CHAPTER 5
STRATEGIES AND INTERVENTIONS

You can tell the condition of a nation by looking

at the status of its women

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Domestic violence is a complex problem and there is no one strategy that will work in all situations. To begin with violence may take place within very different societal contexts, and the degree to which it is sanctioned by a community will naturally influence the kind of strategy needed.

Considering the interconnections between the factors responsible for domestic violence – gender dynamics of power, culture and economics – strategies and interventions should be designed within a comprehensive and integrated framework. A multi-layered strategy that addresses the structural causes of violence against women while providing immediate services to victim-survivors ensures sustainability and is the only strategy that has potential to eliminate this scourge.

When planning strategies and interventions, there are a variety of stakeholders that should be borne in mind. Partnerships with these
stakeholders can operate on several levels at once.

- At the level of the family, the stakeholders include women, men, adolescents and children.

- Within the local community, partnerships have to be developed with traditional elders, religious leaders, community-based groups, neighbourhood associations, men’s groups (e.g. village farmer’s associations), local councils and village level bodies.

- Within civil society, the range of partners include professional groups, women’s and men’s groups, NGOs, the private sector, the media, academia and trade unions.

- At the state level, strategies must be designed in partnership with the criminal justice system (the police, judiciary and lawyers); the health care system; parliament and provincial legislative bodies; and the education sector.

- At the international level, the stakeholders include international organisations (such as the United Nations agencies, the World Bank, and the regional development banks).

  Domestic violence is a health, legal, economic, educational, developmental and human rights problem. Strategies should be designed to operate across a broad range of areas depending upon the
context in which they are delivered. Key areas of intervention include:

- advocacy and awareness raising.
- education for building a culture of non-violence.
- training.
- resource development.
- direct service provision to victim-survivors and perpetrators.
- networking and community mobilization.
- direct intervention to help victim survivors rebuild their lives.
- legal reform.
- monitoring interventions and measures.
- data collection and analysis.
- early identification of ‘at risk’ families, communities, groups and individuals.

These areas are not mutually exclusive; interventions may touch upon several areas at once.

Above all, five underlying principles should guide all strategies and interventions attempting to address domestic violence:

- prevention
• protection
• early intervention
• rebuilding the lives of victim-survivors
• accountability

There is a need “to formulate a framework for coordinated action at the policy and programme level. An effective strategy is one that is designed to be culture and region specific, providing victim-survivors easy access to wide ranging services, and involving the community and individual stakeholders in the design of interventions”.

I. NEED FOR AN INTEGRATED APPROACH

The results of the WHO Multi-country Study on Women’s Health and Domestic Violence against Women highlight the need for urgent action by a wide range of actors, from local health authorities and community leaders to national governments and international donors.

As the Study clearly demonstrates, violence against women is widespread and deeply ingrained, and has serious impacts on women’s health and well-being. Its continued existence is morally indefensible; its cost to individuals, to health systems, and to society in general is
enormous. Yet no other major problem of public health has – until relatively recently– been so widely ignored and so little understood.

The wide variations in prevalence and patterns of violence from country to country, and even more important, from setting to setting within countries, indicate that there is nothing “natural” or inevitable about it. Attitudes can and must change; the status of women can and must be improved; men and women can and must be convinced that partner violence is not an acceptable part of human relationships.

The following recommendations are drawn primarily from the findings of the Study, but are also informed by research and lessons learned from experience in many countries. In particular they reinforce the findings and recommendations presented in WHO’s World report on violence and health.

The recommendations are grouped into the following categories:

• Strengthening national commitment and action

• Promoting primary prevention

• Involving the education sector

• Strengthening the health sector response

• Supporting women living with violence

• Sensitizing criminal justice systems
• Supporting research and collaboration

Addressing and preventing violence against women requires action at many levels and by many actors and sectors. However, it is important that states take responsibility for the safety and well-being of their citizens. In this regard, national governments, in collaboration with NGOs, international organizations and donors, need to give priority to implementing the following recommendations:

**Strengthening national commitment and action**

**Recommendation 1.**

**Promote gender equality and women’s human rights, and compliance with international agreements**

Violence against women is an extreme manifestation of gender inequality that needs to be addressed urgently, as such violence in turn perpetuates this inequality. The unequal status of women is also associated in a variety of ways with domestic violence and with women’s responses to that violence. Improving women’s legal and socioeconomic status is likely to be, in the long term, a key intervention in reducing women’s vulnerability to violence.

In line with the Millennium Development Goal 3 of promoting gender equality and empowering women, it is crucial that governments increase their efforts to raise the status of women, both
in terms of awareness of their rights, and through concrete measures in fields such as employment, education, political participation, and legal rights. These rights include those related to owning and disposing of property and assets, access to divorce, and child custody following separation.

The association of more education with less violence supports the view that education is in itself protective. Therefore, programming arising from the United Nations Millennium Development Goals and “Education for All” objectives, particularly those aimed at improving women’s access to education and, in particular, keeping girls enrolled through secondary education, should be strongly supported as part of overall anti-violence efforts.

National efforts to challenge the widespread tolerance and acceptance of many forms of violence against women are also important. One of the salient findings of the Study is the association between the prevalence of intimate-partner violence and women’s belief that such violence is “normal” or “justified”. The association is particularly marked in rural and more traditional societies, suggesting that attitudes and assumptions about the status of women, deeply ingrained in culture as well as law, are key factors contributing to high levels of violence, and therefore need to be addressed.
Considerable progress would be realized if governments complied with human rights treaties and other international consensus documents that they have already ratified. Since the 1950s, most national governments have signed and ratified a number of important international documents that condemn violence against women and promote their human rights. These include the Universal Declaration of Human Rights (1948), the Convention on the Elimination of All Forms of Discrimination against Women (1979), and the United Nations Declaration on the Elimination of Violence against Women (1993). Most countries have endorsed international commitments on development and women’s human rights and health in documents such as the 1994 Programme of Action of the International Conference on Population and Development (ICPD), the 1995 Declaration and Platform for Action of the Fourth World Conference on Women (1995 – the “Beijing Declaration”), and the 2000 Millennium Development Goals. These agreements were reiterated at the 5- and 10-year anniversaries of the respective conferences.

While some governments have made strides in harmonizing their legislation with these commitments and in instituting policies and programmes to promote them, many others have made little or no progress. Frequently the greatest obstacle is political inertia or outright
opposition. It is important, therefore, that institutions, nongovernmental organizations, and civil society organizations – both domestic and international – that advocate for gender equality and human rights, or that monitor national progress towards international commitments, strengthen their efforts to bring about the necessary changes in national laws, policies and programming.

**Recommendation 2.**

**Establish, implement and monitor multisectoral action plans to address violence against women.**

National governments are ultimately responsible for the safety and health of their citizens, and it is therefore crucial that governments commit themselves to reducing violence against women, which is a major and preventable public health problem. Violence by an intimate partner was found to be the most prevalent form of violence against women in virtually all of the countries studied, and is likely to be the main form of violence in other non-conflict settings thereby requiring special attention in plans of action to address violence. The Study findings also illustrate the degree to which intimate-partner violence puts women at increased risk of poor physical, sexual, reproductive, and mental health. In both industrialized and developing countries, the prevention of violence against women should rank high on national
public health, social, and legal agendas.

National action first requires that governments publicly acknowledge that the problem exists. It is hoped that this Study, in combination with the accumulating evidence on the issue from other research, provides ample grounds for this recognition. Second, governments must make a commitment to act, and plan and implement national programmes both to avert future violence and to respond to it when it occurs. This will require that governments, where necessary supported by international agencies, invest significant resources in programmes to address violence against women.

Countries that are devising national action plans for violence prevention – a key recommendation in the World report on violence and health – should give high priority within them to preventing violence against women and particularly intimate-partner violence.

In most countries around the world, there are women’s organizations that work to challenge violence against women and to provide support to women experiencing abuse. In some places, there are also men’s organizations working to combat violence against women. In many countries, however, the issue is not on the national agenda in a significant way. National efforts often focus initially on legal and judicial reform; less attention has been paid to violence as a
risk factor for ill-health, and the potential role of the health sector. For violence to get on to the national policy and health sector agendas, it is important that the problem is brought out of the shadows, the evidence discussed openly, and commitments made to deal actively with violence against women – and particularly intimate-partner violence and sexual abuse of children – as a national priority.

Recognizing violence against women as a public health problem does not mean that the health sector can be expected to deal with it alone. As experience with other complex public health problems has shown, multisectoral action is required, with the health sector playing an important role. Reducing violence against women will take concerted and coordinated action by a range of different sectors (e.g. health and social services, religious organizations, the judiciary and police, trade unions and businesses, and the media), each wielding their comparative advantages and expertise. Not all sectors will be equally able or amenable to addressing the problem, so it is important that a formal mechanism is created and provided with sufficient resources to coordinate multisectoral efforts. The form this takes (a national committee, a task force, a focal point within a key ministry, or other) will vary, but experience suggests that identification with the highest level of political office is crucial.
**Recommendation 3.**

**Enlist social, political, religious and other leaders in speaking out against violence against women.**

In many settings, violence against women is trivialized, and some forms of violence are seen as an acceptable or inevitable component of social relationships. People – particularly men – in positions of authority and influence (e.g. political, religious, and traditional leaders) can play an important role in raising awareness about the problem of violence against women, challenging commonly held misconceptions and norms, and shaping the discussion in ways that promote positive change. In many places, women politicians may be the natural champions of anti-violence efforts, while in others, male religious, political, or business and labour authorities may play leading roles. However, the fact that violence against women is widespread and deeply ingrained suggests that coordinated action by coalitions or alliances of figures from different sectors may be a more effective approach than identifying the issue with a single figure or sector.

**Recommendation 4.**

**Enhance capacity for data collection to monitor violence against women, and the attitudes and beliefs that perpetuate it.**

Surveillance is a critical element of a public health approach as it allows trends to be monitored and the impact of interventions to be
assessed. Responsibility for such surveillance should be explicitly
given to an institution, agency, or government unit in order to ensure
the use of a standardized methodology and the establishment of
mechanisms to guarantee that data will be disseminated and used
properly.

Discussions are being held internationally about how best to
monitor violence against women, using both regular surveys and
routine data collection in different service points. In this regard, the
WHO questionnaire and the ethical and safety guidelines developed
for the Study, and the WHO/PATH manual on researching violence
against women (6), are useful tools. The Injury surveillance
guidelines, jointly developed by WHO and CDC, are also useful tools
for collecting systematic data on injuries, including those relating to
intimate-partner violence. It is of prime importance for national
statistics offices and relevant ministries (such as ministries of health
and justice) to take this issue on board. Organizations that provide
services for abused women should also increase their capacity for
routine data collection and surveillance of violence against women,
and for monitoring the attitudes and beliefs that perpetuate the
practice. Priority must be given to building capacity, and to ensure that
data are collected in a way that respects confidentiality and does not
jeopardize women’s safety.

**Promoting primary prevention**

**Recommendation 5.**

**Develop, implement and evaluate programmes aimed at primary prevention of intimate-partner violence and sexual violence.**

Preventing partner violence requires changing the gender-related attitudes, beliefs, and values of both women and men, at a societal as well as at an individual level. Prevention efforts should therefore include multimedia and other public awareness activities to challenge women’s subordination, and to counter the attitudes, beliefs and values – particularly among men – that condone male partner violence against women as normal and prevent it being challenged or talked about.

As the Study results indicate, there is great variation between and within countries in attitudes, beliefs, and values related to partner violence. For this reason, the specific media and key messages chosen will vary from place to place, and should be based on research and consultation. In formulating key messages for campaigns aimed at changing social norms, an important objective is to eliminate the barriers that prevent women talking about the problem and using available support services. This means not only increasing the
accessibility of such services, but also reducing the stigma, shame, and denial around partner violence. These messages can also play a role in strengthening informal support networks by encouraging family and community members to reach out to and support women living with violence.

Special efforts should be made to reach men. Media strategies that encourage men who are not violent to speak out against violence and challenge its acceptability will help counter notions that all men condone violence. They also serve to provide alternative role models of masculine behaviour to those commonly portrayed by the media.

Public health experience shows that general public awareness campaigns may have little effect by themselves, and must be accompanied by focused outreach and structural change. More targeted efforts should be carried out in health settings, in schools, at workplaces and places of worship, and within different professions and sectors. More awareness will also serve to strengthen advocacy efforts, and to shape budgets and policies on violence against women.

As well as mass communication strategies, other options should be explored including community-based approaches (e.g. legal literacy programmes, HIV/AIDS community mobilization, local media initiatives) and activities to target specific risk factors for violence,
such as alcohol use. In particular, communities need to be encouraged to talk about partner violence and its implications, and to challenge its acceptability. Local religious congregations, cultural groups and economic associations (such as associations of market women) may provide the basis for support activities and for advocacy with government authorities. Overall there is a need to strengthen the primary prevention efforts to complement the current emphasis on victim services.

Recommendation 6.

Prioritize the prevention of child sexual abuse.

The high levels of sexual abuse experienced by girls documented by the Study are of great concern. Such acts are severe violations of a young girl’s basic rights and bodily integrity, and may have profound health consequences for her, both immediately and in the long term. Efforts to combat sexual abuse of girls (and boys) therefore, should have higher priority in public health planning and programming, as well as in responses by other sectors such as the judiciary, education and social services.

Greater public awareness of child sexual abuse is necessary; yet promoting such awareness may be extremely difficult because of the sensitivity of the subject. Advocacy by leaders and other respected
figures could make a big difference. As with HIV and other stigmatized issues, leadership at the highest level can help “break the silence” and create social space for discussion of the problem within families and communities (see recommendation 3).

As part of a coordinated response, the health and education sectors need to develop the capacity to identify and deal with child sexual abuse. Health workers need training to recognize the behavioural and clinical symptoms of such abuse, and protocols should be developed on what to do if they suspect a child is being abused. Training and resources are also necessary for health care systems to provide physical and psychological care to girls (and boys) who have experienced sexual abuse.

Similarly, teachers and other education professionals need training to recognize the symptoms, as well as protocols and policies for referral to medical or social services. Schools should also provide preventive programmes and counselling wherever possible.

**Recommendation 7.**

*Integrate responses to violence against women into existing programmes such as for the prevention of HIV and AIDS and for the promotion of adolescent health.*

The Study findings illustrate the high levels of sexual violence
against women and girls and support other research which suggests that violence contributes to women’s vulnerability to HIV infection. Current emphasis on HIV prevention, and initiatives such as the Global Coalition on Women and AIDS, provide opportunities to strengthen efforts to combat violence against women. This should be seen as a component of effective HIV and AIDS prevention programmes. HIV prevention programmes should therefore include activities to raise awareness and promote the prevention of sexual violence as well as intimate-partner violence. Programmes that aim to improve communication about sex and to promote abstinence, fewer partners and condom use, in particular, need to recognize the extent to which sexual activity is forced or coerced, and explicitly address issues of genuine, freely-given consent and coercion. The unacceptability of violence against women should be integrated and addressed within HIV prevention efforts at all levels, from national AIDS committees to local community groups, and in HIV-related media and educational activities. Strategies to respond to women who are experiencing or who fear violence and who are attending HIV counselling and testing services, and women-oriented health programmes, such as prevention of mother-to-child transmission of HIV and other sexually transmitted infections, or family planning, need to be developed. Other sexual and reproductive health
programmes, as well as those focused on promoting adolescent health also need to address intimate-partner violence and issues of coercion and forced sex.

**Recommendation 8.**

**Make physical environments safer for women.**

The Study finding that violence by strangers is generally more prevalent in cities than in rural settings suggests that measures to make the urban environment safer for women can contribute to primary prevention of this violence. It is also important to identify such measures in rural areas where women may be at risk of violence as they carry out household survival tasks such as fetching water and firewood for cooking. Such measures should be implemented systematically, first by identifying places where violence against women often occurs and then by analysing why it occurs there.

Depending on the risk factors identified and the available resources, safety can be enhanced through a variety of concrete measures. These include improving lighting and, in urban areas, increasing police and other vigilance, particularly in areas where alcohol or other drugs are consumed, and opening up “blind spots” where an assault could take place without anyone being able to see or hear it happening.
Involving the education sector

Recommendation 9.

Make schools safe for girls.

The finding that young women and girls experience significant levels of violence indicates that primary and secondary school systems should be heavily involved in making schools safe, including eradicating teacher violence, as well as engaging in broader anti-violence efforts.

Schools must be places of safety for girls and young women. The Study’s finding on the extent of violence by teachers revealed variations among the participating countries. However there is room for improvement in action to eradicate physical and sexual violence by teachers against students, in virtually all countries and schools. In some cases an effective response to violence by teachers requires fundamental changes within the education sector, to change traditional patterns of behaviour, condemn abuse and establish a culture in which violence is not condoned or tolerated, and perpetrators of violence are punished. International initiatives, such as the Focusing Resources on Effective School Health (FRESH) initiated by UNESCO, UNICEF, WHO, the World Bank, Education International, Education Development Centre, and the Partnership for Child Development can
provide frameworks for action to meet this objective.

For example, schools using the FRESH framework would influence violence through their policies, environment and curricula. School policies can prohibit the use of violence as a form of punishment. They can also prohibit physical violence and harassment by and between teachers and students. Enforcement of such policies should be monitored. Skills-based education, such as life skills supported by WHO, UNICEF and UNESCO is an effective way to enable students and staff to reduce potential conflicts, and to get involved in community actions to reduce violence and promote non-violent behaviour. School health programmes, such as HIV prevention programmes and reproductive health programmes (particularly those targeting sexually transmitted infections and unwanted pregnancies among adolescents) should address issues of gender, power, and consent. They should enable boys and girls to develop relationship and conflict resolution skills, and to identify strategies to reduce the occurrence of violence.

To be effective, programmes should begin early, involve both girls and boys (although probably using different information and key messages, and with a balance of single-sex and mixed-sex discussions), and apply age-appropriate learning experiences
throughout children’s school careers. Such programmes must also be supported by relevant school policies, a supportive school environment, and school health services or referrals to care for and counsel victims and witnesses of violent incidents and harassment.

**Strengthening the health sector response**

**Recommendation 10.**

**Develop a comprehensive health sector response to the various impacts of violence against women.**

Developing a comprehensive health sector response to the various impacts of violence against women is of critical importance and action by specific health care services is also needed. In particular, it is important to address the demonstrated reluctance of abused women to seek help.

The Study clearly shows that, in all countries, violence against women is significantly associated with a range of poor health outcomes. It is not only a significant risk factor through its direct impact on health (namely, injury and mortality), but contributes to the overall burden of disease through its impact on women’s reproductive, sexual, physical, and mental health. This has serious implications for the health sector, as many health providers see and treat (knowingly or not) millions of women living in violent relationships.
The health sector – not just public health but all providers of health services – needs to develop a comprehensive response to the problem. At the planning level, this will require health officials to identify the sector’s particular strengths in the wider multisectoral response. In some places, the health sector may take the lead role in advocating for prevention; in others it may leave that role to other sectors while concentrating on establishing or enhancing services for women who have experienced violence. At the service level, responses to violence against women should be integrated into all areas of care (e.g. emergency services, reproductive health services such as antenatal care, family planning, and post-abortion care, mental health services, and HIV/AIDS-related services).

The Study findings clearly demonstrate the strong association between a woman’s experience of violence and mental distress, including her risk of suicide. It is necessary to improve access to non-stigmatizing mental health services for women that adequately recognize the associations between violence and mental health, in particular with depression and suicide ideation. These services need to contribute to empowering women in situations of violence, and to avoid over-medicalizing the problem.

Health providers who see and care for abused women will need
to coordinate and work with other sectors, particularly the police, social services and the voluntary sector. This should not be done on an ad hoc basis, but will require the creation of formal referral procedures and protocols.

The Study amply shows that most abused women are reluctant to seek help from health providers, and tend to do so only if the violence is severe. This suggests that, in addition to more general awareness-raising, the health sector needs to find ways to ensure that: (a) women who have experienced violence are not stigmatized or blamed when they seek help from health institutions, (b) women will receive appropriate medical attention and other assistance, and (c) confidentiality and their security will be ensured. The Study findings highlight the extent to which the attitudes of health staff are likely to influence whether women feel comfortable about disclosing violence or not. Training is a critical element in improving the health service response to violence against women. It should aim, among other things, to ensure that providers are appropriately sensitized to issues of abuse, treat women with respect, maintain confidentiality, and do not reinforce women’s feelings of stigma or self-blame, as well as being able to provide appropriate care and referral as needed.
Recommendation 11.

Use the potential of reproductive health services as entry points for identifying women in abusive relationships, and for delivering referral and support services.

The widespread availability and use of reproductive health services (including antenatal care, family planning services, and services dealing with sexually transmitted infections) in most countries give these services a potential advantage for identifying women in abusive relationships and offering them referrals or support services. This conclusion is reinforced by Study results showing that (a) severe physical violence during pregnancy is not uncommon, threatening both the mother and the unborn child, and (b) there are significant associations between physical and sexual violence by partners, and miscarriage and induced abortion, as well as with high parity and HIV risk. Providers of reproductive health services therefore may be more likely than other health providers to see abused women. Moreover, unless providers are aware of and willing to address violence and coercion, they will be unable to promote women’s sexual and reproductive health effectively.

Reproductive health care providers should be sensitized and trained to recognize and respond to violence particularly during and
after pregnancy. Protocols and referral systems need to be put in place to ensure that appropriate care, follow up and support services are available. In settings where resources are limited and referral is not possible, as a minimum staff should be aware of the problem and should provide information about legal and counselling options as well as supportive messages emphasizing that such violence is wrong, that women are not to blame for it and that it is a widespread problem. In places where antenatal services involve male partners in parenting classes and similar activities, adding an anti-violence component to such activities may be an avenue for attempting to change male attitudes and prevent violence.

Whatever care is offered, reproductive health services should be places of safety and confidentiality for women.

Supporting women living with violence

Recommendation 12.

Strengthen formal and informal support systems for women living with violence.

Only a minority of women in the Study sought help and support from formal support services or institutions (e.g. social workers, counsellors, shelters). This reflects many factors, one of the most important being simply the lack of such services, particularly in rural
areas. In addition, many women had little confidence that existing services and authorities would listen with sensitivity or impartiality, or could make any difference to their situation. This highlights the need for better and more accessible support services where women can safely disclose their experience of violence.

While formal services offered by health or justice-related institutions should be expanded or improved, other models of service provision should also be explored. Such models should build on the existing sources of informal support to which women often turn. They could include sensitizing religious leaders and other respected local persons to the problem, and encouraging them to become involved in providing support, and even temporary refuge for abused women. If the involvement of these people can be secured, efforts should be made to train and orient them and their organizations, on the issues involved, including the gendered and stigmatized nature of the problem, procedural matters such as confidentiality, and the complexities of responding to partner violence (e.g. the fact that a woman may need support over a long period of time before she is able to make a definitive change to her situation).

The Study findings show that, in all settings, abused women are most likely to seek help from informal networks of friends, relatives
and neighbours. This suggests the value of strengthening these informal networks so that when women do reach out to friends and family, they are better able to respond in a sympathetic and supportive manner. Media activities highlighting the extent of violence and promoting the role of friends, neighbours and relatives, as well as interventions to reduce the social stigma around violence, may all help to reinforce constructive responses.

**Sensitizing criminal justice systems**

**Recommendation 13.**

**Sensitize legal and justice systems to the particular needs of women victims of violence.**

The Study showed that, as with health services, many women in violent partnerships do not seek help from courts for the violence. This suggests that all those in the criminal justice systems (police, investigators, medico-legal staff, lawyers, judges, etc.) should be trained and sensitized to consider and address the particular needs and priorities of abused women, particularly those faced with violence by a partner or ex-partner. Those investigating allegations of violence against women should be trained in using medico-legal evidence gathering techniques, particularly in allegations of rape and sexual assault, in a non-judgemental and respectful manner. Gathering this
evidence should be part of a comprehensive package of care, including counselling and relevant treatment.

Criminal justice systems as a whole need to be assessed comprehensively to ensure that women seeking justice and protection are treated appropriately and professionally. Those administering the criminal justice system, especially police, should not undermine women complainants by taking the side of the perpetrator (e.g. suggesting that the woman is somehow at fault), or by disbelieving or denigrating complainants (e.g. by suggesting that women were in fact consenting to forced sex). Ideally there should be support for women bringing complaints: keeping them informed of the progress of cases, the requirements of their participation, that their safety as witnesses is protected, and that there is a comprehensive approach to assist them generally. Furthermore, those convicted need to be appropriately punished.

Laws on assault often assume that perpetrator and victim do not know each other, a pattern that applies less often when considering violence against women. Women may retain bonds of affection towards a partner despite his violence, and imprisoning the partner may jeopardize the livelihood of the woman and her children. A coordinated approach between the criminal justice system and
appropriate civil law protection, for example, orders a man to stay away from a partner who has experienced violence, is necessary to ensure that women’s safety is paramount. The potential for intimidation by a male partner must be addressed, and sentencing should be adapted to the specific circumstances in which the woman lives and her own wishes. Flexible sentencing or alternative sanctions should be explored, where possible, to deter further violence.

Supporting research and collaboration

Recommendation 14.

Support research on the causes, consequences, and costs of violence against women and on effective prevention measures.

While the prevalence and patterns of violence are becoming better known in some places – in part through this Study – in others few data are available. More research on the magnitude of the problem of violence against women, and its costs, in given countries or settings is therefore urgently needed in order to provide a basis for advocacy and action. At the same time, because violence against women is clearly related to culturally rooted attitudes and beliefs, more research needs to be carried out on the causes of violence against women in different cultures and in different circumstances. Such research should aim to deepen understanding of both the risk and protective factors
related to violence, focusing particularly on identifying key factors that are potentially amenable to intervention. Ensuring the further analysis of the existing database established by this Study will contribute greatly to understanding the determinants of the different patterns of violence both within and between countries and sites, and should be supported.

To date, little research has been done on the male attitudes and beliefs that contribute to partner violence. This needs to be remedied if a comprehensive understanding of the problem is to be achieved. Longitudinal research is also needed on the evolution of violent behaviour by intimate partners over time, examining whether and how it differs from the development of other violent behaviours.

Research aimed at informing the design and delivery of interventions where these do not exist needs to be accompanied by evaluation research on the short- and long-term effects of programmes to prevent and respond to partner violence – including school-based programmes, legal and policy changes, services for victims of violence, programmes that target perpetrators of violence, and campaigns to change social norms. In this regard, the WHO Handbook for the documentation of interpersonal violence prevention programmes (8) provides useful guidance for the systematic
collection, from diverse settings, of information on programmes for the prevention of interpersonal violence. Ultimately, the aim is to identify successful and promising interventions, and publicize the results to promote the scaling up of such efforts.

**Recommendation 15.**

**Increase support to programmes to reduce and respond to violence against women.**

While many of the measures called for in these recommendations are relatively inexpensive, resource-poor countries are struggling to maintain their public health systems and social services. New activities and programmes targeting violence against women will have to compete for funding with a variety of urgent priorities for national governments. Even if political commitment is present, it may be difficult to translate this commitment into action without additional funding. International donors, development agencies, and nongovernmental organizations should therefore be prepared to provide financial and technical support for concrete, well-designed proposals by national governments and development counterparts (in particular, women’s organizations) that aim to prevent violence.

Donors and international organizations need to support the
efforts of academic institutions, research bodies and governments to carry out research on this issue and foster increased collaboration across countries and regions. This increased collaboration and information exchange on successful and promising interventions between the different sectors, countries, and regions will help to build a stronger body of knowledge to inform action in this area.

The ultimate challenge is to prevent and eventually eliminate all forms of violence, including violence against women. The immediate task is to support and offer choices to those living in violent situations or who have suffered any form of violence.²

II AREAS OF INTERVENTION

The UNICEF Study,³ “by focusing on the stakeholders and by highlighting responsibilities of the family, the local community, the civil society, the state, and international organisations, its framework points to relevant areas of action.”

THE FAMILY

WOMEN Because their life and dignity are at stake, women have emerged as the most significant agents of change in the struggle against gender based-violence. While women’s organisations have played a crucial role (see section on civil society of original study), the
collective strength and courage of individual women has been notable in fighting many forms of violence. Poor and often illiterate, these women have managed to mobilize hundreds of other women, raised resources, designed strategies and forced policy makers to revise laws and policies. A systematic effort has to be made to listen to the voices of grass-roots women and survivors of domestic violence, and to incorporate solutions they have to offer. Their perspectives will provide valuable lessons in making programmes and services effective and targeted to their needs.

Women need to be empowered through education, employment opportunities, legal literacy and right to inheritance. Human rights education and information regarding domestic violence should be provided to them because this is a matter of their absolute rights. Integrated supportive services, legal intervention and redress should be made available in situations of domestic violence. Assistance to help women rebuild and recover their lives after violence should be part of the intervention strategy, including counselling, relocation, credit support and employment.

Consistent support for women must be provided by all relevant sectors – the criminal justice system, health, welfare and the private sector. Support must also be available to women via informal
networks such as family, friends, neighbours and local community groups.

Community groups and government institutions should be trained to identify women, men, adolescent boys and girls, and children at risk of domestic violence, and to refer them to confidential and accessible services. Where such services are not available, communities must be helped to establish local culturally appropriate mechanisms to support women.

**MEN** There are a growing number of male professionals designing and facilitating training events on gender inequality, including the issue of violence. Some are working with other men to review male behaviour and to develop new models of masculinity (see section on civil society). There are examples of male leadership on gender violence in most parts of the world and the involvement of men is critical in changing behaviour.

Men should receive one consistent message from all sectors and levels of society – that those who perpetrate violence will be held accountable. The criminal justice system must act to reinforce this message by taking action against perpetrators, as well as providing rehabilitation options for those who offend. Services need to be developed that provide the possibility to change violent behaviour.
These services, offered at the local level, also need to address associated issues of drug and alcohol problems.

Men need to challenge other men to stop abusing women, and to change the norms that encourage this violence. This requires support for men to act as healthy role models to younger men, and the raising of boys in a non-violent climate to respect women.

**ADOLESCENT GIRLS AND BOYS** Adolescent girls need all the protection and support that should be available to adult women. They need clear messages about their rights from society and the educational system. Educational programmes that equip girls with self-esteem and negotiation skills, and enhance participation of girls in leadership roles should become part of the school curriculum.

Adolescent boys need positive role models and clear messages from men in their families and society in general that violence against women is not acceptable and that they will be held accountable. Like adult men, adolescent boys need access to services to help them deal with any violent behaviour they may have.

Support services need to address associated behaviour patterns such as drug and alcohol problems or the risky sexual behaviour in which adolescent girls and boys may indulge as a result of being victimized themselves.
CHILDREN need to be identified as victims of domestic violence, and their safety has to be ensured. This requires ensuring the safety of their mothers and making childcare facilities available to women in shelters. Appropriate programmes should be developed by the community and the state to assist children recover from the violence and abuse they have suffered and/or witnessed.

LOCAL COMMUNITY

In traditional societies, families have relied upon community based support mechanisms to resolve issues of conflict. The local community therefore needs to be mobilised to oppose domestic violence in its midst. Actions taken by local people may include greater surveillance of domestic violence situations, offering support for victim-survivors, and challenging men to stop the violence.

Complacency needs to be replaced with active intervention and education. Community information and education programmes regarding the nature and unacceptability of domestic violence should be developed. Such programmes should address cultural forms of behaviour that uphold male aggression, beating, punishment and abuse of women as acceptable. Traditional cultural practices, such as FMG, that violate women’s integrity need to be re-examined and challenged. Culture is not static, and newer forms of cultural forms need to be
developed that respect women and promote their dignity and safety.

Community elders and religious leaders have the responsibility to demonstrate leadership in this area. For example, religious leaders should be encouraged to re-examine doctrines and cultural practices that lead to the subordination of women and violation of their rights. Local council bodies (e.g. the ‘panchayat’ system in India) should play a strong role in creating a culture of non-violence, in setting up sanction, negotiating appropriate local cultural responses to preventing violence, and monitoring respect for, and implementation of, the sanctions that are in place.

Creating awareness about the impact of domestic violence on communities conveys the importance of preventing such violence against women and children. Developing integrated responses to domestic violence through involvement of local community groups, community health workers and women serves to create sustainability and accountability, which in itself is a significant step. However, since adapting to change is difficult, protection should be provided activists, human rights advocates and community workers. Ultimately, human and financial resources are key to any programme development and delivery.
CIVIL SOCIETY

WOMEN’S ORGANIZATIONS For nearly a quarter of a century, women’s organizations have provided leadership in boosting the visibility of violence against women; giving victim survivors a voice through tribunals and personal testimonies; providing innovative forms support to victims of violence; and forcing government and the international community to recognise their own failure to protect women. From local, collective action, women have transformed their struggle against violence into a global campaign.

Women’s advocacy has prompted the formal sectors (legal and judicial system, criminal justice system and the health sector) to begin to respond to the needs of women who suffer violence. Women have pushed for policy change and institutional mechanism to be set up – be it legal reform, training of police, or providing shelter to women and their children. In attempting to address the structural causes of such violence, women’s organisations have sought to empower women through human rights education, credit programmes, and linking women to larger networks. It is crucial that women’s advocates continue to lead the process, particularly in playing a monitoring and accountability role, and that governments increase partnerships with them.
MENS ORGANIZATIONS can also provide leadership in the local community to oppose violence against women, working in collaboration with women’s organisations that have expertise in this area. Service organisations can use their resources and networks, and men’s national and local sporting organisations have particular place in raising men’s awareness of this issue.

PROFESSIONAL ASSOCIATIONS for doctors, lawyers, psychologists, nurses, social workers, welfare workers and other professionals are key players in opposing violence against women. Their members may come into contact with situations of domestic violence on a regular basis, but may not recognise the signs because of their own biases, background or lack of training. It is critical that such organisations build domestic violence and human rights curricula into their professional training, and that professionals in the field receive regular training on these areas. Such associations need to develop protocols for identifying and referring cases of domestic violence to appreciate bodies, and screening measures for detection and early intervention. These protocols must be developed in collaboration with experts in the domestic violence field.

NON-GOVERNMENTAL ORGANISATIONS (NGOs), like women’s organisations, have worked in partnership with government
agencies and international organisations to provide a diversity of services, and education and awareness programmes. Their capacity to continue to deliver a range of services should be strengthened, particularly in collaboration with state agencies.

NGOs have a fundamental role to play in bringing pressure on governments to ratify, or withdraw their reservations to, the international human rights instruments such as the UDHR, CEDAW and the CRC. NGOs have played a critical role in monitoring implementation of non-treaty instruments such as the UN Declaration on the Elimination Violence against Women, the Vienna Declaration and Programme of Action, and the Beijing Declaration and Platform for Action. NGO leadership has to continue in its role of lobbying and advocating for legislation that protects the rights of women, girls and children.

THE PRIVATE SECTOR has a vested interest in addressing this problem since the costs of domestic violence to society, and industry in particular, are phenomenal in terms of low productivity, absenteeism, and staff turnover. The private sector would benefit by identifying and supporting staff suffering from, or perpetrating, domestic violence. It should build gender and domestic violence awareness into corporate training, and develop organisational cultures
free of abuse, including sexual harassment in the work place. The private sector should also be encouraged to finance preventive and support services in the local community.

**TRADE UNIONS** must support these actions by the private sector, using their resources to promote non-violence towards women among their members and encouraging members to seek appropriate support and assistance.

**THE MEDIA** plays a pivotal role in both influencing and changing social norms and behaviour. Repeated exposure to violence in the media has been associated with increased incidence of aggression, especially in children. In the area of domestic violence, media campaigns can help to reverse social attitudes that tolerate violence against women by questioning patterns of violent behaviour accepted by families and societies. Collaboration with the media needs to focus on creating new messages and new responses to reduce domestic violence. Hence a conscious effort to make media professionals aware of the issues, can play an important role in addressing violence against women.

Alternative media channels such as theatre groups, puppeteers, community radio stations, musicians and performers of all sorts have a role to play in raising public awareness of the issue, and creating role
models for men and young people in the community.

**RELIGIOUS LEADERS AND SCHOLARS** need to re-examine interpretations of religious texts and doctrines from the perspective of promoting equality and dignity of women. Many men who abuse women justify such behaviour on a religious basis, and many cultural practices that abuse and violate women are justified in the name of religion. Religious leaders at all levels have a responsibility to ensure that religious interpretations are not used to oppress women.

**ACADEMIA AND RESEARCH ORGANISATIONS** should address the chronic lack of statistics on domestic violence that acts as a barrier to policy change on this issue. The lack of adequate data and documentation about violence against women, and domestic violence in particular, reinforces governments silence. In the absence of concrete data, governments have been able to deny the fact of, and their responsibility to address such violence.

In the area of research, there are several priorities. Reliable data on the magnitude, consequences, and the economic and health costs of gender-based violence will help to place the issue on the policy maker’s radar screen. Researchers need to identify best practices in prevention and treatment, and elevate them for electiveness and
replicability.

Greater collaboration is required between research and academic institutes, women’s organisations, NGOs, and service providers when conducting qualitative research to deepen understanding of the causes of domestic violence, and its physical and psychological impact on women. Such research needs to be fed back to the community so that it can lead to awareness and transformation.

THE STATE MACHINERY

Violence against women cuts across all government sectors, with implications for all programming. It demands new levels of coordination and integration between a variety of government sectors including the criminal justice system, health, education and employment.

THE CRIMINAL JUSTICE SYSTEM

Legal Reform It is the responsibility of the governments who have ratified international conventions and human rights instruments to harmonize their national laws in line with these instruments. One step towards upholding the right of women to equal protection under the law is to enact domestic violence legislation that specifically prohibits violence against women. Under this legislation, a woman should have protection from threats and acts of violence, safety and security for
herself, her dependants and property, and assistance in continuing her life without further disruption.

In conformity with their obligation under the Convention on the Rights of Child (Article 24.3), governments should also denounce and reform all laws, practices and policies that allow harmful cultural practices such as female genital mutilation, crimes committed in the name of honour, and discrimination based on son preference. Once such legislation is passed, implementation and enforcement become a priority. Enforcement requires the cooperation and sensitization of the police and the judicial system.

THE POLICE are particularly well-positioned to provide assistance to the victim-survivors, but very often their own prejudices, lack of training, and reluctance to intervene hinder them from dealing with domestic violence. Training and sensitization of police at all levels must be instituted, and guidelines must be developed to monitor police response. Police must be held accountable for their own behaviour towards victim-survivors in order to prevent secondary victimization of women at their hands.

THE JUDICIARY can strongly reinforce the message that violence is a serious criminal matter for which the abuser will be held accountable. The judge sets the tone in the courtroom and makes the
most critical decisions affecting the lives of the victim, perpetrator, and children, and must therefore be sensitive to the dynamics of domestic violence in order to pass equitable verdicts. Sensitization of the judiciary to gender issues is, therefore, critical and law schools should include relevant courses in their programmes.

**PROTECTIVE MEASURES** The protection and safety of victim - survivors should be the prime focus of legal systems. It is important that protective measures are provided so that victim-survivors are not left without adequate protection, and are not re-victimized. In industrial countries, women’s shelters have provided support to the victims of domestic violence since the 1970s, usually providing a 24-hour hotline, support groups for the victims, basic child-care, and social and legal services. Similar centres have been created in many developing countries since the early 1980s, mostly run by NGOs. Given that shelters are expensive, NGOs in developing countries are hard-pressed to provide shelters to victims, and focus instead on providing legal advice and psychological and social support.

This is an area where support from municipal and provincial governments is needed to provide viable, short-term and long-term shelters, referral services to other sectors (health, justice, police) and
assistance in related needs such as housing, employment, and childcare. Increasingly governments are creating such support services in partnership with NGOs as part of an integrated response to domestic violence.

In Namibia for example, women and child protection units have been established in partnership with the Namibian police, ministries of health and social services, and NGOs. The role of social workers stationed at the units is to ensure the protection and safety of abused women and children during and after the crisis; and assist in preparation of court reports, appearance in court, and medical examinations needed for evidentiary purposes.

Helping women rebuild their lives and self esteem has been a particular focus of NGO efforts. Many adopt an empowerment approach for women through education, legal literacy, and economic self-reliance programmes within shelter homes to help women take charge of their own lives and personal security. Such programmes also provide counselling and a connection to existing networks of women. It is clear that when victim survivors have the opportunity to interact with other women experiencing the same problems, they are able to escape their isolation, shame and fear, and are able to rebuild their lives at a faster pace.
Telephone hotlines, usually set up by NGOs have also expanded in many countries of Latin America (Argentina, Chile, El Salvador, Uruguay) and in South Asia. However, given the scarcity of telephones in most rural areas, such hotlines can only reach the urban population.

It is critical that every woman who has been abused or who is at risk has immediate and ongoing access to support services that provide non-judgemental and non-directive service. At all times, the women must be helped to be an active agent in her interaction with the civil and criminal justice systems so that she can examine options available to her and make choices about her safety.

THE HEALTH CARE SYSTEM

The health care system is well placed to identify women who have been abused and refer them to other services, as the vast majority of women visit a health facility at some point in their lives—during pregnancy for example, or to get treatment for themselves or their children. The reality however, is that far from playing a proactive role, the health care system has usually been unresponsive to women suffering from domestic abuse. Training for health care providers is necessary to guide them on the early screening and identification of women who are suffering from domestic violence. Such training, as
far as possible should be integrated into existing training programmes rather than be created as separate programmes. WHO has identified the following issues that need to be addressed in sensitizing health care providers:

- their possible negative feelings, including inadequacy, powerlessness and isolation, particularly in areas with few referral services.
- some cultural beliefs, including the idea that domestic violence is a private matter
- possible misconceptions about victim – survivors, including the belief that women provoke violence.

Training should be supplemented with protocols to guide health care providers to implement standards. Protocols should include procedures for documentation for legal, medical and statistical purposes; legal, ethical and privacy issues; and up-to-date information on local referral services. Protocols need to be culture-specific with special attention paid to respecting the rights of women.

**EDUCATION**

Curricula that teach non-violence, conflict resolution, human rights and gender issues should be included in elementary and
secondary schools, universities, professional colleges, and other training settings. Violence against women can be prevented and eliminated only when the underlying causes of violence are addressed and cultural norms and attitudes are challenged. Curriculum reform that work towards eliminating the gender stereotyping in schools (teaching about women’s contributions in history class, eliminating sex-stereotypes in textbooks, promoting girl’s participation in sports) are important steps in achieving gender equality.

A more fundamental problem— that of girl’s enrolment in schools— has to be addressed by governments alongside curriculum reform. In South Asia, the Middle East and Africa, for example, girl’s enrolment in primary schools is well below that of boys, a phenomenon that perpetuates female subordination.

INTERNATIONAL ORGANIZATIONS

International organizations such as the United Nations, its bodies and the Inter-American Development Bank have placed the issue of violence against women on their agendas. Their programmes articulate the links between human rights, health, and women’s participation in political and economic arenas within the larger context of violence against women as a development issue. These organizations can play a critical role by using their expertise and

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credibility to garner support for eliminating violence against women. By advocating with national governments, and by supporting programmes run by both government and non-governmental organisations, these organizations are already working at many levels to prevent and reduce domestic violence in different regions of the world.

III. RETHINKING AND REDEFINING THE STEREOTYPES ROLE OF MEN AND WOMEN.

Defining gender relations, Kanchan Mathur\textsuperscript{4} writes “according to Connell, the division of labour forms one structure where hierarchies between men and women are reinforced through the following: division of paid and unpaid work, productive work and house-hold reproductive work, segregation in the labour market where women are considered suitable for some forms of work (and usually the lower-paid) and men for others, and discrimination in the types of training, skills and education to which women are granted access. Men’s greater control over the division of labour, evident in the exertion of ‘their collective choice not to do childcare’, also reflects their power to define their own interests. A second sub-structure refers to the hierarchies of authority and command, the structuring of power within public organisations and within institutions of society like the
household, state and commercial organisations. Power in this arena refers to the authority to determine rules, set agendas, define cultural terms and norms. The dominance of men in all of these public spheres has led to the consistent undermining of women’s experiences as well as the resistance to allowing women into these institutions of decision-making. This scope diminishes as women enter public institutions because of the complex structuring of power in the form of rules and organisational systems.

A third sub-structure identified as an important one in the context of violence against women, refers to the social construction of emotional and sexual relationship, ‘the ways people create emotional links between each other, and the daily conduct of emotional relationships’. Norms underpinning social formulations of desire and sexuality are instrumental in constructing definitions of masculinity and determining ‘a joint system of prohibition and incitement’. While most cultures prohibit women from engaging in multiple sexual relationships, men’s promiscuity is allowed as an unquestionable perquisite of male power. This framework thus helps us to see how the different structures of power and authority combine to reduce alternatives for women, allowing violence to keep women in a state of fear.
Several feminist have contributed to the understanding of the gender relations framework. Gender relations are those socially constituted relations between men and women which are shaped and sanctioned by norms and values held by members of a given society (but not necessarily held with the same degree of firmness). Central to these relations are culturally specific notions of masculinity and femininity, and around those notions appropriate behaviours for each of the genders are socially constructed. Young observes that,

When we talk about gender relations……..we mean a structured set of social behaviour. The behaviour derives in part from the different social identities of the two in as much as people, at least initially, relate to each other in accordance with given gender codes of behaviour and expectations. But they are also underpinned by ideology and reinforced by the different access of the genders to socially valued resources, and sanctioned by the range of mechanisms from social opprobrium to death. As such they are relations into which people enter involuntary.

As per another point of view the gender approach assumes that gender identity provides a framework for response to constraints and opportunities, as does the specific structure of gender relations. While gender is an obvious constitutive principle of family and kinship
relations, empirical research demonstrates the reconstitution of gender relations through the rules, procedures, practices and outcomes of other institutions of society, including those of the market and state. To challenge the gender division of labour within a social order is to challenge the basis of core gender identities.

The concept of gender relations lends itself to what might be described as feminist theorisation of institutions. Institutions provide the framework for specific organisational forms which, through the operation of tradition, custom or legal constraint, tend to create ‘durable and routinised patterns of behaviour’; gender is seen to be an aspect of all organisational relations and behaviour, more distinct and explicit in some institutional locations than others, but always interacting to shape the identities, practices and life-chances of different groups of women and men in quite specific ways.

Agarwal asserts that gender relations are neither uniform across the societies not historically static. The term gender relations refers to the relations of power between men and women which are revealed in a range of practices, ideas and representations, including division of labour, roles and resources between women and men, and the ascribing to them of different abilities, attitudes, desires, personality traits, behavioural patterns and so on. Gender relations are both
constituted by and help constitute these practices and ideologies in interaction with other structures of social hierarchy such as class, caste and race. They may be seen as largely socially constructed rather than biologically determined…………In any case, the considerable variation of gender relations across cultural indicates the enormous importance of non-biological factors. She further states that, although gender relations are defined as relations between women and men, gender hierarchies also influence and structure relations between individuals of the same sex—for instance, how two women of the same household relate to one another is affected by the gender character of their relations with the household men. The relationship between a woman and her daughter-in-law is one example.

Gender relations are characterised by both cooperation and conflict, and their hierarchical character in any given context is maintained or changed through a process of (implicit or explicit) contestation or bargaining between actors with differential access to economic, political and social power. This contestation can vary in form, ranging from woman’s covert individual acts of resistance to overt group mobilisation, with varying degrees of overt individual action and covert group resistance in between; in content, relating to a spectrum of economic, social or political rules, practices and
institutions. For instance, contestation can occur over how women are perceived and ideologically constructed, or over what economic returns their work commands, or the inter-links between the two; and in the arenas within which it takes place: for instance, the household/family, the community, the market, and the state. These arenas are interactive rather than mutually independent and can reinforce or weaken each other’s impact.

Kabeer emphasises that the use of gender relations as a category of analysis also shifts the focus away from the earlier one on women. A focus solely on women tended to imply that the problem- and hence the solution- could be confined to women. A focus on social relations extends the analysis from women, and men, as isolable categories to the broader interconnecting relationships through which women are position as a subordinate group in the division of resources and responsibilities, attributes and capabilities, power and privilege. Moreover, treating gender as one aspect of social relations reminds us that it is not the only form of inequality in the lives of women and men. As Whitehead puts it ‘while gender is never absent, it is never present in pure form. It is always interwoven with other social inequalities, such as class and race, and has to be analysed through a holistic framework if the concrete conditions of life for different
groups of women and men are to be understood.’

A gender relations approach seeks to avoid the universalist generalisations that characterise the more structuralist approach which see women’s oppression as produced by the capitalist mode of production or by a global patriarchy. It offers instead what Connell describes as ‘a more pragmatic but perhaps more demonstrable claim that with a framework like this we can come to serviceable understanding of current history’. It points to the persuasiveness of male dominance, but suggests that men’s control over women’s body and lives— their labour, sexuality, reproductive capacity and life choices—operates through taken-for-granted asymmetries about what is possible for, and available to, men and women, rather than solely through the exercise of force or the threat of violence. Power in this analysis does not inhere in any single aspect of the social system, but in the social relations which enable men to mobilise a greater range of resources—symbols and meanings, authority and recognition, objects and services— in a greater range of institutional domain: political, economic and familial.

Identifying where the violence towards women occurs and how institutionalised power relations keep women in a subordinate position provides a useful understanding of gender violence.
THE FAMILY

The institution of family, besides being a major site of gender violence, is also an area where historical gender relations are often played out. On the one hand, the family is the source of positive nurturing and caring where individuals are bonded by mutual respect and love. That is the ideal family. On the other hand, it can be a social institution which exploits the labour of its members, where male sexual power is violently expressed, and where socialization patterns disempower women. In addition, female sexual identity is very often created by the family environment- the negative images of self, which often inhibit women from realising their full potential, are often linked to familial expectation. Thus, while the family is the source of positive human values, in many instances it is the site for violence against women and a socialisation process, which may result in justifying violence against women. While the family is considered by feminists to be the core institution within which gender inequalities are organised and reproduced, Connell points out that the scope of bargaining over power is the greatest between men and women at the family or household level. This scope diminishes as women enter public institutions because of the complex structuring of power in the form of rules and organisational systems. Negotiating these systems
can pose a tougher challenge for women, and for this comprehensive strategies and solidarity building are critical.

In India, a female is vulnerable even from before birth as sex-determination tests now provide the means to selectively abort the female foetus. During childhood she is often deprived of food and medical care in favour of her male siblings. Amartya Sen points out that due to a complex interaction of cultural and economic dynamics, played out largely through decisions made in the home against the well being of females, there are in fact regions in the world where the ration of women to men is dramatically unbalanced. To understand the nature of violence against women in India today, it is necessary to look at women’s subordination in the structure of material production. The extent to which the present institution of family in India is responsible for creating and maintaining structures and ideologies of subordination and silence, structures that inherently resist the participation of women in decision-making, and ideologies created by gender divisions to maintain existing power relations and forms of exploitation needs to be questioned. Amartya Sen suggests that there has to be a clear analysis of the existence of both cooperative and conflicting elements in family relations. According to Sen, while there are many cooperative and conflicting elements in family relations.
According to Sen, while there are many ‘co-operative outcomes’ that are beneficial for all members concerned; the different members however, have strictly conflicting interests in the set of cooperative arrangements. The respective bargaining power of men and women within the ‘co-operative conflict’ existence depends very much on their resources and power outside the family/household. The family/household members who are socially powerless and resourceless (usually women) are likely to remain within that situation, even when the outcomes of co-operative conflict are quite unsatisfactory for them. In the existing social situation of resourcelessness and powerlessness of women, it would be less favourable for them to leave the household. In case of the breakdown of cooperative arrangements, the fallback position of women (that is, outside the family/household) is much worse. Women’s ‘break-down response’ is, therefore, reflected in their lack of entitlements to resources, consumption and decision-making outside the family/household as well as within it.

THE COMMUNITY

The community plays a critical role in reinforcing the structure of the family and the position of women within it. The community not only defines gender relations within the ideal family, and thereby
often sets the stage for female subordination, it also perpetrates certain forms of violence. Witch burning, sati, punishment for extra marital sex —including rape — and other forms of physical chastisement are among practices of gender violence perpetrated towards women in the name of preserving caste, ethnic or religious integrity. Rape and punishment of female members of ‘enemy’ groups are also forms of gender violence used today in many regions of the world including India.

At the level of the community in India, the intersection between gender, class and caste affects both men and women from disadvantaged groups. However, gender and caste status intersect to create violence against women as a symbolic gesture of exploitation and discrimination against the Scheduled Castes and tribal communities. Sexual harassment by landowners, moneylenders and their hired thugs is common. Infact, during the January 2000 hearing on India’s report under the UN Women’s Convention, Government of India representatives acknowledged that women bore the brunt of caste-based atrocities. There is evidence of the intersection of gender inequality and other forms of discrimination throughout Uttar Pradesh and Rajasthan. It is also common for upper-caste men to rape women of lower castes especially if they own land and property. Women are
raped since it is a means of isolating them and their husbands within the village and the dalit community because of the stigma attached to rape and through this to punish them for refusing to give up their land.

Violence against women within the community is often characterised by attacks on the ‘honour’ of women and by association on their communities as part of an assault by one group on another. The stripping and parading of women who are believed to have broken the community’s rule including those to do with the position of certain castes, or to have called into question the community’s honour in some way, is common in many states of India. This can be accompanied by social ostracism. In some areas it even extends to the killing of women as witches and dayans. Such a phenomenon is reported to be common in Bihar, and has also been reported in Rajasthan. It is widely believed that those women killed as dayans are infact targeted due to property disputes, and it is interesting to note that a majority of them are widows.

At the level of the community, the communications media also plays an important role in perpetrating violence against women through overt pornography, or graphic expressions of female sexual subjugation through violence, through exploitative reporting of rape and other degrading injuries, and through portrayals of the female
body as a commodity to be bought and sold. The function of the media in sustaining patriarchal values is of critical importance, but specific violent acts may also be attributed to the media when it condones or incites gender violence. In India the media has often invisibilised issues critical to women’s lives, for instance, the issue of women who become destitute once their marriages break up.

In Indian context, the 73rd Amendment to the Constitution and women’s increased participation in political structures at the community/village level has led to a questioning of spaces hitherto reserved for men. It must also be added that many women have faced severe backlash and violence due to their presence in the local bodies.5

THE WORKPLACE

The workplace, whether in the formal or informal sector, is another location of violence against women. Harassment and sexual coercion are commonly tolerated in factories and offices throughout the world, along with other forms of violence against women practiced there, which relate to woman’s vulnerable status in the workforce. The informal sector also places women at the risk of violence due to the isolation of the women workers and their lack of legal protection. Legal guarantees of safety, at least nominally available to formal-sector workers, are totally inaccessible to them. The epitome of
workplace violence against women, however occurs through the
commercialisation of woman’s sexuality in organised prostitution and
trafficking in women.

Women’s bargaining power in the workplace (in comparison
with that of male workers) is likely to be constrained not only by
gender gaps in skills and education but also by their domestic
responsibilities which reduce their job options; by employer’s
assumptions (which may be quite erroneous) regarding women’s
abilities, work commitment, efficiency and needs; by cultural
specifications of appropriate female behaviour (for instance, norms
regarding female seclusion, or the view that public bargaining or
haggling is unfeminine and improper); by barriers to women’s entry
into trade unions and the male biases within trade unions.

In India, a large majority of women are mainly found in the
unorganised sectors where there is no security of work – as seasonal
labour or inn professions where women are seen as to have special
attributes (often biologically defined) like nimble fingers, patience and
perseverance, as well as for monotonous and routine jobs not requiring
skills. Lower class/caste women are more vulnerable to sexual
harassment and trafficking. ‘Last hired and first fired’ they are also
employed as bonded labour and low-paid labour in many economic
enterprises. In the organised sectors too, women have often to combat sexual harassment to retain their jobs. In a patriarchal society where male superiority is established and thought of as a man’s divine right and privileges bestowed upon him since birth, women are often treated as second-class citizens. The gender bias implanted in men by society in its expressed form is sexual harassment, which women have to encounter at the workplace. A survey by Sakshi, a Delhi-based NGO, discovered that sexual remarks were regarded as socially acceptable and that a woman complaining was seen as ‘over-reacting’, was a ‘poor sport’ and a ‘troublemaker’. In its directive to stop sexual harassment of women at the workplace, the Supreme Court stated that ‘The civil and penal laws as they exist have not been able to specifically guarantee protection’. If the legal framework was a testimony of a just and gender-fair society, India would not be found lacking. As far as the legal rights of women are concerned, the Constitution grants equality to women and men under Articles 14 and 15. Apart from this there are series of social legislations to ensure gender equity. But the reality is very different. In India statistics and surveys are hardly needed to lay bare the lascivious male gaze. Sexual harassment then becomes a symptom of a much deeper malaise, according to which gender equality is permissible, but only within limits.
THE STATE

The fourth location of gender violence is at the level of the state. The paradoxical role of the state can be evidenced from the fact that it is both an area that protects women’s human rights and at the same time constrains/neglects them. At times the state becomes a major instrument in transforming certain legislative, administrative and judicial practices, which empower women to vindicate their rights. The negligence on the part of the state may be the cause of increased violence against women while the active intervention of the state may actually be the catalyst for the realisation of certain women’s rights. The history of legal reforms to protect women’s rights in the Indian context is replete with examples of the state’s dual role. While several acts have been passed to protect women from violence, especially domestic violence, the weak implementation of these very Acts and legislations continue to keep women in a position of subordination and powerlessness.

Women’s groups in India have strongly argued that the institutions of state and civil society must accept responsibility for female subordination, including violence against women. The state bears a primary responsibility in this regard, not only to refrain from encouraging acts of violence against women but actively intervening
to prevent such acts from taking place. State inaction in incidents of violence against women is one of the major causes that allow such violence to continue. State institutions such as police stations and prisons are often sites for violence against women. Rape is often used as an instrument of torture. Government policies such as forced sterilisation or experimentation on women with unsafe drugs especially injectable contraceptives are also examples of state-sponsored gender violence. In India the relentless pressure of family planning and the focus on tubectomies in the two decades of 1975-95 led to a gradual decline in the health services for women. The state is also guilty of condoning violence when it grants men impunity for violence in cases where they murder their wives or lovers to protect the ‘honour’ of the family or community. Thus, the state is not just a locus of violence, but under certain circumstances, the perpetrator as well.

Taken together – the family, the ‘community’, the market and the state – constitute not only a pervasive and interactive system for legitimising violence, but the central point for acts of violence as well.6

The first and the most important task is to redefine the social concept of ‘violence against women’. This means seeing crimes like
rape, abduction, wife-beating, dowry-death and murder as “acts of violence motivated by power and authority against the weaker sex”. This means making people realize that violent acts against women can occur in circumstances where people normally will not acknowledge them. This means seeing, for example, that abduction can occur when the victim initially accompanies the offender willingly, rape can be committed by a person well known to the victim, a bride can be burnt when she brings dowry worth thousands and lakhs of rupees but fails to bring a few additional thousands demanded by her greedy in-laws, a wife can be beaten when she works all through the day but refuses to obey an irrational command of her husband, and a woman can be murdered because she asks her husband not to have illicit relations with another woman. The misuse of traditional patriarchal norms working against women has to be brought to the notice of the people – both men and women – by women’s organisations (Sangathans and Parishads). Women have now to say things publicly against gender discrimination and against women’s humiliation and exploitation which they dared not say earlier. The masses have to be awakened by holding conferences, pressurizing legislatures, demonstrating before police stations, and in many other ways to make them realize and accept the need for changing old patriarchal norms. Only collective acceptance of new norms can help in understanding victimization of
innocent women.

True, there are laws which define and prohibit all violent acts, and the public also condemns these acts, yet these are the very acts which are not considered ‘dangerous’ to victims by offenders. Victims cannot relate their experience to others and have it confirmed by them. Infact, it will not be wrong if we maintain that our courts punish mainly those offenders who commit offences ‘uncautiously and uncunningly’. Convictions for rape, abduction, dowry –deaths and wife – beatings are very few. In rapes and abductions, it is difficult to get conviction when the slightest intimate relationship is proved to have existed between the victim and the assailant. Wife-beating cases are never reported to the police because of the traditional values of the Indian women. Dowry-death or bride-burning cases are difficult to prove because they take place in the privacy of homes in the absence of witnesses. Thus, what happens in cases of crime against women and subsequently in the criminal justice system reflects male and female roles in broader society. Law enforcers and magistrates have traditional ideas of how a woman ought to act, and base their judgement on such traditional and stereotyped considerations. In these images, women are at a disadvantage vis-à-vis men. The cultural definitions and values pertaining to “the way women ought to behave”
place women in structurally disadvantageous power position. Because criminal justice systems rely on these cultural stereotypes and ‘accepted’ definitions in ‘uncovering’ motives in crimes (against women), most cases of victims are lost long before they enter the legal and judicial systems. It is, therefore, important that violence against women and gender biases and discrimination be redefined and delegitimised.

A bill entitled, The Prevention of Barbarous and Beastly Cruelty Against Women, was introduced in the Rajya Sabha on December 1, 1995, seeking capital punishment against those who perpetrate barbarous and beastly cruelties on women. The bill stated that such offences be declared cognizable and non-bailable and should be tried in special courts. While introducing the bill, Saroj Khaparde hoped that deterrent punishment for such crimes would reduce the number of atrocities against women. Some of the acts listed are being beastly and cruel included: killing a woman by battering, strangulating or by other means after committing rape on her, killing a woman and disposing of her body by burning or by other means, burning of a woman alive leading to her death, killing a woman by gang rape, and committing rape on a pregnant woman resulting in her death. This bill, however, could not be passed.
There is a great need for change in the attitudes of victim’s parents. When we focus our attention on cases of domestic violence (wife-beating, committing sex offence against daughter-in-law by husband’s family members, compelling daughter-in-law to commit suicide) an important question arises: Why should parents not be blamed for the plight of their daughters? Why do they at all seek matches for their girls where to solemnize marriage they have to borrow money or spend all their life savings? Why do they decode to marry their daughters in dowry-greedy families? Why do they not ask their daughters to leave their husband’s in-law’s house when they come to know of their daughter’s harassment? Why are they so concerned about the social stigma and decide to send back their daughters to their husband’s/in-law’s whenever their daughters are beaten and tortured by their husbands and parents-in-laws? Why do they acquiesce in the demands of their daughter’s in-laws? Why do they sacrifice their daughters at the alter of (the legality of) a bad marriage?

There is also the question as to why girls submit to oppression? Why do they not realize that a divorce is better than continuing with a marriage where money is the be-all and end-all of all relations. Why do they not walk out of their marriage and try to stand on their own
feet? Why do they not realize that by committing suicide, they are creating problems for their children and an emotional trauma for their younger sisters and parents? Marriage is not the ultimate end in life but happiness certainly is.

Suffering violence is so deep rooted in our cultural milieu that not only illiterate, less educated and economically dependant women but also sophisticated, highly educated and economically independent women do not seek legal or police protection. This fact is necessary to keep in view while pondering over measures to control woman’s abuse in our society and for dealing with female depersonalization trauma.  

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1 Domestic Violence Against Women and Girls, Innocenti Digest No. 6-June 2000, UNICEF, Innocenti Research Centre, Florence, Italy, Pg. 13-14.
2 WHO Multi-country Study on Women’s Health and Domestic Violence against Women Initial results on prevalence, health outcomes and women’s responses Claudia García-MorenoHenrica A.F.M. JansenMary EllsbergLori HeiseCharlotte Watts published in 2005, Chapter 11, Pg. 90-98.
5 For a full discussion on 73rd Amendment see Kanchan Mathur, page 50.
6 The entire discussion on gender relations has been taken from “Countering Gender Violence, Initiatives towards collective action in Rajasthan”, by Kanchan Mathur, SAGE Publication, New Delhi, 2004, Pages 44-53.