

**ADDRESSING DOMESTIC VIOLENCE CASES IN GHANA: A STUDY OF THE
PRACTICE METHODOLOGIES OF ACCRA REGIONAL DOVVSU**

BY

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DECLARATION

I, Kafui Agbitor, do hereby declare that this thesis, with the exception of quotations and references contained in published works which have all been identified and acknowledged, is entirely my own original research work, and it has not been submitted either in part or in whole for any other degree anywhere else.

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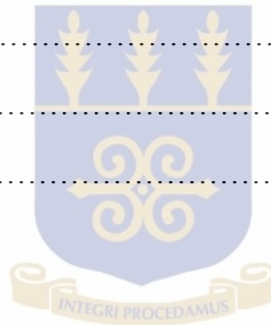
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DEDICATION

This thesis is dedicated to Benjamin K. Agordzo (PhD); for his inspiration and immeasurable contribution in making this thesis what it is.



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ACRONYMS

AG:	Attorney-General
DOVVSU:	Domestic Violence Victims Support Unit of the Ghana Police Service
DV:	Domestic Violence
GBV:	Gender-Based Violence
GNA:	Ghana News Agency
L.I:	Legislative Instrument
MOWAC:	Ministry of Women and Children's Affairs
PEP:	Post Exposure Prophylaxis
UN:	United Nations
UNFPA:	United Nations Population Fund
UNICEF:	United Nations International Children's Emergency Fund
UNIFEM:	United Nations Development Fund for Women
WAJU:	Women And Juvenile Unit of the Ghana Police Service
WiLDAF:	Women in Law and Development in Africa
WISE:	Women Initiative for Self Empowerment
WHO:	World Health Organisation

ABSTRACT

This thesis sought to investigate the Practice Methodologies of Accra Regional DOVVSU in Addressing Domestic Violence Cases. This was done through examining the procedures used in handling reported cases at the Unit, extent to which the Unit meets the needs of victims of domestic violence who are clients, skills/ training/capacity building/enhancement programmes for the Unit's personnel and factors affecting the quality of service delivery of the Unit. The thesis adopted qualitative case study method: purposively selected respondents, key informant interviews for personnel, in-depth (informal) interviews for clients and direct observations, to gather data. The results revealed the use of untailed procedures in handling reported cases; multiple interviews that add to trauma of clients; breach of confidentiality of clients information; interviewing child victims of violence in the presence of parents; negligible extent of meeting psychosocial needs of victims; poor skills and training programmes and problems with funding, logistics/ infrastructure, lack of legislative instrument on the DV Act, unmet needs of clients, cultural and religious beliefs, system delays, limited human resource and ignorance of the domestic violence law as among the main factors affecting the quality of service delivery of the Unit.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This introductory chapter of the thesis contains the background to the study, statement of the problem, objectives of the study and the research questions. Justification of the study, definition of concepts, the study area, limitations of the study and the general layout of the report are also included in this chapter.

1.1 Background of Study

Domestic violence is a feature of all segments of society including the rich as well as the poor, the racially, culturally or politically dominant as well as the subordinate population groups. All the same, it is usually, but not always, more marked among the poor (UNICEF, 2000). In Ghana as elsewhere in Africa, domestic violence is a common phenomenon and has serious repercussions for both victims and society at large.

Investing in social protection, especially in those that are gender sensitive, do not only contribute to reduction of people's vulnerability but also help in progress towards a range of Millennium Development Goals (MDGs) including reduction in extreme poverty and hunger, achieving universal primary education, promoting gender equality and empowering women, as well as reducing maternal and child mortality. Creating and enhancing social protection laws, policies, and programmes become effective mechanisms in assisting vulnerable and marginalised populations through state efforts (Institute of Development Studies, 2004).

To tackle the issue of violence in the domestic setting head-on in Ghana, the Domestic Violence Act, 2007 (Act 732) was enacted. One major institution that sees to the implementation and enforcement of the law is Domestic Violence Victims Support Unit (DOVVSU) of the Ghana Police Service. The Unit was established in October 1998 as Women and Juvenile Unit (WAJU). WAJU was a Specialised Unit within the Ghana Police Service formed in response to the increasing number of reported cases of abuse and violence against women and children. In the year 2002, it was replicated in all the regional capitals in Ghana. Among the functions of WAJU then were to investigate all female and children related offences, to handle cases involving domestic violence, to handle cases of child abuse and child delinquency, to prosecute all such cases where necessary and any other functions as may be directed by the Inspector General of Police. Prior to the passage of the Domestic Violence Act, 2007 (Act 732), the Unit, then WAJU, was using existing laws that touch on domestic or violence against women. These included the Criminal Code, 1960 (Act 29) and its amendments, Children's Act, 1998 (Act 560) and Intestate Succession Law, 1985(PNDCL 111).

However, the Unit's name (Women and Juvenile Unit) was perceived by a lot of Ghanaians as a place where only women and children could go and report cases or seek redress. As a result, men who were victims of domestic violence felt reluctant to patronise the services of the Unit. In order to make the Unit open and accessible to all victims of domestic violence, its name was changed to DOVVSU in 2005. The Unit is backed by a host of international and local legal frameworks and policies aimed at creating an environment that provides timely and equitable response to victims of abuse (DOVVSU, 2011).

DOVVSU is expected to, among its numerous functions: provide free services to members of the public; protect the rights of the vulnerable against all forms of abuse be it physical, sexual, emotional/psychological, socio-economic, or harmful cultural practices; establish an effective database for crime detection, prevention and prosecution; treat victims/complainants and their families with respect and courtesy; take statements in a professional manner; provide victims with information on their cases as well as details of the investigations; provide advice on crime prevention at homes, in schools, churches and markets. The Unit also refer victims for medical services and specialised help to clinical psychologists; social workers from the Department of Social Welfare and counsellors attached to the Unit. DOVVSU in addition is expected to collaborate with NGOs and other civil society organisations that may be able to offer assistance to victims in need of necessary support services (DOVVSU, 2011).

Since the establishment of DOVVSU, there seem to be no study to investigate its operations, including its successes and challenges as well as the future opportunities the Unit may offer in solving domestic violence cases in Ghana. The legal frameworks currently informing and guiding the Unit include the 1992 Constitution of Ghana; the Criminal Offences Act (Act 29) 1960; the Criminal Code (Amended) Act, 1998 (Act 554); the Children's Act, 1998 (Act 560); the Disability Act, 2006 (Act 715); the Juvenile Justice Act, 2003 (Act 653); the Human Trafficking Act, 2005 (Act 694) and the Domestic Violence Act, 2007(Act 732).

To effectively achieve the mandate of DOVVSU stated in the background of the study requires expert use of skills and knowledge-base in domestic violence coupled with clear cut administrative guidelines and procedures or methodologies to be followed by personnel.

1.2 The Problem Statement

The problem however is that, DOVVSU seems to have issues with following established clearly defined procedures or methodologies (that is, the ‘what’, ‘why’ and ‘how’ to be followed) in effectively handling reported cases of domestic violence (Zaney, 2011); some personnel of the Unit seem to have limited knowledge and skills necessary for tackling the complete issue of domestic violence head-on putting into perspective the cultural context within which such cases occur given that it appears the Unit lacks adequate programmes for training personnel separate from the traditional policing programmes needed for delivering quality services (researcher’s observation derived from her closeness to some officials of DOVVSU in previous years). Finally, the Unit seems to be having problems in meeting practical and strategic needs of victims in relation to psychosocial issues that are necessary for effectively addressing the domestic violence canker in Ghana (Joy News, November 25, 2011).

It is in line with the above that the study seeks to find out whether DOVVSU has established guidelines and practice methodologies that inform, guide and support their interventions in addressing domestic violence issues of victims focusing on Accra Regional DOVVSU’s operations.

1.3 Study Goal and Objectives

The aim of the study is to critically examine DOVVSU administrative set up and operations and come up with practical recommendations which will enhance their role in addressing domestic violence in Ghana.

The objectives of this study are:

1. To identify and examine the procedures used by DOVVSU officials in

handling reported cases of domestic violence in the study area

2. To find out the extent to which DOVVSU meets both the practical and strategic needs of victims of domestic violence within the Accra Metropolis
3. To examine the skills of and training programmes for DOVVSU personnel on domestic violence dispute resolution
4. To find out factors influencing the quality of service delivery of the Accra Regional DOVVSU.

1.4 Research Questions

Questions for which the study seeks answers to are:

1. What procedures are followed by DOVVSU officials in handling reported cases of domestic violence?
2. To what extent does DOVVSU meet both the practical and strategic needs of victims of domestic violence?
3. What skills and training programmes have been put in place by the Unit to upgrade staff competencies on the job?
4. What identifiable factors influence the quality of service delivery of DOVVSU to the public and victims of domestic violence?

1.5 Justification for the Study

An examination of the procedures used by DOVVSU officials in handling cases of gender-based violence as an attempt to addressing domestic violence is crucial in determining whether or not such procedures are in tune with rights-based approaches of informed consent, respect and dignity, and the best interest of the victim as well as

involvement or participation of victims/clients (The 1992 Constitution of the Republic of Ghana on Fundamental Human Rights (Articles 12-33)).

By highlighting the practical and strategic needs of victims and potential victims in the Ghanaian society, policy makers, programme implementers and other social protection institutions will be guided by such needs to tailor their services making them more gender-sensitive and culturally appropriate and to make the necessary modifications especially in resource allocations needed to fully address the roots of the problem.

Importantly, a study of this nature becomes useful as an advocacy tool for promoting the welfare and interest of victims of domestic violence. Also, findings from the study will help with the prospects of improving DOVVSU procedures in addressing domestic violence through advocacy interventions. Finally, this study will provide a potential reference point for future research particularly in the social sciences, including students of social work, social policy and gender studies as well as sociology or criminology.

1.6 Operational Definition of Concepts

The basic concepts as used in the research are defined below:

Domestic Violence: Any act or behaviour that constitutes a threat or harm likely to result in physical, sexual, economic, emotional (verbal/psychological) abuse or a combination of these in a domestic relationship irrespective of a person's gender (Domestic Violence Act, 2007).

Domestic relationship: A family relationship or a relationship akin to a family relationship (Domestic Violence Act, 2007).

Gender: The roles, behaviours, activities, and attributes that a given society considers appropriate for men and women as well as the relations between men and women both

perceptual and material that is not determined biologically, as a result of sexual characteristics of either women or men, but is constructed socially (WHO 2004).

Gender-sensitive: Having knowledge and understanding and being aware and conscious of female specific and male specific issues/needs and incorporating these into laws, policies and programmes to promote equality between women and men.

Vulnerability: The likelihood of experiencing domestic violence as a result of disadvantages present in one's life.

Victims: All persons who have experienced domestic violence.

Practical Needs: Physical, economic, social, psychological, sexual, legal or educational power that a person or an individual requires to overcome and/or prevent domestic violence.

Strategic Needs: Requirements important to transforming family and other social institutions or structures that support, acknowledge or contribute to domestic violence directly or indirectly. An example is effective and enforced national laws that drastically deal with individuals, groups and communities that are perpetrators of domestic violence. Another example is intensified gender-sensitive and culturally appropriate education on the need to eradicate domestic violence in communities. A third example is motivation to persons and communities for resisting domestic violence and fourthly finding of alternatives to those who engage in such acts as occupations.

1.7 Rationale for Studying Accra Regional DOVVSU

The study was conducted at the Accra Regional DOVVSU. Accra Regional DOVVSU is the largest DOVVSU outlet out of eighty-seven (87) DOVVSU offices countrywide. The

Unit started with twenty (20) personnel and currently has sixty-one (61) personnel.

The choice of the study area is guided by the fact that it is the first outlet of DOVVSU offices established in October 1998. Again, it was the only Unit that operated in Ghana till 2002 when other regional units emerged making it the ‘mother’ of all the other units for which reason enough information can be made available to the researcher.

The Unit also has very high reported cases of domestic violence. Again, all DOVVSU offices follow the same or similar procedures nationwide. Furthermore, Accra is cosmopolitan and experiences influx of people from all over the country. For these reasons, the selection of a central Unit as a case study allows the findings of the study to represent to some extent the situation of DOVVSU nationwide.

1.8 Limitation of the Study

Limitations refer to those factors in the research situation that might affect the results and which the researcher must recognise and acknowledge. To this end, it is recognised that it should have been ideal to have the inputs of other more individuals and institutions in the justice sector in this thesis since these sectors and the police work hand-in-hand in dealing with victims of domestic violence among others. Unfortunately, the time available for this research is short for all the contacts to be made. In any case, such contacts can be a reference point for future research to augment the findings in this research. Moreover, more inputs from more NGOs with similar mandate to deal with victims of domestic violence; could have enriched this thesis and the discussions. However, this might not take anything substantial away from the result of the research since the “triangulation approach” to data collection might make up for such weaknesses to a large extent.

Again, given that this is a qualitative research, it focuses less on a sample’s representativeness but more on how small cases illuminate key features of social life

(Neuman, 2007). Thus, the sample size for this research is not representative of officials of the Unit, clients of the Unit and officials of other offices who partner with the Unit in the provision of services to victims of domestic violence.

1.9 Organisation of the Study

The study is structured into six main Chapters.

Chapter One focuses on the general introduction giving a background to the study, statement of the problem, the objectives and research questions, justification for the study, information about the study area, definition of concepts, limitation of the study and the general layout of the report.

Chapter Two presents a review of literature on the subject matter and explanation of the conceptual framework underpinning the study.

Chapter Three is devoted to the research methodology.

Chapter Four focuses on findings and analysis.

Chapter Five interprets and discusses the key findings of the study.

Chapter Six presents the summary, conclusions and recommendations of the study.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

Literature review helps the investigator to collect, analyse and synthesise previous information on the topic in question and acts as a guide to the researcher's future course of action. Sometimes the formulation of a theory may indicate missing ideas or links and the kinds of additional data required. This chapter takes a look at materials on the practice methodologies that inform interventions that aim at addressing domestic violence issues from the perspective of some writers and researchers. It starts with the procedures in handling reported cases of violence, meeting needs of victims of domestic violence, skills and training programmes for personnel in the fight against domestic violence. Information on factors that affect the quality of service delivery to victims of domestic violence will also be reviewed. The chapter ends with the presentation and explanation of the theoretical framework underpinning this study.

2.1 Procedures in Handling Cases of Violence

Guidelines for Prevention and Response to Gender-Based Violence describe the need for coordinated multisectoral and inter-organisational interventions in dealing with gender-based violence (UN, 2008). First, a coordinated plan of action must be established by the interagency team to ensure implementation of the minimum prevention and response interventions by all relevant actors. The plan of action should include a plan for developing Standard Operating Procedures (SOPs). In addition, individual organisations will establish their own internal policy and procedural guidance with regard to their organisations' GBV activities and programmes (UN, 2008).

Standard operating procedures are specific procedures and agreements among organisations that reflect the plan of action and individual organisations' roles and responsibilities. As such, SOPs are companion documents that support the GBV plan of action. Development of SOPs is a process that must involve all relevant actors. The process of developing SOPs is as important as the final SOP product. It engages all of the relevant actors and involves collaboration, inter-organisational and inter-sectoral dialogue, community participation, negotiation, and thereby increases all participants' understanding of how to prevent and respond to gender-based violence. (UN, 2008).

According to the UN (2008), the SOP template provides a framework for addressing ethical and safety considerations and achieving clarity on guiding principles for issues relating to confidentiality, respecting the wishes of the survivor, and acting in the best interests of a child. Finally, representatives of all agencies and community groups participating in the process and mentioned in the document show by way of signature that they are in agreement with the contents of the document and that they commit to collaborating and coordinating, as well as revising the document based on evaluation outcomes.

With regard to the guiding principles, all actions are expected to: Understand and adhere to the ethical and safety recommendations in the WHO (2007) document; Extend the fullest cooperation and assistance to each other in preventing and responding to GBV including sharing situation analysis and assessment information to avoid duplication and maximise a shared understanding of the situation; Establish and maintain carefully coordinated multisectoral and inter-organisational interventions for GBV prevention and response; Engage the community fully in understanding and promoting gender equality and power relations that protect and respect the rights of women and girls; Ensure equal

and active participation by women and men, girls and boys in assessing, planning, implementing, monitoring, and evaluating programmes through the systematic use of participatory methods; Integrate and mainstream GBV interventions into all programmes and all sectors. To ensure accountability at all levels; all staff and volunteers involved in prevention of and response to GBV, including interpreters, should understand and sign a Code of Conduct or a similar document setting out the same standards of conduct (UN, 2008).

Indeed, the guiding principles for working with individual survivors/victims of GBV aim at nothing else but the promotion of the best interest of survivors/victims. It therefore requires adherence to the following: Ensure the safety of the victim/survivor and her family at all times; Respect the confidentiality of the affected person(s) and their families at all times; If the survivor/victim gives her informed and specific consent, share only pertinent and relevant information with others for the purpose of helping the survivor, such as referring for services; All written information about survivors/victims must be maintained in secure, locked files; Respect the wishes, choices, rights, and dignity of the victim/survivor and Conduct interviews in private settings (UN, 2008).

The guideline prescribes further that for female victims/survivors, there is need to always try to conduct interviews and examinations with female staff, including translators. For male victims/survivors able to indicate preferences, it is best to ask if he prefers a man or a woman to conduct the interview. In the case of small children, female staff is usually the best choice. Staff must be respectful and maintain a non-judgmental manner. Staff are not to laugh or show any disrespect for the individual or her culture, family, or situation; should be patient, should not press for more information if the victim/survivor is not

ready to speak about her experience and ask only relevant questions (for example, the status of the virginity of the victim/survivor is not relevant and should not be discussed).

It is very important to avoid requiring the victim/survivor to repeat the story in multiple interviews; ensure non-discrimination in all interactions with survivors/victims and in all service provision. The above principles must be applied to children, including their right to participate in decisions that will affect them. If a decision is taken on behalf of the child, the best interests of the child shall be the overriding guide and the appropriate procedures should be followed (UN, 2008).

Other frameworks exist for a comprehensive model of care, support and prevention of sexual and gender-based violence. One of such frameworks prescribe the following procedures: Medical management of sexual violence at point of first contact with the survivors; psychological counselling of rape survivors; sensitive approaches to managing child survivors of sexual violence (both sexes), and the encouraging and enabling presentation by male survivors; collection of forensic evidence (at health facility during medical management and/or at police station) and creation of a chain of evidence that can be used during prosecution. It also prescribes strong links between police and health facility to enable incidents to be referred in either direction so that, if desired, a prosecution can be initiated; ensure prosecutions initiated by the police are sustained through the judiciary and new or strengthened community-based prevention strategies that are relevant and appropriate for the local context and that are directly linked to the nearest medical/police structure (WHO, 2003; Population Council, sub-Saharan Africa, 2008).

Lawyers, psychologists, nurses, social workers, welfare workers and other professionals

are key players in opposing violence. There is need to develop protocols for identifying and referring cases of domestic violence to appropriate bodies and screening measures for detection and early intervention. These protocols must be developed in collaboration with experts in the domestic violence field (UNICEF Research Centre, 2000).

There is concern that providers of services to victims sometimes inflict additional trauma on clients who disclose abuse (Kim & Motsei, 2002). However, certain principles are understood to be universally applicable: Clients who disclose abuse must be afforded privacy and confidentiality, and any screening process must be conducted in a safe and non-judgemental way. Privacy and confidentiality are thus central to reassuring survivors and securing their long-term safety. In handling cases of violence against children, sensitive approaches to managing child survivors of violence (both sexes) should be encouraged. (Kenya Ministry of Health, 2004; WHO, 2004). There is therefore need for creation of a safe and confidential system for reporting violence and protection of complainants from any possible negative acts as part of the effective investigation procedures (UN-GA, 2006).

Ghana recognises domestic violence as a violation of the human rights of its citizens. In response to the threat of domestic violence, the Domestic Violence Act (2007, Act 732) was enacted. The Act outlines modalities for handling domestic violence cases. In reporting domestic violence, a victim of domestic violence or any person with information about domestic violence may file a complaint about domestic violence with the police. A member of the victims' family or the victims' friend may also file a complaint to the police on behalf of the victim where the victim is for any reason unable to file a complaint personally. Professionals such as social workers or probation officers, health care providers, members of security services, journalists and human rights activists

shall also file a complaint about domestic violence where the intervention is in the interest of the victim. Finally, a deceased person's personal representative or a family member of the deceased's family or another person competent to represent the deceased may file a complaint where a person who could have been a complainant under the Act has died. (Domestic Violence Act, 2007 section 6). However, a child cannot by him/herself make a report to the police in a case of act of violence against him/her. A child is to be assisted by the aforementioned persons to make a report.

According to the Domestic Violence Act (2007 section 7 and 8) a police officer shall respond to a request by a person for assistance from domestic violence and shall offer the protection that the circumstances of the case or the person who made the report requires, even when the person reporting is not the victim of the domestic violence. When a police officer receives a complaint, the officer shall interview the parties and witnesses to the domestic violence including children, record the complaint in detail and provide the victim with an extract of the occurrence upon request in a language the victim understands. The police officer shall proceed to assist the victim to obtain medical treatment where necessary, as well as assist the victim to a place of safety as the circumstances of the case or as the victim requires where the victim expresses concern about safety. The police officer shall also protect the victim to enable the victim retrieve personal belongings where applicable, assist and advice the victim to preserve evidence, and inform the victim of his or her rights and any services which may be available.

The UNICEF Supported Multi-Disciplinary Standard Operating Procedures (SOPs) Draft (2012) in the general principles that underline the ethics of the various professionals that deal with abused children in Ghana prescribe child rights approach, multi-disciplinary approach, human rights approach, victim friendly approach and gender consideration

issues which is equally applicable to adults. The overall objective of the protection standards is translated into action through the strategies of pre identification process, assessment of risk and/or injury, development of a referral mechanism, rescue of victims, protection of victims, prosecuting perpetrators, post rescue mechanisms and agreed roles and responsibilities of each of the stakeholders.

Putting into perspective all the above literature on procedures in handling cases of domestic or gender-based violence, a common theme in each has to do with respect for the rights of the victim through the use of approaches that serve the best interest of the victim. Relating same to this study however, a slight gap is identified in an aspect of Ghana's Domestic Violence Act, (2007). This gap has to do with the clause that prohibits a child from making a report to the police by him/herself. The reason being that, in cases where a child has been abused by the parent, guardian or relatives with that child not having knowledge of the fact that, other aforementioned professionals could assist him/her to make a report, such abuse might go unnoticed and without ever being reported with its negative consequences for the child.

Similarly, issues arise in terms of practically implementing the UNICEF Supported Multi-Disciplinary Standard Operating Procedures (SOPs) Draft (2012) for the provision of coordinated child protection services to child victims of abuse in Ghana. The gap results from the lack of an action plan in the drafted SOP that is necessary if the implementation of the manual is to be effective. In a bid to provide help to victims of abuse, it is necessary to provide information on the procedures and processes being followed and how these processes will impact the lives of the victims. It is equally important that, said procedures be made to encourage active participation of the victims involved whether

children or adults. In the absence of clearly defined procedures and action plans, interventions that aim at addressing domestic violence will be ineffective.

2.2 Meeting Needs of Victims of Domestic Violence

The protection and safety of victim-survivors of DV should be the prime focus of legal systems including Ghana's Domestic Violence Act. It is important that protective measures are provided so that victim-survivors are not left without adequate protection, and are not re-victimised. Victims of domestic violence have both short-term and long-term needs that must be met if domestic violence interventions are to be effective in reducing and preventing violence. Health, shelter, education, material and economic support, counselling and rehabilitation/ reintegration needs of victims are important in the fight against violence.

Health needs constitute a critical need in the life of victims of violence. The health care system is well-placed to identify victims who have been abused and refer them to other services. The reality, however, is that far from playing a proactive role, the health care system has usually been unresponsive to victims especially women suffering from domestic abuse. Lack of access to health services is a critical constraint to medical examination for victims experiencing domestic violence. Training for health care providers is necessary to guide them on the early screening and identification of particularly women and children who are experiencing domestic violence. Such training, as far as possible, should be integrated into existing training programmes rather than be created as separate programmes (UNICEF Innocent Research Centre, 2000).

In Ghana, a very important modality for the effective implementation of the Domestic Violence Act, (2007) is the establishment of a Victims of Domestic Violence Support

Fund with about five objectives. The sources of money for the Fund has been clearly outlined as voluntary contributions to the Fund from individuals, organisations and the private sector; moneys approved by Parliament for payment into the Fund, and moneys from any other source approved by the Minister responsible for Finance (Domestic Violence Act 2007, Section 29).

The health requirements of victims of domestic violence and how these are to be met are clearly stated in Section 8 of the Domestic Violence Act, (2007). Police assistance to a victim includes issuing a medical form to the victim and where necessary sending the victim to a medical facility. A victim of domestic violence who is assisted by the police to obtain medical treatment is entitled to free medical treatment from the State. In case of emergency or a life threatening situation, a victim of domestic violence may receive free medical treatment pending a complaint to the police and the issuance of a report. This provision if implemented would be a plus to Ghana in terms of meeting the health needs of victims of domestic violence. However, it is worth noting that, though Ghana has very good laws, serious issues arise when it comes to the implementation of said laws.

Economic aid for domestic violence victims who are dependent on perpetrators for their needs is critical to reducing vulnerability to violence. According to the Office of Head of State (2004), Spain Organic Act on Integrated Measures against Gender Based Violence; special assistance is established for the victims of gender violence lacking economic means, when it is considered that their age, general lack of specialist skills and social circumstances are a handicap to substantially improving their employability. In such cases, victims may join a targeted action programme aimed at their professional insertion. This assistance, which will be scaled to the age and family responsibilities of the victim,

is designed basically to provide them with a minimum subsistence income so they can live independently of their aggressor.

According to Ghana's Domestic Violence Act, (2007) the first objective for the establishment of the domestic violence fund is to provide basic material/financial support to victims of domestic violence. However, Ghana's (2008) National Domestic Violence Policy and National Plan of Action indicated that many of the practical needs of victims/survivors of domestic violence were hardly met.

One other important need for most victims of violence is shelter and related services. According to the Minnesota House of Representatives Research Department (2007), at the time of arrest, a peace officer is required to tell a victim of domestic abuse whether a shelter or other services are available in the community and to provide the victim with notice of the legal rights and remedies available to the victim. The officer must give the victim a notice that includes the resource listing, including telephone number, for the area battered women's shelter.

To ensure sustainable funding for battered women's shelters and services, battered women's shelters and services receive funding through the collection of fines by the courts. Courts are required to collect fines under the criminal code and to forward seventy (70) percent of each mandatory minimum fine collected to a local victim assistance program that provides services locally in the county in which the crime was committed (Minnesota House of Representatives Research Department, 2007).

Given that shelters are expensive, NGOs in developing countries are hard-pressed to provide shelter for 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, and police) and assistance in related needs such as housing, employment, and child care. Increasingly, governments are creating such support services in partnership with NGOs as part of an integrated response to domestic violence (UNICEF Innocent Research Centre, 2000).

Helping victims 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 others 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 (UNICEF Innocent Research Centre, 2000).

In Ghana, two other objectives for the establishment of the Domestic Violence Fund are towards the construction of receptive shelters for victims of domestic violence in the regions and districts by government and for training / capacity building of persons connected with the provision of shelters, rehabilitation and reintegration respectively (Domestic Violence Act 2007, Section 29 and 30). However, Ghana's (2010) National Plan of Action for Orphans and Vulnerable Children, documents only one government-owned shelter in Ghana located in Accra for the provision of shelter and rehabilitation services to child victims of abuse which has been operational since 2003. Similarly, Ghana's (2008) National Domestic Violence Policy and National Plan of Action indicated that currently, only few NGOs (two namely the Ark Foundation and WISE) are leading the way in the provision of shelter services to battered women. With these, the

predicament of adult victims of domestic violence in need of shelter services in Ghana could be anyone's guess.

Counselling has been identified as key for speeding the recovery process that is often individualised and may last many years (Campbell & Self, 2004). There is need for counselling to deal with the psychosocial dimensions of violence on the part of victims. Counselling also prepares survivors for the justice system in cases involving legal processes. The need for counselling is not necessarily limited to the survivor: the family and/or partners also undergo trauma and may require support (Kilonzo, 2003).

Domestic Abuse Counselling and Educational Programs help to mitigate the effects of violence. According to the Minnesota House of Representatives Research Department (2007), if the court stays imposition or execution of a sentence for a domestic abuse offence and places the offender on probation, the court must order that the offender participate in and successfully complete a domestic abuse counselling program or educational program as a condition of the stayed sentence. The standards for domestic abuse counselling and educational programs must require offenders and abusing parties to attend a minimum of twenty-four (24) sessions or thirty-six (36) hours of programming, unless a probation officer has recommended fewer sessions. Said services must be provided in a group setting, unless the offender or abusing party would be inappropriate in such a setting. There must be separate sessions for male and female participants. The program must have a written policy that forbids program staff from offering or referring marriage or couples counselling until the offender or abusing party has completed the program and the staff reasonably believe that the violence, intimidation, and coercion has ceased and the victim feels safe to participate (Minnesota Research Department, 2007).

From the above going discussion, victims of violence must be offered legal, medical, economic, psychological support and medical referrals when necessary. Attention must be paid to involving communities and to creating support networks for domestic violence victims that include both police and health-care providers, along with counselling services (UNFPA, 2003).

If domestic violence is to be effectively addressed, it is important to meet an important need which is the need for appropriate education on domestic violence related issues. Ghana's effort to eradicate domestic violence in the National Domestic Violence Policy and National Plan of Action (2008) calls for collaboration from the State through Parliament, Ministries, Departments and Agencies as well as Civil Society Organisations including NGOs, Professional Associations, Faith Based Organisations and Traditional Authorities and Local Communities and Development Partners to play assigned key roles to ensure the successful implementation of the DV Act. The Ministry of Women and Children's Affairs (MOWAC) is charged with the responsibility of overall coordination of the DV Act. Under MOWAC, the Department of Women, Department of Children and the Domestic Violence Secretariat are tasked to actively engage in sensitisation and education programmes on domestic violence as well as conduct research on domestic violence related issues in Ghana.

2.3 Training/Capacity Building and Enhancement Programmes for Personnel/

Service Providers Working with Victims of Domestic Violence

It is critical that organisations/institutions that come into contact with domestic violence situations develop domestic violence and human rights curricula into their professional training and those professionals in the field receive regular training on these areas. The

police are particularly well-positioned to provide assistance to victim-survivors, but very often their own prejudices, professional practice culture and lack of training, hinder them from dealing with domestic violence cases effectively. Given the role of the police in dealing with domestic violence in the society, training and sensitisation of police at all levels must be instituted, and guidelines must be developed to monitor police response and operations. Police must be held accountable for their own behaviour towards victim-survivors in order to prevent secondary victimisation of victims at their hands (UNICEF Innocent Research Centre, 2000). However, reports from the Ghanaian media often reflect the situation where more emphasis is put on the criminal approach to domestic violence resolution that sometimes lead to reported cases of secondary victimisation of victims of domestic violence.

As part of countering gender-based violence, there is need to support training of medical professionals, to make them more sensitive towards persons who may have experienced violence and to meet their health needs. It also requires holding workshops for health providers on recognising the effects of violence on women's health, and on how to detect and prevent abuse and assist victims if abuse occurs. These have stressed the need for confidentiality, respect and monitoring (UNFPA, 2003).

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 and gender sensitive with special attention paid to respecting the rights of women (UNFPA, 2003).

The judiciary plays an important role in addressing domestic violence. According to UNICEF Research Centre (2000), 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 or fair judgement. Sensitisation of the judiciary to gender issues is, therefore, critical and as such law schools should develop and include relevant courses in their programmes.

WHO (2005) identified issues that need to be addressed in sensitising providers of protection, care and support to victims of domestic violence. These issues include 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. Research shows that, appropriate and sensitive language and demeanour will reassure the client, while conversely, insensitive language can contribute towards the re-victimisation of the client.

The behaviour and attitudes of service providers in the area of domestic violence are a significant influence on the intervention process and outcome. Studies conducted among service providers have indicated that their perceptions towards gender roles and sexual violence can influence the quality of service delivery (Christofides et al., 2005; Bott et al., 2005).

According to UNICEF Innocent Research Centre (2000), training of professionals - from Supreme Court justices to public defenders and prosecutors to social workers and support personnel – has been successfully carried out in Costa Rica, India, and the USA. In Costa Rica, the training has been part of the action taken by the government to deal with domestic violence, while in India and the USA; efforts have been led largely by non-governmental organisations.

The training of police and judiciary has been shown to improve attitudes towards abuse and violence survivors, although implementing sensitised attitudes requires reformed policies and resources, as well as the commitment and involvement of all personnel levels (Bott et al., 2005). ‘Women in Law and Development Africa’, a non-governmental organisation, has compiled legal training kits for judges. Programmes to enhance the gender-sensitivity of judges include “Towards a Jurisprudence of Equality”, developed by the International Association of Women Judges and its partners in Africa and Latin America, which aims to strengthen the capacity of judges and magistrates to apply international and regional human rights law to cases involving violence against women (UN-GA, 2006).

A number of countries have introduced closed court hearings for survivors of sexual violence; closed-circuit television testimony, and separate waiting areas for vulnerable witnesses or survivors; and new rules for prosecutorial evidence – such as Tanzania’s elimination of testimonial corroboration for rape (World Bank, 2006).

Training workshops must focus on the dynamics of domestic violence and specific types of abuse; gender and power relationships; analysis of relevant laws; legal procedures and legal services available to victims of domestic abuse; and strategies for helping both victims and their abusers. In examining these programmes, it is clear that participation at all levels, including the highest officials within the judiciary is necessary if laws and actions dealing with domestic violence are to be promoted, implemented or enforced, and monitored (UNICEF Innocent Research Centre, 2000).

2.4 Factors Influencing Attempts at Addressing Domestic Violence

Inter-sectoral collaboration is a key determinant of the quality of comprehensive post-abuse services. Lack of basic information on rights inhibits many survivors from seeking

support from institutions, let alone persevering with medical services (including prophylaxis and counselling) and legal procedures. The scarcity of referral linkages also acts as a barrier to receiving appropriate care and support. Confusion over protocols and procedures causes delays and often unnecessary expense and trauma to survivors (WHO, 2004; Njovana and Watts 1996).

According to WHO (2004), effective referral mechanisms need to be established simultaneously with strengthening the component services. Improved linkages between health and police systems may have unanticipated – and not wholly positive – consequences as such linkages can create a barrier to access to medico-legal services due to survivors' concerns about involving police and the potential consequences to themselves, or occasionally to their assailant.

Research shows that, many survivors cannot access the justice system unless they first obtain information about their rights, about how to report cases to the police and/or how to find legal aid services. Consequently, NGOs worldwide have integrated basic referral services and legal services into community-based health programs, social services, and economic development programs (Bott et al., 2005). Indeed, increasing victims' access to social services aids police and courts to enforce laws. In South Africa, the availability of community services to assist women and children with emergency shelter, long-term housing and economic capacity enabled police to enforce orders of protection, prosecuting cases, and imposing jail sentences (Paranee, 2001).

UN-GA (2006) identified the legal and judicial climate as a factor influencing attempts at addressing domestic violence. According to this body, the legal enforcement and justice sectors play a key role in reducing and preventing sexual and gender based violence. At the highest level, national policy and legislative framework influence institutional

perceptions of, and responses to violence. Adherence to international conventions and resolutions on human rights both symbolise and enable government commitment to preventing violence.

At lower levels, the individual responses of police or health personnel can exacerbate or ameliorate the negative impact of a coercive experience. Research suggests that capacity building of personnel in the justice sector can contribute to a reduction in gender-based violence by improving institutional responses to the survivors of violence (Bott et al., 2005). However, the current climate in many countries including Ghana does not encourage abuse survivors to report abuse to police, let alone pursue a prosecution.

According to a study conducted in Malawi, only 4% of women sought help from the police, and most received a service that differed significantly from protocol (Pelser et al., 2005). The creation of a safe and confidential system for reporting violence and protection of complainants from any possible acts of retaliation should form part of effective investigation procedures (UN-GA, 2006).

Studies upon studies have revealed widely observed barriers to seeking care and justice. These include: Lack of awareness among survivors of the content and availability of medical and legal services; lack of trust in the legal enforcement and judicial agencies; absence of clear guidelines and protocols relating to domestic violence for members of the police and judiciary; lack of training and sensitisation among the police and judiciary; high dismissal rates of cases by police and prosecutors; high withdrawal rates of complaints by victims; low prosecution and conviction rates; failure of courts to apply uniform criteria, particularly in relation to measures to protect victims; lack of legal aid and high costs of legal representation in courts; practices that deny women legal control over their lives, such as detaining women for their protection without their consent and

inadequacy of forensic procedures (Bott et al., 2005; Betron & Doggett, 2006; WiLDAF-Ghana, 2010; Kilonzo, 2003; UN-GA, 2006).

The preceding barriers contribute to the perception that prosecution creates additional trauma without necessarily achieving sanctions. Added to the above, the entrenched stereotypical attitudes with regard to the role of women and men and the persistence of domestic violence within the society constitute obstacles to the full implementation of domestic violence laws. (Pelser et al., 2005; Bott et al., 2005; Betron & Doggett, 2006; Commission for Gender Equality 2008; Kilonzo, 2003; UN-GA, 2006).

The justice system approach to DV is on punishing the perpetrator, rather than restoring the safety of the survivor. The paucity of legal and psychological support services for abuse survivors may exacerbate the trauma and reduce the likelihood of pursuing convictions. Commentators therefore question whether criminal sanctions are the most appropriate response to situations where the abuse survivors are financially dependent on the perpetrator as tough sentencing is thought to inhibit survivors from reporting family members for fear of the social and economic consequences. (Bott et al., 2005; Keesbury et al., 2006; World Bank, 2006).

Research conducted by Guedes et al., (2002) and the World Bank, (2006) show that female survivors express more interest in legal tools that will increase their personal and household security, such as divorce, division of marital property, child custody and child support, than in pursuing justice. Both female and male survivors need improved access to legal advice and resources, and require counselling and support along the medical and legal continuum. This involves building the capacity of local para-legal and community organisations, improving the range and quality of referrals, and taking steps to ensure sufficient and consistent funding and monitoring (UN-GA, 2006).

In Zambia's Copperbelt region, efforts are underway to develop a more responsive, flexible judiciary as there are concerns that high prosecution and conviction rates are deterring survivors from seeking institutional support. Police, in some cases, have encouraged survivors to resolve cases through other means in order to bypass the excessively punitive system. To help rationalise sentencing in these cases, and make the courtroom a less daunting place for survivors, Zambia and South Africa have taken steps to clarify legal and judicial responses to sexual and gender-based violence by compiling detailed standards for the management of domestic violence and sexual assault cases (Keesbury et al., 2006). Experiences with institutional reforms indicate that this approach has a positive impact on the efficacy and responsiveness of legal and judicial systems. The training of police and judiciary staff has been shown to improve attitudes towards abuse and violence survivors, although implementing sensitised attitudes requires reformed policies and resources, as well as the commitment and involvement of all personnel levels (Bott et al., 2005).

Community-based prevention strategies linked to medical and police structures are effective means of tackling aspects of domestic violence even-though such initiatives linked to medical and police structures are less common. Moreover, there is a dearth of research on the effectiveness, quality and impact of programmes in developing countries. The role of community initiatives in preventing and managing domestic violence is especially important in resource-poor settings, where governments may not have the means or inclination to develop formal support networks. Evidence shows that survivors are more likely to confide in family and friends than in formal services, and indicates the need to increase general community capacity to respond in a sensitive and appropriate manner (Raising Voices, 2003; WHO, 2005).

From an institutional perspective, the involvement of community members in the design of specialised, yet culturally relevant services is an essential complement to the improvement of service delivery. Health, illness and care-seeking behaviour are culturally defined, and local norms, cultural values, traditional beliefs and understandings need to be taken into account when designing and implementing services. Special attention should be paid to planning services for people who face intense social stigma as survivors of particular types of violence, in order to prevent further stigmatisation (WHO, 2004).

The role of patriarchy in negatively affecting domestic violence interventions cannot be underestimated. Research conducted in Africa consistently shows that men believe they are more powerful than women and that men are expected to control women in their relationships (Jewkes et al., 2001; Kalichman, Kaufman et al., 2005; Morrell, 2002; WiLDAF-Ghana, 2010). Adversarial attitudes toward women and social acceptance of violence against women directly influence violence risks. Men who have limited resources and lack opportunities for social advancement often resort to exerting control over women (Boonzaier, 2005; Jewkes & Abrahams, 2002).

2.5 Theoretical Framework

The theoretical framework that guides the study is the Institute of Development Studies (2004) Framework of Social Protection. The framework puts social protection interventions into four categories of protective, preventive, promotional and transformative social protection.

The protective category includes the provision of social assistance by the State aimed at relieving people from poverty, deprivation and abuse. Fitting the study into the protective aspect of the framework, DOVVSU then constitutes a state institution that aims at

providing services that protect the domestic human rights of the populace. In cases where said rights have already been violated, DOVVSU collaborates with other State institutions such as the courts, Department of Social Welfare and NGOs to secure protection orders to victims where required; provide shelter services and legal aid all of which go a long way to relieve people from domestic violence and other forms of abuse.

The preventive aspect uses both formal and informal programmes aimed at helping people to manage and prevent livelihood risks including the risk of domestic violence (Institute of Development Studies, 2004). This also is relevant to the study in that DOVVSU then constitutes a formal state programme (working in collaboration with others including the informal sector) to help people to overcome and prevent the livelihood risk of domestic violence. Under this preventive category, the ability of DOVVSU to: prosecute reported cases of domestic violence, secure convictions for perpetrators of domestic violence, educate victims and the public on what constitutes domestic violence, where and how to report cases and how to preserve evidence in a case of violence helps people to reduce their likelihood to the risk of violence. Securing convictions also send a strong signal to potential perpetrators to beware.

The promotional dimension of social protection as used in this framework largely aims at enhancing the capacity of individuals through enhancement programmes like micro-finance schemes to vulnerable target populations in society to ensure stability. Situating the study within this aspect of the framework, this promotional dimension goes a long way to meet the study objective of practical needs of victims of domestic violence. When DOVVSU in partnership with other stakeholders such as the Department of Social Welfare, WISE and the Ark Foundation meet the practical needs (such as economic needs) of victims of domestic violence, the victims become empowered. When victims of

violence are economically empowered, they are in a better position to resist acts of violence that result from economic related deprivation and dependency.

Finally, the transformative element of the framework seeks to address issues of social vulnerability and social injustices arising from structural inequalities. It is built on the premise that social protection measures should not only be limited to tackling and averting economic related vulnerabilities but more importantly, responding to vulnerabilities that are socially and structurally borne (Devereux and Sabates-Wheeler, 2004). Fitting the study into the transformative dimension of the framework addresses the study objective of strategic needs which are crucial to the reduction of domestic violence. It goes beyond the provision of safety nets as a response to livelihood vulnerabilities to include challenging and changing social institutions/structures that directly or indirectly acknowledge or condone domestic violence. This brings about the reformation needed to address the roots of domestic violence.

In conclusion, this chapter examined materials on the practice methodologies that inform attempts at addressing domestic violence from the perspective of some writers and researchers. The review has been done thematically based on the research questions. In the course of the review, identified gaps to the practical implementation of the proposed practice methodologies have been clearly outlined and critiqued.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

Research methodologies vary depending on the purpose of the study and the type of research being conducted. Research design is simply defined as the number of cases to be covered in the study, the manner in which the cases will be picked up and identified, different techniques to be used in the collection of data and how data once collected will be analysed to arrive at decisions that can be articulated in a manner that the research purpose can be achieved (Raj, 1992).

This chapter provides information on the research methodology employed, highlighting the design, target and study population, the sample size, sampling procedure, sources of data, data collection instruments, data handling and analysis and ethical considerations.

3.1 Research Design

The study adopted qualitative research method using the qualitative case study design (Creswell, 1994; Gall, Borg, & Gall, 1996). In a case study, a single person, program, event, process, institution, organisation, social group or phenomenon is investigated within a specified time frame, using a combination of appropriate data collection devices constructed to richly describe, explain, or assess and evaluate a phenomenon within its natural context using data gathering process that is often interactive as the researcher or researchers associate with persons involved in the “case” under study. (Creswell, 1994; Gall, Borg, & Gall, 1996).

The use of the qualitative case study method in gathering data on the practice methodologies of DOVVSU in addressing domestic violence was because the study targeted an institution as a case under study and so this method helped to get in-depth

information from informants who were knowledgeable and had experience in the area. It is also quite a sensitive issue for persons who have experienced violence to talk about their experiences. For this reason, it was important to use informal and flexible approaches in tapping information from victims of domestic violence who are or have been clients of the institution (DOVVSU). Inputs from clients of the Unit who have been victims of domestic were equally vital for examining the Unit's practice methodologies in addressing domestic violence. From the foregoing, the study constitutes a descriptive research that deals with real forms of issues/problems and also provides knowledge which when put into practice would help in the solution of the identified issues/problems (Adapted from Creswell, 1994; Jewkes et al., 2000).

3.2 Target Population

The target population for the study consists of:

Victims of Domestic Violence who ever engaged the services of Accra Regional DOVVSU police as well as the services of the following supporting staff attached to the Unit: Social Workers, Clinical Psychologists, WISE Counsellors and Focal persons of the Department of Social Welfare Social Protection Programmes.

3.2.1 Study Population

The population for the study includes:

- Victims of gender-based violence aged 12 to 53 who have ever engaged or were (at the time of the research) engaging the services of the Accra Regional DOVVSU in a case of domestic violence. This age range enabled the researcher to examine DOVVSU practice methodologies in addressing domestic violence

across-board of their clients by including children, adolescents, the youth and adults.

- Selected Police Officers of Accra Regional DOVVSU.
- Selected Staff of the Shelter for Abused Children, Osu, Accra. Their inclusion was crucial to the study as they deal directly with DOVVSU personnel in handling domestic violence cases concerning children in need of temporary shelter.
- Selected Social Workers attached to the Accra Regional DOVVSU. Inclusion of Social Workers attached to the Unit was important for tapping information regarding issues of values, respect, dignity, self-determination, confidentiality and the best interest of the client regarding DOVVSU procedures.
- Selected Clinical Psychologists attached to the Unit. This helped to come up with information regarding the handling of serious psychosocial issues including rare/deviant cases as used in DOVVSU procedures to address domestic violence.
- Selected WISE Counsellors attached to the Unit who provide counselling services to clients of the Unit.

3.2.2 Sample Size

A total sample size of twenty-three (23) respondents was used made up of Eight (8) key informants namely: The Station Officer, One (1) Desk Officer, One (1) Investigator and One (1) Prosecutor of the Accra Regional DOVVSU. The other key informants included One (1) Social Worker, One (1) Clinical Psychologist and One (1) WISE Counsellor attached to the Unit, and One (1) Staff of the Osu Shelter for Abused Children. Added to the key informants above were Fifteen (15) Victims of Domestic Violence made up of ten (10) females and five (5) males with an age range of 12 to 53 years who were resident in

the Accra Metropolis and have ever used or were at the time of the research using services provided by the Accra Regional DOVVSU. The sample size was based on the fact that the amount of information generated was so much that it did not allow the researcher to use a bigger sample.

3.2.3 Sampling Scheme

Purposive sampling was used in selecting participants for the study. Purposive sampling is used in situations in which a researcher uses judgement in selecting cases with a specific purpose in mind and is appropriate in three (3) situations. First, a researcher uses it to select unique cases that are especially informative. Second, a researcher may use purposive sampling to select members of difficult-to-reach/specialised populations (hidden populations). Thirdly, it is used when a researcher wants to identify particular types of cases for in-depth investigation (Neuman, 2007).

Purposive sampling was used in selecting key informants (personnel) who possessed the needed characteristics and met the purpose of the study. Victims of domestic violence at the Osu Shelter for Abused Children and clients of Accra Regional DOVVSU were purposively sampled. This was helpful in that the researcher used her knowledge and judgement of the study population to choose and only pick particular respondents who best qualified to give the needed information for the study.

3.3 Data Collection Method

3.3.1 Sources of Data

Two types of data were collected for the study – primary and secondary data. In the collection of primary data, key informant interviews, in-depth (informal) interviews and direct observation were used with the help of a multilingual research assistant/interpreter recruited and taken through the purpose and objectives of the study to help in the

collection of primary data. In addition to the primary data, secondary data was obtained through extensive review of written documents, which included but was not be limited to published and unpublished books, research works and working papers, articles in newspapers and on the internet, and relevant journals on the subject matter.

3.3.2 Qualitative Data Collection Tools

Three main qualitative research tools were used in collecting data for the study with the help of unstructured interview guides and tape recorders, and a digital camera (the camera was used in taking few pictures with only respondents who so wished).

3.3.3 Key Informant Interviews: These were used in collecting data from eight professionals comprising four police officers of Accra Regional DOVVSU and four other professionals attached to and working directly with the Unit with knowledge and experience in the area and so provided in-depth information needed for the study.

3.3.4 In-depth (Informal) Interviews: In-depth (informal) interviews are optimal for collecting data on individuals' personal histories, perspectives and experiences, particularly when sensitive topics are being explored (Neuman, 2007). These were used to gather information from clients of Accra Regional DOVVSU resident in the Accra Metropolis most of whom the researcher had first contact with at the Unit's premises and later in their homes. This allowed respondents to flexibly and informally talk about their experiences and freely express their views.

3.3.5 Direct Observation: The researcher employed this data collection technique to closely monitor conditions under which services were delivered to clients, facilities at the institution, attitude of professionals and other service providers towards clients at the Unit. Procedures used in handling reported cases, time or duration within which clients were attended to, challenges faced by the service providers, comments made by

professionals and clients alike regarding reported cases and sitting arrangements at Accra Regional DOVVSU were also observed by the researcher. This was done three times in a week namely Mondays, Wednesdays and Fridays (which were the busiest days at the Unit) for a period of four months specifically from 28/10/2011 to 28/02/2012.

3.4 Data Handling and Analysis

The qualitative data from the field was transcribed and edited. The emerging responses were then categorized into various themes making up the research questions. The data was then examined using a merger of qualitative narrative approaches that presented and allowed the data to largely speak for itself leaving the researcher to make little interjections where required (Neuman, (2007). The researcher in addition to the narrative style employed qualitative content analysis (Raj, 1992) to bring out the relationship between the various techniques used.

3.5 Ethical Considerations

Ethical considerations prescribe what is acceptable and what is not in the conduct of research. This helps to ensure that violations of the human rights of respondents as in the case of this study are minimised.

Informed Consent: The purpose of the study was explained to all participants whose agreement to voluntarily participate in the study was sought before engaging them in the study. Where children were used, permission was sought from their care-givers as well as the willingness of the children themselves before engaging them in the study. Permission was also sought from all participants prior to the use of recorders and digital camera which were used only upon approval of participants who so wished. The researcher also made available detailed informed consent forms on the study for persons who so wished to sign as evidence against any unforeseen circumstances.

Confidentiality and Anonymity: The principles of confidentiality of information and anonymity of persons were adhered to in the conduct of the study. It will be observed that from chapter four, the identities of respondents have not been revealed. Instead, this researcher uses either “key informant” or “client of the Unit” to differentiate information given by service providers and service users of Accra Regional DOVVSU.

Acknowledgement of References: All works cited in the study were duly acknowledged in order to avoid any form of plagiarism.

3.6 Alternative Reliability and Validity in Qualitative Research

The reliability and validity of research have engendered lots of debate especially between qualitative and quantitative researchers. However, it is important to note that though both reliability and validity are not absolutes; yet they have been accepted by researchers as yardsticks to measure degrees of confidence in research works (Judd, Smith & Kidder, 1991). Researchers have, however, agreed that the classical yardsticks in reliability and validity usually applied in quantitative research to determine the ability to generalise the result of the study may not necessarily be applicable to qualitative research. Such generalisation in quantitative research is usually linked to the number of persons in a sample of the study in relation to the population. This is why qualitative researchers apply the alternative or modern forms of reliability and validity because the sample is usually not large in qualitative research.

This implies that qualitative researchers use other techniques such as drawing analogies between phenomena in the setting of the study and the same phenomena elsewhere to improve the generalisation of the research outcome to some extent. According to Judd et al (1991: 315-316), field researchers who do the above are able to show “that the particular people and places they studied tell us something about social relations in other

setting. The analogies and comparisons provide a means of generalising beyond the particulars.” To achieve the above, there is the need to gather data – both empirical and theoretical to show the similarities of the study to other situations. By doing this, the researcher might be portraying to readers that what has been found to be true and workable to the police in the sample is likely to be true of any police service placed in similar situation.

Such a study involving people in real life situation according to Judd et al (1991) appear to give such a study external validity though this is not automatic. Mc Neil (1996) is of the view that the validity of qualitative study depends more on the reasoning used in the interpretations of data and at arriving at the conclusion; the amount of evidence that supports the interpretation; and the degree or extent to which the interpretation seem to fit with other knowledge in the real world situation. The fact that others can apply the findings in their own situation especially those whose situations are similar to that of the sample might give the result a relatively high external validity rating.

From the foregoing discussion, it is clear that classical reliability and validity are even difficult to achieve in quantitative researches let alone in qualitative research. This does not, however, imply that these issues should be discarded completely; rather it still remains a yardstick by which results of researches are measured. What is important in research today is not whether one has followed religiously the classical or contemporary notions of reliability and validity; rather the extent to which attempts have been made to make the result of the study reliable whilst giving reasons for one’s inability to do so.

Qualitative research is, thus, generally seen to lack ability for classical generalisation. All things being equal, this study could be generalised to DOVVSU outlets nationwide in Ghana should victims’ present similar characteristics just as all the Units use similar

practice methodologies. This results from the use of qualitative triangulation employed by this researcher which ensured that issues were examined not only from the perspective of the personnel of the Unit but also from the perspective of clients, documentary evidence as well as that of the researcher's observation. It is worth noting that in each of the qualitative techniques used, each perspective corroborates the other regarding the practice methodologies used by the Unit in addressing domestic violence cases.

To conclude, this chapter looked at the research methodology for the study. It did not only discuss the choice of methodology but also tried to justify the research design, sampling procedures/techniques, data collection sources and instruments. It went further to explain the data analysis process and ethical principles used in the conduct of the research.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.0 Introduction

The qualitative data from the field have been transcribed, edited, categorised and examined in accordance with themes directly derived from the objectives of the study. The data is analysed using a merger of qualitative narrative approaches proposed by Neuman, (2007) and qualitative content analysis (Raj, 1992).

This section begins with the socio-demographic characteristics of respondents, followed by data presentation which starts with interviews (key informant interviews for personnel and in-depth (informal) interviews for clients of the Unit who have been victims of domestic violence). It ends with observation and documentary evidence.

4.1 Interviews with Professionals and Clients of the Unit

A total of twenty-three (23) respondents were interviewed. Out of this number, eight (8) were key informants (professionals who work at the Unit, attached to the Unit or used as a referral point by the Unit) and fifteen (15) persons who have been victims of domestic violence and have ever used or were at the time of the research using the services of the Unit.

4.1.1 Sex of Key Informants (Personnel)

Eight (8) key informants were used for the study. Out of this number, four (4) were females and the other four (4) were males. The sex composition of the key informants seem to reiterate UNFPA (2010) view that for attempts at addressing domestic violence to

be effective, gender considerations in the selection of personnel who work with victims of domestic violence are vital.

4.1.2 Sex and Age Distribution of Victim Interviewees

Out of the fifteen (15) respondents who have been victims of domestic violence and clients of the Unit interviewed, ten (10) were females and five (5) were males. In respect to the age distribution of the victims interviewed, two (2) of them were between ages twelve to seventeen (12-17). Another three (3) of the victims were eighteen to twenty-three (18-23) years. Those aged twenty-four to twenty-nine (24-29) had two (2) victims with victims between age thirty to thirty-five (30-35) having two (2) members. Two (2) other victims were in the thirty-six to forty-one (36-41) age range while those aged forty-two to forty-seven (42-47) also had two (2) victims. Victims of domestic violence with the highest age range interviewed were forty-eight to fifty-three (48-53) years and had two (2) members.

4.1.3 Employment Status of Victim Interviewees

The employment status of respondents who have been victims of domestic violence and clients of the Unit include: One (1) Accountant; One (1) Banker; Three (3) Pupils/Students; Two (2) House-helpers; Two (2) Petty traders; One (1) Subsistence farmer; One (1) Carpenter; Three (3) Unemployed persons and One (1) Head porter.

The employment and age characteristics of respondents seem to affirm an assertion by UNICEF (2000) that, domestic violence is a feature of all segments of society and not always but usually more marked among the poor.

4.2 Procedures in Handling Cases

Under this theme, the following findings were made:

- All adult clients of DOVVSU interviewed complained of being very uncomfortable with having to undergo multiple interviews
- Confidentiality of clients information was not assured at the Unit
- Child victims of domestic violence were often interviewed in the presence of an adult perpetrator
- No tailored approach to interventions given that clients were referred to clinical psychologists, social workers and counsellors attached to the Unit only when clients had emotional breakdowns during interviews with the Unit's police officers or when police officers at the Unit felt their services were needed
- All adult clients interviewed said the Unit's procedures were unduly time consuming.

4.2.1 Multiple Interviews for Clients during Procedures

Almost all clients of the Unit (in exception of one child) indicated that they were made to tell their stories over and over again to each professional of the Unit or its attached offices that had worked on their case. According to these respondents, the act of frequently being made to retell their stories to officials was very traumatising to them most especially where their cases involved physical and sexual assault. Below are 'catchy' statements from few clients of the Unit on the procedure of multiple interviews:

“I was brutally raped by two men in our neighbourhood while returning from evening church service one evening. When I reported the case to the DOVVSU officials for action to be taken on the matter, I was asked by each officer that had to deal with my case to retell my story. This was unfair because the incident in the

first place was a nasty one that brings tears and pain to me each time I remember it. I wish I had been treated differently” (Client “E”, 2011).

A client with a very high educational background said in English: “It looked as if I had just gone there to tell my story to every Tom, Dick and Harry. They should do something about that ...” (Client “G”, 2011)

A victim who seemingly sounded angry expressed her opinion as: “...They make you to tell everyone what happened to you. They don’t know that gives me pain. When they don’t stop that, a lot of us will not go back to them if ...” (Client “C”, 2012).

A key informant when asked to describe the kind of co-operation and collaboration that exists between the Unit’s police personnel, her office and other offices attached to the Unit made a statement that seemed to corroborate what clients said on having to retell their stories countless times when she said:

“...But my only challenge with the processes here is clients telling their stories over and over which can be very frustrating and very traumatic. Something needs to be done about that...” (Unit’s Key Informant “D”, 2012). This key-informant’s

statement though given under a different theme has direct links to the present analysis for which reason the researcher brought it here.

Respondents who spoke on the multiple interviews and its negative impact on their lives further indicated that, action must be taken by the Unit to address the issue so as to reduce the trauma associated with the practice for victims of domestic violence who access services of the Unit.

4.2.2 Lack of Confidentiality of Clients' Information

All clients of the Unit in exception of one child aged twelve (12) years shared their ideas on confidentiality of information given at the Unit. According to the victim respondents, during the handling of their cases, they realised that issues that were supposed to be considered private and known to only those directly involved in the case such as victims and professionals surprisingly gets to the public domain. In the view of the respondents, information leaking out of the Unit for them as victim-survivors leads to issues such as name-calling and twisted versions of their stories which negatively affects them. Some of the respondents intimated that, lack of confidentiality of information given at the Unit makes some of them lose interest in pursuing reported cases. In a touching instance, a teenage client said:

“I stopped going to DOVVSU because, my parents sent me there to report a sexual assault case to them, but by the time I went to school the next day, all my school mates had already heard of the issue and started calling me all sorts of names. It got so bad that, my parents had to move me to a different school altogether” (Child Client “B”, 2012).

The Unit's officials when asked to identify some of the major challenges facing the Unit's attempts at addressing domestic violence interestingly but unknowingly corroborated the allegation made by clients on the breach of clients' confidential information when five officials of Accra Regional DOVVSU intimated in the challenges that, limited space and crowded offices at the Unit do not guarantee confidentiality of clients' information. According to the staff of the Unit, the situation is rather an unfortunate one and that though it is regrettable, there was little that they could do about it at the moment.

Below are excerpts of views of some key informants that corroborate clients' assertion on the breach of confidentiality of their information:

“... I will say it is unfortunate but true that confidentiality of victims’ information is not assured. Please take a look at our office space and the number of clients. The place is always so overcrowded that clients sit at any available space outside. While someone is narrating his story in one room, others are sitting and standing behind doors and windows. In this situation, it is very possible that they will hear what is being said. So even before the person ends his story and comes out of the room, other clients have already spread what has transpired. It is indeed a real problem but we just have to make do with the situation for now until we get a bigger place”. (Unit’s Key Informant “A”, 2012).

“Our crowded offices do not guarantee confidentiality of information. This is disturbing but it is the case...” (Unit’s Key Informant “D”, 2012).

“In Social Work Practice, we talk about principles and ethics which we have to live up to. But here, even the space alone tells you that there is no confidentiality for information given by the clients” (Unit’s Key Informant “E”, 2011).



Figures 1 & 2: Clients standing/sitting in front of doors and windows of offices from where they could hear information being given by other clients to the officials

Figure 3: Multiple officials having engagements with multiple clients in the same room

4.2.3 Interviewing Child Victims of Domestic Violence in the Presence of Parents/

Adult Perpetrators

Eight (8) out of the fifteen (15) clients of the Unit interviewed when asked to generally comment on anything they will wish to be done differently regarding the procedures used by the Unit in handling reported cases of domestic violence indicated in their responses

that, child victims of domestic violence were sometimes questioned by officials in the presence of adult perpetrators. Out of the number of respondents that touched on this issue, two (2) were children and six (6) were adults. According to the children, the presence of adult perpetrators in their engagement with DOVVSU officials made them feel feeble and intimidated. Information gathered from adults who commented on the issue revealed that, they were concerned about the situation because even for them as adults, it was difficult to come face to face with their perpetrators and so they felt sorry for children they encountered at the Unit who had to go through the same procedure.

Following are just two quotes to illustrate the issue from the viewpoint of clients:

“...When my auntie used hot iron to burn my back because I did not come back early from the market, two people in our house sent me to the police. I could not talk when the police asked me about what happened because my auntie was there and I was afraid that she would hurt me again if I talk” (Child Client “A”, 2011).



Figure 4: A child victim who suffered physical violence at the hands of his aunt.

“... Even as an old person, it is not easy when someone who hurt you very much is there and you have to talk about what happened. I pity the children who are also made to answer questions while the bad person is there because...I am worried because they could have been my children” (Adult Client “H”, 2012).

4.2.4 Point of Intervention of DOVVSU Psychologists, Social Workers and Counsellors in the Procedures

In respect of the point at which clinical psychologist, social worker and counsellors attached to the Unit were engaged in the procedures (interventions) for victims of domestic violence, all the respondents (key informants) from the Unit and its attached offices indicated that, the Unit's police officials refer cases to the clinical psychologist, social worker and counsellor when they felt their services were needed. It was also gathered from respondents that, cases were also referred to them when victims during the process of being interviewed by the police break down emotionally. However, some of the psychosocial service providers attached to the Unit were not happy about the situation. This according to them led to the situation where most psychosocial cases of clients get destroyed before reaching their offices for professional help. Again, they intimated that, the situation where the police of the Unit have the autonomy to decide when cases should come to their offices also result in some clients being denied appropriate psychosocial help such as appropriate counselling.

The view of the Unit's personnel on the entry point for the clinical psychologist, social workers and counsellors attached to the Unit during the procedures is as follows:

“...As and when the police feel you should come in is when you are allotted a case. We quarrel over this everyday because the police personnel treat domestic violence cases with serious psychosocial undertones as police cases. Therefore, such cases get destroyed before reaching us. In fact, these cases need special skills who aside the clinical psychologist and social workers, the traditional police officers do not have to effectively handle...” (Unit's Key Informant “E”, 2012).

“... in cases where victims break down during procedures, we refer them to the clinical psychologist and social workers to deal with them before continuing with the case when they are ok”. (Unit’s Key Informant “A”, 2012)

When asked to briefly comment on the procedures used by the Unit’s police in handling cases of child victims of domestic violence who use services of the Osu Shelter for Abused Children, the following came up:

“...What I will say on the procedures is that, in handling a child’s case, you need to be careful in taking decisions. Social enquiries are very necessary in working on a child’s case. Most of the time, you realise that, the DOVVSU police re-integrates children without these reports from us. Sometimes, they pick children from the shelter for investigations and these children are not returned. You call to find out and they tell you they had re-integrated them. Meanwhile, there are issues that need to be looked into and certain procedures followed before deciding whether to reintegrate the child with his or her family or to find foster care for the child. This for us becomes a challenge in our partnership” (Key Informant, Osu Shelter for Abused Children, 2012).

4.2.5 Time Consuming Nature of Procedures

Majority of clients of the Unit when asked to comment on the procedures used in handling their cases at the Unit also complained about the amount of time they had to spend at the Unit in order to reach the end of their cases. According to the clients of the Unit, undue long periods taken by the Unit to address their issues sometimes lead to loss of time that could otherwise have been put to some good use making some of them to lose interest in the cases along the line.

Some of the respondents also indicated that, this situation sometimes result in them losing confidence in the Unit. The third category of respondents intimated that, time spent on the cases cause those of them who do not have enough money for the frequent transportation

to and from the Unit financial burdens as they sometimes have to borrow money from neighbours and others to do so. When asked what reasons officials of the Unit give to them regarding the long time spent on the cases, the respondents said reasons given to them include; the few investigators of the Unit are out working on other cases, are in court to give evidence or have gone to take those on prison remand to court. Following are the views of some clients of the Unit on the time consuming nature of procedures:

“You come here and it is as if you have nothing else in the world to do. They should know that we have to work to survive. They tell you to go and come, go and come... Today, the investigator is gone here; tomorrow he is gone there...” (Male Client “N”, 2011).

“The officers at DOVVSU do not give us food to eat or money to put into our pockets for transport or to feed ourselves or our children and so should not let us to be spending too much time there” (Female Client “F”, 2012).

“In fact the process wastes a lot of time. If I had known that handling my case would extend this long, I would have advised myself though I wanted the offender to be punished...” (Female Client “I”, 2011)

“The amount of time we have to spend here is so annoying. Why don’t they have a register for clients to enter our names in the order in which we reported at the Unit daily which they will use to call and handle our cases instead of us spending all our time here?” (Client “G”, 2012).

The researcher’s observation seemed to corroborate the views of clients on the amount of time spent. When this researcher, in a follow-up made her observations known to the staff, majority of them acknowledged the concern and in a bid to explain why the situation is so, one of them made a statement that seemed to summarise the views of the staff on the issue:

“My sister, your observation on the amount of time clients have to spend at the Unit is true. It is not the fault of us the personnel, we have a very high client to officer ratio as you can see and we also have serious logistics challenges adding to the situation”. (Unit’s Key Informant “A”, 2012)

4.3 Meeting Practical and Strategic Needs of Victims of Domestic Violence

This theme represents the second objective of the study and aims at finding out from victims who were clients of the Unit what their needs were at the time of seeking help from the Unit and its attached offices. It also sought to find out whether or not some of these needs were met and also the extent to which they were met. It again sought the views of professionals of the Unit and its attached offices on the extent to which they meet the needs of their clients using the Domestic Violence Act as the first point of reference.

In line with this, the following were revealed:

- Material support was not provided for adult victims of domestic violence.
- Victims of domestic violence were made to fully pay for endorsement of Police forms and medical treatment.
- Victims of domestic violence had limited access to counselling services at the Unit
- There were no intervention programmes available for victims of domestic violence, their families as well as education for the perpetrators as prescribed by the DV Act.
- Government had not since the inception of the Domestic Violence Act in 2007, constructed receptive shelters to temporarily accommodate victims where rescue,

rehabilitation and reintegration of victims were required. (This is in exception of the already existing Department of Social Welfare Osu Shelter for Abused Children).

- WISE a non-governmental organisation complements the Osu Shelter for Abused Children by providing temporary shelter to some women victims of domestic violence.
- DOVVSU provides very limited outreach programmes in the communities due to financial and logistic constraints.

When asked to explain what their needs were as victims of domestic violence at the time of accessing services of the Unit, respondents mentioned needs such as food, clothing, medical treatment, shelter and security, material support, counselling on how to manage and prevent abusive relationships, good mental health services (psychiatric care), economic empowerment, legal aid, justice and education. In cases of intimate partner abuse and close relation abuses, the victims mentioned the need for counselling and education for the perpetrators as well. According to the respondents, such education on domestic violence should include what domestic violence is, punishment for flouting the law and what actions they can take to prevent it. All the adult respondents when asked further to identify their needs in order of importance at the time mentioned the most pressing/practical/immediate needs first followed by few strategic needs.

4.3.1 Providing Material/ Financial Support for Victims of Domestic Violence

Using the Domestic Violence Act, 2007 (Act 732) as the first point of reference, a Domestic Violence Fund was to be created from which funds were to be made available through implementers of the Act such as DOVVSU, Department of Social Welfare and

other actors to provide basic material support for victims of domestic violence and modalities for provision of financial support to victims in case of imprisonment of a spouse.

All the adult clients of the Unit in their responses indicated that, no material or financial support was provided to them by the Unit or its attached offices even in cases that led to the imprisonment of spouses. According to the victim respondents who were dependent on abusive partners, the lack of material and financial support leaves them with no choice than to go back to perpetrators who have not been sentenced to jail. In the view of this category of respondents solely dependent on an abuser, their lack of economic empowerment is likely to result in them suffering cycles of abuse.

When asked whether the Unit and its attached offices had any modalities for providing material or financial support to adult victims as a case may deem fit, the officials of the Unit and its attached offices unanimously responded in the negative thus confirming what clients said on the provision of material and financial support. The officials also went further to explain that, the inability to provide this need exposed most of their clients to recurrent abuse. Following are excerpts of responses from clients of the Unit as well as that of officials of the Unit:

“I needed some work to do so that I could stop asking for feeding money from the father of my children who beats me up whenever I ask for money to cook for the family. Tired of being beaten up daily, I decided to leave the marriage... The DOVVSU people told me they could only help by getting the man to give me something every month... Finally, the tribunal made him to give us GHC 50.00 every month but it is not enough for looking after 3 children who go to school and myself”.(Unit’s Client “J”, 2012).

“I thought they will give me some money for feeding whilst they were investigating but they didn’t even-though I had no money so I had to go back to the man like that because though he maltreats me, I do get food to eat”. (Unit’s Client “H”, 2011).

“My parents were very poor that is why they allowed my auntie to take me to Accra when she promised to send me to school. When she stopped me from going to school later and a neighbour helped me to report, the police did not help as I thought they would because I am still not going to school and she warned to sack me if I ever report her again” (Child Client of the Unit, 2012).

“... No such resources have been provided to cater for the material and financial needs of the victims of domestic violence even though the DV Act says otherwise” (Unit’s Key Informant “C”, 2012).

“Providing the basic needs for even children brought to our facility is a challenge. Such children when brought needed to be fed and have a change of clothing before finding placement for them. No funds have been made available for such material support and all such funds for meeting basic needs of abused and neglected children come from the officers’ own pockets. Most of our clients apart from psychosocial support need economic empowerment which we should be providing but is lacking. It is this lack of financial support to our clients that is responsible for most of the assault cases reported at DOVVSU. Majority of our women clients are poor and over-rely on their male counterparts for their daily needs. Clients therefore do not get to be equipped with some basic skills necessary for their material support necessary to reduce their vulnerability to domestic violence resulting from economic dependence on others (Unit’s Key Informant “E”, 2012).

“Economic challenges force women victims to continue to stay in abusive relationships. Unfortunately, we have not been put in a position to help them in this regard. The DV Act is not working ...” (Unit’s Key Informant “F”, 2011).

“We are unable to meet the most critical need of our clients which is economic empowerment” (Unit’s Key Informant “G”).

4.3.2 Meeting Health Needs of Clients of the Unit

Under this sub-theme, this researcher tries to find out whether victims of domestic violence who are clients of the Unit were getting free access to medical treatment as prescribed by the Domestic Violence Act, 2007 (Act 732).

Adult clients and staff of the Unit said victims were asked to bear the full cost of having the Police Form Endorsed as well as full payment for any treatment received or to be received at the health facilities (This is in exception of three clients who did not comment on the issue). The officials of the Unit further explained that, the number of victims that the Unit succeeded in getting free treatment constitute only about one percent (1%) of victims. Below are statements from some respondents on the issue of meeting the health needs of clients. The finding also indicates that, inability of some victims to afford the cost of treatment made some of them to discontinue pursuing cases of violence reported to the police.

When asked why the health institutions decline from providing free services to the victims whilst the Act requires that they do so, officials of the Unit and its attached offices explained that, the health institutions argue that the State has not put measures in place to ensure that the health institutions do not incur debt by providing free medical screening and treatment for victims of violence. Thus, since they are not ready to bear such cost as individual institutions, they refrain from providing free services to victims of violence. In support of this assertion, let us take a look at the following statements made by some of the Unit's Clients:

“The Company where I was working collapsed so my wife has been looking after the family for 18 months now. At a point, she started finding faults with everything I do and often got unnecessarily angry with me. One day, she poured

hot water on me resulting in serious burns on my face and neck. I reported the case to DOVVSU and thought the police will help me to get treatment for the burns but I was asked to pay for the treatment myself. Since I did not have money, I left and used home treatment” (Unit’s Male Client “K”, 2011).

“A neighbour ganged up with some people and attacked me because I offered her boyfriend a seat in her absence. She misconstrued my kind gesture to mean I was interested in her boyfriend and so they beat me up and left wounds on my head, face, shoulders and abdomen ...When we got to the Police Hospital, I was asked by the authorities to pay for the treatment. I was very disappointed because, my friends earlier told me I was going to have free treatment when I report the case to the DOVVSU police...” (Unit’s Female Client “O”, 2011).

“I was severely beaten up by some bullies who live in our neighbourhood without any provocation ...I was asked to take the police medical form to the hospital. When we went, we were told that unless I pay, I will not be examined and the form will not be signed by the doctor ...” (Unit’s Client “D”, 2012).

“My husband gave me severe cutlass wounds and also beat me up mercilessly for cooking food that did not taste good enough... The police gave me a form and took me to the hospital. When we got there, the nurses asked me to pay money. I realised that paying such money from my small earning will make us go on an empty stomach so I went back home ...” (Unit’s Female Client “E”, 2012).

“My boyfriend does everything for me but forbids me from ever leaving the house. One day, he went to work and I sneaked out to visit my mother who was sick. Unfortunately for me that day, he closed from work earlier than usual and was in the house before I got there. He instantly accused me of going to another man, locked me up and hit my left eye with the metallic part of his belt resulting in serious damage to that eye after which he sacked me from his house. I made a complaint to the police and when I was issued with a medical form to the hospital, they said I must pay. I did not have the money so left and went to stay with my mother and decided not to go on with the case” (Unit’s Female Client “I”, 2011).

When asked on the issue of clients access to free medical care, the Unit's key informants corroborated what the clients said in which one made the following statement:

“To answer the question of whether victims have free access to medical treatment as stated in the Act, I will say One percent (1%) of our clients who are victims of DV get access to free medical care while Ninety-nine percent (99%) do not get free access to their health needs... Victims bear the full cost of medical treatment. They also bear the full cost of endorsement of the police forms by the doctors. Even with the 1% that gets access to free treatment, we have to write to the Police Administration to compel the Police Hospital to provide free treatment where victims had serious health issues related to the domestic violence and this takes a long procedure” (Unit's Key Informant “A”, 2012).

4.3.3 Clients' Access to Receptive Shelters, Rehabilitation and Reintegration

This sub-theme under meeting needs of clients' attempts to find out whether clients' expressed needs of shelter; rehabilitation and reintegration are met by the Unit and its attached Social Workers, Clinical Psychologists and Counsellors. Also, this section tries to find out the extent to which these needs are met.

Key informants were asked to identify some needs of their clients, whether the identified needs were met, and if they were met, the extent to which the needs were met. All officials of the Unit touched on shelter, rehabilitation and reintegration needs of clients of the Unit. The officials in their responses further indicated that, the extent to which these categories of needs were met was negligible especially for adult clients of the Unit majority of who were women victims of domestic violence. The officials explained that, government has since the enactment of the Act in 2007 not constructed and equipped any shelter to take care of victims of domestic violence who needed these services as a matter of urgency.

The finding also revealed that, the needs for shelter, rehabilitation and reintegration of child victims of domestic violence were being provided by the Department of Social Welfare's Osu Shelter for Abused Children which has been operational since the year 2003 (prior to the enactment of the Act in 2007). The findings further revealed that WISE, an NGO sometimes complements the Osu shelter by providing temporary shelter to a very limited number of adult women who are victims of violence and are clients of the Unit. Personnel of the Unit in expressing the frustration they go through to get access to shelter for very limited number of their clients said the following:

“There are no shelters to accommodate clients who need them as a matter of necessity. With the only shelter at Osu, we face many difficulties placing vulnerable children there with excuses from shelter officers such as we are closed, the place is choked, go back and treat their wounds before bringing them...” (Unit's Key Informant “A”, 2012).

“We have great difficulty finding shelter for clients. Aside the only shelter at Osu for abused children, Women Initiative for Self-Empowerment (WISE) a Non Governmental Organisation has a shelter but even to get a client accepted there is a problem. Clients cannot stay there for more than twenty-four hours and so you must go back for the person the next day else ...” (Unit's Key Informant “E”, 2012).

“... At the end of the process, a perpetrator is either convicted and jailed or acquitted and discharged leaving most victims embittered, emotionally disturbed and unattended to due to difficulties in finding facilities for the provision of shelters and rehabilitation...” (Unit's Key Informant “D”, 2012).

To establish the authenticity of what the other officials said regarding shelter needs for clients majority of who are women victims of violence, one of the officials of the WISE Counselling Office attached to the Unit was interviewed on the issue in which she corroborated what the other key informants portrayed as the situation when she said:

“Yes my organisation has a shelter but a client is expected to stay there for only a day or two. We are more interested in providing temporary residential facility and counselling to abused women. We co-ordinate with others outside the facility to provide our clients’ with skills training that helps to provide them with economic-related skills but on a very limited scale” (Key Informant, 2012).

Adult clients of the Unit who touched on their need for shelter at the time of the violence revealed that most of them did not get access to shelter facilities. According to the few of them who were lucky to have gotten access to the WISE shelter, their responses again corroborated what the officials revealed on the shelter issue.

One of the clients explained how happy she was when the Unit helped her to get access to the WISE facility but soon realised that her happiness was to be short-lived. She said:

“...When my madam threw all my things outside and asked me to leave after pouring hot tea on me, I needed a place to sleep and put my few things because I came from the North- Tamale and did not know anyone in Accra. Fortunately, the police got me a place at the WISE shelter but I was told I could not stay longer than two days ...” (Unit’s Client, 2011).

The finding also revealed that, the Osu Shelter for Abused Children has since 2003 been used as a reference point by the Unit (then WAJU) for child victims of domestic violence. When asked the kind of interventions the shelter provides to abused children, the key informant of the shelter indicated that, her offices provided basic needs of shelter, food, clothing, health needs and rehabilitation. She further explained that:

“...the kind of rehabilitation the shelter provides for the abused children usually takes the form of psychosocial counselling. We also help the children to acquire basic literacy skills. Some of the children come to the shelter without ever being to school but by the time they leave; they learn to write the letters of the alphabet, simple words and also their names” (Key Informant- Osu Shelter for Abused Children, 2012).

The key informant from the Osu Shelter was asked what re-integration interventions the shelter employs for child victims of abuse. The key informant in her response revealed that the facility investigates the child-to-home environment to assess the advantages and disadvantages of reconciling the child with the estranged parents, guardians or relatives as a case may be against the pros and cons of looking for foster parents for the child or placing the child in a permanent facility. She further explained that, after the investigations, the shelter writes Social Enquiry Reports (where a case is in the Family Tribunal) and where not social reports on the child proposing alternatives that serve the best interest of the child which informs decisions regarding the child's reintegration.

4.3.4 Victims Access to Counselling Services

Majority of the officials of the Unit and its attached offices revealed that some clients of the Unit present cases that are trivial/ petty which do not require the parties to go to court but at the same time the parties are not supposed to leave without going through counselling. According to the respondents, their clients limited access to the benefits of any serious psychosocial counselling or therapy sessions is because of the workload and also because the Unit has only two professionals in that specialised area namely one clinical psychologist for the whole of Accra Region and also only one professional social worker at the Unit. As a result, behavioural problems in domestic relationships which need to be adequately dealt with through counselling but are not addressed because of the workload become cyclical.

Some of the respondents also identified a contributing factor to the limited access to counselling and psychotherapy services as resulting from the fact that, victims were referred to the said specialists only when the Unit's police felt their services were needed or when victim's break down emotionally during interviews with the Unit's police

personnel. Responses from four of the key informants further revealed that cases referred to the Social Worker from the Department of Social Welfare attached to the Unit were mostly cases that relate to Child Custody and Maintenance which restrict the extent to which they provide psychosocial support to other victims of violence. Following are excerpts in support of the finding:

“... We refer clients to the clinical psychologist, social workers and WISE counsellors working with us as and when we feel their services are needed ... we try as police personnel to counsel clients ...” (Unit’s Key Informant “A”, 2012).

“When a case comes, it first goes to the DOVVSU police where it is treated as a police case. After statements are taken from clients, the Station Officer then decides who should handle the case. It is when the Unit’s police feel you should intervene that such cases are brought here. We quarrel over it everyday because we are of the view that not all the cases should be treated as a police case and need special skills which apart from the clinical psychologist and social workers, the traditional police do not have”. (Unit’s Key Informant “E”, 2012).

“... It is cases that have to do with child custody and maintenance that are referred to us. In fact I will tell you that a lot of the Unit’s clients do not get the counselling they need” (Unit’s Key Informant “D”, 2012).

“Most of our clients do not get the counselling they need because of the workload; when this happens, unattended to behavioural problems recur” (Unit’s Key Informant “F”).

“If the police finish interviewing and they feel clients need counselling, then they refer them to us” (Unit’s Key Informant “G”, 2012).

4.3.5 Access to Training Programmes for Families of Victims of Domestic Violence and Domestic Violence Education for the Perpetrators

When asked whether the Unit and its attached offices provide training / education programmes for victims, their families and perpetrators as a means of addressing the menace of domestic violence as stipulated in the DV Act, all the respondents (personnel and clients alike) indicated in their responses that there no such programmes. According to the professionals of the Unit, non-existence of such programmes which they should have been providing as a means of empowering their clients does not help the Unit to effectively address domestic violence issues reported at the Unit. They further intimated that the Act has not been very effective in responding to important needs of clients:

“To answer your question frankly, we do not have any training programmes for families of victims and perpetrators of domestic violence due to lack of resources for organising such programmes...expected to provide assistant to victims should do their part to make the Act more operational (Unit’s Key Informant “A”, 2012).

“...Where are the material and financial resources for such programmes? It was a good idea proposed by the Act but up till now, our offices have not been empowered resource-wise to provide ... the law is simply not working...” (Unit’s Key Informant “D”).

4.3.6 Limited Outreach Programmes by the Unit

DOVVSU in its mandate is among other functions expected to engage in domestic violence education in relation to their operations in schools, markets, lorry stations and places of worship (DOVVSU Website, 2011). When asked how frequently the Unit engages in community outreach programmes to educate the populace a mandate of the Unit, the officials unanimously indicated that they do not engage in such programmes often because of resource constraints.

Following are two of the responses that depict and summarise statements made by all the officials on the issue of the Unit's outreach programmes: "Our outreach programmes are very limited due to financial difficulties" (Unit's Key Informant "A", 2012). Another key informant put it as "...Serious financial and logistic challenges prevent us from undertaking any serious outreach programmes in the communities". (Unit's Key Informant "B", 2012)

4.4 Skills and Training Programmes of the Unit

This theme is directly derived from objective three which seeks to find out issues relating to skill levels of personnel, capacity building and enhancement programmes put in place to enhance the Unit's role in addressing domestic violence.

Under this theme, the following findings were made:

- The Unit when first established in 1998 tremendously benefitted from capacity building and enhancement programmes on handling domestic violence cases organised and resourced by UNICEF for the first few years.
- UNICEF stopped the training programmes resulting from the Unit's inability to keep to the Memorandum of Understanding with UNICEF on transfer of already trained personnel.
- The police administration posts any police personnel to or outside the Unit without due considerations for prerequisite skills, experience or interest in the area of domestic violence
- Currently, any police personnel posted to the Unit gets to do on-the-job-training

4.4.1 Skills of Personnel

When asked whether one needed some unique skills as a determiner to be sent as personnel to the Unit, all the key informants in their responses indicated that no special skill considerations determine who should be posted to the Unit as a police officer. According to the respondents, police personnel who come to the Unit learn to develop skills in handling cases through daily experiences with clients of the Unit. Responses of some of the key informants are depicted as:

“No prerequisite skills are needed to be posted here as police personnel” (Unit’s Key Informant “A”, 2012). “You do not need to have any special skills in order to be asked to work here by the police administration...” (Unit’s Key Informant “B”, 2012).

“... No skills are needed. Apart from myself and the clinical psychologist who (also happens to be a police) has knowledge in dealing with the specialised issue of domestic violence, I don’t think most of the police personnel of the Unit have background ideas about what to do aside the criminal aspect...” (Unit’s Key Informant “E”, 2012).

“ Since this is a specialised area, you need certain skills to be able to work with clients of domestic violence be them children, adults or aged, female or male because each of these groups are unique and require unique skills to work with. It is unfortunate the police administration ignores basic skills in ... in posting personnel to the Unit” (Key Informant- Osu Shelter for Abused Children, 2012).

From the responses given, the researcher asked the personnel (excluding the key informant from the Osu Shelter who the researcher did not ask to comment on because she already addressed the issue as indicated above) whether in their opinion, being posted there without some basic skills informing that decision is the best (not in the interview schedule). In their respective responses, each key informant answered in the negative.

This response made the researcher to ask a follow-up question in which she asked personnel to mention some basic skills that one should possess in their opinion to be able to work effectively at the Unit. Of the seven (7) key informants of the Unit, two (2) of them mentioned good investigation, communication and mediation skills; another two (2) mentioned ability to take and write statements accurately, good listening and interviewing skills; one (1) identified multilingual and good communication skills and skills in negotiation while the final two (2) mentioned skills in conflict management and resolution, good interpersonal skills, gender sensitive skills, skills in working with children and the vulnerable.

4.4.2 Training/Capacity Building and Enhancement Programmes for the Unit's Personnel

The researcher posed the following questions on this sub- theme:

Do you have training or capacity building programmes in place to promote efficacy levels of the Unit's personnel?

If yes, what are some of the training/ capacity building and enhancement programmes put in place by the Unit that help to enhance the role of personnel in addressing domestic violence?

Which of such training programmes have you personally benefitted from?

All the key informants of the Unit (the key informant from the Osu Shelter excluded) unanimously in their responses indicated that almost all personnel during the first few years of the Unit's establishment were provided education and training programmes on handling domestic violence cases and also gender studies. Three (3) of the key informants further explained that, the training programmes stopped when UNICEF realised that, the

police administration too frequently transfers already trained personnel out of the Unit and brings in untrained ones contrary to the Memorandum of Understanding between UNICEF and the Unit.

Non- police personnel attached to the Unit and the key informant from the Osu Shelter for Abused Children suggested that the police administration should incorporate domestic violence as a course of study in the police training schools. Following are some of the responses to the above questions in support of the finding:

“Initially yes and on a number of things such as appropriate ways of handling victims and perpetrators of domestic violence, and gender-sensitive education by UNICEF but currently, personnel posted do on-the-job training” (Key Informant ‘A’, 2012).

“Yes. Over 90% of those of us who were here at the establishment of the Unit had all gone through gender-sensitisation programmes by UNICEF. Those who do not have the training are the ones new ones who came after the first few years” (Key Informant ‘B’, 2012).

“At the inception of the Unit, trainings have been organised by UNICEF on handling domestic violence and other gender related education but in exception to myself, ... and ..., all other already trained personnel have all been transferred. UNICEF warned against such transfer of trained personnel out of the Unit and so stopped the training programmes when the rampant transfers continued” (Key Informant ‘C’, 2012).

“I learnt that there use to be such programmes in the past but not anymore... We currently learn on-the-job” (Key Informant, ‘D’, 2012).

When officials of other offices attached to DOVVSU and those who work directly with the Unit were asked to comment on training programmes for police personnel of the Unit, some of the responses came as:

“ To equip them with some of the ... there should be courses in the curriculum of the Police Training Schools on handling domestic violence cases so that they have an idea on what is being dealt with” (Unit’s Key Informant, 2012).

“Domestic violence is not treated as a course in their training schools ... so the police should introduce working with victims of domestic violence as part of their course ...” (Key Informant from the Osu Shelter for Abused Children, 2012).

4.5 Factors Affecting Quality of DOVVSU Service Delivery

The study unearthed the following as some of the major factors that constrain DOVVSU from effectively addressing the issue of Domestic Violence in Ghana:

- Funding, Logistics/Infrastructural problems
- Lack of Legislative Instrument on the Domestic Violence Act/ Lack of explicit assigned roles for all key actors
- Unmet practical needs of clients
- Family, Cultural and Religious Beliefs and Influences
- Personnel Burnout
- Frequent transfer of trained DOVVSU personnel out of the Unit and untrained personnel into the Unit
- System Delays
- Lack of Knowledge on the DV Act and Language Barriers

4.5.1 Funding/Logistics and other Infrastructure Issues

In respect of the challenges facing the Unit, all key-informants of the Unit and its attached offices identified the first challenge as funding, logistics and other infrastructural constraints as negatively impacting their operations. In their opinion, this challenge forms the bedrock of most of the other challenges facing the Unit. Below are some statements in support of this assertion:

“In terms of logistics, you can see it for yourselves...There is limited office space as you can see for yourselves. Sitting spaces are provided on our corridor and there is no confidentiality for victims as other clients resulting from lack of space sit behind the windows and listen to victims narrating their stories...” (Unit’s Key Informant “E”, 2012).

“We have only one unreliable vehicle which goes as far as Kasoa and Amasaman depending on where a complainant lives before reporting to this unit while there are too many cases to attend to” (Unit’s Key Informant “A”, 2012). “To frame it in a sentence, I will say economic challenges and lack of logistics top our list of challenges. When cases are reported, moving on them become difficult as there are no vehicles and where a vehicle is available, there is no fuel. Victims or officials have to find their own means of transport which is pathetic because one look at most victims and you know there is no way they can afford such T&T” (Unit’s Key Informant “C”, 2012).

“Yes we indeed have lots of challenges but my number one is logistics, logistics, logistics. Sending accused persons to and from court is a big problem... The judges fight with us as well as the Prison Authorities who accuse us of dumping them without sending them back to court. Meanwhile, justice delayed is justice denied”. (Unit’s Key Informant “D”, 2012).



Figure 5: The only narrow corridor on which clients sit/stand to be attended to.



Figure 6: A cross-section of the Unit's clients waiting on the narrow corridor for their turn to be served.

“We have problems with funding. No funding is available for the day to day activities such as T&T to and fro victims’ homes, transporting clients to court, providing food and clothing for neglected children before looking for placement for them. All such funds come from the officers’ own pockets. I have been here for twelve years and not once has there been any financial assistance available for such daily events. I requested for T&T in 2002 and as at today, 2nd February 2012, it is yet to be paid” (Unit’s Key Informant “B”, 2012).

4.5.2 Lack of Legislative Instrument (L.I) to Support the DV Act

Almost all key-informants mentioned the lack of L.I on the DV Act as a core challenge to the effectiveness of the Unit and its partners in addressing domestic violence cases. Respondents revealed that, the lack of explicit and mandatory job specification to the major actors sometimes creates conflict and chaos between and among the actors with each actor defining its own roles that often leads to serious co-operation and collaboration problems.

Findings from the responses revealed blame game: It points out that, the DOVVSU police sometimes feel the other offices attached to the Unit which are the providers of psychosocial support services are shirking their responsibilities while the other offices attached to DOVVSU also feel the DOVVSU police have taken over their domain thus creating confusion. It was also gathered from key-informants that, the health facilities

usually refuse free treatment for victims of domestic violence when the DOVVSU personnel send victims for medical examination, endorsement of police forms and for treatment. The health facilities as revealed by most key-informants base their action on the fact that there is no legislative instrument requiring them to provide free services in the absence of which the health service will have to bear the cost of such services. In such circumstances therefore, cooperation and coordination between DOVVSU police and the Ghana Health Service in the provision of services to clients of DOVVSU who are victims of domestic violence in need of medical assistance become problematic.

To present the challenge resulting from the lack of an L.I on the DV Act and its implications for the major actors, the researcher presents some statements from some key informants of the Unit and its attached services:

“As an organisation, we have problems as to what specific roles to play. When the Unit was set up, there was no Memorandum of Understanding to let us know what clear-cut roles each actor was supposed to play at this or that point in time. When a case comes, it first goes to the DOVVSU police where it is treated as a police case. After statements are taken from clients, the Station Officer then decides where the case should go... We quarrel over this everyday as they treat DV cases with serious psychosocial undertones as police cases and so such cases get destroyed before reaching us... Everyone is just trying to do what they feel is ok. We need a legislative instrument to support the Act” (Unit’s Key Informant, 2012).

“When all my attempts to have a meeting with the various offices within Accra Regional DOVVSU to discuss relevant issues and a way forward failed to materialise, I suggested to DOVVSU Headquarters to schedule a seminar that will be binding on all individual offices within DOVVSU for discussion of issues relating to roles of actors within DOVVSU. It has been two years now and nothing has happened”. (Unit’s Key Informant “E”, 2012)

In a statement, a police key informant of the Unit when commenting on issues of job specification, cooperation and collaboration with other attached DOVVSU offices said;

“Everything has been dumped on the police. We as police only have to assist the victims to get the kind of services they require. It is for Social Welfare, Clinical Psychologists, Ghana Health Service and NGOs to play their role. We need an L.I for all actors to do their part well”. (Unit’s Key Informant “B”, 2012)

A key informant in expressing her views on the difficulties of the absence of an L.I said: “The lack of a legislative instrument is negatively affecting our attempts as actors in tackling domestic violence in a coordinated manner...” (Unit’s Key Informant, “C”, 2012)

Other key informants expressed their views on the challenges of the non-availability of an L.I. To vividly express the confusion and controversies faced by key actors regarding role specification, through the absence of a Legislative Instrument to back the Act, two other key informants said:

“The Domestic Violence Act is like a weapon given to the police without ammunition to shoot with. We have the Act alright but the Legislative Instrument that backs the law is absent. So at times, the Courts, the Ghana Health Service and other actors attached to DOVVSU do not know what role they are supposed to play”. (Unit’s Key Informant “A”, 2012).

“What I will say is that, in handling a child’s case, you need to be careful in taking decisions. Social enquiries are very necessary in working on a child’s case. Most of the time, you realise that DOVVSU re-integrates children without said reports from us on the child and his or her home environment as contributing factors to abuse of the child. Sometimes, they pick children from the shelter for investigations and these children are not returned. You call to find out and they tell you they had re-integrated them. Meanwhile, there are issues that need to be looked into and worked on in the child’s home environment and this for us becomes a challenge in our partnership with DOVVSU police personnel. To make

the DV Act effective, there is need for a legislative instrument to back it". (Key Informant from the Osu Shelter for Abused Children, 2012).

4.5.3 Unmet Practical Needs of Clients

When asked to identify other major challenges confronting the Unit and its operations, five (5) out of the eight (8) key informants used for the study identified unmet practical needs of victims of domestic violence as a factor that was crippling the ability of the Unit in holistically addressing the domestic violence menace. The response from key-informants revealed that, the Unit mainly succeeded in bringing perpetrators to book, provides limited counselling to victims and in some cases secures temporary shelter for some victims but fails to meet one of the most important needs required to reduce victims' vulnerability to violence which all five key-informants identified as the need for economic empowerment for majority of their clients.

All the key-informants who spoke on the issue also felt that, the inability of the Unit to meet the economic empowerment needs of majority of clients of the Unit results in a situation where an individual becomes a victim of domestic violence multiple times as revealed by their records. To support the findings on unmet needs of clients posing a challenge to DOVVSU in effectively addressing DV cases, the researcher recorded the following statements:

"The Ministry responsible for providing assistance to domestic violence related cases-(MOWAC) should sit up so that together, we can meet most of the pressing needs of our clients". (Unit's Key Informant "F", 2012).

"...Most of our clients apart from psychosocial support need economic empowerment which we should be providing but is lacking. It is this lack of financial support that is responsible for most of the assault cases reported at DOVVSU usually beginning with a woman demanding for upkeep money for the

family leading to exchanges between them and the men. Whatever is brought as maintenance in child custody cases is nothing (usually GHC 20.00 to 60.00 per month) and so all go into feeding”. (Unit’s Key Informant “E”, 2012).

“We are unable to meet the most critical need of our clients which is economic empowerment. It is our inability to meet this crucial need that causes majority of our female clients to return to the abusive relationships” (Unit’s Key Informant “G”, 2012).

“Total economic dependency on partners makes it difficult for most of our female clients to get out of abusive relationships. Our Unit and its affiliates must equally be empowered to do something about this in the interest of our clients” (Unit’s Key Informant “B”, 2012).

4.5.4. Family, Cultural and Religious Beliefs/Influences

Majority of participants specifically seven (7) out of the eight (8) officials had issues to share on family, cultural or religious influences as a bottleneck to their ability to effectively address DV cases. Out of this number, three (3) mentioned all three factors namely family, cultural and religious influences. Another two (2) of the key-informants mentioned only cultural and religious interferences whilst the remaining two (2) touched on family and religious beliefs. The following statements confirm the above point:

“Culture both traditional and religious make victims to continue in abusive relationships for the sake of the children or because God frowns on divorce even when it is evident that such relationships will only lead to doom” (Unit’s Key Informant “A”, 2012).

“When conducting investigations and in counselling, family and cultural influences are the most difficult to break” (Unit’s Key Informant “C”, 2012).

“One of our major challenges has to do with the cultural and religious beliefs that

our clients hold on to dearly no matter how...indeed, these make working with some clients very frustrating...”(Unit’s Key Informant “D”, 2012).

“We are not asking our clients to throw away their good family and cultural values. All we are saying is that, where holding-on to these influences poses life-threatening consequences to victims, they must resort to a sense of better judgement but...” (Unit’s Key Informant “F”, 2012).

According to the key-informants, such beliefs or influences and values cloud the judgement of their clients. These in the view of the key informants often results in clients’ decisions that most times do not serve their best interest.

4.5.5 Personnel Burn-Out

In response to why the Unit’s personnel sometimes seemed to look quite unfriendly, impatient and irritated based on the researcher’s observation at the Unit, seven (7) of the participants attributed such situation to personnel burn-out. In their opinion, client turnout tends to be disproportionately high compared to the human resource-base of the Unit. This situation according to the key informants put a lot of pressure on officials. It was gathered from the respondents that, the situation gets even worse because the Unit also lacks most of the devices needed to make work much easier for the personnel. The result according to them is that, when fatigue sets in, as humans, they could commit the blunders observed by the researcher:

“One of our major challenges as DOVVSU investigators is personnel burn-out which comes about because we have high numbers of cases and few personnel. In a day, one investigator has to attend to five (5) cases made up of rape, defilement, physical assault and child abuse. That one investigator has to take statements, go to the crime scene, take victims to hospital, parade victims before commander and make follow-ups on previous cases. That tells you how bad the situation can be...” (Unit’s Key Informant “G”, 2012).

“You’ve been waiting for about four hours. Its 3.00 pm and look at the numbers still waiting outside to be served. This is how busy we get every working day not to mention Mondays and Wednesdays which are worst. The number of cases to one officer is simply a headache...” (Unit’s Key Informant “E”, 2012).

4.5.6. Frequent transfer of trained/experienced DOVVSU personnel out of the Unit and untrained personnel into the Unit

Almost all respondents mentioned frequent transfer of already trained or experienced personnel out of the Unit as a challenge facing the Unit’s attempts at addressing domestic violence. From the foregoing, the researcher asked whether the police administration or the DOVVSU Secretariat has any programmes in place to retain already trained personnel or personnel that have over the years gained experience at the Unit. To this, officials responded in the negative. They explained that, bringing in new personnel and taking out the old ones at very short intervals negatively affects their quality of service delivery.

4.5.7 System Delays

All the police key-informants interviewed identified system delays as another major challenge facing the Unit. The respondents explained system delays to be systemic procedures that result in undue delays. According to them, by law in Ghana, District and Circuit Courts do not have the jurisdiction to try sexual offences such as rape case as District Courts cannot give sentences exceeding two years for which reasons such cases are tried at the High courts. Circuit Courts on the other hand can give higher sentences but are still not allowed to try rape cases. Dockets on such cases are sent to Attorney-General’s (AGs) Office for advice resulting in undue delays:

“I can tell you for a fact that I have dockets on rape cases at the AGs Office for five years (5 years) and during the Justice for All Programme, I discharged some

of the accused persons on remand. System delays result in a situation where complainants/victims appear in court for three to four months and then lose interest in pursuing the case and stop coming to court. After two to four (2-4) years, the AG returns the dockets advising that accused persons be indicted only to realise that complainants/victims have disappeared without any trace...” (Key Informant “D, 2012).

“If indeed the victims/complainant had been raped, then they have been treated unfairly as they have been denied justice...On the other hand, if the accused indeed had not committed the offence, but had been kept in custody for four years, it amounts to injustice in the highest order” (Key Informant “D”, 2012).

Aside the aforementioned system delays, the key informants further complained about delays in prosecuting minor cases. They attributed these delays to defence counsel/lawyers giving excuses for their inability to be in court, for time to study the case, their clients being sick all of which impact victims’ sustained or decreased interest in a case.

According to the key informants, the undue delays make victims of domestic violence to lose trust in DOVVSU and its personnel and sometimes to completely abandon the quest for justice. This in the view of the key-informants gives a ‘not-too-good’ image of the Unit to the general public.

4.5.8 Lack of Knowledge on the DV Act

Seven (7) out of the eight (8) key informants mentioned language barrier and ignorance of the DV Act on the part of the general public and other clients as affecting the Unit’s attempts at effectively addressing issues of domestic violence. According to these respondents, the cosmopolitan nature of Accra makes the city to witness the influx of Ghanaians from all ethnicities. Thus, the Unit’s clients have no ethnic restrictions

requiring the use of interpreters by the Unit where necessary. The respondents noted that the situation poses serious challenges to the Unit especially where the interpreters are incompetent leading to misrepresentation of facts with direct or indirect consequences for both clients and officials of the Unit. In commenting on this challenge, one key informant stated: “Language barriers lead to communication gaps through the use of interpreters...” (Key Informant “C”, 2012).

On the issue of ignorance of the DV Act, respondents explained that lack of knowledge on what constitutes domestic violence, forms of domestic violence and penalties for contravention of domestic rights present serious problems and make working with some clients very difficult. A respondent in an attempt to explain the challenge of ignorance of the DV Act on the part of clients quoted a client, thus:

“I do not see anything wrong with hitting my own husband on the head with a cooking utensil when he refused to buy me a funeral cloth I requested from him. It was just unfortunate he collapsed and was taken to hospital by co-tenants who reported the issue to the police. This is no business of yours. This is purely a matter between my husband and I ...” (Key Informant “A”, 2011).

4.6 Relevant Observations at the Accra Regional DOVVSU

One of the most noticeable things at the Accra Regional DOVVSU is that there is an issue with infrastructure. Upon entry to the Unit’s premises, one cannot miss the number of clients of the Unit who for lack of space on the Unit’s very narrow corridor sit, stand or squat along officers’ doors and windows. From their positions, they could hear anything being said in the offices during interviews, investigations and counselling sessions with other clients inside the offices (This observation corroborates the views of both victims and officials of the Unit regarding lack of confidentiality of information of clients).

There are about fourteen offices at the main Unit on the first floor beneath which houses the Ministries Police Station. At the main Unit, apart from the offices of the Unit's Coordinator, Second in Command and Third in Command having only an occupant each, all the other offices (including the WISE office attached to the Unit) have multiple officers sharing a room from which officials engage in consultation with clients. A visit to the offices of the Coordinator, Second in Command and the Third in Command are well furnished rooms while the other offices show complete lack of touch with modern facilities.

Opposite the Ministries Police Station on the ground floor is a two-room building housing the Department of Social Welfare Offices attached to the Unit. At this side, the Social Worker who doubles as the Head of that department occupies one of the two unfurnished rooms with the only feature of modern gadgets being a television set which is said to have been donated by UNICEF at the inception of the Unit. The other room is occupied by all the other officials with plywood used to demarcate it into two mini offices from where officials engage in business with variety of clients. To provide a sitting place for the huge numbers who could not be accommodated in the two small rooms, a shed has been put up with few benches under it on which other clients wait to be called to join those in the two-room office allocated to the supporting staff from the Department of Social Welfare.

The only vehicle that the Unit has throughout the period of the study was almost always found on the premises broken down. This vehicle is supposed to convey investigators to crime scenes for investigations irrespective of which part of Accra a person resides at before reporting a case to the Unit. It is this same vehicle that is expected to transport clients on prison remand to the courts and take victims of domestic violence in need of

urgent healthcare to the health facilities. The lack of transport as observed sometimes make officials ask clients of the Unit to bear the cost of transportation in order to effect arrests or to crime scenes in order to carry out investigations. Where clients are unable to afford the cost of transport, the researcher observed few of the officials through their personal resources bearing the cost of such operations.

The entire Unit is almost fully funded by the Ghana Police Service. The time of the conduct of the research coincided with the period of rationing of electricity services in the city of Accra. This situation led to frequent power outages at the Unit. As such, anyone at the Unit's premises could not miss the heat and odour that comes from various individuals closely seated or standing due to the limited space and poor ventilation.

One other major observation during this data collection was the willingness of the police respondents to give information most of whom are friends and colleagues of this researcher's elder sister who is a senior police officer conducting her research at the same time. This made it easier for the researcher to have access to any kind of information.

Most of the time, the officials of the Unit seem to have cordial relations with clients of the Unit. However, there were times when some officials who looked worn-out shouted at or were impatient towards clients. This was observed especially on days that there were massive client turnouts specifically on Mondays, Wednesdays and Fridays with the number of clients who seek the services of the Unit by far outnumbering the number of officers at the Unit (This observation to some extent corroborates what the officials of the Unit expressed on personnel burn-out).

The researcher observed that at the Unit, there seem to be issues of co-operation and collaboration between DOVVSU police personnel and the officials of the Department of

Social Welfare Office attached to the Unit. Sometimes, these two seem to play blame games which seem to come about as a result of issues of job specification. (Corroborates responses of officials regarding the lack of legislative instrument to support the DV Act which would have assigned clear-cut roles and avoid clashes between the Unit's police and psychosocial support offices of the Unit).

From the foregoing, this section presented and critically examined data gathered from the field with the objectives of the study in mind. This helped to understand its parts, trends and the relationship between and among the parts. Where one source corroborates the other in the analysis, it was clearly stated and vice versa.

CHAPTER FIVE

DISCUSSION OF THE STUDY FINDINGS

5.0 Introduction

According to Judd, Smith and Kidder, (1991), the discussion section forms a cohesive narrative with the introduction. In this study however, the discussion section forms a cohesive narrative not only with the introduction but also the entire preceding chapters (Tuckman, 1972). This chapter identifies and interprets significant findings of the study. It highlights inferences made from the major findings in relation to the literature review, theories and concepts used. The discussion in this chapter is done according to sub-themes corresponding with the themes in the research questions. It ends with the discussion of the theoretical and practical implications of the major findings.

5.1 Procedures in Handling Cases

This theme corresponds with the first research question of the study. It deals primarily with processes followed or used by officials of the Unit in handling reported cases of domestic violence at the Unit. This is in line with human rights approaches of informed consent, respect and dignity of victims and the best interest of victims of domestic violence.

The major findings under the theme of procedures used in handling reported cases as revealed by the preceding chapter include clients of the Unit having to undergo multiple interviews; breach of confidentiality of clients' information and child victims of domestic violence sometimes being interviewed in the presence of parents /adult perpetrators. The finding on the procedures also revealed that, no tailored approach to interventions was employed for clients given that clinical psychologist, social workers and counsellors

attached to the Unit were involved in the procedures only when police personnel of the Unit felt their services were needed. The final finding on this theme has to do with the complaint of adult clients of the Unit that, the procedures were unduly time consuming.

5.1.1 Multiple Interviews in Handling Cases

Clients of the Unit who have been victims of domestic violence in their responses indicated that they are made to retell their stories to each official of the Unit and its attached offices that had to work on their cases which according to them is a traumatising experience.

This finding is in sharp contrast with literature review on how to handle victims of domestic violence. The UN Guidelines for Gender-Based Violence Interventions (2008) suggests that as much as possible, the police, legal system and all other professionals delivering services to victim-survivors of domestic violence should engage in best practices that reduce trauma associated with experiencing violence.

UNICEF Innocent Research Centre, (2000) is of the view that the police are particularly well-positioned to provide assistance to victim-survivors, but lack of training hinders them from dealing with domestic violence effectively. It suggests that, training and sensitisation of police at all levels must be instituted, and guidelines must be developed to monitor police response. Police must be held accountable for their behaviour towards victim-survivors in order to prevent secondary victimisation at the hands of the police.

Ghana's Domestic Violence Act, stipulates the modalities of police assistance to victims of domestic violence. It states that, when a police officer receives a complaint, the officer shall interview the parties and witnesses to the domestic violence including children, record the complaint in detail and provide the victim with an extract of the occurrence

upon request in a language the victim understands. With this information, one will have expected that once a victim's statement has been taken, all other professionals of the Unit who have to work on the victim's case would have access to the extract of the occurrence. In this circumstance, any personnel with whom the victim comes into contact for an intervention needs not conduct a fresh interview but ask for clarifications on the issue where necessary. This way, the trauma associated with reliving the painful experiences continuously would have been reduced.

With this finding, one may be tempted to say that though States have adopted such good policies and enacted legislation prescribing how certain cases should be handled to promote the best interest of a victim, in reality, some of such recommendations are not implemented. This situation could result from officials of some implementing agencies being ignorant of such provisions or because they just prefer to do things their own way. The implication of this is that, where a case is of a sensitive or traumatising nature, the client will then have to relive the bitter experience over and over again.

The finding then raises serious questions about what guidelines personnel of the Unit and its attached offices follow in handling reported cases. It also questions the commitment level of states, institutions and other implementing agencies in enforcing procedures that promote the best interest of victims of domestic violence.

The Institute of Development Studies, (2004) Social Protection Framework underpinning this study puts social protection interventions into four categories of protective, preventive, promotional and transformative social protection. Relating the finding to the framework, it can be said that, the action of personnel of the Unit by engaging clients in multiple interviews as indicated by the clients add more trauma to victim-survivors of domestic violence. This action to an extent constitutes a violation of the protective

category of the framework that tasks State institutions to provide services that relieve people from all forms of deprivation, abuse and trauma. Thus, the multiple interview situations rather prevent the victims from the full enjoyment of the protective category of social protection.

5.1.2 Lack of Confidentiality of Clients' Information

All clients of the Unit in exception of one child aged twelve years (12) shared ideas on confidentiality of clients' information at the Unit.

This finding confirms an assertion by Population Council, sub-Saharan Africa (2008) that victims could suffer some harsh realities while reported cases of gender-based violence are being worked on. The finding also supports literature that, the individual responses of police, health or other personnel can exacerbate or ameliorate the negative impact of a coercive experience. Thus, the creation of a safe and confidential system for reporting violence and protection of complainants from any possible negative acts should form part of effective investigation procedures (UN-GA, 2006). The finding however contradicts with an important procedure in handling victims of violence which demands that, privacy and confidentiality are central to reassuring survivors and securing their long-term safety (Kenya Ministry of Health, 2004).

Breach of confidential information of clients whether or not it is the fault of service providers could worsen an already bad situation as it could lead to psychological sparks in victims and stigmatisation from members of the community depending on the nature of the case. When this happens, victims instead of being protected and being helped to deal with the social and psychological aspects of the violence experienced rather suffer double agony resulting from discrimination and stigmatisation from other members of the

society. Discrimination and stigmatisation have dire consequences on the self-worth of the victims involved.

Another implication of breaching confidential information of clients' is that, clients are more likely to regard the Unit as incapable of effectively addressing their issues. This way, they could altogether stop accessing the services of the Unit as earlier indicated in the data presentation. Discontinuation of the helping process could itself lead to two scenarios. Firstly, it amounts to unfair treatment and could also lead to serious unresolved psychological problems for clients. The second is that, a bad image gets carved for the Unit which once carved is difficult to redeem and also reduces the likelihood of victims and others to have confidence in the Unit.

The question that arises from the above is who should be blamed for this unfortunate situation? Is it the result of lack of commitment on the part of governments over the years to ensure that the right resources are put in place to promote the best interest of victims of domestic violence? Could it also be blamed on the Unit for not putting enough pressure on the powers that be to ensure the right thing is done? What about the need for corporate organisations, civil society groups, political and religious organisations to contribute their quota to the development of such institutions aimed at providing protection to the vulnerable in society? The answer could be anyone's guess; all are partly to blame.

Relating same finding to the Institute of Development Studies (2004) Social Protection Framework underpinning the study, it can be said that DOVVSU representing a State institution ought to provide holistic social protection for its clients through networking with other actors. Thus to a great extent, DOVVSU seems to be failing in its duty to provide the required protective, preventive, promotional and transformative social protection to its target population resulting from institutional limitations.

5.1.3 Interviewing Child Victims of Domestic Violence in the Presence of Parents/ Adult Perpetrators

Information gathered from respondents indicated, child victims of domestic violence were sometimes questioned by officials in the presence of adult perpetrators.

This revelation from clients of the Unit seemed to be affirmed when the researcher asked for differences in the procedures used for adults and those used for children in which the officer interviewed said “We use similar procedures for them even-though there is a slight difference regarding those for children. We look at the demeanour of the child before deciding whether or not to take statement from the child in the presence of the parent or caretaker”. The only difference between statements of clients and that of the Unit’s official is that, whilst adult clients seemed to suggest that children were interviewed in the presence of perpetrators whether family members or not, the professional on the other hand seemed to suggest that such procedure was used for children brought by parents to report cases. When questioned by the researcher on whether that approach was the best in regard to the rights of the child, the officer responded that no child had complained about the approach.

With regards to the above paragraph, this researcher is of her opinion that it is quite unfair to expect a child to complain under such a situation. This is because the traditional Ghanaian culture expects a child ‘to be seen but not heard’ (Nukunya, 1992). Therefore, a child who goes contrary to this is traditionally considered as a disobedient child.

Ghana’s Domestic Violence Act 2007, (Act 732) in the prescribed procedure for making a report to the police on child related cases indicate that, a child cannot by him/herself make a report to police but that such a child should be assisted to do so by parents,

guardians and relations. Other professionals such as social workers, probation officers, doctors, nurses and hospital staff could also assist a child to make a report to the police.

The Children's Act of 1998, (Act 560) accords children the right of opinion. This right states that, no person shall deprive a child capable of forming views the right to express an opinion, to be listened to and to participate in decisions which affect the child's well-being, the opinion of the child being given due weight in accordance with the age and maturity of the child. The Act, under the welfare principle states that, the best interest of the child shall be paramount in any matter concerning a child. It went further to say that, the best interest of child shall be the primary consideration by any court, person, institution or other body in any matter concerned with a child (Ghana's Children's Act, 1998).

Discussing this finding in relation to the above laws, this researcher sees a serious gap coming with the former where parents, guardians and relations are to assist a child victim of domestic violence to make a report to the police. First of all, this researcher is tempted to assume that, that clause in the Domestic Violence Act could have informed the decision of the personnel of the Unit to sometimes interview child victims in the presence of their parents, guardians or relatives. However, the gap comes in instances where the perpetrator of the violence against the child is the parent, guardian or relatives. In such cases, the presence of the family member during the process of taking the child's statement or during the process of interviewing the child does not promote the best interest of the child which is contrary to the provision in the Children's Act already talked about. Aside the said procedure leading to violation of the welfare principle, it also amounts to violation of the child's right of opinion where a child capable of forming views must not be deprived the right to express an opinion, to be listened to and to

participate in decisions affecting his or her well-being (Ghana's Children's Act, 1998). Thus, that procedure as used by the Unit does not promote the child's right to informed consent and freedom of expression even where a parent or guardian is not a perpetrator. Especially for children in their teen ages who could think maturely, it is important to seek their views on whether or not they would like their parents to be present while she or he is being interviewed or having her or his statement taken. This discussion is supported in a statement by WHO, (2004) when it outlined in procedures for handling victims of violence that, sensitive approaches to managing child survivors of violence (both sexes) should be encouraged.

5.1.4 Point of Intervention of DOVVSU Psychologists, Social Workers and Counsellors in the Procedures

Most of the officials' interventions for clients were ad-hoc without any well tailored out methodology and theoretical framework. This finding is contrary to the UN Guidelines for GBV Interventions (2008); Njovana and Watts (1996) among others who advocate that, all professionals working with victims of violence including the police, courts, health workers, social workers, clinical psychologists must develop and follow guidelines that promote collaboration among all actors in the delivery of services to victims of violence. Aside developing comprehensive manuals on handling victims of violence, steps are to be taken to ensure that, said operating procedures must aim at promoting the best interest of victims of abuse irrespective of the age, gender, class or religion of victims and must include structures that deal with biases of professionals so as to ensure that said procedures address all needs of victims and make victims better-off than they were before seeking help. They also emphasise the role of clinical psychologists and social workers in

dealing with the social and psychological aspects of violence aside those of the police and health providers.

Lawyers, psychologists, nurses, social workers, welfare workers and other professionals are key players in opposing violence. There is need to develop protocols for identifying and referring cases of domestic violence to appropriate bodies and screening measures for detection and early intervention. These protocols must be developed in collaboration with experts in the domestic violence field (UNICEF Research Centre, 2000).

Linking the above to the Institute of Development Studies (2004) Social Protection Framework, DOVVSU represents a State institution tasked with protecting the Ghanaian populace from the livelihood risk of domestic violence (protective aspect of the theory). Still on the protective aspect of the theory, the use of appropriate procedures by the Unit in handling reported cases of domestic violence would ensure that the human rights of the victims are respected and protected, justice is not denied and clients do not suffer secondary victimisation. The promotional aspect of the framework on the other hand seeks to enhance the capacity of the vulnerable to gain control over their lives. By developing protocols and adhering to the guidelines and action plans by the various professionals of the Unit providing appropriate services in relation to their special fields, the chances that the practical needs of victims are met become higher. When the practical needs of victims of DV are met, they get empowered and this reduces their dependency on others thereby reducing their vulnerability to violence from abusive others on whom they depend for their livelihood. Finally, the transformative category of the social protection framework goes beyond the provision of safety nets for the vulnerable (including victims of domestic violence) to challenge and address structural/societal inequalities and injustices that contribute to vulnerability. Here, well tailored

interventions by officials of the Unit will ensure that, the various professionals play their respective roles to the latter without fear or favour. When this is done, it is likely to result in strong signals to real and potential perpetrators as well as societal institutions that directly or indirectly condone domestic violence to reconsider their stance. Thus, it will go a long way to change mindsets that condone, acknowledge or perpetrate violence in the Ghanaian society. Carefully developed protocols and the use of well coordinated interventions become a prerequisite if clients of the Unit are to derive maximum benefit from the protective, preventive, promotional and transformative categories of social protection. From the foregoing discussion, it can be said that, the use of untailored procedures and ad-hoc interventions without well thought out methodologies for clients of the Unit prevent clients from enjoying the full benefits of the protective, preventive, promotional and transformative categories of social protection.

5.1.5 Time Consuming Nature of Procedures

Majority of clients of the Unit when asked to comment on the procedures used in handling their cases at the Unit also complained about the amount of time they had to spend at the unit.

The finding on the time consumed in addressing concerns of victims of domestic violence at the Unit goes contrary to the Domestic Violence Act 2007, (Act 732) in which it is stated that, a police officer is expected by law to act quickly on a report made by a victim of domestic violence. The finding again goes contrary to the Unit's mission statement of providing quick and timely response to victims of domestic violence. (DOVVSU, 2011).

This finding has practical implications. Notwithstanding whether or not it is the fault of the Unit's personnel or the fault of the government or other stakeholders not making

available the needed resources that will aid the Unit's ability to act promptly on reported cases of domestic violence, the situation nevertheless negatively will affect clients. This is because, in instances where serious or life-threatening cases that needed immediate attention are not quickly acted upon, it may be too late by the time the Unit gets to do something about it. The result could take the form of death, harm or even loss of forensic or other evidence. Whichever way the situation leads, the victim is more likely to suffer the consequences.

Situating this finding in the Institute of Development Studies (2004) Social Protection Framework which forms the basis for the study, the Unit could be said as not being able to provide effective protection for clients of the Unit who are victims of domestic violence resulting from delays in procedures. This finding further goes contrary to the United Nations (2008) Standard Operating Procedures for Prevention of and Response to Gender-Based Violence which require professionals, institutions and agencies working on behalf of victims of violence to take prompt action to reduce unnecessary delays and its consequences.

5.2 Meeting Practical and Strategic Needs of Victims of Domestic Violence

This theme represents the second objective of the study and aims at finding out from victims who were clients of the Unit what their needs were at the time of seeking help from the Unit. It also sought to find out whether or not some of these needs were met and also the extent to which they were met. It again sought the views of professionals of the Unit on the extent to which they meet the needs of their clients. The discussion is done using the Domestic Violence Act, 2007 as the first point of reference.

Under this theme as indicated in chapter four, the study revealed that: material support was not provided for victims of domestic violence; victims of domestic violence were made to fully pay for endorsement of Police forms and medical treatment and victims of domestic violence had limited access to counselling services at the Unit and no training programmes were available for victims of domestic violence, their families as well as education for the perpetrators as prescribed by the DV Act. The study also revealed that Government had not since the inception of the Domestic Violence Act in 2007, constructed receptive shelters to temporarily accommodate victims where rescue, rehabilitation and reintegration of victims were required in exception of the already existing Department of Social Welfare Osu Shelter for Abused Children. The study further revealed that WISE a non-governmental organisation complements the Osu Shelter for Abused Children by providing very limited temporary shelter to some women victims of domestic violence. The study under this theme finally revealed that DOVVSU provides very limited outreach programmes in the communities due to financial and logistic constraints.

Respondents who have been victims of domestic violence in their responses mentioned needs such as food, clothing, medical treatment, shelter and security, material support, counselling on how to manage and prevent abusive relationships, good mental health services (psychiatric care), economic empowerment, legal aid, justice and education both for themselves and perpetrators (especially in cases of intimate partner abuse) on what domestic violence is, punishment for flouting the law and what actions they can take to prevent it.

5.2.1 Providing Material/ Financial Support for Victims of Domestic Violence

Respondents both clients and officials of the Unit revealed that, contrary to the stipulations of the Domestic Violence Act 2007, the Unit does not provide material and financial support to adult victims of domestic violence.

With the provisions of the Domestic Violence Act, (2007) as indicated in the modalities for providing material/financial support to victims, one would have expected that, victims' need for material/financial support would be met by the Unit and its attached offices. This scenario could be seen as a reflection of how developing countries find it easy to enact laws but face difficulties in implementing the laws due to structural and systematic factors inherent in different levels of their society. The finding therefore reflects the low levels of commitment on the part of government towards the provision of social protection for its vulnerable citizens. It also confirms UNICEF (2000) assertion that, domestic violence is not always but usually more marked among the poor.

The finding is also contrary to UNICEF Research Centre, (2000) prescription that, integrated activities by institutions providing interventions for victims such as programmes that increase women's access to income by giving them the skills to develop sustainable businesses and manage their financial resources promote healthy behaviours that reduce the risk of violence.

Situating this finding again to the Institute of Development Studies (2004) Social Protection Framework underpinning the study, the situation has the potential of increasing victims' vulnerability to domestic violence as most victims' who are or were clients of the Unit lacked economic empowerment/ independence and therefore, the quest for material support is likely to make them to forever stay in such abusive relationships once their

needs for material support can be met by real or potential perpetrators . Therefore, the Unit as a State institution linking it to the framework and objective two of the study is unable to meet the practical needs of providing material support required to ensure the preventive and promotional categories of social protection to its clients.

5.2.2 Meeting Health Needs of Clients of the Unit

Clients and staff of the Unit (in exception of two clients who did not comment on the issue) said victims were asked to bear the full cost of having the Police Form Endorsed as well as full payment for any treatment received or to be received at the health facilities.

This finding is contrary to the provisions of the Domestic Violence Act, (2007) which mandates the police to assist victims of domestic violence to access free medical treatment. Here, the police are expected to give a Police Medical Form to victims and where necessary send victims to the hospital whereas victims are to receive free medical treatment from the State. The Act goes further to say that, in case of emergency or a life threatening situation, a victim of domestic violence may receive free medical treatment pending a complaint to the police and the issuance of a report. From the above, one would have expected that, victims in accordance with the Act would get unlimited access to health services to meet their health needs resulting from experiencing violence. This finding then reiterates how laws do not work in the absence of resources needed to effectively implement and enforce such laws. As a result, the enacted laws become ‘white elephants’.

Another implication of this finding is that, as indicated by some respondents, clients with pressing health needs who do not have the means to pay for such health services and at the same time do not get help from the Unit in order to get free access to health services

become victims of injustice as some of them in the absence of the endorsed medical forms are more likely to discontinue pursuing cases. Thus, the perpetrators of such offences rather get the last laugh as they are not made to take responsibility for their actions leaving traumatising consequences for the victims. Aside these, victims presenting serious health issues that are unattended to stand the risk of health complications which could have dire consequences for the victims.

The finding also agrees with UNICEF Innocent Research Centre, (2000) report which says that, the health care system is well-placed to identify women who have been abused, provide services to them and refer them to other services. It went on to indicate that, 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.

The finding has theoretical implications in respect to the to the Institute of Development Studies (2004) Social Protection Framework that guides this study. The protective category of the theory tasks State institutions to offer services that provide relief to vulnerable populations in order to reduce the negative effects of livelihood risks of abuse, poverty and deprivation on their lives. Thus, the inability of DOVVSU and the Ghana Health Service which are State institutions to ensure the provision of free healthcare services (which is a statutory right of victims of violence) therefore deprives the victims of DV of the health benefits of the protective category of the framework.

5.2.3 Clients' Access to Receptive Shelters, Rehabilitation and Reintegration

The officials in their responses indicated that, the extent to which this category of needs is met is negligible especially for adult clients of the Unit majority of who are women victims of domestic violence. The study also revealed that, shelter, rehabilitation and

reintegration needs of child victims of DV were being provided by the Department of Social Welfare's Osu Shelter for Abused Children whilst WISE, an NGO sometimes complements the Osu facility by providing temporary shelter to a very limited number of women victims of violence who are clients of the Unit. Women victims of DV who were clients of the Unit that touched on their need for shelter at the time of the violence corroborated the views of the officials adding that majority of them did not get access to shelter facilities. With this revelation, one wonders if the service is making any difference at all to victims of domestic violence most especially in the lives of the adult victims.

The finding contradicts the provisions of the Domestic Violence Act, (2007) in which the Government was to construct receptive shelters to temporarily accommodate victims where rescue, rehabilitation and reintegration of victims were required in all the regions and districts of Ghana. It therefore comes as a surprise that, five years down the lane, the Government has not engaged in any such venture which is supposed to have been a plus for the Unit in terms of being used as referral points for clients in the bid to effectively address the domestic violence menace. In the current circumstances therefore, it is difficult to imagine the plight of most victims if the Osu facility for children and the WISE temporary shelter for women were not available to clients of the Unit on a limited scale.

The protection and safety of victim-survivors and punishment as well as rehabilitation for perpetrators 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-victimised. Since the 1970s in most industrialised countries such as Canada, England, France and Germany, women's shelters have provided support to victims of domestic violence, 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 such as El Salvador, Chile and Namibia since the early 1980s. Given that shelters are expensive, NGOs in developing countries are hard-pressed to provide shelter for victims, and focus instead on providing legal advice and psychological and social support (UNICEF Research Centre, 2000).

Helping victims rebuild their lives and self-esteem has been a particular focus of NGO efforts in which many adopt an empowerment approach for victims through education, legal literacy, and economic self-reliance programmes within shelter homes to help victims take charge of their own lives and personal security. Such programmes also provide counselling and a connection to existing networks of victims. It is clear that when victim-survivors have the opportunity to interact with other victims 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 (UNICEF Research Centre, 2000).

Shelters and rehabilitation services that are well funded is an important victim safety provision. Battered women's shelters and services receive funding through the collection of fines. Courts are required to collect fines under the criminal code and to forward seventy (70) percent of each mandatory minimum fine collected to a local victim assistance program that provides services locally in the communities in which the crime was committed (Minnesota, 2007).

Relating this finding to the Institute of Development Studies (2004) Social Protection Framework underpinning this study, then it can be said that to an extent, the Osu Shelter for Abused Children and the WISE Shelter collaborate/network with DOVVSU (the Unit) to meet some of both the practical and strategic needs of victims of domestic violence

through the provision of protective, preventive and promotional social protection even-though it is on a limited scale.

5.2.4 Victims' Access to Counselling Services

Majority of the officials of the Unit and its attached offices revealed that clients of the Unit present serious cases that need to go to court as well as need counselling whilst others present cases that are trivial/ petty which do not require the parties to go to court but at the same time the parties are not supposed to leave without going through counselling. According to the respondents, their clients limited access to the benefits of any serious psychosocial counselling or therapy sessions result from the workload and personnel issues in this difficult and special area which make cases with behavioural problems in domestic relationships to become cyclical. The respondents attribute the cycle of violence suffered by some of their clients to behavioural issues that have not been adequately addressed through counselling.

The issues of what type of counselling clients need depending on the uniqueness of the problem, how often clients get access to counselling and who provides what type of counselling are important to address the domestic violence menace. The kind of presenting problem should dictate the type of counselling to be given. It is therefore necessary for clients to derive maximum benefit from the right type of counselling from the right professionals who have the expertise and experience to provide counselling. Sometimes, all a person needs to change a negative situation around is the right cognitive restructuring which usually should be in the domain of professionals or experts in that field.

Situating the clients' access to limited counselling which may or may not be the required type prevents clients from fully enjoying the preventive and promotional categories of social protection prescribed by the framework underpinning the study. It also goes contrary to UN Guidelines for GBV Interventions (2008) and Minnesota House of Representatives Research Department (2007) all of which recommend adequate counselling for victims of domestic violence most especially those associated with trauma in order to deal with the psychosocial issues relating to such violence. There is the need for mandatory counselling services not only to victims of violence but also for perpetrators in order to change mind-sets regarding domestic violence and thus reduce their vulnerability or susceptibility to domestic violence (Minnesota, 2007; United Nations, 2010).

5.2.5 Access to Training Programmes for Families of Victims of Domestic Violence and Education for Perpetrators

When asked whether the Unit and its attached offices provide training / education programmes for victims, their families and perpetrators as a means of addressing the menace of domestic violence, all the respondents (personnel and clients alike) indicated in their responses that there were no such programmes.

A very important modality for effectively addressing domestic violence related issues is the establishment of the Domestic Violence Fund which has the objective of catering for and supporting victims/survivors, for the training of victim's family, rescue matters, rehabilitation and reintegration of victims/survivors and education of perpetrators.(Domestic Violence Act, 2007).

With the above information, one would have expected positive reports regarding training / education programmes for persons affected by violence so as to empower them to reduce their risk of either being victims or perpetrators of violence. It therefore comes as a surprise that no such programmes exist to reduce the vulnerability of persons to violence thus crippling the Unit's ability to provide training / education which would have produced long-term benefits for victims, their families and perpetrators who through such training would have been put in a better position to condemn or resist domestic violence.

Education programmes for families of victims, perpetrators, societal institutions and the public are effective interventions towards reducing and prevention of domestic violence. In the absence of these, reducing and preventing domestic violence will be difficult to achieve. (Raising Voices (2003); Peacock D., Levack A. (2004).

Relating this finding to the Social Protection Framework (2004) underpinning this study, one can say that education programmes for perpetrators is one important strategic need that must be met to transform societal institutions necessary for addressing the root causes of the problem of domestic violence. The lack of such programmes in the interventions of the Unit make them deficient in ensuring the transformational aspect of social protection needed to challenge societal norms and misconceptions that directly or indirectly condone violence.

5.2.6 Limited Outreach Programmes by the Unit

When asked how frequently the Unit engages in community outreach programmes to educate the populace which is one mandate of the Unit, the officials unanimously indicated that they rarely engage in such programmes because of resource constraints.

This implies that, frequent education that is necessary for addressing structural issues in a bid to reducing in domestic violence cases within the larger society is woefully inadequate. One must not lose sight of the fact that, engaging in frequent and intensified outreach programmes that sensitise and create awareness on domestic violence related issues to the general public would have been a plus as it will enable the Ghanaian public to make informed decisions on domestic issues.

Putting same using the Social Protection Framework, (2004) underpinning the study, the Unit is unable to engage in frequent outreach programmes necessary for transforming social institutions that condone violence. The result is that, the Unit becomes deficient in meeting the strategic need of intensified public education on what constitutes domestic violence, forms of domestic violence, the need to frown on such violence and consequences for flouting the Act. These culminate in the inability of the Unit to provide the transformational dimension of social protection.

5.3 Skills and Training Programmes of the Unit

This theme is directly derived from objective three of the study on skills and training programmes put in place to enhance the competencies of the Unit's personnel in addressing domestic violence. A recap of the study revelations under this theme are: prerequisite skills, experience or interest in the area of domestic violence were not factors considered in posting police personnel to the Unit; the Unit when first established in 1998 tremendously benefitted from capacity building and enhancement programmes organised and resourced by UNICEF for the first few years; UNICEF stopped the training programmes because of the Unit's inability to keep to the Memorandum of Understanding with UNICEF on transfer of already trained personnel and currently, any police personnel posted to the Unit gets to do on-the-job-training.

5.3.1 Skills Levels of Personnel

When asked whether one needed a set of unique skills to work in the Unit, all the key informants in their responses indicated that no skill considerations determine which police personnel should be posted to the Unit. They further explained that once a police personnel, one can be posted to any unit within the police service irrespective of factors such as interest, knowledge-base or experience in related fields.

Posting police personnel to the Unit without quality assurance (ignoring interest, domestic violence knowledge-base, skills and experience in related fields) is sure to negatively impact on the work output of the Unit. The implication is that, some of the Unit's police personnel might not deal with reported cases domestic violence issues using the right approach. This is because they might lack the needed knowledge and special ability to effectively handle such cases. Dealing with domestic violence cases especially in Africa and for that matter Ghana require persons with knowledge and skills that can be gotten through course of study (education), previous experience or training.

This finding is contrary to Minnesota, (2007) assertion that, only qualified personnel should be made to offer services to victims of domestic violence. It is also important for State institutions engaged in the provision of services to victims of domestic violence to employ only the services of professionals (UNFPA, 2003).

5.3.2 Training/ Capacity Building and Enhancement Programmes for Unit's Personnel

All the key informants of the Unit and its attached offices (the key informant of the Osu Shelter excluded) unanimously in their responses indicated that almost all personnel during the first few years of the Unit's establishment were provided education and

training programmes on handling domestic violence cases and also gender education by UNICEF but currently, all personnel do on-the-job training.

This finding is contrary to the view that, it is critical that organisations/institutions that come into contact with domestic violence situations develop domestic violence and human rights curricula into their professional training and those professionals in the field receive regular training on these areas (UNICEF Innocent Research Centre, 2000).

On the need for training of personnel, the UNICEF Research Centre (2000) recommends training of professionals - from Supreme Court justices to public defenders and prosecutors to social workers, police and support personnel. The training workshops must focus on the dynamics of domestic violence and specific types of abuse; gender and power relationships; analysis of relevant laws; legal procedures and legal services available to victims of domestic abuse; and strategies for helping both victims and their abusers. In examining these programmes, it is clear that participation at all levels, including the highest officials within the judiciary is necessary if laws and actions dealing with domestic violence are to be promoted, implemented, and monitored.

Bott, (2005) supported the UNICEF view on the importance of training for personnel when he intimated that, the training of police and judiciary has been shown to improve attitudes towards abuse and violence survivors, although implementing sensitised attitudes requires reformed policies and resources, as well as the commitment and involvement of all personnel levels.

When this finding is thus related to the Social Protection Framework (2004) underlining this study, it can be inferred that the quality of service providers in this case the Unit's personnel will definitely affect the quality of social protection interventions that are

offered to clients which sometimes might not lead to the best interest of victims of domestic violence. The finding also is also contrary to UNICEF Innocent Research Centre (2000) indication that, it is critical that organisations that come into contact with domestic violence situations build domestic violence and human rights curricula into their professional training and those professionals in the field receive regular training on these areas.

5.4 Factors Affecting Quality of DOVVSU Service Delivery

This theme constitutes the fourth objective of the study and as a recap unearthed the following as the major factors that constrain DOVVSU from effectively addressing the issue of domestic violence in Ghana: Funding, logistics/infrastructural problems; lack of legislative instrument on the D V Act/ lack of explicit assigned roles for all key actors; unmet practical needs of clients; family, cultural and religious beliefs and influences. Other challenges identified under this theme were: Personnel burnout; frequent transfer of trained DOVVSU personnel out of the Unit and untrained personnel into the Unit; system delays and lack of knowledge on the DV Act and language barriers.

5.4.1 Funding/Logistics and other Infrastructure Issues

In respect of the challenges facing the Unit, all key informants of the Unit identified the first challenge as serious funding, logistics and other infrastructural constraints as negatively impacting their operations. According to them, this challenge forms the bedrock of all the challenges facing the Unit.

In Ghana, a very important modality for effectively addressing domestic violence related issues is the establishment of the Domestic Violence Fund to cater for victims' needs as well as strengthen the capacity of persons and institutions connected with the provision of

services to victims of domestic violence. The sources of money for the fund has been clearly outlined as voluntary contributions to the Fund from individuals, organisations and the private sector; moneys approved by Parliament for payment into the Fund, and moneys from any other source approved by the Minister responsible for Finance (Domestic Violence Act, 2007).

With the above, one will have expected that the Unit which represents a State Institution tasked with addressing domestic violence issues would have been well funded and resourced in order to deliver quality services to its target population. In the present circumstances where the only source of funding to the institution is the little funding that the Ghana Police service makes available to the Unit, one cannot help but ask what happened to the prescriptions in the Act all this while? Whatever it is, either the inability or refusal to meet that modality in the Act cripples the ability of the Unit to effectively respond to domestic violence related cases.

The finding also contrasts with Bott et al., (2005); Minnesota House of Representatives Research Department, (2007); UNICEF Innocent Research Centre, (2000) among many others that require the State to through implementers of domestic violence laws to provide adequate funding necessary for the execution of such matters.

Relating same to the Institute of Development Studies, (2004) Social Protection Framework supporting this study, it may be inferred that, the inability of the government, the Ministry of Women and Children's Affairs or whatever body is responsible for funding and resourcing the Unit to do so results in ineffectiveness of the Unit to provide all the four categories of protective, preventive, promotional and transformative social protection.

5.4.2 Lack of Legislative Instrument (L.I) to Support the DV Act

Almost all key informants mentioned the lack of L.I on the DV Act as a core challenge to the effectiveness of the Unit and its partners in addressing domestic violence cases. The key informants revealed that, the lack of explicit and mandatory job specification to the major actors sometimes creates conflict and chaos between and among the actors that often leads to serious co-operation and collaboration problems that do not promote the interest of victims of violence.

The legal enforcement and justice sectors play a key role in reducing and preventing gender based violence. At the highest level, national policy and legislative framework influence institutional perceptions of, and responses to violence. Adherence to international conventions and resolutions on human rights both symbolise and enable government commitment to preventing violence. At lower levels, the individual responses of police or health personnel can exacerbate or ameliorate the negative impact of a coercive experience. The creation of a safe and confidential system for reporting violence and protection of complainants is essential for violence reduction and prevention (UN-GA, 2006).

WHO (2004) and Njovana and Watts (1996) see inter-sectoral collaboration as a key determinant of the quality of comprehensive post-abuse services. The scarcity of and non-reliance on referral linkages also acts as a barrier to receiving appropriate care and support. Confusion over protocols and procedures causes delays and often unnecessary expense and trauma to survivors. Effective referral mechanisms need to be established simultaneously with strengthening the component services in addressing violence.

Situating the finding into the Institute of Development Studies (2004) Social Protection Framework underlining this study, it might be said that, victims' lack of access to comprehensive (medical-legal-psychosocial) services resulting from lack of legislative instrument on the Act which should have prescribed clear-cut mandatory roles to all key actors create obstacles to victims' right to protective, preventive, promotional and transformative social protection.

5.4.3 Unmet Practical Needs of Clients

Officials of the Unit identified unmet needs of victims of domestic violence (economic empowerment, shelter, medical attention and counselling needs that are most times not met) as a factor that was crippling the ability of the Unit in holistically addressing the domestic violence menace.

Female and male survivors need improved access to legal advice, resources and require counselling and support along the social, medical and legal continuum. The availability of services in South Africa for example to assist women and children with emergency shelter, long-term housing and economic capacity enabled police to enforce orders of protection, prosecuting cases, imposing jail sentences and effectively address domestic violence issues of victims (UN-GA, 2006; Paranze, 2001).

The practical implication is that, inability of the Unit and its attached offices to meet some critical needs have the likelihood to expose more citizen's to the livelihood risk of domestic violence. As such, some clients who solely depend on perpetrators of violence for their daily needs are left with no choice but to continue in abusive domestic environments which could have dire consequences for their well-being. The theoretical implication is that, unmet practical psychosocial needs of clients by State institutions and

other partners tasked with social protection prevent victims of domestic violence from enjoying protective, preventive, promotional and transformative social protection.

5.4.4. Family, Cultural and Religious Beliefs/Influences

Majority of officials of the Unit identified family, cultural or religious beliefs and influences as a bottleneck to their ability to effectively address DV cases. The respondents revealed that, entrenched family, cultural and religious beliefs and values of their clients who are victims of DV supersede and become the driving force of the decisions that clients take even when it is clear that these are not necessarily in the best interest of victims with most insisting that even criminal matters be handled as a private issue at the family, traditional or church level.

This finding corroborates a study that suggests that, the impact of some African norms and traditions may have influenced the prevalence of domestic violence in Ghana. According to the study, it has been estimated that about twenty-three percent (23%) of women in Ghana live in polygamous unions whilst most women marry by age 19. By paying huge sums of money as bride price on women, most men think they have ‘bought’ the women as their personal property and as such see it as a right to ‘discipline’ them should they falter. Such abuse is often seen as discipline which is considered as the man’s sole right. The effect of such huge payment of bride price leaves the couple not only poorer but may also lay the root for Domestic Violence. A woman who is being abused in such a relationship finds it difficult to leave if it is impossible for her family to repay the money (WILDAF-Ghana, 2010).

The finding again supports a report by WILDAF- Ghana, (2010) that domestic violence was seen as a private matter and not something to be discussed openly. This private-

public dichotomy left many of the lived experiences of victims unprotected by law thereby making state protection of victims of violence weak. Most often than not, the few one's that end up in the Police Stations are often discouraged since they are advised to go back to their families for settlement. In the traditional setting in Ghana, this was considered as inevitable and not worthy of any form of investigation. In effect, violence in the home was considered as part of the Ghanaian culture. It was and still is very difficult for victims especially families to admit in public that they are being maltreated.

There is need to re-examine interpretations of religious texts and doctrines from the perspective of promoting equality and dignity for 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 religious interpretations are not used to oppress women (UNICEF Innocent Research Centre, 2000).

In Zambia's Copperbelt region, efforts are underway to develop a more responsive, flexible judiciary as there are concerns that high prosecution and conviction rates are deterring survivors from seeking institutional support. Police, in some cases, have encouraged survivors to resolve cases through other means in order to bypass the excessively punitive system. To help rationalise sentencing in these cases, and make the courtroom a less daunting place for survivors, Zambia and South Africa have taken steps to clarify legal and judicial responses to violence by compiling detailed standards for the management of domestic violence cases (Keesbury et al., 2006).

To deal with the family and cultural issues in a more pragmatic way, the relevance of community-based prevention programmes to tackle aspects of domestic violence through initiatives linked to medical and police structures though these are less common. The

WHO (2005) however acknowledges that, there is a dearth of research on the effectiveness, quality and impact of such programmes in developing countries. It says that, the role of community initiatives in preventing and managing domestic violence is especially important in resource-poor settings, where governments may not have the means or inclination to develop formal support networks. Evidence shows that survivors are more likely to confide in family and friends than in formal services, and indicates the need to increase general community capacity to respond in a sensitive and appropriate manner (Raising Voices, 2003; WHO, 2005a).

From an institutional perspective, the involvement of community members in the design of specialised, yet culturally relevant services is an essential complement to the improvement of service delivery. Health, illness and care-seeking behaviours are culturally defined, and local norms and understandings need to be taken into account when designing and implementing services. Special attention should be paid to planning services for people who face intense social stigma as survivors of particular types of violence, in order to prevent further stigmatisation (WHO, 2004).

This finding has implications that fit into the Institute of Development Studies Social Protection Framework (2004) underlining this study. In our cultural setting, families find it unacceptable for family members to ‘wash their dirty linen in public’. Again, almost all the major religions in Ghana frown on issues that could lead to divorce, separation, or threaten family preservation which is held in high esteem. Thus, attempts are made by family members, community and religious leaders to intervene in domestic violence related cases (including those with criminal implications) by discouraging individuals from pursuing help from formal support institutions such as DOVVSU. In these circumstances, it can be said that interferences in the Unit’s interventions arising from

family, cultural and religious values and doctrines prevent some victims of domestic violence from interventions that are necessary to provide protective, preventive and promotional dimensions of social protection.

5.4.5 Personnel Burn-Out

The study through key informant interviews and direct observations revealed that, the number of clients by far outnumber the number of personnel of DOVVSU. Officials of the Unit when asked by the researcher why some personnel sometimes seemingly get impatient, irritated and arrogant towards some clients especially towards the end of the day, respondents blamed the situation on fatigue arising from the disproportionate clients to officer ratio.

This finding affirms WHO (2004) studies that, the intervention process may have unanticipated - and not wholly positive – consequences on victims of violence. Appropriate and sensitive language and demeanour will reassure the victim, while conversely; insensitive language can contribute towards the re-victimisation of the victim. The behaviour and attitudes of service providers are a significant influence on the intervention process and outcome.

This finding supports studies that, the individual responses of police or health personnel can exacerbate or ameliorate the negative impact of a coercive experience. Studies further reveal that, lack of trust in the legal enforcement and judicial agencies, lack of training and sensitisation among the police and judiciary on best practices towards victims of gender-based violence and practices that deny victims legal control over their lives, may worsen the trauma for survivors of abuse and reduce the likelihood of pursuing reported cases. These then constitute obstacles to the effective implementation of interventions

aimed at reducing domestic violence (Pelser et al., 2005; Bott et al., 2005; Betron & Doggett, 2006; Kilonzo, 2003).

The practical implication of the finding can be looked at in two ways. The first is that, adequate human resource-base is essential for delivering timely and effective interventions to victims of domestic violence who are clients of the Unit. However, when the workload outweighs the number personnel of the unit, it is likely to lead to fatigue that could sometimes lead to unprofessionalism of service providers and delivery of poor services to clients. On the other hand, clients no matter the circumstances have the right to be treated with respect and dignity. Therefore, it becomes unfair that clients should bear the brunt of frustrations of personnel resulting from burn-out. When clients most of whom are already traumatised unfortunately get unfairly treated by service providers, it becomes tantamount to double victimisation which could have devastating consequences for clients. Aside the preceding, it also amounts to disrespect of clients rights to respect and dignity.

The finding also has theoretical implications putting into perspective the Institute of Development Studies (2004) Social Protection Framework backing this study. The implication could be that, personnel burn-out which sometimes result in insensitivity of some personnel of the Unit towards victims of domestic violence does not guarantee clients' access to effective social protection from the State.

5.4.6 Frequent Transfer of Trained DOVVSU Personnel Out of the Unit and Untrained Personnel into the Unit

Almost all key informants mentioned frequent transfer of personnel who have gained experience out of the Unit and replacing them with 'greenhorns' as a challenge for the Unit's attempt at addressing domestic violence.

Bott et al., (2005) intimate that, the training of police and judiciary has been shown to improve attitudes towards abuse and violence survivors, although implementing sensitised attitudes requires reformed policies and resources, as well as the commitment and involvement of all personnel at all levels (UN-GA, 2006). In a similar vein, delivering quality services aimed at reducing and preventing gender-based violence involves building the capacity of the police, the justice system and all local para-legal and community organisations, improving the range and quality of referrals, and taking steps to ensure sufficient and consistent funding and monitoring.

The implication of the frequent transfer of trained personnel out of the Unit and replacing them with untrained ones is that, it raises questions of competence and commitment which are prerequisites for delivering quality services. To make matters worse, by the time new entrants into the Unit become vested in the right approaches to handling reported cases, a lot must have already gone wrong with serious implications for the victims.

5.4.7 System Delays

All the Unit's police key-informants interviewed identified system delays as a major factor that negatively affects the Unit's attempt at addressing domestic violence. This according to them results from overstaying of dockets (from 1-5years) when sent to the Attorney- Generals' office for advice before being returned. Another reason given for the delays have to do with inability of investigators to bring alleged offenders to court on schedule due to transportation difficulties.

Research suggests that justice sector reform can contribute to a reduction in gender-based violence by sanctioning the perpetrators of crimes and sending a clear message to the

population that such actions will not be tolerated; by increasing awareness throughout society that physical and sexual violence are criminal acts; by increasing access to the legal system; and by improving institutional responses to the survivors of violence (Bott et al., 2005). The current legal climate in many countries unfortunately does not encourage most abuse survivors to report abuse to police, let alone pursue a prosecution.

To address undue delays that discourage victims from reporting and pursuing domestic violence cases require the creation of a safe and confidential system for reporting violence and protection of complainants from any possible negative acts should form part of effective investigation procedures (UN-GA, 2006).

System delays have the practical implication of making the law enforcement and justice system unattractive to victims of domestic violence. It implies that victims who due to system delays discontinue pursuing their cases have been denied justice. On the other side of the coin, alleged offenders who actually have not committed the offences but have been kept in remand for long periods would also have been unjustly treated. Even in cases where the offence had actually been committed but system delays cause the accused to have spent a period of time at the prisons that exceed the period of time prescribed for the punishment, it still amounts to unfair treatment and a violation of the rights of those involved.

The finding has a theoretical implication using the Institute of Development Studies (2004) Social Protection Framework underpinning the study. System delays can be referred to as an obstacle to social protection for the vulnerable in society including victims of domestic violence.

5.4.8 Lack of Knowledge on the DV Act

Respondents mentioned ignorance of the DV Act on the part of the general public and other clients as affecting the Unit's attempts at effectively addressing issues of domestic violence. According to the respondents, ignorance on the part of the public on the DV Act makes working with clients very frustrating.

In line with this finding, Bott et al., (2005) indicated that, many survivors cannot access the justice system unless they first obtain information about their rights, about how to report cases to the police and/or how to find legal aid services. They explained that lack of basic information on rights inhibit many survivors from seeking support from institutions. This assertion was confirmed by UN-GA, (2006).

The implication of the lack of knowledge or lack of awareness of the citizenry on the DV Act has multiple dimensions. These include the effects of the lack of knowledge of the DV Act on victims of domestic violence, perpetrators of domestic violence and implementers of the Act. On the part of victims and potential victims, one may say that, lack of awareness on what constitutes domestic violence, forms of domestic violence and penalties for contravention of domestic rights leaves majority of the citizenry vulnerable to violence. That is because; one cannot demand for something that one knows nothing about. The effect then is that, individuals whose rights in the domestic setting have been violated may not even acknowledge these as violations of their rights and so are likely not to seek help from institutions that provide support thus increasing their chances of continual abuse. When this happens, violators or perpetrators of domestic violence on the other hand are likely to continue to commit such offences with impunity. With the last dimension that has to do with key actors in the fight against domestic violence such as

DOVVSU, the personnel of the Unit are having great difficulty trying to deal with clients due to clients' ignorance of the DV Act.

Looking at it from the opposite angle, if the citizenry are up-to-date on the DV Act, majority of them are likely to take action to reduce their tendency to become victims or culprits. This is because they would have gotten appropriate education on their rights and responsibilities as well as penalties for contraventions as prescribed by the Act. This way, key actors of the DV Act including DOVVSU would have had their work being made much easier.

From the above, the relevance of the Institute of Development Studies (2004) Social Protection Framework underpinning the study again comes in handy. This framework postulates that, for social protection interventions to be holistic and effective, four categories must be met namely protective, preventive, promotional and transformative social protection. This way, social protection interventions do not stop at providing safety nets for the vulnerable but goes beyond that to empower the vulnerable as well as challenge and change structures or social institutions that directly or indirectly contribute to vulnerability. In this circumstance, ignorance of the Domestic Violence Act on the part of the public becomes a stumbling block to the enjoyment of social protection interventions from the Unit. Turned around, inability of the Unit and its partners to engage in intensified education on the DV Act hinders the citizenry from the full benefits of social protection.

This section identified and discussed the major findings of the study. This was done in relation to the literature review, concepts and theories used as well as from the viewpoint of this researcher. Thus, the section brought out the interconnection between and among the various sections.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.0 Introduction

This chapter summarises the major findings of the study. It also highlights the conclusions drawn from the study and contains some suggestions for improving upon the Unit's practice methodologies used in addressing domestic violence in Ghana.

6.1 Summary

The study examined the practice methodologies of Accra Regional DOVVSU in addressing domestic violence in Ghana. In the light of the study findings, it was found that most of the modalities prescribed by the Domestic Violence Act, 2007 (Act 732) necessary for effective implementation of the Act five years after the law has been enacted have not been met thus posing serious challenges to the Unit in achieving its mandate.

6.1.1 Summary of Findings on Study Objective One: Procedures Used by the Unit

All adult clients interviewed were also dissatisfied with the Unit's procedure of multiple interviews which made clients to frequently recount painful experiences. Lack of confidentiality of clients' information, interviewing child victims in the presence of parents/perpetrators, use of untailed interventions and time consuming nature of procedures were revealed as issues of concern in regard to the first objective of procedures used by personnel in handling reported cases of domestic violence.

6.1.2 Summary of Findings on Study Objective Two: Meeting Needs of Clients

With the second objective of meeting needs of victims of domestic violence by the Unit, it was revealed that, the clients of DOVVSU felt the colossal effects of having to pay for endorsement of police medical forms and medical treatment, having to go back to live with abusers for lack of shelters, being traumatised since rehabilitation services and economic support for victims of domestic violence are lacking. These make the Unit to play very minimal role in meeting most of the practical and strategic needs of clients.

Needs of victims usually met were punishment for offenders but not restoring victims and very limited psychosocial counselling dependent on the judgement/decision of the police officers of the Unit. Other needs met include securing monthly maintenance in child custody related cases and shelter for very limited number of victims.

6.1.3 Summary of Findings on Objective Three: Skills/Training Programmes of the Unit

On the third objective of skills/training programmes to enhance staff competencies in addressing domestic violence cases, it was found that at the onset of the Unit, UNICEF was organising training programmes for all personnel of the Unit in appropriate ways of handling victims of domestic violence and also in gender education. UNICEF however stopped the training programmes because the Unit could not stick to the agreement with UNICEF on retaining already trained personnel. Currently, any police officer can be posted to the Unit without the need for acquiring prerequisite skills for handling cases or knowledge-base in domestic violence related issues. All personnel posted to the Unit therefore do on-the-job-training.

6.1.4 Summary of Findings on Study Objective Four: Factors Affecting Quality of Service Delivery of the Unit

Under the fourth and final objective of the study on challenges influencing the quality of service delivery of the Unit, the study found that up to date, the Legislative Instrument (LI) needed to make the Act more operational and assign mandatory roles to all actors has not been passed by parliament. This situation therefore presents cooperation and coordination problems between the Unit and other key actors in the provision of services to victims of domestic violence.

Indeed, the study revealed that the major challenges facing DOVVSU in the achievement of its mandate of effectively addressing domestic violence related issues result from funding, logistic and other infrastructural problems; system delays; overlapping roles of actors; limited investigators and personnel burn-out; family, traditional and religious interferences; ignorance of the Domestic Violence Act on the part of clients; unmet practical needs of clients; limited outreach and capacity building programmes for personnel and clients; frequent transfer of trained DOVVSU personnel to units outside of DOVVSU.

System delays which result from over-stay of dockets sent by the Unit to the Attorney-Generals' Office was further identified as a core challenge for the Unit. Such delays cause some clients of DOVVSU to get frustrated and altogether abandon the quest for justice where a crime has indeed been committed and injustice where a person indeed did not commit the offence.

To solve most of the challenges faced by DOVVSU in the achievement of its mandate, respondents suggested that funding and more human and material resources should be

allocated to DOVVSU and the Department of Social Welfare Offices attached to the Unit to enable them to effectively run their programmes.

6.2 Conclusions

The results obtained from the study points to the fact that the Unit has poor practice methodologies relating to procedures used in handling reported cases and skills/ training programmes for personnel towards effectiveness in addressing issues of domestic violence. Significantly, most of the factors influencing the ability of DOVVSU in achieving its mandate are systems related. As such, to effectively address the issue of domestic violence by the Unit requires addressing not only the issues internally confronting DOVVSU as an institution but also ensuring that all actors involved play their respective roles to the fullest.

6.3 Recommendations

Evidence gathered by the researcher through the study points to several suggestions that the researcher believes will go a long way in improving the Unit's overall practice methodologies in addressing domestic violence cases. These suggestions are structured with each of the objectives of the study in mind and so are expected to: improve upon the Unit's procedures used in handling reported cases in order to promote the best interest of their clients; provide better opportunities for meeting the practical and strategic needs of victims of DV; enhance the skills of personnel of the Unit thus upgrading their competencies on the job and finally minimise the factors (challenges) that negatively affect the Unit in its implementation of the Domestic Violence Act (Act 732) . The researcher would therefore like to make the following recommendations.

6.3.1 Recommendations on Objective One: Procedures Used by the Unit

Tackling Use of Untailored Interventions and Clashes: In the interim, to solve the issue of clashes during the procedures on points of entry and intersection of non-police professionals attached to the Unit during procedures, all personnel of Accra Regional DOVVSU should come together to develop a Memorandum of Understanding on the issue. This will be beneficial given that the nature of the presenting problems will determine the type of intervention needed so that clinical psychologists, social workers and other counsellors attached to the Unit can put their skills to a more profitable use and for the benefit of clients.

This researcher further suggests that instead of DOVVSU operating as an institution with other attached offices or actors providing segmented services, in the long term, DOVVSU should just be one big institution made up of various professionals (such as plain-clothe police seeing to the criminal aspect, clinical psychologists and psychiatrists attending to the mental-health and psychological needs, medical doctors seeing to general medical issues, social workers working as case managers and providers of relevant psychosocial support and lawyers for legal representation). When all of these professionals work as a team under one umbrella, the benefits will include providing well-coordinated services in an environment detached from police premises to demystify fear associated with the police stations as is done in some developed and developing countries including Darfur. This approach will also ensure that, victims enjoy maximum benefits by virtue of their access quality services.

Addressing Multiple Interviews for Victims of DV: To tackle the incidence of clients being asked to retell their experiences countless times by each official that has to work on a client's case, it is recommended that the first point of call for victims of domestic

violence instead of the desk officers should be the Unit's investigators who will listen to clients full stories and accurately take the statement. From there, any professional that has to work on a victim's case should have access to the victims' case file from which professionals would have all information needed on clients and so would only need to seek clarification from clients where necessary to reduce the trauma of retelling/recounting painful experiences.

Countering Breach of Confidentiality: With regard to the issue of lack of confidentiality of clients' information during procedures that usually arise out of lack of space and other infrastructural issues, this researcher acknowledges the fact that it may not be feasible for the Unit to get access to a bigger place immediately. As a short-term measure, it is recommended that, the offices of officials of the Unit be made sound-proof. This way, other clients who sit or stand close to the windows and doors of officials due to lack of space are less likely to hear what goes on inside the offices during engagement with other clients.

Dealing with Interviewing Child Victims in the Presence of Parents or Perpetrators: The first option here is to allow the social workers of the Unit to be the first point of call in child abuse cases reported at the Unit. This is because social workers have been professionally trained and so possess unique skills in working with children. As such, they are less likely to use procedures that do not promote the best interest of the child. A second suggestion in the absence of the foregone is that, whichever professional that has to engage the child in the interview session first needs to assess the child's ability to form and articulate his or her views in a meaningful manner. Based on the assessment, the official may or may not proceed to seek permission from the child on whether or not the parent's presence is needed in cases where the parent/guardian is not the perpetrator of

the abuse. However, under no circumstance should a child victim be interviewed in the presence of a perpetrator of violence.

6.3.2 Recommendations on Objective Two: Meeting Needs of Victims of DV

Resourcing DOVVSU and the Department of Social Welfare Offices Attached to the Unit with Financial and Manpower Resources: The Domestic Violence Fund should be made operational as a matter of urgency. Percentages of such funds should be channelled to the Unit, its attached offices and other social protections institutions used as referral points by the Unit as stipulated in the DV Act. Funding and allocation of more material resources will help strengthen their capacity to provide services that meet most practical needs of victims of violence. Increasing the human-resource base of the Unit will also help to meet strategic needs through intensified public education and other community outreach programmes by personnel on domestic violence to transform societal institutions that condone violence or resort to violence out of ignorance.

Creating and Equipping Shelters and Associated Services: The major actors of the Domestic Violence Act, DOVVSU and the Department of Social Welfare inclusive should put pressure on the Government through MOWAC and the DOVVSU Secretariat to construct and equip at least one receptive shelter in Accra and other regional capitals to provide services to victims who might require them as a matter of necessity. It is also recommended that, where government alone cannot afford the cost of constructing, equipping and maintaining shelters and its associated services (of counselling, education, coping strategies, skill development and economic empowerment), government should be encouraged to partner with NGOs to do so as part of an integrated response to domestic violence (Adapted from UNICEF Research Centre, 2000).

6.3.3 Recommendations on Objective Three: Skills/Training Programmes for the Unit's Personnel

Skill Considerations: The Police Administration through the DOVVSU Secretariat should start considering certain factors and skills that will inform and guide their decision to post some of its personnel to DOVVSU. These should include knowledge-base in the subject matter of domestic violence, previous experiences, expertise in working in related fields and interest of personnel all of which will enhance staff competencies on the job.

Inclusion of DV and Gender Studies in the Curricula of the Police Training Schools: It is suggested that the Police Administration should start incorporating domestic violence, skills in interviewing victims of domestic violence and gender studies as courses of study in the curricula of the National and Regional Police Training Schools. This is to equip trainees with some of the basic skills needed for handling domestic violence related cases using gender sensitive and culturally appropriate ways before they are posted to the various units within the service most especially to DOVVSU.

Orientation/ Induction and In-Service Training: Should it be a matter of necessity to continue to post police personnel with no prior knowledge on domestic violence related issues or experience on handling cases of domestic violence to the Unit, such personnel as a matter of importance should benefit from orientation/induction and frequent in-depth in-service training in tune with rights based approaches in handling domestic violence cases. Increased knowledge on the domestic violence law and related issues by actors through training or capacity building and capacity maintenance programmes for DOVVSU officers will keep them up to date on the laws so that they can effectively apply them to cases.

6.3.4 Recommendations on Objective Four: Factors Affecting the Unit's Quality of Service Delivery

Responsibility of Parliament: Parliament should pass the required Legislative Instrument needed to make the Domestic Violence Act more operational. Again, the L.I if passed will help in assigning specific job descriptions for all actors thereby addressing issues related to cooperation and coordination between and among the major actors. The L.I should make it mandatory for all the government hospitals to treat domestic violence victims free of charge as well as endorse the Police Medical Forms of victims without taking money from victims. This will help to improve inter-sectoral collaboration in the provision of services.

Time-Bound Policy on Return of Dockets from the AGs Office: On the issue of system delays, there should be a policy stating how long dockets sent by the Unit should take to be returned from the Attorney General's Office beyond which judges and prosecutors can take action on such cases without input from the AGs Office.

In-Camera Hearings for Sensitive Cases of Adult Victims: With regard to the rights of adult victims of domestic violence who for fear of stigmatisation will prefer an in-camera hearing for sensitive matters such as rape, incest and others, DOVVSU prosecutors and presiding judges or magistrates should allow for such needs in order to protect the anonymity of said victims, reduce secondary victimisation and encourage other victims of violence to seek sustained help from formal institutions.

Community-Based Prevention Strategies: The researcher acknowledges the good work done by the simplification and translation of the law into the local languages. To add to that, the Unit and its partners should encourage members of the society through

socialisation agents (schools, churches, mosques, clubs, associations, radio and television) to engage in consistent live drama, stories, poems and songs in the local languages on the rights, responsibilities and penalties for violations of the domestic violence law .

It is equally important to deal with issues of family, culture and religious values and beliefs or interferences from leaders in society that compel victims of violence to usually take decisions that do not promote their best interest even in cases with serious criminal undertones which negatively affect the Unit's attempts at effectively addressing DV issues. It is important in these circumstances for the Unit in its public education/community outreach programmes to educate family heads, traditional leaders, religious leaders, and other opinion leaders to re-examine traditional and religious doctrine from the viewpoint of promoting equality and dignity of all members of society (Adapted from UNICEF Research Centre, 2000).

Alternative Dispute Resolution: It is further recommended that where domestic violence cases are not serious violations (criminal), emphasis should be shifted from 'strictly legal approaches' to sanctions and treatment such as mandatory fines, restraint orders and psychological treatment for perpetrators which are often ignored. Considering the cultural context within which violence is viewed in Ghana, these interventions may address the issue of domestic violence in a more pragmatic manner.

Monitoring and Evaluation: To be effective in whatever endeavour, checks and balances are required. This researcher suggests frequent monitoring and evaluation mechanisms from DOVVSU Headquarters to constantly keep the rank and file of personnel on their toes. Frequent supervision will further go a long way to ensure the provision of quality service delivery to clients of DOVVSU. Again on the challenges associated with personnel burn-out, it is recommended that the Ghana Police Service through DOVVSU

Headquarters should provide more personnel most especially seasoned investigators to Accra Regional DOVVSU in order to enhance their effectiveness in addressing domestic violence related issues in Ghana.

Evidence-Based Research and Advocacy: This researcher recommends the establishment of a research and advocacy office at DOVVSU. This research and advocacy offices should be tasked with conducting evidence-based research into trends and best possible practices needed for tackling the menace of violence and for delivering quality services that serve the best interest of clients and the Ghanaian public as a whole. Such research outlet should also be used for intensifying advocacy and awareness raising on domestic violence at all levels. This research and advocacy unit should also draw on research findings to write proposals for funding to national and multinational agencies.

Conclusion: In this section, a summary of the major findings of the study were given and conclusions drawn from it. The section went further to give recommendations that will help the Unit to enhance its practice methodologies in order to effectively address reported cases of domestic violence in Ghana. Overall, this researcher is of her opinion that, this thesis is not only an academic exercise given that it is an applied research. Presently with the support of this researcher's supervisor, arrangements are being made with the DOVVSU Secretariat upon the approval of the report to organise series of workshops to disseminate the findings and recommendations at workshops for the various DOVVSU offices in the Greater Accra Region of Ghana. By so doing, the practicality of the study will be realised.

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APPENDIX**INFORMED CONSENT FORM**

1. **Research Topic:** Addressing Domestic Violence in Ghana: A Study of the Practice Methodologies of Accra Regional DOVVSU.

2. **Purpose of the Research:** This research is in partial fulfillment of the Master of Philosophy Degree in Social Work.

3. **Benefits:** The findings of the study will be used as an advocacy tool for programme implementers and other stakeholders in the area of domestic violence to enable them provide the resources needed for designing appropriate programmes to advance the welfare of victims of domestic violence. This research will also contribute to knowledge in the social sciences.

4. **Anonymity and Confidentiality:** The names of all participants of this study will be treated with anonymity.

5. **Termination of Participation:** You have the freedom to at any given time withdraw from participating in this study if you so desire.

6. **Endorsement:**

I have read and clearly understood this consent form and willingly agree to participate in this research.

Date	Participant's Pseudo name	Signature
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INTERVIEW GUIDE FOR DOVVSU (POLICE) PERSONNEL

Sex:

Objective 1: Procedures in Handling Reported Cases

1. What is your rank and job specification in Accra Regional DOVVSU?
2. Explain the general procedures followed by DOVVSU personnel in handling reported cases of domestic violence.
3. Describe the procedure you follow in investigating a typical Rape/Defilement case.
4. Are there differences between the procedures used for children and adults?

If yes, explain the differences.

Objective 2: Meeting Practical and Strategic Needs of Clients

5. What are some of the immediate and long-term needs of clients you have identified in your work at DOVVSU?
6. How does your Unit meet the needs of victims of domestic violence who are your clients?
7. To what extent in your opinion is each of these identified needs met by your offices? Explain your answer.
8. Do you have any training or education programmes on domestic violence for victims of violence, their families and also for perpetrators as prescribed by the Domestic Violence Act?

Explain your answer.

9. Your aim as a Unit is not only to respond quickly to victims in need of protection but also to prevent domestic violence in Ghana. What preventive measures have you put in place to achieve the above aim within the larger society?

Objective 3: Skills/ Training Programmes for Personnel of the Unit

10. Must a person possess some skills which are used as a determining factor for posting personnel to the Unit?

If yes what are some of these skills?

11. Do you have any capacity building programmes in place to promote the efficacy levels of the Unit's personnel?
 - a. If yes, explain some of the training/ capacity building and enhancement programmes put in place by your Unit that helps to enhance your role in addressing domestic violence in Ghana.
 - b. Which capacity building programmes have you personally benefited from

before and after you started work at the Unit?

12. Can anyone be posted to DOVVSU once the person is police personnel?

If no, what factors inform the decision of the police service to post some of its personnel to this Unit?

13. Are there programmes for newly posted personnel to familiarise, educate and equip them with needed skills in handling issues related to domestic violence?

If yes, what are some of these programmes and how often are such programmes held?

Objective 4: Factors Influencing the Unit's Attempts at Addressing Domestic Violence

14 Do you have in place any monitoring mechanism regarding the professional conduct of DOVVSU personnel toward clients?

Explain the Monitoring Mechanism if any.

15 Have you ever undergone some kind of evaluation in respect to your work at DOVVSU?

16 How, and how frequently, does DOVVSU evaluate the performance of its personnel?

17 Every human organisation has factors - positive and negative - that influence its operations. What identifiable challenges and factors influence the role of DOVVSU in addressing domestic violence in Ghana?

18 Suggest ways of addressing the challenges mentioned above in order to enhance the role of DOVVSU in addressing domestic violence.

INTERVIEW GUIDE FOR SOCIAL WORKERS/CLINICAL PSYCHOLOGISTS/WISE COUNSELLORS ATTACHED TO DOVVSU/ OFFICIALS OF THE OSU-SHELTER

Sex:

1. How were you appointed to/ attached to/ what relationship do you have with Accra Regional DOVVSU?
2. What is your job description?

Objective 1: Procedures in Handling Cases

3. At what point do you intervene in a case of domestic violence at the Unit?
4. Describe how you collaborate with the police officers of the Unit.
5. What is your opinion on the procedures used by DOVVSU personnel in handling reported cases of domestic violence in terms of respect for the human rights of both victims and perpetrators?

Objective 2: Meeting Practical and Strategic Needs of Clients

6. What are some of the needs of the victims of domestic violence that report at your outfit?
7. Do you think your outfit is meeting the identified needs of your clients?
If yes, how are these needs met?
8. To what extent would you say each of the identified needs are met by your offices?
9. Does your unit/outlet have any hindrance in meeting the needs of your clients and also in addressing the roots of domestic violence within the larger society?

Explain your answer.

Objective 3: Training/ Capacity Building & Enhancement Programmes for Personnel

10. Does the Unit have programmes that aim at promoting the efficacy of its personnel in addressing issues of domestic violence?
If yes, what are some of such programmes?
11. What is the level of your involvement in building the capacity of personnel of your Unit?
12. Do you think all personnel of the Unit have the requisite skills needed for effectively addressing domestic violence? Explain your answer.
13. If no, what skills and training programmes do personnel need in order to enhance efforts in addressing issues of domestic violence in Ghana?

Objective 4: Factors Affecting Quality of Service Delivery of the Unit/ its attached Offices

14. Are you able to perform your duties as specified in your job description? Explain your response.
15. What are some of the issues you encounter in working with police personnel or other personnel attached to the Unit?
16. What factors/challenges, in your opinion, are affecting the Unit's attempts at addressing domestic violence?
17. What are your recommendations for addressing such factors/challenges?

INTERVIEW GUIDE FOR CLIENTS OF THE UNIT WHO HAVE BEEN VICTIMS OF DOMESTIC VIOLENCE

Sex:

Age:

Occupation:

1. Have you ever used the services of Accra Regional DOVVSU?

If yes, briefly explain what made you to get into contact with the Unit.

Objective 1: Procedures in Handling Cases

2. How would you describe the procedures used by the personnel of the Unit that handled your case?

Explain your response.

3. Is there anything you felt should have been done differently concerning your case?

If yes, what in your opinion should have been done differently concerning your case?

Objective 2: Meeting Practical and Strategic Needs of Clients

4. Prior to your personal contact with DOVVSU, did you know/hear about DOVVSU and their messages on domestic violence?

If yes, explain your answer.

5. What were your needs regarding your contact with DOVVSU at the time?

6. Were these needs met?

Explain your answer.

7. Did you or your family undergo any training or education programme at the Unit?

8. Do you think the circumstances that brought you into contact with the Unit are less or more likely to reoccur?

Explain your answer.

Objective 4: Skills and Professionalism of DOVVSU Personnel

9. How will you describe the professional relationship the Unit's personnel had with you at the time of using their services?

10. Are you willing to patronise the Unit's services should there be the need to do so?
Explain your response.