchr.org/english/countries/sd/periodic_report.htm.
- UNHC for Human Rights, *Access to Justice for Victims of Sexual Violence*, 29 July 2005.
- UN, Department of Economics and Social Affairs. Population Division. *Sudan abortion policy 2011- World Abortion Policies 2011.*
- UN Secretary-General, *Report on the International Commission of Inquiry on Darfur*, January 25, 2005.
- UN Sudan Work Plan 2012.
- UNDP, *SGBV Programme in Darfur: Progress Report*, July 2007.
- UNICEF, *Sudan FGM Country Profile*, 2000.
- UNFPA_UNICEF, *The Effects of Conflict on the Health and Well-being of Women and Girls in Darfur. Situational analysis report: Conversations with the Community*, 2006.

Articles

- Awad Mohamed Ahmed, *Domestic Violence in Sudan: Opening the Pandora's Box*. http://www.peacefulfamilies.org/ahmed.html
- *Sudan's al-Bashir denies role in Darfur violence*, NBC news, transcript available at http://www.msnbc.msn.com/id/17691868/ (accessed February 27, 2008).
- *Sudan: too scared to tell – sexual violence in Darfur*, PlusNews, February 12, 2008, http://www.reliefweb.int/rw/rwb.nsf/db900sid/SKAI-7BRPCR?OpenDocument&rc=1&cc=sdn

Webs

- http://en.wikipedia.org/wiki/Human_trafficking_in_Sudan

SYRIAN ARAB REPUBLIC (SYRIA)

- Amnesty International (AI), *Syria Annual Report 2011*.
- Amnesty International (AI), *The situation of Iraqi refugees in Syria - A briefing paper*, 2007.
- Euromed Gender Equality Programme *National Situation Analysis Report: Women's Human Rights and Gender Equality Syria. Enhancing Equality between Men and Women in the Euromed Region,* 2009-2010.
- General Women Union (GWU), the Syrian Commission for Family Affairs (SCFA), the Central Bureau of Statistics (CBS), and UNIFEM, *Case Study on Violence against Women Study in Syria,* 2005.
- Human Rights Council (HRC), *Report of the independent international commission of inquiry on the Syrian Arab Republic*, 22 February 2012.
- Pranjali Acharya, Kurdish Human Rights Project, *The Practice of Female Genital Mutilation*, *(FGM) in the Kurdish Regions*, 2009.
- Sanja Kelly and Julia Breslin, *Women's Rights in the Middle East and North Africa: Syria,* 2010.
- The Syrian Family Planning Association (SFPA) - UNIFEM, Women Rights and Domestic Violence in Syria, 2004.

- UN, Department of Economics and Social Affairs. Population Division. *Syrian Arab Republic abortion policy 2011- World Abortion Policies 2011*.
- UN, Emergency Relief Coordinators, *Key Messages on Syria*, 12 March 2012.
- UNDP, Committee on the Elimination of Discrimination against Women [CEDAW], *Initial Report of States Parties: Syria, 2005.*
- U.S. Department of State, *2010 Human Rights Report: Syria*.

Articles

- *Another Refugee Camp Opens in Iraq as Maliki Vows to Prevent Arms Flow to Syria*. March 14, 2012. http://news.antiwar.com/2012/03/14/another-refugee-camp-opens-in-iraq-as-maliki-vows-to-prevent-arms-flow-to-syria/
- *Syria: Fears over gender-based violence in Iraqi community*, 2009. http://www.irinnews.org/Report/83800/SYRIA-Fears-over-gender-based-violence-in-Iraqi-community
- *Syria: First Shelter for Trafficked People Opens in Damascus*, February 2, 2009, http://www.irinnews.org/Report.aspx?ReportId=82686.

Webs

- http://arabwomenspring.fidh.net/index.php?title=Syria

YEMEN

- CARE International in Yemen, *Joint Rapid Assessment of the Northern Governorates of Yemen*, prepared by Assessment Capacities Projects (ACAPS), October 2011.
- Child Protection Sub-Cluster. *Interagency Comprehensive Child Protection Assessment in Conflict-Affected Governorates in Northern Yemen*, May 2010.
- Human Rights Council (HRC), *Report of the High Commissioner on OHCHR's visit to Yemen*, 13 September 2011.
- Intersos, *Rapid Assessment Report. Ahwar and Mayfa Reception Center in Yemen*, 2008.
- MSF – OCBA, *Mental Health Assessment in Haradh - Yemen*, 2010. (Internal document).
- MSF OCBA, *Visit to Basatee and al Kharaz Refugee camp 17th-21th March 2010, Linn Biorklund* - Humanitarian Affairs Officer, MSFE – Yemen. (Internal document).
- *OCHA, Yemen Civil Unrest and Displacement, Situation Report, 7 June 2011.*
- Sanja Kelly and Julia Breslin, *Women's Rights in the Middle East and North Africa: Yemen,* 2010.
- Sisters' Arab Forum for Human Rights (SAF), *Honour Crimes in Yemen*, May 2005.
- Sisters' Arab Forum for Human Rights (SAF), *Shadow Report prepared by Yemeni NGOs on the CEDAW implementation*, 2007.
- UN, Country Assessment on Violence against Women – YEMEN.
- UN, Department of Economics and Social Affairs. Population Division. *Yemen abortion policy 2011- World Abortion Policies 2011.*
- UN, *Yemen Humanitarian Response Plan 2012*.
- UNHCR, End of Mission Report (PROCAP), Ivana Vuco – SPO, Yemen (3 Jan – 14 Jun 2011).
- UNICEF, *Situation Analysis on Female Genital Mutilation/Cutting (FGM/C) in Yemen,* 2008.
- US Department of State, *Yemen: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)*, 1 June 2001
- Yemen Central Statistical Organization, *Demographic and Maternal and Child Health Survey*, 1997.

Articles

- 1008 cases of mixed marriage to foreigners, 2008. http://www.yemenpost.net/12/LocalNews/4.htm
- YEMEN: New FGM/C law possible "within four years" – minister. February 2010. http://www.irinnews.org/Report/88058/YEMEN-New-FGM-C-law-possible-within-four-years-minister
- Almost 320,000 civilians flee Somalia this year, including 20,000 to Yemen, October 2011. http://www.unhcr.org/4ea185356.html

Webs

- http://www.unocha.org/ocha2012-13/yemen