وزارة شؤون المرأة

وزارة الشؤون الاجتماعية

SERVICES AND CURRICULA NEEDS ASSESSMENT ON VIOLENCE AGAINST WOMEN

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Conducted under the project:

Promoting Women's Rights AND combating violence against women
"Building a sustainable legal-Health-Social
Service Referral System
in the Palestinian Occupied Territory
"Takamol"

مركز المرأة للإرشاد القانوني والاجتماعي
Women's Centre for Legal Aid and Counselling

Women's Center for Legal and Social Counselling

And

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Juzoor for Health & Social Development

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Executive Summary

A descriptive impressionistic study design was conducted starting with a needs assessment and mapping of services as the first step to inform the creation of a referral system as a part of a comprehensive vision for combating violence against women (VAW). The four components of this study aimed to accomplish the following tasks:

- Assess the existing legal, health, and social services and procedures for women victims of violence and women at risk in seven governorates of the West Bank (WB): Qalqilia, Nablus, Jericho, Ramallah, Jerusalem, Bethlehem, and Hebron; specifically to assess the extent to which gender-based-violence (GBV) issues are addressed in selected service-provider settings in order to identify and evaluate gaps in services. Out of a total of 308 governmental and nongovernmental social, legal, and health institutions that were targeted for interviews, 280 institutions participated.
- Assess the extent to which GBV issues are addressed in selected related curricula in order to identify and evaluate theoretical and practical training gaps of potential professionals who would encounter women victims of violence in the prospective work fields and sites. Forty academic programs at 18 Palestinian colleges and universities on the WB were targeted in fields assumed to provide support to women victims of violence, including medicine, nursing, midwifery, police studies, social work, law, community health work, psychology, gender and development, public health, and management. Out of a total of 40 targeted programs, 34 were included in the survey. Interviews with program participants yielded an 88% response rate.
- Assess the extent to which GBV issues are addressed in police departments (PDs) in order to identify and evaluate service gaps and needed but lacking components at PDs which would encounter women victims of violence. Sixteen centers were approached and all (100%) agreed to participate.
- Assess the extent to which women victims of violence perceive that their care-provision needs are satisfied by service providers, highlight gaps in services, and help to devise a comprehensive and holistic service. Forty-four women were targeted through a purposive sample for interviewing as part of this survey.

Conclusion and recommendations related to the four study components included the following:

1. Service providers

- The distribution of available services by governorate size and population must be carefully considered for future planning purposes for service provision.
- Focus must be given to the needs of related Jerusalem-based institutions and their continued steadfastness and empowerment given the intensifying harassment measures to which these institutions are subjected and the aggressive push towards their Israelization.
- Elderly persons, people with disabilities and female ex-detainees are amongst the least-targeted groups with respect to service availability at service-provider institutions. These groups deserve further attention.
- Awareness-raising sessions and brochures are believed to be the most effective means to direct women to seek help on VAW issues. Focus should be on content and design of sessions and brochures to encompass the most important and beneficial information for behavioral change or actions to be taken. Community health workers (CHWs) are also a good source of information in the field and their training on VAW issues should be strengthened.
- Criteria used for accepting women victims of violence should not be a deterrent for women who seek help.
- Surveyed institutions indicated receiving a total of approximately 4,500 cases of various types of VAW during the last three months. This is simply an estimation of what exists, as many cases remain unreported especially with respect to those related to physical and sexual abuse.
- Married women aged 30 or above were perceived to seek help from service providers on VAW issues more frequently than other women.
- Minimal support received from different sources by victims of VAW highlights the necessity for awareness-raising on the issue as well as on traditional taboos surrounding VAW.
- Time spent with women victims of violence is of great importance for women's healing and for helping them to develop trust in the system.
- At present there is no holistic approach for dealing with VAW that includes the medical, psychological, legal, social, and spiritual components. There are no clear, standardized, written procedures to ensure consistent professional behavior and service provision.

- A comprehensive care-giving team is to be promoted by future endeavors to improve services and their impact.
- Appropriate facilities must be created as part of the commitment to the comprehensive care of women subject to violence.
- Lack of protocols at service settings is indicative of inconsistent care giving.
- Obstacles that service providers are faced with when dealing with VAW must be seen in the broader context of social behavior and stereotyping and the interrelated roles of a variety of health, educational, youth, and other sectors and institutions.
- In order to deal appropriately with VAW, it is imperative to organize and employ human resources based on health care needs within a holistic framework and to ensure the continuous training of service-providing professionals and the enhancement of their skills in interacting and understanding their distinct roles as complementary team members.

2. Curricula

- Nursing, midwifery, and law programs constitute the majority of related programs, which include the highest number of potential graduates who deal with VAW issues, and thus deserve special attention in order to ensure that related issues are included and dealt with in as much depth as possible in the curricula.
- Topics that receive the most coverage in programs relate to actual services provided to women in the realm of immediate interventions and treatment (reproductive health, risk assessment, psychological assessment, etc.) whereas the least-covered topics relate to structural practices, advocacy, and prevention (documentation, advocacy issues, awareness-raising on women's rights and entitlement, referrals, and international accords). Although it is imperative to continue to focus on treatment-related issues, other topics that are part of a system-wide framework for tackling VAW are as important and should be promoted for inclusion in curricula with depth of coverage dependent on the type of program.
- Most programs lack teaching and/or training material in Arabic, an area that deserves further attention.
- Political VAW and violence against women with disabilities need further attention in curricula.
- The clinical experience gained by students is a cornerstone for future service provision. Case identification is of great importance as it constitutes

the initial step for subsequent work with victims of violence. This area has been perceived as relatively insufficient in terms of clinical practice by the programs surveyed. Given that CHW as well as social workers are front liners in the community, it is necessary to focus on their training in case identification and to give them the information they need concerning available resources and ways to encourage women to seek assistance.

- The upgrade of clinical training programs as well as training infrastructure – physical and human resources – is essential even as basic priorities are maintained. Community health, counseling, legal, and social centers, schools and hospitals are among the venues most utilized by programs for clinical training on VAW.
- Counseling on VAW as an institutional service to students in various academic contexts is lacking and may deserve attention. The majority of programs and their host institutions do not provide such services.

3. Police Departments

- Police departments (PDs) lack special units to serve women victims of violence. Such units need to be promoted and developed.
- The establishment of family protection units in governorates is to be commended and their establishment in all governorates must be supported.
- PDs lack the necessary equipment for quality service provision and need support in that regard.
- Databases are generally available but need to be created in departments which lack them and further developed and analyzed for content where they exist.
- The presence of trained police and legal specialists at PDs to deal with violence is indicative of the strong orientation in viewing VAW as a criminal act that requires police intervention and legal follow-up. The absence of a physician or a mental health specialist raises questions concerning the lack of a holistic approach in addressing the needs of victims of violence.
- All PDs must have trained police for dealing with VAW. Fifty percent of the PDs surveyed lacked specialized police, thus highlighting the need to initiate such training immediately.
- The follow-up of women victims of violence by policewomen is to be commended and maintained.
- Utilization of special forms for women victims of violence is to be promoted.

- Tribal assistance, especially in rape cases, may be resorted to as a means of reducing tension. This endorses and strengthens the presence of two systems and authorities which may hamper and minimize the effect of the state's legal authorities and procedures.
- The perceived increasing number of women victims of violence running away to Israel and subsequently being returned to the occupied Palestinian territories by Israeli police deserves much attention and raises questions about women's perception of the effectiveness of the present Palestinian social, legal, and police systems in dealing with cases of violence.
- A large percentage of surveyed PDs seek support of other institutions when dealing with VAW. It is recommended that protocols for such coordination be reviewed and further developed as part of a national referral system.
- Procedures for dealing with victims of violence must be developed in order to ensure clarity with respect to references, responsibility, and accountability as well as to ensure consistent service provision. A procedures manual as well as a training program on the utilization of the manual must be created.
- A national training program for police that focuses on VAW should be established. It is also recommended that an in-depth review of the police academy curriculum be conducted in order to ensure the adequacy and appropriateness of the theoretical and practical components of the curriculum content.
- The present referral system must be assessed and modified if found to be lacking in effectiveness and efficiency.
- It is recommended that under all circumstances PDs be mobilized when alerted to any act of violence.

4. Beneficiaries

- Friends, awareness sessions, CHWs, and ministries are prime sources of information on resources for assistance to women victims of violence. This is an area to be capitalized on for information dissemination in a most informative and accessible manner
- Mental, emotional, and verbal violence and humiliation top the list on causes that prompt women to seek assistance. These types of violence usually require the assistance of mental health specialists and counselors, although there are not adequate numbers of these professionals available.
- Services to combat VAW should be provided on an unconditional basis.

- Physical and sexual violence are reported less than other types of violence for which women seek help. These two types of violence may be the most sensitive for women to reveal, thus the unreported cases in the community may be much higher.
- The recurrent seeking of assistance by women raises a question about the cycle and recurrence of violence and confounds the overall national percentage of women subject to various types of violence if the number of visits is taken as a frame of reference.
- The victim's family is the biggest support. It is worthwhile to note that brothers of victims are taking part in such support. This highlights the importance of targeting both women and men in awareness-raising activities concerning VAW and that various means of protection and treatment must be utilized.
- Focus should be on preparation and continuous training of social workers, mental health specialists, legal staff, and CHWs since they seem to be the people most in contact with women victims of violence.
- The largest percentage of referrals is directed to the MoSA, the MoH and PDs, despite the fact that interviewees indicated that hospitals, police, and the tribal judiciary are amongst the least preferred for referral. Reasons for this non-preference need to be studied in depth and mitigation measures followed. Staff must be groomed to receive and follow up on cases and respond to needs accordingly. Staff, systems, and procedures for dealing with women victims of violence may need to be revisited, improved, and modified based on best practices under the circumstances. Tribal judiciary, on the other hand, is part of the social fabric and a fact on the ground. A strategy for a more informed and gender-sensitive intervention by tribal leaders is necessary.
- Training and awareness-raising are important and deserve attention by employers and training programs.
- Beneficiaries' general satisfaction with services rendered is to be capitalized on with further focus placed on strengthening measures that contribute to beneficiary satisfaction.
- Community perception of women victims of violence continues to be a major hindrance to combating VAW and encouraging women to seek assistance. This requires intensive awareness-raising programs for various age groups, starting with school-age children and moving into different contexts to target community leaders and decision makers.

Overall Conclusions and Recommendations

- The following should be immediate priorities.
- Infrastructure: Specifically designated facilities/spaces are imperative for receiving and protecting women and promoting confidentiality.
- Human resources: Basic training, on-the-job and lifelong education, specialty training, and the right mix and numbers of professionals as team members will contribute to staff competency and effectiveness.
- Policies and procedures: Systems, protocols, procedures, and the establishment of a national surveillance system are required as well as the development of the family protection law and other protection initiatives, in addition to law enforcement supported by a well-established referral system that ensures complementary services, networking, and cooperation among service providers.
- Community awareness-raising and advocacy: Priorities include information dissemination (decision makers, school populations, the general community, etc.) through awareness-raising campaigns, training programs, coalitions, and the media.
- Research: Quantitative and qualitative studies on VAW are needed as well as an assessment of the experiences of other regional countries in developing national strategies and systems for combating VAW and adapting their experiences to the Palestinian context.
- Networking and coalition building: Work towards adoption of international accords, legislation, and law enforcement is needed in addition to better utilization of scarce resources, stronger complementarity of services, as well as more comprehensive services and a better informed tribal judiciary.
- Rehabilitation of women victims of violence: Priority should be given to personal training, work with the families, and work on awareness-raising and rehabilitation of perpetrators of violence.

List of Abbreviations

CHW	Community Health Work
EC	European Commission
GBV	Gender-Based Violence
MoH	Ministry of Health
MoEHE	Ministry of Education and Higher Education
MoI	Ministry of Interior
MoSA	Ministry of Social Affairs
MoWA	Ministry of Women's Affairs
NGO	Nongovernmental Organization
PD	Police Department
VAW	Violence against Women
WB	West Bank
oPt	Palestinian Occupied Territory
WCLAC	Women's Center for Legal and Social Counseling

List of Tables

Table of Contents

1. Introduction: Project Background

Since January 2009 WCLAC and Juzoor have been implementing a project titled "Promoting women's rights and combating VAW: Building a sustainable legal-health-social-service referral system in the Palestinian Occupied Territory" (oPt), funded by the EU. The project aims to contribute to improving overall delivery of legal, health, and social services to women victims of GBV and those at risk of violence. This will be accomplished through networking and sharing models of best practices with other women's organizations in the Arab world and Euro-Mediterranean region in order to learn from their experiences, adapting referral protocols and job aids in the legal, health, and social sectors; formulating successful curriculum models and training programs that target health providers and law enforcement professionals; and promoting the application of tools and strategies by relevant stakeholders, including government ministries, the police, and health and social-service providers at the national and local levels. The project also aims to contribute to changing social habits, culture, and traditions concerning VAW, particularly among health providers, law enforcement individuals, and government decision makers.

In addition, the project will develop an integrated referral system model for women victims of GBV and those at risk by engaging decision makers and direct-service professionals in the legal, health, and social-services systems (including government ministries) and establishing strong linkages. The new system will be implemented on a pilot basis in the Ramallah district. The project also aims to develop accompanying system tools, including protocols and curriculum modules for medical, midwifery, and nursing schools as well as for the police academy, which sensitize them to VAW issues. Efforts will be crowned by a national advocacy campaign to promote the new referral system.

Activities at the grassroots level will involve mobilizing civil society organizations, groups, and coalitions to help design the model referral system. By getting their input and participation in the process from the beginning, the project will utilize a "bottom-up" approach.

The project is being implemented in three main phases, with distinct activities within each phase. The expected results of the project as a whole are:

- The articulation of recommendations on best practices relevant to the referral system, based on an exchange of lessons learned on the regional and national levels
- The creation of an appropriate model for a comprehensive legal-health-social-service referral system and the accompanying tools
- The dissemination and promotion of a referral model and tools among

relevant stakeholders

The needs assessment and mapping of services – providers, academic institutions, and PDs – constitute the first step in the project which will inform the creation of the referral system. It is the foundation upon which all further work will be based. Its purpose is as follows.

- To set the methodology and tools for the needs assessment of curricula (in health, social, and legal programs as well as in the police academy)
- To assess the existing legal, health, and social services and procedures for women victims of violence and women at risk in seven governorates of the West Bank (WB): Qalqilia, Nablus, Jericho, Ramallah, Jerusalem, Bethlehem, and Hebron
- To assess women beneficiaries' perception and satisfaction with services through interviewing women victims of violence who have utilized existing services in one way or another. Information will be gleaned from personal accounts of their experiences, their input on what services they lacked, and suggestions on how the system could have worked better from a user-perspective, etc. This lends an important perspective and qualitative data to the needs assessment.

The consultant/investigator in coordination with the project manager and related staff at WCLAC and Juzoor defined the objectives and aims of each of the above components. A descriptive impressionistic study design was selected as a foundation on which to build further quantitative and qualitative studies. The preparation of the study tools, implementation of data collection, and report writing of the study's components were carried out through the following means.

- Workshops were organized by WCLAC and Juzoor for relevant local coalitions, civil society organizations, and key individuals from ministries and NGOs to identify their institutions' roles and to give them an opportunity to share their perspectives on the gaps in the existing system and benefit from the expertise of various service providers on the ground. These workshops enabled participants to brainstorm ways to address the gaps and challenges within the existing system and to identify the elements that are necessary to create an effective referral system. In addition, the workshops provided a means to gather feedback on drafts of the study questionnaires.
- Written materials, including manuals, protocols, guidelines (where they exist), and evaluations of existing data from previous and ongoing WCLAC studies were used in the preparation of the tools and/or the writing of the final report.

- Training sessions and a cadre of field workers were the venues through which data was collected using the approved questionnaires as well as guidelines explaining and elaborating questions on the different questionnaires and data collectors' responsibilities and documentation.
- A computer specialist was employed to carry out data entry.
- A statistical consultant prepared and compiled statistical analyses.
- Following the completion of the needs assessment, the investigator conducted an analytical review of the data collected in order to specify the gaps and weaknesses of the existing system (or lack of system) in a final report.

The study results and recommendations were presented to stakeholders and relevant partners during a national workshop on December 28, 2009. The aim of the workshop was to obtain feedback from relevant partners in order to enrich the analysis and to receive recommendations for preparation of the second phase of the project.

It is worthy to note that this study did not include governorates in Gaza; it is hoped that, as the situation permits, the survey will be replicated in the Gaza Strip to enable national planning and strategizing for Palestine.

2. Service Providers Gap/Needs Assessment

2.1 Objective:

To assess the extent to which GBV issues are addressed in selected service-provider settings in order to identify and evaluate gaps in services

2.2 Target population and sample:

A total of 308 governmental and nongovernmental institutions in the seven governorates were targeted for interviewing as part of this survey, with the following distribution per governorate: Qalqilia, 5.2%; Nablus, 16.5%; Jericho, 4.5%; Ramallah, 22%; Jerusalem 12.3%; Bethlehem, 15.5%; and Hebron, 24%. These include institutions believed to provide health, social, legal, and/or counseling services on VAW. The majority (74.4%) of institutions were located in cities, 20.4% in villages, and 5.2% in camps. Twenty-eight institutions, most of which were in the Jerusalem governorate, refused to be interviewed (11.4% non-response rate).

2.3 Assessment questionnaire:

A survey questionnaire was designed using the results of brainstorming sessions with relevant professionals and service providers who helped to define the framework of existing legal-health-social services and to specify the information needed from the targeted organizations concerning existing services for women victims of GBV.

A draft questionnaire, prior to finalization, was discussed with a group of relevant professionals and service providers and modified accordingly. In addition, a draft of the analysis was also presented to related institutions. Feedback was obtained and modifications were made.

2.4 Data collection:

Twelve data collectors were trained to collect the data during face-to-face interviews utilizing the designed questionnaire. Data collectors were supervised by two WCLAC senior staff.

2.5 Obstacles and limitations:

- Difficulties emerged in obtaining the target population's frame of reference, even when using information from the Palestinian Central Bureau of Statistics, to randomly choose from the interview sample. Several sources had to be compiled and used to develop a comprehensive service provider frame of reference including related institutional databases at the MoH, MoSA, MoWA, MoI, UNRWA, and others as well as by word of mouth.

- Despite all efforts to obtain the most inclusive frame of reference for related

targeted institutions, it is assumed that a few institutions were overlooked.

- There were delays in receiving requested databases.
- A number of institutions were either nonexistent, closed, or had no contact information.
- Data collection coincided with the month of Ramadan, when many institutions close early and minimize work efforts.
- Difficulties were faced by data collectors who needed permits to get to Jerusalem.
- Twenty-eight institutions, most of which were located in Jerusalem, refused to participate.
- Some of the data collectors withdrew after being trained, and their workload had to be given to others.

2.6 Data presentation and analysis:

2.6.1 Services provided

- The majority of the surveyed institutions (75.4%) claimed that they were offering health services to victims of VAW, with 60.1% claiming to offer social services, 45.9% psychological services, and 19.9% legal services to women. The distribution of institutions and available services in the order of greatest to least availability of all types of services by service institution and governorate is as follows: Bethlehem followed by Hebron, Nablus, Ramallah, Jerusalem, Qalqilia, and Jericho.
- A total of 89.7% of surveyed institutions targeted women in general, followed by 78.6% that targeted teenage girls and youth, and 71.5% that targeted children. Those groups targeted by fewer than two-thirds of the responding institutions include (in descending order) the family in general, the elderly, people with disabilities, and female ex-detainees.
- Surveyed institutions believe that beneficiaries are directed to seek assistance from provider institutions on VAW-related issues by people and friends in general (87.2%), awareness-raising sessions (75.4%), brochures (64.7%), and health workers in the community (65.8%). To a lesser extent beneficiaries are believed to be directed by other NGOs (34.1%), service directories (37.7%), and referral through specialists (34.5%). The least perceived means include the media, referral from ministries, websites, newspapers, referral from PDs, hotlines, and the courts (see Table 2.1).
- Only two VAW-related services are provided by a little more than half of the

surveyed institutions: awareness-raising activities are conducted by 60.1% and medical services are provided by 50.6%. Services provided by more than a third of the institutions include advocacy in general (48.8%), referral (47.7%), counseling (47%), and emergency services. The least-provided services, those offered by less than a third of the surveyed institutions, include crisis intervention, legal counseling, hotline, training of experts, training of victims, shelters, and capacity-building of the victim's family (Table 2.2).

- A total of 12.8% of surveyed institutions claimed to having set criteria for accepting cases of VAW, whereas only 27.8% have these criteria in a written format. Criteria used by more than 50% of institutions include type of case, the victim's mental status, drug or alcohol addiction, age and social stereotyping, ability to deal with the case, social reputation, and availability of family support. Violence-induced handicaps, sexual orientation, physical space issues, financial status, and the presence of a criminal case are criteria that are used to a much lesser extent (see Table 2.3).

2.6.2 Cases received in the last three months and the perceived support they received

- Of the 117 surveyed institutions, 114 claimed to have received various types of cases of VAW during the last three months, with an average of nine cases related to verbal violence/humiliation and an average of nine cases related to emotional/mental violence, followed by deprivation of rights and neglect (7 cases each), followed by social and physical violence (6 cases each), and lastly sexual violence with an average of 2 cases in the last three months. This translates to approximately 4,500 cases received at all institutions for all types of violence against women in the 7 governorates.

- Most women victims of violence who sought assistance from the surveyed institutions were 30 years of age or older, followed by 19- to 29-year-olds, 16- to 18-year-olds, 13- to 15-year-olds, and lastly, those under 12. Most were married followed by single, divorced, separated, and widowed, respectively.

- The highest level of perceived support received by women victims of violence at surveyed institutions which acknowledged receiving such cases in the last three months was provided by the victim's family followed by NGOs, social support, support from ministries, shelters, police, and the governorate. Overall, however, support is perceived as minimal since less than one-third of the surveyed institutions indicated availability of support by any of the support categories in relation to any one of the types of violence. Furthermore surveyed institutions indicated that most support by all sources was geared towards victims subjected to physical violence, followed by

sexual violence, verbal and humiliation violence, social violence, emotional and psychological violence, neglect, and deprivation of rights (see Table 2.4).

- Approximately one-third of surveyed institutions claimed spending enough time and effort with cases of VAW. Among the most frequently mentioned reasons for this deficiency are lack of specialized human resources, fear and lack of awareness by women victims of violence, and traditions (see Table 2.5).

2.6.3 Structural support

- Related procedures never used by 50% or more of the surveyed institutions include (from greatest to least in order of non-utilization) press releases (88.3%), self-evaluation of the professional team dealing with VAW cases (73.3%), the provision of legal support (70.9%), group therapy and follow-up with protection units (62.3% each), mental status assessment (57%), and family counseling (53.6%). Procedures utilized either always or sometimes by 50% or more of the surveyed institutions include case-history taking, individual therapy, and referral. For most listed procedures, 50% or more of the institutions claimed that they need to develop these procedures (see Table 2.6).

- Only physicians and nurses were mentioned as always or sometimes available to deal with VAW cases by 50% or more of the surveyed institutions. Most other listed categories in the questionnaire are nonexistent in two-thirds of the surveyed institutions with the least available human resources being police, psychiatrists, legal experts, religious persons, education specialists, researchers, trainers, and mental health specialists. However, two-thirds of the surveyed institutions believe that what is available is sufficient except with respect to police and trainers (see Table 2.7).

- Only two facilities – special diagnosis areas (58.3%) and waiting areas for supporters (56.7%) – were mentioned as available by more than 50% of the surveyed institutions. All other listed areas were noted to be unavailable by two-thirds or more of the surveyed institutions including (from least available) special facilities for the victims' children, victims' information rooms, bathing and changing areas, and a counseling room. Surveyed institutions believed that most facilities were sufficient, although efforts should be exerted in order to create counseling rooms and areas for children of victims (see Table 2.8).

- Most listed measures that should be followed by service providers when dealing with VAW cases are rarely used by two-thirds of the surveyed

institutions. When sometimes used, they are rarely written or documented in a report, for example, social and mental-status assessment (see Table 2.9).

- Almost all listed protocols related to VAW are unavailable in more than two-thirds of the surveyed institutions. When available, the majority of the surveyed institutions do not have them in a written format except for admission and discharge protocols, which are available in written format in more than 50% of surveyed institutions (see Table 2.10).

2.6.4 Referrals and obstacles

- Referrals by surveyed institutions of women victims of violence occur mostly with victims of verbal violence and humiliation, followed by emotional and mental violence, neglect, and social violence. This is followed by physical violence, cases at high risk, deprivation of rights, and economic violence, respectively.

- Obstacles most cited by responding organizations which they face when dealing with women victims of violence include (from most-cited to least-cited) social pressure and traditions, women's fear, lack of women's knowledge of their rights, lack of specialized staff, lack of proper facilities, confidentiality issues and women refraining from providing information, and lack of family support.

2.6.4 Recommendations made by respondents for improving services to women victims of violence

- Among the most-cited recommendations for improving an organization's work with women victims of violence are training and counseling of available human resources and ensuring availability of the right staff mix with the needed qualifications. Additional resources that were among the most recommended by surveyed organizations include counseling rooms, governmental support, and community support.

- More than 80% of responding institutions strongly agreed and agreed with proposed strategies for working on issues with women victims of violence, including protection laws, procedures for implementing and following up on compliance with the law, protection initiatives, coalitions and forums, counseling and awareness-raising, family protection against violence, using the media, modification of curricula, working with decision makers, and adoption of international accords (see Table 2.11).

- When questioned about recommendations for improving services to women victims of violence in general, the most cited recommendations (in order of

most-cited to least-cited) include counseling and awareness-raising through various courses and workshops for men and women, qualifying a specialized cadre of professionals and upgrading existing ones, establishing specialized centers, and engaging in networking, cooperation, and coalition-building amongst related institutions.

2.7 Conclusion and Recommendations

- The distribution of available services by governorate size and population must be carefully considered for future planning purposes for service provision. The focus should be on areas lacking needed services. The northern WB is a priority area for VAW services in general.

- The refusal of a large number of Jerusalem-based targeted institutions to participate may be explained within the political context and its implications on such participation. However, focus must be given to a needs assessment of these institutions and their continued steadfastness and empowerment needs given the intensifying harassment measures to which Jerusalem-based institutions are subjected, and the aggressive push toward their Israelization.

- The elderly and persons with disabilities are amongst the least targeted by services offered and available at service-provider institutions. These groups deserve further attention in terms of their general and more specific needs. In addition, services to women detainees and ex-detainees need to be promoted given the sensitivities of tackling the issues related to VAW in general and most specifically ex-detainees.

- Awareness-raising sessions and brochures are believed to be the most effective means to direct women to seek help on VAW issues. These should be capitalized on in future programming. Content and design of sessions and brochures should encompass the most important and beneficial information for behavioral change or actions to be taken. CHWs are also a good source of information in the field and their training on VAW issues should be strengthened.

- Although a minority of surveyed institutions claimed to be guided by certain criteria for accepting cases of VAW victims, it is highly recommended that criteria should not be a deterrent for woman seeking help and that seeking such help must be encouraged. The mere idea that even a minority are guided by criteria when offering their services reflects the sense of overall societal stereotyping, in itself a deterrent to women seeking assistance, and service providers failing to provide needed unconditional care.

- Surveyed institutions indicated receiving a total of approximately 4,500

cases of various types of VAW in the last three months. This, of course, is only an estimate of what exists since many cases remain hidden and unreported, especially those related to physical and sexual abuse.

- Married women aged 30 or above were perceived to seek help more often than other women from service providers on VAW issues. Married women may be subject to several sources of perpetrators including husbands, in-laws, and other members of the extended family. This may highlight the need to provide family and marriage counseling as well as the importance of awareness-raising on VAW issues for both men and women.

- Minimal support received by victims of VAW from different sources highlights the necessity for awareness-raising on the issue as well as on traditional taboos surrounding VAW. There is a need to further study the type of support received by family members as the study found that victims indicated that family support was the most available perceived support provided to them. This type of support needs to be explored with respect to its authenticity versus the superficial support that is often given in order to simply ensure that the case be dealt with before it gets out of the family's hands.

- Time spent with women victims of violence is of great importance for women's healing and developing trust in the system, thus encouraging the seeking of assistance. This area should be carefully reviewed by service providers. More in-depth study and analysis should be followed to explore whether limited time with beneficiaries is related to the unavailability of a cadre to deal with VAW or a limited understanding of the concept of required holistic care.

- The lack of utilization of most procedures related to VAW by the majority of surveyed institutions regardless of whether all procedures are or are not relevant to the work of all institutions may be indicative of a) the lack of a holistic approach to dealing with VAW, inclusive of the medical, psychological, legal, social, and spiritual component, and b) overall weak institutionalization of the necessity of clear written procedures for consistent professional behavior and service provision. The acknowledgement by more than two-thirds of the surveyed institutions that such procedures should be developed is an area to be capitalized on for further work with institutions in order to increase their awareness of the holistic approach for dealing with women victims of violence.

- The presence of physicians and nurses as the people most available to deal with women victims of violence is in line with the predominant medical model for dealing with victims of violence rather than the holistic approach. It also indicates a somewhat limited understanding of the more inclusive

concept of caring for women who are subject to violence. The presence of a comprehensive care-giving team is to be promoted by future endeavors to improve service provision and the impact of such services. In the meantime a focus on the training of nurses and physicians in tackling issues of VAW is imperative since they are the prime caregivers.

- The limited availability of appropriate facilities for dealing with women victims of violence may deter women from seeking help and may compromise issues of privacy and confidentiality. The creation of the needed facilities is to be promoted and developed within the context of comprehensive care for women subject to violence.
- Similar to the limited availability of procedures related to VAW in general as well as procedures followed once women are admitted to a facility, the lack of protocols is also problematic and indicative of inconsistent care giving.
- Obstacles cited by service providers when dealing with violence against women must be seen in the broader context of social behavior and stereotyping and the interrelated roles of a variety of sectors, including health, educational, youth, and other sectors and institutions. In addition, the organization and employment of human resources must be based on health care needs within an inclusive and holistic framework, with attention given to the continuous training of service-providing professionals and their interaction and understanding of their distinct roles as team members and the means with which they complement each other.

3. Curriculum Assessment

3.1 Objective:

To assess the extent to which GBV issues are addressed in selected related curricula in order to identify and evaluate theoretical and practical training gaps of potential professionals who would encounter women victims of violence in the prospective work fields and sites.

3.2 Target population and sample:

Forty academic programs were targeted in fields assumed to provide support to women victims of violence, including medicine, nursing, midwifery, police studies, social work, law, CHW, psychology, gender and development, public health, and management at 18 Palestinian colleges and universities on the WB. Thirty-four programs out of a total of 40 targeted programs agreed to participate and thus were interviewed. There was an 88% response rate (see Table 3.1).

3.3 Assessment questionnaire:

A survey questionnaire was utilized through face-to-face interviews with heads of programs and those who were invited by program heads to participate in the interview. The questionnaire focused on the following topics:

- General information on their respective programs
- Coverage of VAW theoretical issues in the curricula
- Practical experience gained by students

Participants in the targeted programs were called together to meet and discuss the results.

3.4 Data Collection:

Three staff from WCLAC and Juzoor collected the data. The decision to utilize staff for data collection was made because of the relatively small number of participating programs and the importance of interaction with them at a staff level for future cooperation purposes. Data was collected through face-to-face interviews during the period between September and October 2009.

3.5 Obstacles and limitations:

Data was collected during the summer months when most programs were either on vacation or operating with minimal capacity. This caused delays in data collection until the academic year resumed.

3.6 Data presentation and analysis:

3.6.1 General information on responding programs (see tables 3.2 and 3.3)

- A total of 44.1% (15) of the responding programs were in the field of nursing, followed by 14.8% (5) in midwifery, with both fields constituting the majority of the surveyed programs (58.9%), followed by law programs (11.8%).
- The majority offered curriculum at a BSc level (52.9%) or above at the MSc level (11.8%); 35.3% offered their curriculum at a diploma level or below, namely, the police studies program, some social work programs, and some nursing and midwifery programs. Public health, gender and development, and management curricula were all at the master's level.

3.6.2 Coverage of VAW theoretical issues in the curricula (see tables 3.4 and 3.5)

- Fifty percent of interviewed programs indicated coverage of VAW issues in their curricula whereas 50% indicated that there was no such coverage.
- All midwifery, CHW, and gender and development studies programs indicated coverage of VAW issues in their curricula. Fifty percent of surveyed social work, law, psychology, and public health programs indicated coverage, whereas only one-third of nursing programs indicated coverage and no police studies or management programs indicated coverage of VAW issues.
- Topics that were covered by 80% or more of the surveyed programs included values and principles, confidentiality and privacy, reproductive health, and gender (82.4% each).
- Topics covered by 60–79% of programs included women's health and various VAW topics, e.g., home, work, street (76.5% each), psychological assessment and risk assessment (70.6% each), followed by physical assessment, case identification, and women's rights (64.7% each).
- Topics covered by less than 60% of surveyed programs included documentation and socioeconomic assessment (58.8% each), available services and legal and economic resources (52.9% each), case profiling, referral mechanisms, related laws and regulations, intervention mechanisms with traumatized victims, and awareness and treatment of VAW (47.1% each).
- The least-covered topics included advocacy policies (41%), international accords and resolutions, and intervention in emergencies (35.3% each), and police investigation procedures (17.6%).
- Topics that were adequately covered by one-third or less of the surveyed

programs included case identification, sources of assistance, police investigation measures, women's rights, and VAW on the street and in the workplace. Topics that were adequately covered by most programs included women's health, reproductive health, referral, and privacy and confidentiality.

- The majority of surveyed programs indicated a lack of written material in Arabic for most of the topics, with the exception of international accords; 83.3% of programs indicated availability of written material in Arabic followed by case registering and profiling (62.5%) and investigation measures (57.1%).

- A total of 38.2% of programs intend to add VAW-related topics to their curricula, specifically, police studies, midwifery, social work, law, psychology, and nursing. Additional topics include family violence; physical, psychological, sexual, and economic violence; penal law; and labor laws (4.2% each). In addition, 8.2% of programs indicated that women's rights and personal law would be added to the curricula; 12.5% of programs indicated that topics focusing on the community, mothers, and children would be added; and 16.7% of programs indicated that general VAW topics would be added to their curricula.

- The area that is least covered by all programs is violence against people with disabilities and political VAW (37.5% of programs). The topics that are covered by all programs include social, physical, psychological, and sexual VAW. VAW in the workplace is covered by 75% of programs and economic violence by 62.5%.

3.6.3 Practical experience gained by students (see tables 3.6 and 3.7)

- Only 32.4% of responding programs offer their students practical training related to VAW. All surveyed social work programs offer such experience, followed by 50% of each of the law and psychology programs, 40% of midwifery programs, and 26.7% of nursing programs. No practical training whatsoever is provided for students in police studies, gender and development, CHW, or public health and management.

- For programs which provide students with practical experience in VAW issues, 70% focus on documentation, case profiling, values and principles, privacy and confidentiality, and psychological assessment, followed by risk assessment, counseling, women's rights, and legal and economic resources.

- Less than 50% of programs that provide clinical experience believed that the experience offered to students is sufficient except for experience in related laws and systems, police investigation techniques, advocacy policies, and case identification.

- More than two-thirds of programs that offer practical training to students utilize mainly community health centers, counseling centers, legal and social centers, schools and hospitals as venues for training. To a lesser extent (less than one-third of surveyed programs), the following venues are used: rehabilitation centers, ministries, police departments, private physicians' clinics, shelters, medical and diagnostic centers, law offices, and courts.
- Only 38.2% of programs intend to add or expand clinical training provided to students. These include police studies and gender development programs (100% each), followed by 75% of law programs, 50% of social work and psychology programs, 40% of midwifery programs, and 26.7% of nursing programs. No additional training is intended by CHW, public health, or management programs.
- Only surveyed programs in CHW and public health indicated that their mother institution services in their institutions.
- When institutional counseling services on VAW are available, such services are provided mainly by social workers and or mental health workers.

3.7 Conclusions and Recommendations

- Nursing, midwifery, and law programs constitute the majority of related programs, with the highest number of potential graduates dealing with VAW issues. These programs thus deserve special attention in order to ensure the inclusion and depth of coverage of related issues.
- With respect to perception of coverage of VAW issues/topics, when comparing programs which indicated coverage or no coverage of issues, one notices that programs which indicated no coverage of VAW issues probably do cover various areas without considering them to be part of VAW issues.
- Topics most covered in programs relate to actual services provided to women in the realm of immediate interventions and treatment (reproductive health, risk assessment, psychological assessment, etc.), whereas the least-covered topics relate to structural practices, advocacy, and prevention (documentation, advocacy issues, awareness-raising on women's rights and entitlements, referrals, and international accords). Although it is imperative to continue to focus on treatment-related issues, other topics, which are part of a system-wide frame for tackling VAW, are as important and promoted for inclusion in curricula with depth of coverage dependent on type of program.
- Most programs lack training material in Arabic, an area that deserves further attention, as does the exploration of means to obtain such material given that approximately 40% of programs are below the BSc level, and mastery

of a foreign language is questionable. Furthermore, material in Arabic presented in a contextual spirit is important for a more practical application of concepts and the ability to tackle the issues.

- Political VAW and violence against women with disabilities need further attention in curricula. Their limited coverage may be attributed to political violence being overlooked as a fact of life in Palestinian society. The lack of attention to people with disabilities is a system-wide issue.
- The clinical experience gained by students is a cornerstone for future service provision. Case identification is of great importance as it constitutes the initial step for subsequent work with victims of violence. This area has been perceived as relatively insufficient in terms of clinical practice by programs surveyed. Detection and case identification of unreported VAW in the community is of prime importance. VHWs as well as social workers are front liners in the community, and their training programs should focus on case identification, means for promoting women to seek assistance, and information sharing on available resources.
- It is essential to upgrade clinical training programs and the infrastructure for such training (physical and human resources), while at the same time focusing on community health centers, counseling, legal and social centers, schools, and hospitals since these sites were indicated as the ones most utilized by programs for clinical training on VAW.
- Counseling on VAW as an institutional service to students in various academic contexts is lacking and may deserve attention. The majority of programs and their host institutions do not provide such a service.

4. Assessment of Services at Police Departments

4.1 Objective:

To assess the extent to which GBV issues are addressed in PDs in order to identify and evaluate service gaps and needed but lacking components at PDs that would encounter women victims of violence

4.2 Target population and sample:

PDs at 7 governorates were targeted. The total number of existing PDs was 47, of which 16 were randomly selected (a 30% sample). Sixteen centers were approached and all (100%) agreed to participate.

4.3 Assessment questionnaire:

A survey questionnaire was utilized through face-to-face interviews with heads of the police departments and those who were invited by the department heads to participate in the interview. The questionnaire focused on the following topics:

- Available facilities and infrastructure components
- Human resources
- Referral sources for victims received at PDs
- Procedures followed with victims of violence
- Available protocols
- Police intervention mode
- Commitment to training
- Awareness-raising

4.4 Data Collection:

Data was collected through face-to-face interviews during the period between September and October 2009, by two WCLAC staff. Once data was collected and analyzed a feedback session was held with ten policemen and women to present and discuss results. Some results were confirmed whereas others were questioned (see below).

4.5 Obstacles and limitations:

There were no obstacles. PDs were very welcoming and cooperative, easily approachable by data collectors, punctual, and ready to be interviewed.

4.6 Data presentation and analysis:

4.6.1 Available facilities and infrastructure components (see Table 4.1)

- Only 12.5% of the surveyed PDs have a special unit for women and family protection, whereas all the PDs that house such units believe them to be insufficient.
- Only 18.7% of the surveyed PDs reported having the necessary equipment for interviewing and documentation (camera, video, etc.). Focus-group participants did not foresee the importance of having such equipment as a means to improve their tackling of VAW issues.
- None of the surveyed PDs reported having any medical, social, or mental health diagnostic facilities or a hotline for use by victims of violence.
- A total of 50% reported having an electronic database for cases, whereas approximately two-thirds of those who have a database believe it to be sufficient.
- Two-thirds of the surveyed PDs reported having a special waiting area for support persons or family members as well as a specially designated area for communicating with women seeking help. More than 75% of those departments believe that these designated areas are appropriate.

4.6.2 Human resources (see Table 4.2)

- None of the surveyed PDs reported having a physician or a professional to follow up on the police intervention with the victim of violence. Only 6.3% of the departments reported having a mental health professional on its team.
- A total of 50% reported having specially trained police in VAW issues, whereas 75% reported having a legal specialist on the team. The majority believe that the availability of trained police is insufficient but that the availability of legal staff to provide the necessary intervention and support required by women victims of violence is sufficient.

4.6.3 Referral sources for victims received at police departments (see Table 4.3)

- Other PDs are the main referral source for victims as indicated by 75% of surveyed departments, followed by hospitals (50%), and the governorate (40%). Focus-group participants confirmed this finding.
- Approximately one-third of departments indicated receiving cases referred by NGOs, the MoEHE, or the MoSA.
- One-quarter of the departments indicated receiving cases from either courts

or private doctors.

- Very few departments (6.2%) indicated receiving cases through the hotline, whereas 10% indicated receiving cases from the family protection unit, the Israeli police, workshops, the tribe, or individual victims of violence themselves. Focus-group participants strongly voiced the increase in the number of women victims of violence who run away to Israel and are returned by the Israeli police.

4.6.4 Procedures followed with victims of violence (see Table 4.4)

- All surveyed departments indicated that they perform initial data collection and documentation of every case of VAW that they receive as well as informing women victims of violence of their available follow-up options. Most surveyed departments (87%) provide follow-up on women's cases through policewomen, maintaining files in a specially designated place, and providing women with information about their rights (to legal counsel, to remain silent, etc.).

- The majority (93%) claimed to follow procedures to ensure the provision of protection and security to victims seeking help from PDs. This was strongly rejected by focus-group participants except in cases of rape and when a woman's life is in danger.

- Approximately three-quarters of the departments claimed to seek the assistance of other related support-providing institutions when working with women victims of violence.

- A total of 65.3% claimed that they used special forms when dealing with women victims of violence (admission, referral, legal vows, file closure, and confidentiality), and approximately two-thirds claimed to follow systematic data collection and data analysis processes as well as follow-up of legal procedures.

- Many departments (62.5%) claimed that they expend efforts to support the marriage of women victims of rape to the rapists.

- Only 50% of the surveyed departments refer cases to medical personnel for a medical-mental health opinion.

- A minority (26.7%) of PDs reported encouraging tribal intervention in solving VAW cases.

- Approximately half of the PDs surveyed claimed to follow up on the legal status of cases.

- More than 75% of surveyed departments perceive that the procedures they use for women victims of violence are sufficient.
- The majority of surveyed PDs claim that the measures they use in dealing with victims of violence are adequate.

4.6.5 Available protocols (Table 4.5)

- The majority (81.3%) of surveyed departments claimed to have available protocols for dealing with the MoSA and the MoH, and 75% have protocols on coordination with other related institutions.
- A total of 93.8% have confidentiality and privacy guidelines.
- A total of 73.3% have clear guidelines for protecting family witnesses, 81.3% have investigation protocols, 80% have guidelines for providing security and protection for victims seeking help, and 73.3% have guidelines for referral to shelters.
- The majority of surveyed departments 86.7% have clear procedures for dealing with perpetrators of violence.
- More than two-thirds of surveyed departments claim that procedures are sufficient, especially those related to dealing with perpetrators. However, more than one-third of surveyed PDs claim that available protocols related to coordination with the MoSA, the MoH, shelters, and other organizations are insufficient.
- Less than one-third of surveyed departments reported having written procedures or guidelines, except those dealing with the perpetrator (58.3%).

4.6.6 Police intervention mode

- The majority of departments (93.8%) intervene directly once they are alerted to the fact that a violent act has been committed.
- A minority (12.5%) of surveyed departments claim that police do not intervene so as to preserve family unity and family relations.

4.6.7 Commitment to training on VAW

- All surveyed departments claimed to be committed to seeking out and providing their staff with training on VAW. Most wish to pursue this through generic traditional training (61.5%) followed by various types of specialized workshops, secondment of staff to specialized units, and training programs provided by the main PD.

4.6.8 Awareness-raising

- The majority of surveyed departments (92.9%) claimed to have a media plan, brochures, or material related to PD services.
- A total of 53% of surveyed PDs recommended the establishment of the family protection unit. Other recommendations included training, making available written protocols, the addition of mental health experts on team, and the tackling of VAW in the school curricula.

4.7 Conclusions and Recommendations

- PDs lack special units to serve women victims of violence. Such units need to be promoted and developed. This was also recommended during the feedback session with the small group of policewomen and men. One policeman argued strongly, however, that the unit must not be housed in the police center as women generally avoid contact with police departments as such contact is culturally unacceptable. The establishment of family protection units in governorates is to be commended and reflects an advanced vision of dealing with families and potential issues of violence. Its establishment in all governorates must be supported.
- PDs lack the necessary equipment for provision of best services and need support in that regard.
- Databases are generally available but need to be established in departments which lack them and developed and further analyzed for content in those departments where they exist.
- The relative presence of trained police and legal specialists at departments to deal with violence is indicative of the strong orientation in viewing VAW as a criminal act requiring police intervention and legal follow-up. The absence of a physician or mental health specialist raises questions about the lack of a holistic approach to addressing the needs of victims of violence and consequently requires further investigation. The focus-group participants also added that the general social perception of the woman as a lesser person and someone who invites VAW invariably influences the policemen's perception and subsequent dealing with women victims of violence. In addition, when dealt with, the police deal with women and their violence issues far from a comprehensive cycle manner. Furthermore, the police work is strictly procedural, thus no follow-up is required once the case is referred for legal intervention.
- All PDs must have trained police for dealing with VAW. The lack of such qualifications at 50% of surveyed PDs highlights the need to initiate such training immediately. This was confirmed by the focus group who strongly

voiced the need for qualifications to deal with VAW issues and a commitment to serve women victims of violence.

- The follow-up of women victims of violence by policewomen is to be commended and maintained.
- Utilization of special forms for women victims of violence is to be promoted.
- At the social level, tribal assistance, especially in rape cases, may be resorted to as a means of reducing tension. Focus-group participants added that in the majority of cases the issue is solved tribally and not legally. However, it is recommended that PDs resort to such assistance as rarely as possible since it endorses and strengthens the presence of two systems and authorities which may hamper and minimize the effect of the state and legal authorities and procedures. Furthermore, tribal intervention is primarily shouldered by influential men in the community and much influenced by how men perceive women.
- Attempts by 62.5% of surveyed PDs to encourage a perpetrator (rapist) to marry the woman he raped is consistent with the prevailing social perception and perceived implications of rape for women. It is also perceived as a measure to protect women in the absence of other alternatives. In addition, if the rapist marries the victim then the legal case against him is lifted. Although socially accepted, this leaves a lot to be said about the implications on the women's mental health and subsequent quality of life as well as her dignity. Focus-group participants generally endorsed this intervention in cases of illegal relationships as, in their opinion, it protects the woman from femicide by family members. It also – in their opinion – helps close the case given that rape is an issue that becomes highly publicized even before reaching the PD and afterwards not because of policemen and women but because of society at large.
- The perceived increasing number of women victims of violence who run away to Israel and are returned by Israeli police deserves much attention and raises questions about women's perception of the effectiveness of the present Palestinian social, legal, and police system in dealing with cases of violence.
- Since a large percentage of the surveyed PDs seek support of other institutions when dealing with VAW, it is recommended that protocols on such coordination be reviewed and further developed as part of a national referral system.
- Although the majority of PDs claim to have protocols and procedures on

various areas related to dealing with VAW, only one-third claim to have written procedures. All such procedures must be available in a written form for clear reference, responsibility, and accountability purposes as well as consistent service provision. The development of the procedures manual as well as a subsequent training session on its utilization are warranted. The focus-group participants believed that protocols were unavailable and insufficient, and it was recommended that they be developed.

- The acknowledgement and commitment of all surveyed PDs to addressing the need for training on VAW issues is to be capitalized on. A national training program on VAW for the police workforce is highly recommended. An in-depth review of the police academy curriculum is recommended to ensure comprehensive coverage of related VAW material and the needed hands-on experience.
- The mode of referral to PDs should be further assessed and a more systematic mode of work should be developed and instituted, especially for sources that refer victims to PDs. This is to be further worked on as part of the comprehensive referral system.
- Although a minority (12.5%) claimed no intervention so as to preserve family unity, it is recommended that, under all circumstances, the PD be mobilized when it is alerted to any act of violence.

5. Beneficiaries' perception

5.1 Objective:

To assess the extent to which women victims of violence perceive that their care-provision needs are satisfied by service providers in order to identify and evaluate gaps in services and to help devise a comprehensive and holistic service that adequately responds to the needs

5.2 Target population and sample:

A total of 44 women were targeted through a purposive sample for interviewing as part of this survey in the 7 governorates. Face-to-face interviews were conducted; 22.7% from Tulkarem, 43.2% from Salfit, and 34.1% from the Bethlehem governorate.

5.3 Assessment questionnaire:

A draft questionnaire was discussed with a group of relevant professionals and service providers and modified accordingly. The questionnaire focused on the following topics:

- Services received by women
- Sources of information about services
- Procedures followed
- Satisfaction with services
- Recommendations for improving services

5.4 Data Collection:

Two data collectors were trained to collect the data during face-to-face interviews utilizing the designed questionnaire with a purposive sample of selected women beneficiaries of several service-providing institutions.

5.5 Obstacles and limitations:

Difficulties were encountered in obtaining the consent of beneficiaries to participate. In addition, difficulties were faced by data collectors trying to reach women beneficiaries from the seven targeted governorates.

5.6 Data presentation and analysis:

5.6.1 General information

- A total of 43.2% of the interviewees were in an age range of 16–25, followed by 34.1% between 26 and 35, and the rest were between 35 and 55. The majority were divorced (40.9%), followed by 36.4% who were married, and

22.7% who were single. The majority had a Tawjihi level of education or below (81.8%), and 70.4% were unemployed.

- Women victims of violence were informed of places of assistance by (in descending order) friends and acquaintances (36.4%), awareness-raising sessions (27.3%), community health workers (22.7%), brochures and referrals from ministries (18.22% each), and police (15.9%) (see Table 5.1). To a much lesser extent, women are informed through NGOs, specialists, newspapers, newsletters, the media, websites, and community leaders.

5.6.2 Assistance sought and received by women

- Women most often sought help through social assistance (72.7%), legal assistance (65.9%), mental health assistance (54.5%), followed by health care assistance (13.6%) .

- The types of violence prompting women to seek assistance include (in descending order) mental and emotional violence (86.4%), verbal violence and humiliation (81.8%), neglect (73.3%), social violence (72.7%), physical violence (68.2%), legal issues –divorce, alimony and custody (50%), and economic violence (47.7%) (see Table 5.2).

- Related VAW services received by beneficiaries include (in descending order) awareness-raising sessions (72.7%), mental and social counseling (70.5%), legal counseling (68.2%), crisis intervention (47.7%), and family intervention (29.5%) (see Table 5.3).

- Some of those interviewed (29.5%) claimed to be subjected to certain criteria by service providers in order to receive assistance. Criteria include (in descending order) type of case (38.5%), social status (30.8%), mental status and ability to pay (23.1%), social stereotyping and availability of space to accommodate the case (15%).

- The majority of interviewees (54.5%) sought assistance more than five times, 15.5% sought assistance four to five times, and 13.7% sought assistance only once.

- Women received the most support from (in descending order) mother (59.1%), friends (54.5%), brother (45.5%), sister (40.9%), and, to a lesser extent, the courts, fathers, police, NGO staff, cousins, son, daughter, a religious leader, and a community health worker (see table 5.4).

- The majority perceive that service providers spent an adequate amount of time with them.

- Steps and procedures followed always or sometimes by 60% or more of

interviewees whilst seeking assistance include (in descending order) acceptance/admission to service provider (68.2%), legal support (61.4%), follow-up of case (61.4%), and social intervention (54.5%). To a lesser extent: mental assessment, medical assessment, group therapy, and follow-up with ministries. The procedures most rarely followed include psychological therapy, family therapy, follow-up with police, referral to another service provider, and the governorate (see Table 5.5).

- Steps and procedures perceived as requiring development by service providers and as indicated by more than 40% of interviewees include (in descending order) follow-up with police, follow-up with ministries and governorates, referral to another provider, and mental health assessment (see Table 5.5).

5.6.3 Human resources and referrals

- Human resources who have provided assistance to women include (in descending order) social worker (84.1%), legal staff (50%), volunteer (38.6%), mental health specialist/community health worker (36.4%), trainer (31.8%), and psychiatrist (27.3%). To a lesser extent, women received assistance from researchers, physicians, nurses, education counselors, lab technicians, police, and religious leaders .

- Beneficiaries indicated referral to other sources of assistance including (in descending order) the MoSA (43.2%), the MoH (27.3%), and police and NGOs (20.1% each).

- When questioned about places where women wished to be referred, responses included (in descending order) courts (40.9%), followed by the MoSA (38.6%), shelters (34.1%), and NGOs 31.8%.

- Places to which women wished not to be referred include (in descending order) police, tribal judiciary, hospitals, and the governorate.

5.6.4 Satisfaction with services

- The majority (90.9%) were generally satisfied with the services and assistance they have received. Reasons for satisfaction include case follow-up, being protected from the violent environment, quality of service, and counseling received. Of those who claimed that their cases were followed up on, the majority (95.4%) agreed or strongly agreed that service providers quickly met their needs, 95.5% claimed that their privacy was respected, 97.7% claimed that confidentiality was respected and that they were afforded adequate time, whereas 88.7% claimed that their appointments were respected (see Table 5.6).

5.6.5 Obstacles and recommendations

- Interviewees noted the following obstacles to receiving services: poor economic situation, community perception of women victims of violence, no confidence by family members, transportation difficulties, and often distrust of staff.

- Women's recommendations for improving services include more counseling and awareness-raising of victims, training of victims, availability of more specialists, more staff training.

- Interviewees agreed with listed strategies/mechanisms to be adopted in order to combat VAW including (in descending order) adoption of international accords, working with decision makers, protection initiatives, coalitions and fori, protection laws, utilizing the media, compliance with the law, and modification of penal and family law. Other recommendations by interviewees include the adoption of strict laws against perpetrators, general awareness-raising for women, especially concerning their rights, rehabilitation centers for women victims of violence, combating early marriage, awareness-raising for men, and a personal budget for women in shelters (see Table 5.7).

5.7 Conclusions and recommendations

- Prime sources of information on resources for assistance to women victims of violence include friends, word-of-mouth, awareness sessions, CHW, and ministries. This are areas to be capitalized on for information dissemination in the most informative and accessible manner.

- Mental, emotional, and verbal violence and humiliation top the list on causes prompting women to seek assistance (also verified by surveyed providers as well as the Palestine Central Bureau of Statistics National Survey on Family Violence, 2005). These types of violence mostly frequently require the expertise of mental health specialists and counselors. Despite this necessity, we find limited availability of these specialists as also acknowledged by service providers.

- The acknowledgement of utilization of certain criteria for offering services to victims of violence validates claims by service providers. Despite the relatively limited utilization of criteria by providers, several questions are raised with respect to the necessity of unconditional services to combat further violence.

- Physical and sexual abuse were perceived to be reported less frequently than other types of violence for which women interviewees sought help. This requires further in-depth investigation given that these two types of violence may be the most sensitive for women to reveal, thus the unreported cases

in the community may be much higher.

- The recurrent seeking of assistance by women interviewees (also supported by results from the Palestine Central Bureau of Statistics National Survey on Family Violence, 2005) raises a question concerning the cycle and recurrence of violence to which the woman is subjected and confounds the overall national percentage of women subject to various types of violence if the number of visits is taken as a frame of reference. This issue should be noted in databases when available. The recurrent visits may also indicate the necessity for concerted efforts to work with the perpetrators of violence.
- Responses regarding family support validate service providers' claims that the victim's family is the biggest support. It is worthwhile to note that brothers are taking part in such support even more than sisters in this study. This further supports the importance of awareness-raising on VAW among women and men alike and the means of protection and treatment.
- A focus should be on preparation and continuous training of social workers, mental health specialists, legal staff, and community health workers since they seem to have the most contact with women victims of violence.
- The MoSA, the MoH, and PDs are the sites to which the largest percentage of referrals are directed. This is despite the fact that interviewees indicated that hospitals, police, and the tribal judiciary are amongst the least preferred for referral. The reasons for this non-preference need to be studied in-depth and mitigation measures followed. The staff at these sites must all be groomed to receive and follow up on cases and respond to needs accordingly. Staff, systems, and procedures for dealing with women victims of violence may need to be revisited, improved, and modified based on best practices under the circumstances. The tribal judiciary, on the other hand, is part of the social fabric and a fact on the ground. A strategy for a more informed and gender-sensitive intervention by tribal leaders (all men) is necessary.
- Training and awareness-raising are important recommendations made by beneficiaries and deserve attention by employers and training programs.
- Beneficiaries' general satisfaction with rendered services is to be capitalized on with further emphasis on strengthening measures that contribute to beneficiary satisfaction. This satisfaction may be promoted to encourage other women to seek help.
- Community perception of women victims of violence continues to be a major hindrance to combating VAW and promoting the seeking of assistance. This requires intensive awareness-raising for different age groups starting

with school children and extending into various contexts in order to reach community leaders and decision makers.

- Beneficiaries are similar to service providers in their agreement with following a variety of strategies that aim to combat VAW.

6. Overall Conclusions and Recommendations

VAW needs to be tackled in a comprehensive manner that focuses on all components from community perceptions, women's status, laws and legislation, law enforcement, available services, case identification, information dissemination, women's protection procedures and protocols, programs enabling human resource categories to deal with victims, etc. Addressing all components of the inputs, processes, and outputs of the cycle is imperative for a structured and positive outcome. The following recommendations emerge from the results of this survey.

6.1 Infrastructure

Specifically designated facilities/spaces are imperative for receiving and protecting women and promoting confidentiality.

6.2 Human resources

1. Basic training
2. On-the-job and lifelong education
3. Specialty training for mental health specialists in dealing with women victims of violence (recommendation made by beneficiaries, service providers in general, and police departments)
4. Right mix and numbers of professionals on the team

6.3 Systems and procedures

1. Unconditional service provision for women victims of violence must be promoted and supported. Criteria currently utilized, although on a relatively small scale, pose major hindrances to women who wish to seek help and penetrate their cycle of violence.
2. Establishing a national surveillance system is a priority.
3. Family protection laws and protection initiatives should be adopted as well as the means to ensure compliance with the law.
4. A well-established referral system with complementarity of services, networking, and coalition-building amongst service providers must be a priority.

6.4 Community awareness raising and advocacy

1. Information dissemination: Well-presented, contextually friendly, and well-disseminated information promotes an informed public and thus informed decision making by individuals. Women require information on what

constitutes violence against women and where assistance can be obtained. Furthermore, women need to be informed that there are procedures to ensure their privacy and confidentiality of information as well as given information on the law and women's rights under the law.

2. Decision making: Work should target decision makers.

3. Awareness-raising: Start raising awareness in schools. Attitudes towards VAW as an important social issue and consequently its tackling are shaped by perceptions and traditions. Introducing the issue and highlighting its importance as early as possible is a way forward towards attitudinal changes. Schools are opportune sites where a large population of both genders can have access to such information. Information on VAW, in general, and sexual violence, in particular, may be introduced in the school curricula as part of lifecycle education.

4. Focus on both genders: Target men and women in awareness-raising campaigns, training programs, and coalitions.

5. Utilize the media: Responses in this survey reflect underutilization of the media in terms of awareness-raising and information dissemination on VAW.

6. Training programs: Focus on the training and the work of VHWs and social workers as front liners with women in the community. Service providers and women beneficiaries indicated that most of their information and assistance comes through these two categories when addressing issues of VAW.

6.5 Research

1. Quantitative: Continue with studies similar to this survey with all its components, as it is essential for developing baselines and highlighting issues of importance and those which require further in-depth analysis.

2. Qualitative: Conduct in-depth, qualitative studies on the lives of victims of violence and an in-depth qualitative assessment of women's experiences with assistance from service providers.

3. Expand research initiatives that focus on VAW in the workplace.

4. Assess the experience of other regional countries in developing national strategies and systems for combating VAW with lessons learned and adaptation to the Palestinian context.

6.6 Networking and coalition-building

1. Towards adoption of international accords

2. Towards legislation and law enforcement

3. Towards better utilization of scarce resources and strengthened complementarity and comprehensiveness of services

4. Towards a more informed tribal judiciary

6.7 Rehabilitation of women victims of violence

1. Personal training should be a priority.

2. Work with the family. The implications of VAW on the family, in general, and the children, in particular, are enormous and scarring. A comprehensive treatment plan should include the family.

3. Work on awareness-raising and rehabilitation of perpetrators of violence.

TABLES

Assessment of Service Providers

Table 2.1 Perceived means that direct women to seek institutional service support for VAW issues (%)

Means	Yes	No	Total
Newspapers	23.8		100
Newsletters	64.7		100
Media-audio-visual	32.4		100
Websites	28.1		100
Service directories	37.7		100
Hotline	18.8		100
Awareness-raising and guidance sessions	75.4		100
People and friends	87.2		100
Health workers in the community	65.8		100
Referral from government ministries	28.8		100
Referral from PDs	19.9		100
Referral from NGOs	39.1		100
Referral from experts and specialists	34.5		100
Referral from informal judicial branches	14.6		100

Table 2.2 Services provided by surveyed institutions (%)

Service	Yes	No	Total
Crisis intervention	32.7	67.3	100
Emergency services	42.7	57.3	100
Preventive services/Hotline	17.1	82.9	100
General advocacy	48.8	51.2	100
Campaigns for equal opportunity and civil rights	26.7	73.3	100
Awareness-raising	60.1	39.9	100
Legal counseling	26.7	73.3	100
Medical services	56.1	48.4	100
Psychological counseling	47	53	100
Referrals	47.7	52.3	100
Shelters	12.5	87.5	100
Capacity-building of experts	23.5	76.5	100
Capacity-building of victims	14.6	85.4	100
Capacity-building of the victims' families	10	90	100
Research	14.6	85.4	100

Table 2.3 Criteria utilized by institutions in admitting women victims of violence into their care (%)

Criteria	Yes	No	Total
Age	58.3	41.7	100
Victims' physical and mental status	63.9	36.1	100
Level of handicap due to violence	50	50	100
Other handicaps	41.7	58.3	100
Alcohol or drug addiction	58.3	41.7	100
Reputation	47.2	52.8	100
Sexual orientation	50	50	100
Availability of family support	52.8	47.2	100
No referral to another institution	25	75	100
Presence of a legal case against victim	36.1	63.9	100

Table 2.4 Perceived type of support available for cases received at the surveyed institutions in the last three months (%)

Type of violence	Family support	Social support	Police support	Governorate support	Support through shelters	Support through ministries	Support through NGOs
Sexual	21.5 (38)*	16.5	14.8	15.9	15.5	20	32.7
Physical	39.6 (45)	31.3	24.6	11.4	14.2	20.11	38.6
Verbal and humiliation	30.3 (38)	28.8	8.3	8.3	8.4	8.6	29
Emotional and psychological	26.3 (38)	27.7	4.2	4.9	11	10.2	28.4
Deprivation of rights	25	26.2	9.4	9.2	10	9.8	20
Neglect	24	21.8	8.9	7.5	15.9	13.3	22.5
Social	32.5	27.8	10.3	9.6	16.2	14.5	22.8

* Number of organizations in brackets

Table 2.5 Perception of sufficiency of time and effort spent with women victims of violence (%)

Type of violence	Sufficient	Insufficient	Total number of organizations
Sexual	23.5	76.5	136
Physical	35	65	143
Verbal and humiliation	41	59	139

Emotional and psychological	34.4	65.6	131
Deprivation of rights	35.9	64.1	128
Neglect	39.1	60.9	128
Social	36.8	63.2	125

Table 2.6 Type and sufficiency of procedures followed by institutions when dealing with VAW cases (%)

Procedure followed	Always	Some-times	Never	Number of responding institutions	Sufficient	Needs development	Total
Admission	33.7	12.8	53.5	196	66.7	33.3	100
Case identification and history	49.7	9.2	41.1	197	75.5	24.5	100
Legal support	14.3	14.8	70.9	196	50	50	100
Individual counseling	45.9	9.7	44.4	196	57.1	42.9	100
Family counseling	28	18.4	53.6	196	49.3	50.7	100
Group counseling	21.9	15.8	62.3	196	44.3	55.7	100
Physical assessment	37.2	11.5	51.3	196	69.6	30.4	100
Mental assessment	29.2	13.8	57	195	58.9	41.1	100
Case registration	43.8	6.2	50	193	74.7	25.3	100
Referral	34.9	26.6	38.5	192	65.9	34.1	100
Case follow-up	24.6	13.1	62.3	205	50.9	49.1	100
Self- and professional assessment of group dealing with case	17.3	9.4	73.3	191	43.2	56.8	100
Press release	6.4	5.3	88.3	187	40	60	100

Table 2.7 Availability of potential professionals/staff categories to deal with women victims of violence (%)

Professional	Always	Sometimes	Never	Sufficient	Insufficient
Physician	46	33.5	20.5	68.3	31.7
Nurse	65.1	7.1	27.8	69.4	30.6
Midwife	26.7	5.2	68.1	70	30

Social worker	30.3	13.8	55.9	79.3	20.7
CHW	24.8	9.5	65.7	81.6	18.4
Psychiatrist	11.6	6.6	81.8	66.7	33.3
Mental health specialist	23.3	8.5	68.2	77.1	22.9
Volunteer	21.8	19	59.2	70.9	29.1
Policeman/ woman	4.7	2.8	92.5	36.4	63.6
Religious personality	7	5.2	87.8	54.5	45.5
Legal staff	11.3	70	81.7	75	25
Researcher	12	8.5	79.5	65	35
Trainer	14	10.7	73.3	48.1	51.9
Sociologist	27.7	11.7	60.6	68	32
Education counselor	8	8.9	83.1	61.1	38.9

Table 2.8 Available support facilities at surveyed institutions (%)

Facility	No. of responding organizations	Yes	No	Sufficient	Needs development
Special diagnostic room	240	53.8	46.2	65.1	34.9
Counseling room	240	38.2	61.8	51.6	48.4
Waiting area for supporters	240	56/7	43.3	60.3	39.7
Bathing and clothes-changing area	239	17.2	82.8	63.4	36.6
Information room	240	17.5	82.5	61.9	38.1
Pathology and forensic medicine	240	26.3	73.7	65/1	34.9
Special facility for children of victims	240	10	90	41.7	58.3

Table 2.9 Types of care offered to women victims of violence (%)

Procedure followed	No. of responding organizations	Always	Sometimes	Never
Head-to-toe physical assessment	191	27.5	15.7	56.6

Written medical report	191	31.4	9.4	59.2
File referral to the PD	191	15.7	12.6	71.7
File referral to the MoSA	191	10.5	16.2	73.3
File referral to the informal tribal judiciary	191	3.1	6.8	90.1
File referral to the MoH	191	12.6	18.8	70.6
Mental status assessment	191	27.1	13.5	59.4
Social assessment	191	28.3	9.9	61.8
Written mental-status assessment	191	18.3	9.4	72.3
Written social assessment	191	17.8	9.4	72.8
Documentation with photos	191	6.8	6.3	86.9
Follow-up report	191	22	9.9	68.5
Laboratory tests	191	17.8	18/3	63.9

Table 2.10 Institutions that use available protocols when working with women victims of violence (%)

Protocol-Procedure	No. of organi-zations	Available	Un Available	Written	Not written	Followed	Not Followed %
Admission	155	27.7	70.3	65.2	34.8	66.7	33.3
Physical check-up for women victims of violence	157	17.8	82.2	50	50	71.4	28.6
Mental assessment for women victims of violence	158	20.9	79.1	48.5	51.5	75	25
Risk assessment	153	17.6	82.4	44.4	55.6	91.7	8.3
Documentation	156	28.2	71.8	54.5	45.5	78.3	21.7
Counseling	151	23.8	76.2	47.2	52.8	94.1	5.9
Discharge and file closure	157	22.3	77.7	57.1	42.9	68.4	31.6
Dealing with the family	157	23.6	76.4	32.4	67.6	91.7	8.3
Orientation of new staff on dealing with victims of VAW	158	17.1	82.9	48.1	51.9	78.6	21.4
Group counseling	158	18.4	81.6	44.8	55.2	81.8	18.2
Continuing education of service team	157	17.8	82.2	39.3	60.7	54.5	45.5

Beneficiaries' database	157	15.3	84.7	62.5	37.5	83.3	16/7
Confidentiality and privacy	157	33.1	66.9	49	51	84.6	15.4
Referral	155	27.1	72.9	61	39	88	12
Case follow-up	157	28	72	51.2	48.8	85.7	14.3
Awareness-raising on rights	156	19.9	80.1	74.2	25.8	43.5	56.5
Dealing with rape	152	15.1	84.9	43.5	56.5	72.7	27.3

Table 2.11 Institutions' agreement with specific strategies for curbing VAW (%)

Strategy	Strongly Agree	Agree	No opinion	Disagree	Strongly Disagree	Total
Protection laws	79.3	17.3	1.9	1.5	0	100
Modification of penal law and family law	66.1	19.9	11.8	1.5	0.7	100
Procedures for implementing and following up on compliance with the law	76.8	15.9	4.4	2.2	0.7	100
Protection initiatives	63.8	26.9	8.5	0.4	o.4	100
Coalitions and fori	49.1	36.5	9.2	4.1	1.1	100
Counseling and awareness-raising	85.6	12.9	0.7	0.4	0.4	100
Family protection law against violence	77.9	18.8	1.1	1.8	0.4	100
Using the media to be more gender sensitive	62.4	25.8	4.8	6.3	0.7	100
Modification of curricula	74.8	21.8	2.6	0.4	0.4	100
Working with decision makers	66.1	24.7	7	1.5	0.7	100
Adoption of international accords	55	27.7	9.5	5.2	2.6	100

Assessment of Programs/Curricula

Table 3.1 Targeted Programs/Curricula

Number	College-university	Program name	Program level
1	Birzeit University	Law	BSc
		Nursing	BSc
		Psychology	BSc
		Development and gender studies	MSc
		Community and public health	MSc
2	Al-Quds University	Nursing	BSc
		Maternal child health	MSc
		Nursing administration	MSc
		Public health	MSc
		Medicine	BSc +
		Counseling	BSc
		Social work	BSc
		Law	BSc
3	An-Najah University	Law	BSc
		Psychology	BSc
		Medicine	BSc +
		Nursing	BSc
		Midwifery	BSc
		Community health	MSc
4	Arab American University	Law	BSc
		Nursing	BSc
5	Bethlehem University	Nursing	BSc
		Social work	BSc
		Midwifery	BSc
6	Hebron University	Nursing	BSc
7	Ibn Sina	Nursing	BSc
		Midwifery	BSc
8	Al Tireh-UNRWA	Social work	Diploma
		Nursing	Diploma
9	Hajjah Andaleeb College	Nursing	Diploma
		Midwifery	Diploma
10	Caritas-Bethlehem	Nursing	Diploma
11	Al Makassed	Nursing	Diploma
12	Al Rawdah College	Nursing	Diploma

13	Inash El Usrah	Nursing	Diploma
14	Al Mujtamaa Al Asriyyeh	Nursing	Diploma
15	Open University	Family and community development	Diploma
16	Hebron Nursing College	Nursing	Diploma
17	Community health workers	Community health work	Diploma
18	Police Academy	Police studies	Diploma

Table 3.2 Types of surveyed programs

Program	Number	Percentage
Medical	0	0
Nursing	15	44.1
Midwifery	5	14.8
Police studies	1	2.9
Social work	2	5.9
Law	4	11.8
CHW-VHW	1	2.9
Psychology	2	5.9
Gender and development	1	2.9
Public health	2	5.9
Health management	1	2.9
Total	34	100

Table 3.3 Types of surveyed programs by level of program offered (%)

Program	Below 2 years	Mid-diploma	BSc	Above BSc	Total
Medical	0	0	0	0	100
Nursing	0	53.3	46.7	0	100
Midwifery	0	20	80	0	100
Police studies	100	0	0	0	100
Social work	0	50	50	0	100
Law	0	0	100	0	100
CHW-VHW	0	100	0	0	100
Psychology	0	0	100	0	100
Gender and development	0	0	0	100	100
Public health	0	0	0	100	100
Health management	0	0	0	100	100
Total	35.3%		64.7%		100

Table 3.4 Programs by VAW-related topic coverage in curricula and perceived sufficiency (%)

Topic	Yes	No	Not applicable	Sufficient	Material available in Arabic
Physical assessment of victims	64.7	29.4	5.9	54.5	36.4
Psychological assessment of victims	70.6	23.5	5.9	66.7	33.3
Risk assessment	70.6	23.5	5.9	66.7	33.3
Case profiling	47.1	41.2	11.7	75	62.5
Documentation	58.8	29.4	11.8	80	50
Ethics and values	82.4	11.8	5.8	78.6	35.7
Privacy and confidentiality	82.4	11.8	5.8	85.7	35.7
Available services	52.9	35.3	11.8	77.8	22.2
Referral processes	47.1	41.2	11.7	87.5	25
Related laws and the justice system	47.1	52.9	0	62.5	50
Police investigation procedures	17.6	70.6	11.8	33.3	33.3
Coping mechanisms and decreasing victims trauma	41.2	52.9	0	100	57.1
Dealing with the victims family	47.1	47.1	5.8	62.5	37.5
Women's health	76.5	23.5	0	92.3	23.1
Reproductive health	82.4	17.6	0	85.5	21.4
Policy advocacy	41.2	52.9	5.9	42.9	42.9
Identifying cases of abuse	64.7	35.3	0	36.4	27.3
Sources of social and economic assistance	52.9	41.2	5.9	33.3	33.3
Abuse counseling and treatment	47.1	47.1	5.8	62.5	25
Women's rights	64.7	35.3	0	36.4	45.5
Socioeconomic assessment	58.8	41.2	0	70	30
Emergency treatment	35.3	58.8	5.9	66.4	50
VAW issues (home, street, etc.)	76.5	23.5	0	30.8	16.7

International accords	35.5	64.7	0	66.7	83.3
Gender	82.4	17.6	0	57.1	28.6

Table 3.5 Programs by specific VAW-related topics covered in curricula (%)

Topic	Covered	Not covered	Total
Physical abuse	100	0	100
Psychological abuse	100	0	100
Sexual abuse	100	0	100
Violence against women in the workplace	75	25	100
Political violence against women	37.5	62.5	100
Social violence against women	100	0	100
Violence against disabled women	37.5	62.5	100
Economic violence	62.5	37.5	100

Table 3.6 Programs that offer clinical experience to students and perceived sufficiency of experience (%)

Topic	Yes	No	Don't know	Sufficient
Physical assessment of cases	54.5	45.5		83.3
Psychological assessment of cases	72.7	27.3		75
Risk assessment	63.6	36.4		85.7
Case profiling	72.7	27.3		87.5
Documentation	81.8	18.2		77.8
Ethics and values	72.7	27.3		87.5
Privacy and confidentiality	72.7	27.3		87.5
Available services	63.6	36.4		71.4
Referral processes	54.5	45.5		83.3
Related laws and the justice system	54.5	45.5		42.9
Police investigation procedures	45.5	54.5		50
Coping mechanisms and decreasing victims trauma	45.5	54.5		80
Dealing with the victims family	45.5	54.5		80
Women's health	54.5	45.5		83.3
Reproductive health	45.5	54.5		66.7
Policy advocacy	54.5	45.5		42.9
Identifying cases of abuse	45.5	45.5	9.1	50
Sources of social and economic assistance	63.6	27.3	9.1	57.1
Abuse counseling and treatment	63.6	27.3	9.1	85.7
Women's rights	63.6	36.4		37.5

Socioeconomic assessment	45.5	54.5		60
Emergency treatment	45.5	54.5		100
Others VAW issues	54.5	45.5		66.7

Table 3.7 Program sites for clinical-practical training and perceived adequacy of training (%)

Site	Yes	No	Adequate	Inadequate
Hospitals	63.6	36.4	85.5	15.5
Community health centers	81.8	18.1	66.7	33.3
Safe home/Shelter	27.3	72.7	66.7	33.3
Doctor's offices	27.3	72.7	100	0
Police department	36.4	63.6	66.7	33.3
Counseling centers	72.7	27.3	75	25
Lawyers offices	18.2	81.8	100	0
Courts	18.2	81.8	100	0
Medical, forensic, and diagnostic facilities	27.3	72.7	100	0
Ministries	54.5	45.5	83.3	16.7
Legal and social centers	72.7	27.3	62.5	37.5
Schools	72.7	27.3	87.5	12.5
Rehabilitation centers	54.5	45.5	83.3	16.7
Others	50	50		

Assessment of Police Departments

Table 4.1 Available components (%)

Structural Components	Yes	No	Adequate	Inadequate
Special unit for women and family protection	12.5	87.5		100
Medical facilities	0	100		
Social facilities	0	100		
Mental health diagnostic facilities	0	100		
Equipment and tools	18.7	81.3	50	50
Database on cases	50	50	66.7	33.3
Waiting area for family or supporters	66.7	33.3	75	25
Special room for interviewing women	62.5	37.5	87.5	12.5
Hotline	0	100		
Others	31.3	68.7		

Table 4.2 Available components: human resources (%)

Human Resources	Yes	No	Adequate	Inadequate
Specially trained police on VAW	50	50	44.4	55.6
A physician on the team	0	100		
A mental health professional on the team	6.3	93.8	0	100
A legal specialist on the team	75	25	87.5	12.5
Supervisor to follow up on the case	0	100		
Others -specify	0	100		

Table 4.3 Sources of referral to police departments (%)

Source	Yes	No
Other PDs	75	25
Hotlines	6.2	93.8
Courts	25	75
NGOs	31.3	68.7
MoEHE	31.3	68.7
MoSA	31.3	68.7
MoWA	6.2	93.8
Hospitals	50	50
Private physicians	25	75
PD workshops	43.8	56.2
Others	62.5	37.5

Table 4.4 PDs that follow procedures once case is received and dealt with at PDs (%)

Procedure	Yes	No	Adequate	Inadequate
Admission/registration and initial info collection	100	0	92.2	7.1
Follow-up of case by policewomen	87.5	12.5	76.9	23.1
Utilization of special forms	56.3	43.7	88.9	11.1
Organized collection and analysis of information	62.5	37.5	90	10
Seeking assistance from related organizations	75	25	90	10
Seeking assistance from women's support organizations	81.3	18.7	81.8	18.2
Clarifying available options to women for case follow-up	100	0	84.6	15.4
PD encourages tribal engagement for solving problems of VAW	26.7	73.3	75	25
Keeping file cases in a specially designated area	87.5	12.5	100	0
Explaining women's rights (right to legal counsel, right to remain silent, etc.)	87.5	12.5	100	0
Referral to a physician	50	50	71.4	28.6
Encouraging marriage of perpetrator and victim (rape cases)	62.5	37.5	88.9	11.1
Providing protection and security to victims seeking help	93.8	6.2	100	0
Follow-up on judicial procedures	56.3	43.7	85.7	14.3

Table 4.5 Availability of protocols and procedures at PDs (%)

Guideline-Protocol	Yes	No	Adequate	Inadequate	Written	Verbal
Clear guidelines for coordinating with the MoSA	81.3	18.7	61.5	38.5	18.2	81.8
Clear guidelines for coordinating with the MoH	81.3	18.7	61.5	38.5	41.7	58.3
Clear guidelines for referral to shelters	73.3	26.7	63.6	36.4	36.4	63.6
Clear guidelines to ensure privacy and confidentiality	93.8	6/2	78.6	21.4	38.5	61.5

Clear guidelines for coordination with other organizations	75	25	66.7	33.3	18.2	81.8
Protocol on investigation procedures	81.3	18.7	76.9	23.1	25	75
Clear guidelines for providing safety and security for victims seeking help	80	20	75	25	27.3	72.7
Clear guidelines for safeguarding family members and witnesses	73.3	26.7	72.7	27.3	18.2	81.8
Clear guidelines for dealing with the perpetrator	86.7	13.3	92.3	7.7	58.3	41.7

Assessment of Women Beneficiaries

Table 5.1 Sources enabling women to seek help (%)

Source	Yes	No	Total
Newspapers	6.8	93.2	100
Organizational newsletters	4.5	95.5	100
Media (radio and TV)	4.5	95.5	100
Websites	2.3	97.7	100
Brochures	15.9	84.1	100
Hotlines	0	100	100
Awareness-raising sessions	27.3	72.7	100
Friends and acquaintances	36.4	63.6	100
Community workers	22.7	77.3	100
Referral from ministries	18.2	81.8	100
Referral from police	15.9	84.1	100
Referral from NGOs	13.6	86.4	100
Referral from experts	13.6	86.4	100
Referral from community leaders	2.3	97.7	100

Table 5.2: Type of violence for which women sought assistance (%)

Type	Yes	No	Total
Sexual	25	75	100
Physical	68.2	31.8	100
Verbal and humiliation	81.8	18.2	100

Emotional and mental	86.1	13.6	100
Deprivation of rights	75	25	100
Neglect	72.7	27.3	100
Legal issues	50	50	100
Running away from home	34.1	65.9	100
Political	11.4	88.6	100
Economic	47.7	52.3	100

Table 5.3 Types of assistance received by women (%)

Type	Yes	No	Total
Crisis intervention	47.7	52.3	100
Protection services/Hotline	13.6	86.4	100
Awareness-raising	72.7	27.3	100
Legal counseling	68.2	31.8	100
Medical care	47.7	52.3	100
Psychological counseling	70.5	29.5	100
Social counseling	70.5	29.5	100
Referral	15.9	84.1	100
Shelter	36.4	63.6	100
Training/capacity-building	43.2	56.8	100
Family intervention	29.5	70.5	100
Companion in the court	45.5	54.4	100

Table 5.4 Sources of support to women (%)

Source	Yes	No	Total
Father	31.8	68.2	100
Mother	59.1	40.9	100
Sister	40.9	59.1	100
Brother	45.5	54.5	100
Son	18.2	81.8	100
Daughter	13.6	86.4	100
Cousin	25	75	100
Distant relative	18.5	81.5	100
Friend	54.5	45.5	100
Community worker	29.5	70.5	100
Police	27.3	72.7	100
Religious personality	18.2	81.8	100
Ministry staff	13.6	86.4	100
NGO staff	18.2	81.8	100
Governorate	4.5	95.5	100

Health staff	18.2	81.8	100
Courts	34.1	65.9	100

Table 5.5 Procedures used with women whilst seeking assistance (%)

Procedure	Always	Sometimes	Never	Adequate	Requires development
Admission and acceptance to serve	63.6	4.6	31.8	83.3	16.7
Legal support	54.5	9.1	36.4	75	25
Individual therapy	45.5	15.9	38.6	70.4	29.6
Family therapy	9.1	13.6	77.3	70	30
Group therapy	27.3	13.6	59.1	66.7	33.3
Medical check-up	31.8	11.4	56.8	73.7	26.3
Mental assessment	43.2	15.9	40.9	57.7	42.3
Psychological therapy	31.8	2.3	65.9	66.7	33.3
Referral	2.3	13.6	84.1	42.9	57.1
Supervision and case follow-up	56.8	4.6	38.6	59.3	40.7
Social intervention	38.6	15.9	45.5	66.7	33.3
Follow-up with police	13.6	11.4	75	27.3	72.7
Follow-up with governorate	6.8	4.5	88.6	60	40
Follow-up with ministries	25	13.6	61.4	58.8	41.2

Table 5.6 Perception of services received (%)

Service	Strongly disagree	Disagree	Indifferent	Agree	Strongly agree	Don't know	Total
Providers quickly responded to my needs	23	2.3	0	65.9	29.5	0	100
My privacy was respected	0	4.5	0	52.3	43.2	0	100
Confidentiality of information respected	0	2.3	0	40.9	56.8	0	100
I was made aware of alternatives for decision making	11.4	2.3	11.4	56.8	15.8	2.3	100

I was respected as a beneficiary	23	0	0	54.5	43.2	0	100
I was given sufficient information	0	4.5	6.8	63.7	25	0	100
My appointments were respected	0	0	0	52.3	47.7	0	100
Provider followed up on my case	4.5	4.5	0	52.4	38.6	0	100

Table 5.7 Women's recommended strategies and means for combating violence against women (%)

Strategy	Strongly disagree	Disagree	Indifferent	Agree	Strongly Agree	Don't know	Total
Protective laws	0	0	0	45.5	43.2	11.3	100
Modifying penal and family law	0	2.3	2.3	34.1	52.3	9	100
Procedure for compliance with law	0	2.3	0	34.1	54.5	9.1	100
Protection initiatives	0	0	2.3	45.5	43.2	9.1	100
Coalitions and Fori	0	2.3	2.3	45.5	36.4	13.5	100
Counseling and awareness-raising	0	0	0	38.6	61.4	0	100
Family protection law	0	0	0	40.9	59.1	0	100
Media	0	6.8	0	50	40.9	2.3	100
Education curricula	0	0	0	45.5	50	4.5	100
Work with decision makers	0	0	2.3	45.5	47.7	4.5	100
Adoption of international accords	0	0	11.4	40.9	40.9	6.8	100