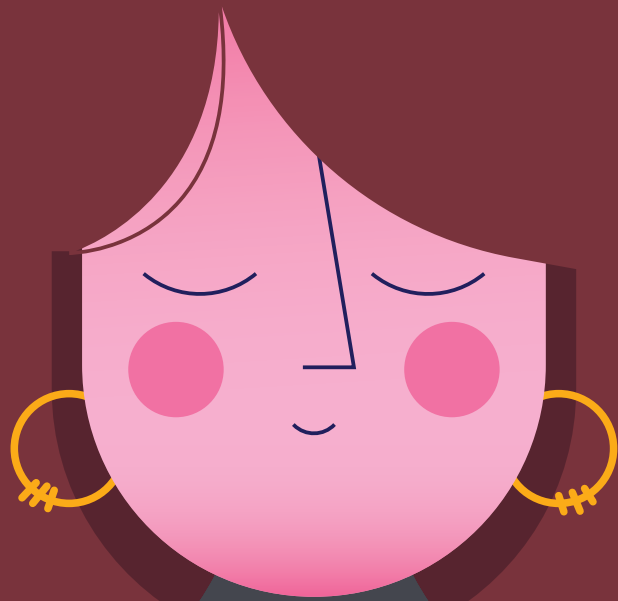




Referral Pathway for Gender-Based Violence Survivors

Policy Brief

May 2023





REFERRAL PATHWAY FOR GENDER-BASED VIOLENCE SURVIVORS

Policy Brief

INTRODUCTION

Gender-Based Violence (GBV) is violence that affects a particular gender disproportionately. According to the Economic Cost of Gender-Based Violence Survey conducted in 2015 by UNFPA, the National Council for Women (NCW) and the Central Agency for Public Mobilization and Statistics (CAPMAS), around 7.8 million women suffer from all forms of violence yearly in Egypt.

According to this same survey, the economic cost of GBV against women is estimated to reach 6.15 billion LE if the current injury rate is maintained. (1) The Egyptian government realized the magnitude of the problem posed by GBV and started taking effective steps to combat it in 2014 with the introduction of articles 11, 52, 60, 67, 71, 80 and 89 in the 2014 Constitution which ensure the protection of women against various forms of violence and discrimination. (2)

In 2015, in a step that is considered the first of its kind in Egypt, the National Council for Women, in cooperation with several governmental and non-governmental entities namely the UNFPA, introduced the 2015-2020 National Strategy for Combating Violence Against Women. (3) This initiative was considered by many to be the first step to bring about real change. The vision of the National Strategy is to ensure a safe community free of all forms of violence that guarantees the protection of women and the availability of all services, including legal, medical and social to them. (4)

WHERE DO WE STAND NOW?

Extensive efforts have been exerted on the national level to address violence against women including the establishment of a referral system or a national track for the survivors of it, as shown in the diagram in the following page.

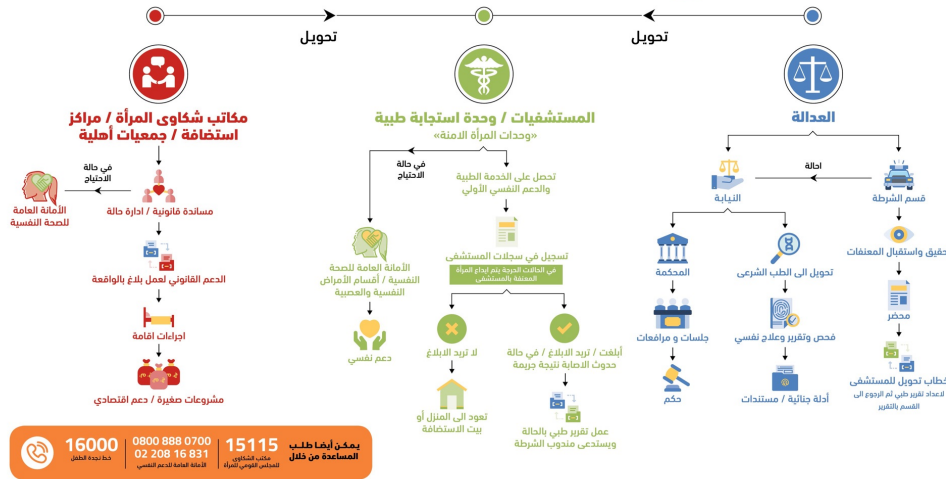
The referral system is comprehensive, systematic and inclusive. It is detailed enough and covers all aspects in which a survivor of GBV might require help and support. Detailing the legal, medical and civic pathways that a woman who has experienced GBV might need to follow. This makes this referral system a comprehensive and useful tool in tackling violence against women.

CHALLENGE:

While in theory this “national pathway” checks all the boxes, its practical implementation is still lagging behind. In reality, there is still a lot more to be done to ensure the effectiveness of this pathway and its capacity to meet expectations.



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The main issue that this pathway is currently facing is “its entrance”. The “gateway” to this pathway that would eventually enable victims of GBV to access all the services it provides. In short, the main current challenge is to find clear and actionable answers to 2 key question:

“How would women know of the existence of this support system and how would they be able to access it?”

and

“To what extent does this pathway address the needs of particularly vulnerable women, namely women with disabilities and elderly women?”

ISSUE 1: AWARENESS

An issue that requires immediate attention and intervention is the fact that a lot of supposed beneficiaries of this system (survivors of GBV) do not know that it exists in the first place. The initiatives taken by the National Council for Women in cooperation with the government in the area of GBV were not advertised widely or heavily enough to reach all women who may benefit from them which explains why to this day, only 75,000 women report incidents of violence yearly in Egypt despite millions actually being victims of GBV. (5)

Even the GBV survivors who do know about the presence of a national system for their cases to be tracked into, do not know what the entry point of the system is. They are left feeling helpless and alone and eventually give up on pursuing services that they are fully entitled to. For example, since late 2020, eight medical response clinics dubbed “Safe Women Clinics” were launched at the Mansoura, Cairo, Ain Shams, Assiut, Benha, Beni Suef, Minya and 6th of October university hospitals to offer comprehensive medical services to survivors of GBV. **How many women actually know about the existence of such clinics, and is the current utilization rate of these facilities sufficient?**



RECOMMENDATION 1:

We recommend that the responsible entities headed by the NCW take serious steps towards proper dissemination of their work so that it reaches the people who may benefit from it. We have previously witnessed the success of state-sponsored TV awareness campaigns such as those targeting FGM and family planning in the early 2000s. We believe that a similar campaign advertising all the different initiatives present to serve survivors of GBV, including the nationwide referral system and Safe Women Clinics, would also prove to be successful in reaching the concerned parties.

In addition to confronting the societal tolerance of GBV, these campaigns should provide thorough information on how and where women who have suffered from GBV can benefit from the provided services so that they are able to navigate the system and are not left to figure technicalities out on their own.

Furthermore, special emphasis should be put on ensuring accessibility of such awareness materials to reach particularly vulnerable women, namely women living with different forms of disabilities and elderly women. These two communities are particularly vulnerable to gender based violence due to the limitations in their access to information. A critical study published in 2022 by UNFPA about GBV on women living with disabilities, revealed that 61% of these ever-married women with disabilities were subjected to one or more forms of violence from their spouses. (8)

ISSUE 2: PRIMARY HEALTHCARE SERVICES

Another problem with the national pathway of referral for GBV survivors is the fact that primary healthcare workers, who are considered the gatekeepers of the healthcare system, are unfamiliar with the pathway and the services it provides. As detailed in the national pathway for referral, the first point of contact of a GBV survivor is a primary healthcare (PHC) unit. This is, in addition to one of the Safe Women Clinics installed around the country, from which referral to either a secondary healthcare unit, a legal authority or a social support entity happens depending on the need of the case.

Again, on paper this sequence of events is logical but in reality, the healthcare workers (HCWs) present at PHC units are not adequately trained on detecting or dealing with GBV survivors or on navigating the referral system. By HCWs, we refer to doctors, nurses, emergency medical technicians, health educators and any other medical personnel who may be present in a PHC that a survivor of GBV might go to when she is first subjected to violence.

These HCWs remain unfamiliar with the referral pathway for survivors of GBV in the sense that they either do not know of its existence or do not know which case needs to go where. The pathway was not extensively explained to them so that they are able to differentiate when a case requires referral to a legal authority or to a social support entity in the form of a housing facility, for example. They have not been medically trained on the various forms of physical insults a woman can sustain as a result of violence so that they know which injuries are serious enough to require referral to a secondary or tertiary healthcare facility and which ones can be dealt with on a PHC level. As a result of HCWs' unfamiliarity with the GBV referral pathway, a lot of cases of GBV are not properly dealt with despite the existence of a system that comprehensively details how to deal with every possible scenario that they might be met with.

This is in addition to the lack of training or mobilization against all forms of obstetric or medical violence women can be subjected to within the healthcare facilities. These include unnecessary cesarean deliveries, "virginity tests", undermining expressed pain or medical complaints by women among others.



RECOMMENDATION 2:

There is a series of interventions we recommend to be completed in order to ensure that the referral pathway is actually properly utilized by HCWs who come in contact with GBV cases.

- 1) To start with, a database of all destinations that a woman who suffered violence might need to be referred to, whether medical, legal or social, needs to be built and made available in all PHC facilities around the country. This database should have the geographic locations of said destinations to maximize efficiency in referral of cases.
- 2) After this database is built and introduced into PHCs, HCWs of all levels need to receive extensive and exhaustive training on all things GBV, including the national pathway of referral, from specialized personnel. The content of these training sessions should cover specific points that are listed below:
 - a. How to detect a survivor of GBV if she does not clearly state that she is one? What are the physical signs and emotional cues to be on the lookout for in every woman that frequents your facility?
 - b. What are the forms of initial psychological support that you, as a HCW, should provide to a survivor of GBV? How to communicate trust and attentiveness without passing judgment? How do you decide if she is in need of more specialized psychological care and who do you refer her to if so?
 - c. What is the basic physical routine checkup for any suspected case of GBV and how to complete it?
 - d. What are certain tests/procedures that could be done on a PHC level to survivors of GBV? And when are they indicated?
 - e. When does a case require legal intervention? How to alert legal authorities if needed and what is the most appropriate course of action?
 - f. When does a case require the support of certain civic groups and how can you put her in contact with the suitable ones?

All these training points and more have been compiled in a [GBV guidebook](#) directed to HCWs, authored by the Women Friendly Services project of Shamseya. (6)

CONCLUSION:

Gender Based Violence is a phenomenon that has plagued our society for decades and has sadly been on the rise in recent years owing to the COVID-19 pandemic and the lockdown that ensued, particularly to specially vulnerable women such as women living with disabilities and elderly women. (8) Big, positive steps have been taken to combat GBV by both governmental and non governmental entities in recent years and there has been a noticeable shift in the policies and tone of the current administration in favor of women and their empowerment.

These efforts have culminated into the introduction of various initiatives that fight violence against women but in order to ensure they are properly recognized and utilized by both victims of GBV and perpetrators of services that combat GBV some tuning still needs to be done particularly regarding studying correlations between GBV and other forms of vulnerabilities, ensuring proper communication and awareness about the GBV management pathway and promoting the capacity of front-line service providers in properly identifying, managing and referring cases of GBV in a systematic, comprehensive and cohesive process.



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BEHIND THIS DOCUMENT



The Women Friendly Services project

The Women Friendly Services project aims at evaluating, training and equipping healthcare providers and systems around the country with the needed skill sets, knowledge and best practices that allow them to provide women-friendly healthcare services, with a focus on sexual and reproductive health services.

To learn more about the project, please visit women.friendlyservices.org

The Egyptian Medical Students Association

“EMSA” is an Egyptian Non-Governmental Organization, registered at the Egyptian Ministry of Social Affairs established in the year 2010 under license number 7866 – Cairo.

EMSA aims to empower the Egyptian healthcare professionals with the needed skills to find innovative solutions to their community problems.



Egyptian Medical Students' Association

EMSA



Friedrich-Ebert-Stiftung “FES”

Inspired by its general aims to promote democracy and social justice, to support economic and social development, as well as to advocate for human rights and gender equality, the Friedrich-Ebert-Stiftung (FES) started working in Egypt in 1976. For more than 40 years, the office operates in cooperation with local partners within the framework of several agreements with the Egyptian government. The first was endorsed by Presidential Decree 139/1976 and by the Egyptian parliament. The agreement was renewed in 1988, endorsed by Presidential Decree 244/1989 and approved by the Egyptian parliament.

To learn more about FES, please visit egypt.fes.de

Shamseya for Innovative Community Healthcare Solutions

Shamseya is a social enterprise that comprises a team of multidisciplinary researchers, field workers and experts in the areas of health systems management, participatory development, community mobilisation and quality of healthcare.

It works through participatory community solutions aiming at improving access to quality, and importantly, patient-centered services for individuals and families.

To learn more about Shamseya, please visit shamseya.org



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