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ADVANCING EGYPTIAN SOCIETY BY ENDING VIOLENCE AGAINST WOMEN

Violence against women and girls profoundly affects the foundation of Egyptian society—the family.

Public harassment of girls and women has received national attention, but spousal violence remains largely hidden.

Government and grassroots groups have roles to play in creating the changes needed to shift attitudes and criminalize all forms of gender-based violence.

Violence against girls and women is a global issue that must be addressed at its core for societies to progress.¹ Often rooted in the low status of girls and women in the family and society, the violence can manifest itself in various forms (see Box 1, page 2). In Egypt, sexual harassment in public places is rampant, and domestic violence remains an intractable problem. The vast majority of Egyptian girls undergo female genital cutting and many are married before age 18, even though both practices are prohibited under the law. Whatever form the violence takes, it is both a health and a human rights concern, inflicting physical and emotional harm. Violence prevents women—and societies—from achieving their full potential.

Violence against women is a worldwide issue (see Box 2, page 3). Global discussions about the Sustainable Development Goals, the United Nations’ blueprint for development for the next 15 years, have called for “eliminating all forms of violence against all women and girls in public and private spheres” by 2030.² While the specific targets are still being fleshed out, the task ahead

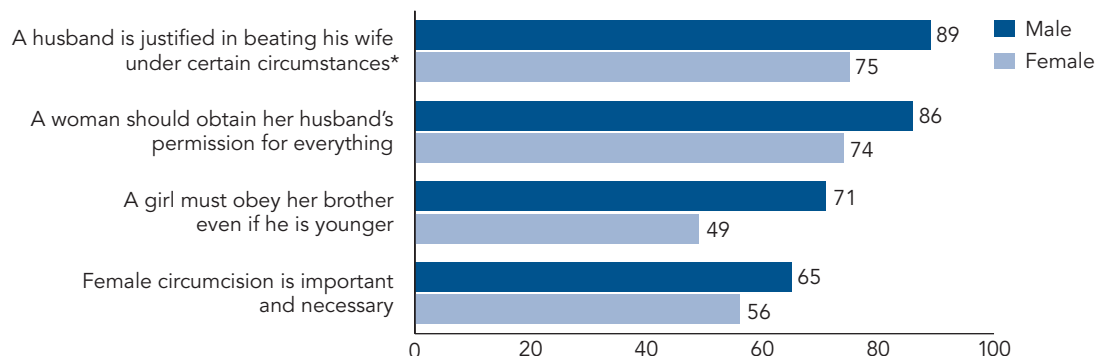
is clear: Girls’ and women’s rights should be protected—whether at home or in public places.

Violence against women and girls profoundly affects the foundation of Egyptian society—the family. While the harassment of women in public places has received national attention in recent years, domestic abuse remains largely hidden from view and mostly untouched by policies and programs. Moreover, it is often accepted by the society at large, including young women and men (see Figure 1).

This policy brief provides overviews of violence against women, both in Egypt and worldwide, spotlighting recent national-level and grassroots efforts taking shape in Egypt. It also examines the role of health care systems in supporting women who have experienced domestic violence. Finally, this brief describes the broad, multisectoral efforts needed for Egypt to combat all forms of violence against women in public and in private, while helping survivors and building a knowledge base to inform policies and programs.

FIGURE 1
Young Egyptians’ Attitudes Reflect Widespread Acceptance of Violence Against Women.

Percent of Egyptian Youth Ages 15 to 29 Agreeing With the Statement, 2009



*The survey asked respondents to identify circumstances under which a husband is justified in beating his wife including any of the following: burning the food, neglecting the children, arguing with him, talking to other men, wasting his money, and refusing to have sex with him.

Violence Against Women Is Prevalent in Egypt

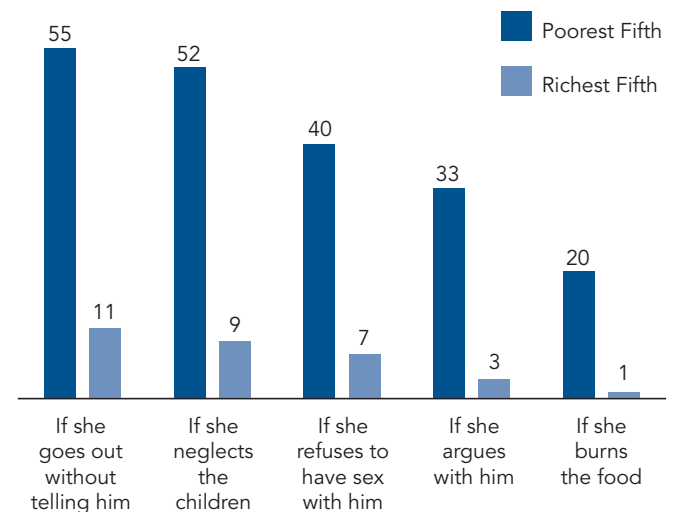
During the recent political uprisings in Egypt, a rise in assaults on women in public places, including some sexual assaults, brought public attention to violence against women as a public health problem.³ A 2008 study conducted by the Egyptian Center for Women's Rights (ECWR) in three governorates (Cairo, Giza, and Qalubia) found that 83 percent of Egyptian women had experienced sexual harassment in public. Sixty-two percent of Egyptian men admitted to harassing women and 53 percent blamed women for bringing it upon themselves. ECWR calls sexual harassment in Egypt a "social cancer" that is vastly underreported because of shame and fear of blame. The study also showed that women experience sexual harassment—such as men staring inappropriately at women's bodies, touching them inappropriately, making sexually explicit comments, and stalking them—regardless of how they are dressed in public.⁴

The Demographic and Health Survey (DHS), conducted in 2005, was the first nationally representative survey in Egypt that included questions on spousal violence. It found that 36 percent of married women ages 15 to 49 had ever experienced some form of emotional, physical, and/or sexual violence by their husbands, and nearly 8 percent reported that physical violence occurred often.⁵ Three years later, the 2008 Egypt DHS included questions on attitudes toward domestic violence among married women ages 15 to 49.

FIGURE 2

Egyptian Women's Attitudes Toward Wife Beating Vary by Wealth.

Ever-Married Women Ages 15 to 49 Agreeing Husband Is Justified in Hitting or Beating His Wife, 2008



Note: Wealth quintiles (five population groups of equal size) were created using an index of household assets. The first and fifth quintiles are shown here.

Source: Fatma El-Zanaty and Ann Way, *Egypt Demographic and Health Survey 2008* (Cairo, Egypt: Ministry of Health, El-Zanaty and Associates, and Macro International, 2009): Table 3.14.

BOX 1

Definitions

The terms "gender-based violence" and "violence against women" are often used interchangeably. **Gender-based violence** refers to violence directed against a person because of his or her gender and expectations of his or her role in society. But the term is most often used when describing violence against women, because women are far more likely than men to experience discrimination or abuse.

The United Nations defines **violence against women** as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life."

Violence against women can take many forms, including honor killing; intimate partner violence and sexual violence; harassment of women and girls in public, in schools, and in the workplace; trafficking of women and girls; and female genital cutting and other harmful traditional practices, such as child marriage.

Intimate partner violence, also called **domestic violence** and **spousal violence**, refers to behavior by an intimate partner or ex-partner that causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviors.

Sexual violence is any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting.

Honor killing is the murder of a relative, usually a girl or woman, perceived to have brought shame and dishonor to the family.

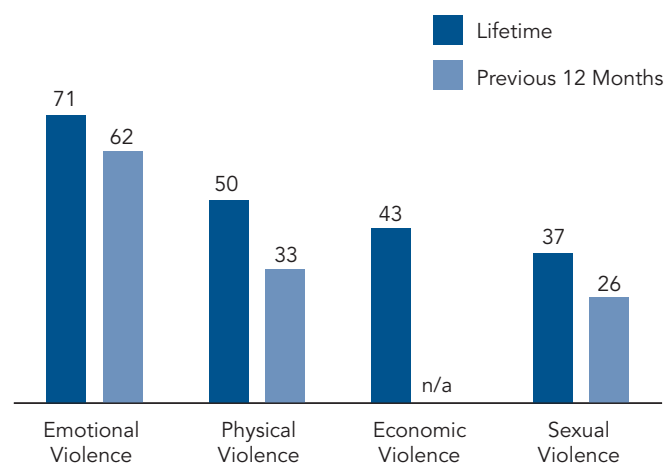
Sources: United Nations General Assembly Resolution 48/104, "Declaration on the Elimination of Violence Against Women," December 1993, accessed at www.un.org/documents/ga/res/48/a48r104.htm, on Feb. 3, 2015; and WHO, "Violence Against Women: Intimate Partner and Sexual," Fact Sheet 239, November 2014, accessed at www.who.int/mediacentre/factsheets/fs239/en, on Feb. 3, 2015.

The survey found that more than one-third of the women (39 percent) said wife beating was acceptable, agreeing on at least one reason that would justify a husband beating his wife.⁶ Among young married women (ages 15 to 19), an even higher percentage (50 percent) agreed with at least one reason for wife beating. The reasons they identified included (in order of frequency) going out without telling him, neglecting the children, arguing with him, refusing to have sex with him, or burning the food. Women in the poorest fifth of the population were far more likely to approve of wife beating than those in the richest fifth (see Figure 2, page 2).

During 2008 and 2009, the Alexandria Regional Centre for Women’s Health and Development (ARC) surveyed more than 3,000 married women visiting public family health clinics in the Alexandria Governorate (see Figure 3).⁷ The findings were alarming: Three in four women reported experiencing at least one type of spousal violence in their lifetime—emotional abuse (71 percent), physical violence (50 percent), economic abuse (43 percent), and sexual violence (37 percent). The most common forms of emotional abuse women reported were being insulted and humiliated, ignored and treated indifferently, and forbidden from visiting their parents or going out to participate in social activities. The types of physical violence they cited most frequently were being slapped and beaten, pushed and grasped by the hair, and kicked and dragged on the floor. More than one-half (53 percent) of women who had ever experienced physical violence by their husband reported being injured as a result.

FIGURE 3
Women Visiting Family Health Clinics in the Alexandria Governorate Reported High Rates of Spousal Violence.

Percent of Ever-Married Women Who Reported Experiencing at Least One Incident of Violence, 2009



Source: Alexandria Regional Centre for Women’s Health and Development and Ford Foundation, *Violence Against Women in Alexandria* (Alexandria, Egypt: ARC, 2010): Figures 3.1, 4.1, and 4.4.

BOX 2

Intimate Partner and Sexual Violence Against Women: A Global Overview

In 1996, the World Health Assembly of the World Health Organization (WHO) declared violence against women to be a major public health problem that urgently needed to be addressed by governments and health organizations. Violence against women—particularly intimate partner violence and sexual violence against women—are major public health problems and violations of women’s human rights worldwide.

The most recent global analysis of the problem was published in 2013 by WHO and London School of Hygiene and Tropical Medicine.¹ Based on data from more than 80 countries, the study found that:

- One-third of women worldwide (35 percent) have experienced either intimate partner violence or non-partner sexual violence in their lifetime; most of this violence is intimate partner violence.
- On average, 30 percent of women who have been in a relationship report that they have experienced some form of physical or sexual violence by their partner.
- As many as 38 percent of murders of women are committed by an intimate partner.
- Situations of conflict, post conflict, and displacement may exacerbate existing violence and present new forms of violence against women.

Factors specifically associated with intimate partner violence include:

- Past history of violence.
- Marital discord and dissatisfaction.
- Difficulties in communicating between partners.

Factors associated with sexual violence include:

- Beliefs in family honor and sexual purity.
- Ideologies of male sexual entitlement.
- Weak legal sanctions for sexual violence.

Intimate partner violence and non-partner sexual violence are strongly associated with the unequal position of women relative to men and the social acceptance of violence as a way to resolve conflicts.

Source: Adapted from WHO, “Violence Against Women: Intimate Partner and Sexual,” Fact Sheet 239, November 2014, accessed at www.who.int/mediacentre/factsheets/fs239/en, on Feb. 3, 2015.

Reference

1 WHO Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, and South African Medical Research Council, *Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence* (Geneva: WHO, 2013).

The ARC study found higher rates of domestic violence than the national DHS survey; this variation may be explained by slight differences in the survey questions and because the ARC study interviewed women only in a health care setting, which may have made them more comfortable discussing personal matters (see Box 3, page 5). Another reason may be because the ARC study surveyed only women using public health services. Women using public clinics tend to come from lower socioeconomic segments of Egyptian society, a group more likely to experience domestic violence. In the ARC study, for example, 39 percent of illiterate women reported experiencing physical violence inflicted by their husband in the previous 12 months compared with 23 percent of women with university degrees.

Impact of Spousal Violence on Women's Health

A large body of research shows that spousal violence (also called intimate partner violence) is a major cause of disability and death among women worldwide.⁸ The health consequences range from physical injury, chronic pain, anxiety, and depression to deadly outcomes such as suicide and homicide. Spousal violence is a risk factor for many physical, mental, sexual, and reproductive health problems. For example, compared to their peers, women who have experienced such violence face a higher risk of unintended pregnancies, gynecological disorders, pregnancy complications, and sexually transmitted infections, including HIV.⁹

A recent study conducted at Kasr Al-Ainy Teaching Hospital of the Cairo University School of Medicine, the largest public university hospital in Egypt, found that nearly one-third (31 percent) of the pregnant women visiting the hospital had experienced spousal violence.¹⁰ One-quarter of these victims (25 percent) reported that they experienced physical violence either frequently or always. The study showed that pregnant women who had ever experienced spousal violence were three times more likely than other women to have symptoms of depression, either alone or combined with anxiety. The study also found that experiencing spousal violence doubled the risk of anxiety among pregnant women.

Violence during pregnancy appears to be high: The ARC study found that nearly one in four married women visiting public health clinics in the governorate (24 percent) reported experiencing physical violence by their husband while pregnant.¹¹ One in five women who reported experiencing violence during pregnancy said that the violence led to abortion. Indeed, violence during pregnancy can cause serious harm to both the mother and fetus, and inflicts wide-ranging social and economic costs on families and society as a whole. Women “may suffer isolation, inability to work, loss of wages, lack of participation in regular activities, and

limited ability to care for themselves and their children,” reports the World Health Organization (WHO).¹²

The Role of Health Systems

Outside of family members, health care providers are often the first point of contact for women experiencing spousal violence. Thus, medical professionals have a crucial role to play in providing care and in some cases, identifying women who have experienced domestic violence or are at risk of it. In 2013, WHO issued clinical and policy guidelines for the health-sector response to intimate partner violence and sexual violence, emphasizing the urgent need to integrate these issues into the training of health care providers.¹³ WHO's recommendations include:

- Offering support for women disclosing violence.
- Maintaining a nonjudgmental attitude.
- Ensuring women's privacy and confidentiality.
- Assessing medical conditions that require care.
- Referring women to other support services such as legal assistance and social welfare programs.¹⁴

Health care services in Egypt generally do not include screening, support, or referral services for women who have experienced violence, apart from emergency care for those suffering from physical injuries. The ARC was the first organization in Egypt to establish a family support clinic, offering counseling—including legal consultations—to women who have experienced domestic violence and providing medical help when needed.¹⁵ This program began shortly after ARC conducted its study during 2008 and 2009 documenting high levels of spousal violence among women visiting public health centers in the Alexandria Governorate.

A majority of abused women, however, do not seek services. The ARC study showed that only about one-half of women who had experienced spousal violence tried to seek help—mainly from relatives and neighbors. Women who did not ask for help cited a number of reasons: the violence is something personal or improper to talk about outside the family (36 percent); seeking help is of no use (31 percent); embarrassment (30 percent); and fear of divorce (18 percent). Six percent said they did not seek help because they had grown accustomed to the violence.¹⁶

One opportunity to identify women in need of assistance is during prenatal care visits in primary health care facilities. Research findings suggest that screening programs in prenatal clinics generally increase the likelihood that women experiencing domestic violence are identified; universal screening for domestic violence is also associated with improved maternal and child health.¹⁷ Research has also demonstrated that pregnant women accept mental health screening in the context of prenatal care and they do not feel

stigmatized, labeled, or upset by the screening process.¹⁸ Prenatal care providers can support women throughout their pregnancies and refer them as needed to other health specialists or to social workers, counselors, shelters, or other community-based resources. In addition, husbands who perpetrate violence can be referred to treatment programs.¹⁹

National-Level Efforts to End Violence Against Women

In 2014, the Egyptian government passed a law criminalizing sexual harassment in public places.²⁰ Such high-level policy action, along with grassroots movements described in the next section, point to the growing unwillingness of Egyptians to tolerate street harassment. Increased media coverage of violence against girls and women in public has rallied social activists behind the cause and led to public outcries. But, raising public support for condemning and criminalizing domestic violence, especially when perpetrated by a husband inside the home, has been far more difficult.

In 2012, Egypt's National Council of Women developed a national strategy to combat violence against women and girls and provide services to women who have experienced violence by:

- Enacting legislation to protect women and criminalizing all forms of violence against women.
- Identifying the various forms of violence and promoting improved mental health services and social welfare programs provided by government's executive bodies and civil society organizations.
- Raising public awareness through educational activities, the media, and religious sermons, and by changing cultural and community practices so as not to tolerate any form of violence against women and girls.²¹

Developing a national strategy is an important step in the right direction, calling attention to the national problem of violence against women. But the challenges to putting these recommendations into practice are enormous and require

BOX 3

Using Evidence to Plan Programs and Measure Progress

Data collection and research on violence against women and its health and economic consequences are essential for formulating a strong national response and monitoring progress.¹ Population-based surveys of women, such as the Demographic and Health Survey, provide the most accurate estimates of the prevalence of violence against women, including female genital cutting, child marriage, intimate partner violence, and sexual violence. In addition, other types of studies can fill knowledge gaps about women's and men's perceptions and experiences, the health and economic consequences of violence, and the effectiveness of programs in addressing gender-based violence.

Some researchers may believe that domestic violence is too sensitive a topic for research, and that shame or fear will prevent women from disclosing their experiences. Research on domestic violence is challenging because of issues ranging from the need to protect women's privacy to variations in the interview techniques and questions.² Yet, when research is conducted with respect for ethical and safety considerations, in a nonjudgmental manner, and in an appropriate setting, it can encourage women to discuss their experiences of violence, and women may even find the conversation beneficial.³

In 2014, the World Health Organization's (WHO) Department of Reproductive Health and Research held an expert group meeting to develop a set of indicators for countries to measure progress toward eliminating violence against women, as part of the post-2015 Sustainable Development Goals.⁴ The group deliberated on indicators that fell into three domains: the magnitude of violence against women, its underlying causes, and countries' responses

to prevent violence and to respond to survivors. The proposed indicators include:

- The prevalence of physical and/or sexual intimate partner violence in the last 12 months and the prevalence of sexual violence by a non-partner.
- The proportion of people who think it is never justifiable for a man to beat his wife or partner.
- National budgetary allocations for preventing and responding to violence against women.

They also considered other possible indicators, including the proportion of women who experienced violence in the last 12 months who had sought help from a formal institution, and the proportion of reported cases of rape in the previous year that are prosecuted.

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overcoming legal and cultural barriers. Traditionally, Egyptian culture, like other Arab cultures, has stressed the regulation of female behavior and has viewed men as responsible for protecting family honor by imposing control over their female family members.²² As a result, domestic violence is often seen as a family matter rather than a societal problem. Moreover, many women believe that wife beating is acceptable and justified in some circumstances. The established legal system reinforces these values, entitling men to exert power over their close female relatives. For example, in the extreme case of honor killing, which is still present in pockets in Egyptian society, the Egyptian penal code allows judges to limit sentences to as little as two years.²³ In the ARC study, 5 percent of respondents said that they knew a girl or woman in their community who had been killed in an honor crime and that nearly half of the victims were relatives of the respondents. In some instances, respondents may have been referring to the same victim.

A recent ruling by an Egyptian appeals court is another example of how laws are enforced more leniently when the violence occurs within the family. A physician who performed female genital cutting on a 13-year-old, which led to her death, was sentenced to two years in prison with hard labor for involuntary manslaughter. But the victim's father, who took the girl to the doctor for the procedure, received only a three-month suspended sentence.²⁴ Nonetheless, the trial—the first of its kind—has been hailed by children's and women's rights activists as a sign of progress.

Grassroots Efforts to End Violence Against Women

Various forms of collective activism to monitor and address gender-based violence in public places are gaining momentum in Egypt. A well-known and innovative initiative is **HarassMap**, launched in Egypt in 2010 by volunteers whose mission is to make sexual harassment and assault socially unacceptable.²⁵ Taking advantage of social media and the widespread use of mobile phones in Egypt, HarassMap encourages women and men to report incidents as they experience or witness them. The website then maps the reports online in real time. In addition, HarassMap supports community mobilization efforts in 22 governorates, mainly through trained volunteers who encourage people in public places, such as shopkeepers, to take a “zero-tolerance” approach toward sexual harassment.

Another outreach movement, the **Anti-Sexual Harassment Campaign**, was set up in 2012 to track harassment cases and send volunteers to intervene in mob assaults. This campaign and HarassMap are just two among several movements monitoring such assaults and offering “safety advice” to women.²⁶ Egyptians use social media to expose harassers, employing a number of hashtags—among them #AntiHarassment and #ExposeHarasser. The goal is to speak out against the daily sexual harassment they witness or experience, breaking the silence surrounding these crimes.²⁷

Government and Civil Society Organizations Need to Join Forces

Given the high prevalence of violence against women, Egypt requires better mechanisms to prevent the violence in the first place. The government needs to assess and respond to the legal, social, and health needs of women facing violence and take steps to protect them from further harm. The grassroots efforts—as successful as they have been to this point—will not on their own eliminate gender-based violence, just as laws alone do not improve outcomes for women or reduce violence in communities. System-wide changes are needed to improve the enforcement of laws.²⁸

The strategy developed by the National Council on Women, described earlier, provides a general framework for combatting violence against women. The Council recommends criminalizing gender-based violence; punishing offenders; and offering protection, compensation, and rehabilitation services to victims. The Council also calls for developing prevention programs to change attitudes and raise awareness of the issue.

For these changes to occur, the government and civil society organizations must forge alliances to change the nation's attitudes toward gender-based violence and meet the needs of survivors by working with families, the police, the judiciary, and health professionals in primary care settings and emergency rooms. Recommended actions for both governmental and civil society organizations, individually or in partnerships, include:

- Raising awareness about women's rights and the harmful consequences of domestic violence through civic education, school curricula, and media initiatives.
- Recruiting popular and influential celebrities, entertainers, politicians, and community leaders—both men and women—who will champion women's rights in media interviews and at public events.
- Expanding emergency shelters for women leaving violent situations and improving the services the shelters offer.
- Providing medical, psychological, social, and legal assistance to survivors of domestic and sexual violence so they can lead a normal life.

Recommended actions for the government also include:

- Enacting legislation that criminalizes all forms of gender-based violence and discrimination.
- Allocating adequate human and financial resources to enforce laws and regulations and developing an action plan with specific objectives and time frames.
- Strengthening the capacity of government agencies to work in coordination with civil society organizations for greater impact.
- Training health care providers in primary care facilities to identify women who have experienced or are at risk of violence and to provide care and support services according to standard guidelines.²⁹

Finally, both the government and civil society organizations (including academia) need to conduct research and make the results available to policymakers to ensure that strategies to combat gender-based violence are based on evidence and their effectiveness is evaluated (see Box 3, page 5). Egypt has an opportunity to embrace the new Sustainable Development Goals and monitor progress using indicators related to the health and well-being of girls and women. Such actions are key to healthier and happier families and a more just and prosperous nation.

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PRB's Middle East and North Africa Program

PRB's Middle East and North Africa (MENA) program, initiated in 2001 with funding from the Ford Foundation, responds to the region's need for timely and objective information on population, socioeconomic, and reproductive health issues. The project explores the links among these issues and provides evidence-based policy and program recommendations for decisionmakers in the region. Working closely with research organizations in the region, the project team produces a series of policy briefs (in English and Arabic) on current population and reproductive health topics, conducts workshops on policy communication, and makes presentations at regional and international conferences. In 2012, PRB began its collaboration with UNFPA Arab States Regional Office (ASRO) to produce policy briefs and hold policy communication workshops in the region.

MENA POLICY BRIEFS: SELECTED TITLES

Advancing Egyptian Society by Ending Violence Against Women (May 2015)

Responding to Rapid Population Growth in Egypt (November 2014)

Ending Child Marriage in the Arab Region (May 2013)

The Need for Reproductive Health Education in Schools in Egypt (October 2012)

Women's Need for Family Planning in Arab Countries (July 2012)

Egypt Youth Data Sheet: Selected Data From SYPE 2009 (February 2012)

Facts of Life: Youth Sexuality and Reproductive Health in the Middle East and North Africa (June 2011)

Spousal Violence in Egypt (September 2010)

Sexual and Reproductive Health in the Middle East and North Africa: A Guide for Reporters (May 2008)

Reforming Family Laws to Promote Progress in the Middle East and North Africa (December 2005)

Marriage in the Arab World (September 2005)

Progress Toward the Millennium Development Goals in the Middle East and North Africa (March 2004)

All publications in English and Arabic are on www.prb.org.



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