

**UNIVERSITY OF GHANA**

**STATES AND THE PROTECTION OF WOMEN IN AFRICA:  
THE PERCEPTIONS OF WOMEN SURVIVORS OF DOMESTIC  
VIOLENCE IN GHANA**

**BY**

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**DECLARATION**

I, Ruth Minikuubu Kaburi hereby declare that this work is the result of an original research conducted by me under the supervision of Dr Peace A. Medie and that no part of it has been submitted anywhere else for any other purpose. References to the works of other persons or bodies have been duly acknowledged.

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**DEDICATION**

To the courageous women who shared their stories and made this work possible

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## LIST OF ABBREVIATIONS

|        |  |
|--------|--|
| ACHPR  | African Charter on Human and Peoples Rights                    |
| AID    | Acquired Immunodeficiency Syndrome                             |
| CEDAW  | Convention on the Elimination of Discrimination Against Women  |
| CHRAJ  | Commission of Human Rights and Administrative Justice          |
| CRC    | Convention on the Rights of the Child                          |
| CSOs   | Civil Society Organizations                                    |
| DEVAW  | Declaration on the Elimination of Violence Against Women       |
| DOVVSU | Domestic Violence and Victim Support Unit                      |
| DV     | Domestic Violence  |
| DVA    | Domestic Violence Act  |
| DVS    | Domestic Violence Secretariat                                  |
| ECOSOC | Economic, Cultural and Social Rights                           |
| FGM    | Female Genital Mutilation                                      |
| FIDA   | International Federation of Women                              |
| FST    | Feminist Security Theory                                       |
| GHC    | Ghana Cedis  |
| GoG    | Government of Ghana  |
| HIV    | Human Immunodeficiency Virus                                   |
| ICESCR | International Covenant on Economic, Social and Cultural Rights |
| ICPD   | International Conference on Population and Development         |
| ILO    | International Labor Organization                               |
| IPV    | Intimate Partner Violence                                      |
| MGCSPP | Ministry of Gender, Children and Social Protection             |
| NGOs   | Non-Governmental Organizations                                 |

|        |   |
|--------|---|
| NPPOA  | National Policy and Plan of Action                |
| UN     | United Nations                                    |
| UNHCHR | United Nations High Commission for Human Rights   |
| UNHCR  | United Nations High Commission for Refugees       |
| UNICEF | United Nations Children’s Fund                    |
| UNIFEM | United Nations Development Fund for Women         |
| UNPF   | United Nations Population Fund                    |
| UNSCR  | United Nation’s Security Council Resolution       |
| US     | United States                                     |
| USAID  | United State Agency for International Development |
| WAJU   | Women and Juvenile Unit                           |
| WHO    | World Health Organisation                         |
| WiLDAF | Women in Law and Development                      |
| WISE   | Women’s Initiative for Self-Empowerment           |

### ABSTRACT

Violence against women consists of several heinous acts that are committed against women and girls. These include rape, domestic violence (DV), murder, female genital mutilation, and forced marriage. Globally, the underlying causes of DV are entrenched in patriarchal value systems that put women in subordinate positions to men. Actions aimed at revealing and fighting violence against women by the second-wave feminists movement during the 1970s in most countries pressured governments to see it as an issue of public concern. The objective of this study is to assess Ghana's protection of DV victims from the perspective of survivors. The research design is a qualitative cross sectional study conducted at Weija-Gbawe, a municipality in the Greater Accra region. A total of twenty-eight (28) semi structured interviews were conducted with: twenty-one (21) female DV survivors, three (3) women's rights advocates, and one official each from Department of Social Welfare (DSW), Domestic Violence and Victims Support Unit (DOVVSU), Commission on Human Rights and Administrative Justice (CHRAJ), and a medical officer. Content analysis was used to examine the qualitative data, and summary descriptive statistics performed on socio-demographic data. The median age of DV survivors was 42 years (range 23 to 54). All DV survivors knew at least one state agency responsible for protecting them but 90.5% (19/21) did not know the range of services available to them. The most patronized state agency was DOVVSU and their main sources of information on state support were radio and television. Victims of DV thought the state failed them through: delays in arresting and prosecuting perpetrators, poor attitude of some state officials, lack of temporary shelter for victims, economic hardship on family in the time that perpetrators are under investigation or detention, and the cost of medical reports in building evidence for their cases. In conclusion, Ghana has designated agencies for protecting victims of DV through arrests, prosecution, and detention of perpetrators. However, prosecution failures, costs of medical reports, lack of temporary shelters and upkeep support during the crisis period make these agencies less attractive to victims. These findings underscore Ghana's weakness in keeping up with her international commitments under the Convention on the Elimination of Violence against Women (CEDAW) and its optional protocol of applying due diligence to prevent, investigate, and punish acts of violence against women in accordance with national legislation. The study concluded by recommending a multi-dimensional policy approach to prevent DV and improve service provision to survivors in Ghana based on international human rights frameworks.

## CHAPTER ONE

### RESEARCH DESIGN

#### 1.0 Introduction to the Research Problem

Historically, international studies of violence against women can be traced to the 18<sup>th</sup> century liberal enlightenment ideas of freedom and liberty among people irrespective of class or gender.<sup>1</sup> This perspective further gathered momentum by the 20th century as feminist scholars and activists alike advocated for equal rights for the genders.<sup>2</sup>

According to Heise et al. violence against women consists of several heinous acts that are committed against women and girls because of their gender.<sup>3</sup> These include: rape, domestic violence, battering, murder, female genital mutilation, and forced prostitution.<sup>4</sup> It transcends cultural and ethnic barriers, as well as income, age, and literacy differences and is therefore aptly described as a pandemic. Several studies describe violence against women as a global phenomenon that infringe on the human rights of women and has dire consequences on their health.<sup>5</sup> It is inimical to the full realisation of the potential of victims and is also recognized as a developmental issue that needs to be tackled by governments the world over.<sup>6</sup>

The most common form of violence against women is domestic violence (DV) or Intimate Partner Violence (IPV).<sup>7</sup> It is defined as abuse by one person against another in an intimate relationship including marriage, cohabitation, dating or relations within the family. Numerous studies have shown that the vast majority of abusive and violent behaviours against women occurred in the privacy of their homes and were committed by intimate partners.<sup>8</sup> Some studies have revealed that men do suffer violence from their intimate partners as well.<sup>9</sup> However, evidence from the literature in both developed and

developing countries has shown that intimate partner violence is primarily an asymmetrical problem of men's violence against women, and women's violence does not equate to men's in terms of frequency, severity, consequences, and the victims' <sup>10</sup> sense of well being. <sup>11</sup> Using demographic and health surveys of Ghana and Uganda, Kishor and Bradley reported that 50% of married women and 20% of married men had experienced such violence in Uganda; whilst in Ghana, 19% of married women and 10% of married men have reported to suffer from IPV. <sup>12</sup> Globally, the causes of DV are: entrenched patriarchal value systems that put women in subordinate positions to men, women's low socioeconomic status, and the existence of gender roles that perpetuate inequality. <sup>13</sup> Other well known contributory factors include: alcoholism, drug abuse, and unemployment of perpetrators. <sup>14</sup>

Hitherto, states and societies considered domestic violence to be a private matter, and not an issue for state intervention despite its high prevalence and consequences. <sup>15</sup> However, actions aimed at revealing and fighting violence against women by the second-wave feminists' movement <sup>16</sup> during the 1970s in most countries including some African states, pressured governments to see violence against women as an issue of public concern. <sup>17</sup> By the close of the 20th century, campaigns to eliminate violence against women had become widespread <sup>18</sup> and global attention had been drawn to the phenomenon of domestic violence. <sup>19</sup> At the same time, the creation of international norms of human rights by the international community also had a positive impact on the prevention of violence against women. For instance, many countries have passed laws to criminalise various forms of violence against women including domestic violence. <sup>20</sup>

Among the landmark international instruments by member states of the United Nations to prevent and punish acts of violence against women were: the Convention on the Elimination of all forms of Discrimination Against Women, 1979 (CEDAW), the Declaration on the Elimination of Violence Against Women, 1993 (DEVAW), and 1995 Beijing Platform for Action. Through these international human rights treaties, violence against women has been formally acknowledged as a violation of the human rights of women.<sup>21</sup> States under international law are therefore, obliged to make conscious efforts to combat all forms of violence against women. Pressure from women's movement also played a crucial role in the creation of national legislations against DV.<sup>22</sup> Domestic violence against women is not solely attributable to private individual perpetrators. It reflects the failure of states to prevent violation of human rights in general, and domestic violence in particular. States are, therefore, beginning to realize the need to intervene in curbing DV as part of their responsibility to their citizens. Though several countries have formulated laws and legislations for preventing domestic violence and punishing perpetrators, it is worth noting that the enforcement of such laws is often weak.<sup>23</sup>

This notwithstanding, the battle to end all forms of violence against women is far from over—given that millions of women and girls still endure violence worldwide.<sup>24</sup> Bowman stated that the acknowledgement of domestic violence as a social problem that needed governments' attention for prevention surfaced in the mid-1990s in Africa.<sup>25</sup> Scholars initially concentrated on the conceptualization of domestic violence as a phenomenon, and activists on the other hand began lobbying for the institutionalization of domestic violence legislative instruments.<sup>26</sup> Currently, several African countries have ratified international human rights treaties on the prevention of violence against women that obliged them to ensure due diligence to prevent violation of human rights.<sup>27</sup> For instance, the United

Nations General Assembly's DEVAW, (1993) entreats states to exercise due diligence to prevent, investigate and punish perpetrators of acts of violence against women in accordance with national legislation. This notwithstanding, the prevalence of domestic violence against women in Africa is still high. According to Garcia-Moreno et al., about 65.6% of ever partnered women in central sub-Saharan Africa have experienced physical and/or sexual intimate partner violence.<sup>28</sup>

In Ghana, domestic violence is pervasive despite measures put in place by the government to prevent it. This could be attributed to traditional social norms that perpetuate domestic violence.<sup>29</sup> According to a Ghana Web 2017 article, in 2015 alone, a total of 15,749 DV cases were reported to Domestic Violence and Victim Support Unit (DOVVSU)). In 2014 the number was 17,655 and included 5,212 cases of wife battery and assault, 1,667 cases of threats, 1,111 cases of defilement and 290 cases of rape.<sup>30</sup>

The Ghana demographic and health survey 2009, reported that the prevalence rate of DV varies between 26.0% and 49.4% among the 10 regions of Ghana.<sup>31</sup> Also, the Ghana family life and health survey report entitled: *Domestic Violence in Ghana: Incidence, Attitudes, Determinants and Consequences* showed that 27.7% of women reported incidents of DV in the last 12 months prior to the survey in 2015.<sup>32</sup>

Since some human rights instruments are international agreements or UN declarations, which are non-binding instruments, states often get away with non-protection of their citizens against violence.<sup>33</sup> The majority of DV survivors are women and their perspectives will be vital in informing policy on specific needs of DV victims. There is, therefore, the need to explore how states are faring in their attempts to prevent domestic

violence from the survivors<sup>34</sup> point of view using some women survivors using Ghana as a case study.

### **1.1 Definition of Terms**

Domestic violence as used in this study means other terms in the literature such as domestic abuse, spousal abuse, intimate partner violence, and family violence. The study also uses partner to mean terms such as spouse, husband, and intimate partner other relations are specified when used.<sup>35</sup> The study drawing from Ghana Domestic Violence Act and Domestic Violence Report defines domestic violence as violence committed against a person by an intimate partner, including co-habiting partners, and by other family members, irrespective of whether this violence occurs within or beyond the confines of the home.<sup>36</sup> Several authors have found out that domestic violence depicts a consistent pattern of assaults and controlling behaviours that the abuser uses against their partners to dominate them.<sup>37</sup> In designation of types of violent acts, the study refers to sub section B of the Domestic Violence Act 2007, Act 734 of Ghana- as follows:

“(i) physical abuse, namely physical assault or use of physical force against another person including the forcible confinement or detention of another person and the deprivation of another person of access to adequate food, water, clothing, shelter, rest, or subjecting another person to torture or other cruel, inhuman or degrading treatment or punishment;

(ii) sexual abuse, namely the forceful engagement of another person in a sexual contact which includes sexual conduct that abuses, humiliates or degrades the other person or otherwise violates another person's sexual integrity or a sexual contact by a person aware of being infected with human immunodeficiency virus (HIV) or any other sexually transmitted disease with another person without that other person being given prior information of the infection;

(iii) economic abuse, namely the deprivation or threatened deprivation of economic or financial resources which a person is entitled to by law, the disposition or threatened disposition of moveable or immovable property in which another person has a material interest and hiding or hindering the use of property or damaging or destroying property in which another person has a material interest; and

(iv) emotional, verbal, or psychological abuse is any conduct that makes another person feel constantly unhappy, miserable, humiliated, ridiculed, afraid, jittery or depressed or to feel inadequate or worthless.”p.3-4

## **1.2 Statement of the Research Problem**

Domestic violence against women is a global phenomenon with varying prevalence across regions and countries. WHO estimates the global prevalence to range between 10% and 69% among regions.<sup>38</sup> In many sub-Saharan African countries, about two out of every three ever-partnered women have experienced physical and/or sexual intimate partner violence.<sup>39</sup> Takyi and Mann stated that domestic violence in Ghana has been a pervasive social problem.<sup>40</sup> In 2015 alone, it was revealed that within the preceding twelve months to this study, nearly three in every ten women in Ghana reported incidents of DV.<sup>41</sup> This has not only resulted in low productivity of women in the form of lost working hours, but it is also an affront to their dignity.<sup>42</sup>

In Ghana, the causes of DV against women are rooted in cultural, economic, legal, and political factors.<sup>43</sup> Some of these cultural factors include: gender-specific socialization, prescribed sex roles, the belief in the inherent superiority of males, marriage customs, and the notion that the family is a private sphere under male control.<sup>44</sup> Economically, women

are more dependent on men owing to factors such as: limited access to cash and credit, discriminatory laws on property rights, inheritance and land ownership, employment, and access to education.<sup>45</sup> Women also tend to have a lesser legal status and low levels of legal literacy.<sup>46</sup> The legal definitions of rape and domestic abuse tend to have subjective interpretation based on prevailing societal norms.<sup>47</sup> The political factors that contribute to DV against women are related to their under-representation in the media, legal and medical professions, and the organized political systems of states.<sup>48</sup>

There are few studies on how DV survivors in developing countries have appraised services available to them based on domestic legislation and international gender norms for the protection of victims. This study therefore seeks to examine Ghana's domestic implementation of aspects of international women's right instruments such as CEDAW and its Optional Protocol pertaining to domestic violence. This will be done through the lens of Ghanaian women survivors of DV on the state's response to their needs at the time of abuse.

### **1.3 Research Questions**

The fundamental question that this study seeks to answer is whether the various formal services rendered by state agencies in Ghana respond adequately to the needs of women DV survivors. The specific questions that the study attempts to answer are:

1. How much do women survivors of DV know about the range of state's services they are entitled to?
2. What are women DV survivors' experiences of the state's responsiveness to their abuse?

3. What are women DV survivors' perceptions of the state's responsiveness to their abuse?
4. What are survivors' expectations of state support for them?

#### **1.4 Research Objectives**

The objectives of the study are:

1. To assess the knowledge of women DV survivors on the range of services available to them from the state;
2. To assess the experiences of women DV survivors on how helpful the services of state were to them;
3. To assess the perceptions of women DV survivors on how helpful the services of state were to them;
4. To examine the expectations of DV survivors regarding the state support for DV victims.

#### **1.5 Scope of the Research**

This study aims at assessing three key aspects of the states' responsibility towards women DV survivors using Ghana as a case study. In particular, it seeks to assess their knowledge of available services, their satisfaction ratings of these services, and also identify their unmet needs and expectations from the state. Geographically, the study focuses on women who have experienced any form of DV and have sought state's services within the Weija - Gbawe municipality in the Greater Accra region. Weija-Gbawe is a peri-urban and ethnically diverse community. The community also has access to state protective services/agencies for supporting victims of domestic violence, hence it is appropriate for the study. The data for the study was collected from April to July 2018.

### **1.6 Rationale of the Study**

Domestic violence as a global phenomenon has received prominence in various international human rights conventions and United Nations declarations. However, there is a dearth of scholarship on survivors of domestic violence who sought redress from state agencies. Reporting abuse to state agencies is limited due to the fear of stigmatization of victims. Specifically, the study's findings will address these research gaps and contribute to the literature on Ghana's responsiveness to the needs of women DV survivors. The findings may also draw the attention of stakeholders and policy makers to influence the provision of tailored services by state agencies to women DV victims.

### **1.7 Thesis Statement**

State agencies in Ghana do not respond adequately to the needs of women DV survivors.

### **1.8 Theoretical Framework**

This study attempts to examine the experiences of women DV survivors in Accra, Ghana in relation to the range of services provided by state agencies. Since the study aims to examine states responsibility to protect vulnerable groups, the study adopts Feminist Security Theory (FST) as the underlying theoretical framework to appropriately address the research questions. FST emerged from a cross-ideological, trans-epistemological, multi voiced conversational debate among multiple feminisms, including liberal, empiricist, modified standpoint, and qualified postmodern perspectives among others.<sup>49</sup> Feminism has been concerned with the unequal status of women and so has tended to view gender in terms of unequal social relations that exists between men and women. This asymmetric power relation tends to perpetuate domestic violence in the society.<sup>50</sup>

Hudson's work revealed that feminist critique of mainstream international relation theories, especially realism, gained ascendancy between late 1980s and early 1990s.<sup>51</sup> FST emanates from feminist approaches to security studies, which is a subfield of security studies as an academic discipline.<sup>52</sup> The overarching argument of FST is that it draws attention to the gendered dimensions of security inside the borders of a state during war or peacetime, and international security in relation to interstate wars and conflicts.<sup>53</sup> It also argues for the involvement of both genders in decision-making on security and peace processes.<sup>54</sup> The theory also appreciates security from the experiences of people in relation to their culture and customs.<sup>55</sup> It rejects essentialist position, where women are deemed as victims and innately non-violent.<sup>56</sup> According to Blanchard, FST has subverted, expanded, and enriched notions of security and gender in international relations.<sup>57</sup> Furthermore, FST helps us to understand the vulnerable in society and to acquire knowledge from multiple perspectives to enrich peace and security scholarship.

The FST has countered realism's core issues, which include power, state, and security—the quest to secure the boundaries of the nation state against an external aggressor.<sup>58</sup> Feminist reconceptualization of security and state has brought gender representation and perspectives that realism overlooked. Tickner showed that realism's assumption that there is order within the boundaries of a state and anarchy in the international system perpetuate a divide between international and domestic politics.<sup>59</sup> This has influenced the public-private divide that make feminist theorists argue that it leads to domestic violence. Feminist security studies have also refuted realism's identification of security with state borders. They argue however that violence at the international, national, and family levels are interconnected.

While realism emphasizes military power and border security, IR feminist scholars have raised concerns on the status of the state as a protector of women in relation to violence perpetuated in both the public and private domains.<sup>60</sup> According to Peterson, states' relegation of sexual violence and its consequences to the private domestic realm is clear indication that states are complicit in the ways that women become subjugated in society.<sup>61</sup> Proponents of FST assert that gender and power relations between men and women lead to gender inequality and its attending social problems including violence against women.<sup>62</sup>

Feminists Security Studies (FSS) have been criticized from within the various strands of feminism and from without. Criticism within is based on the political and conceptual segmentation within feminists in security studies. While others intimate focus should remain upon women and their insecurities, some scholars propound that attention should explore wider effects of gender and insecurity on all individuals and states as well<sup>63</sup>.

Externally, traditional IR theorists on their part have denounced FSS as a strong unified theory. They claim FSS is a discourse emanating from discussions, disagreement and compromises between various feminists view point.<sup>64</sup>

Proponents of traditional security studies on the other hand also remain skeptical of the utility of critical approaches including FST in International Relation Studies. They argue that the boundary of security should be narrow in scope and purpose. They also claim that this will lead to a cohesive unified theory specific for solving security issue not other related matters.<sup>65</sup>

Further, other school of thoughts in the field of security studies have also criticize feminists precepts as being overtly political intended to drive a set agenda.<sup>66</sup> This they claim to a large extent create tensions within security studies when they engage with Feminist security discourses.

Feminist security discourses are normative. They seek to provide alternative perspectives to correct injustices and prescribe ways of improving the lives of women and other minority groups.<sup>67</sup> DV prevents victims from enjoying their human rights including their right to life; and amounts to a security concern deserving of global attention (CEDAW Recommendation 19).<sup>68</sup> In worst cases where spousal murder or the spread of HIV/AIDs through rape or sexual abuse occurs, victims' security of person is violated. Victims therefore live in constant fear and insecurity because the abuse is usually repetitive. FST has questioned states for not prioritizing women's security concerns within the borders of the country and in their homes. In conceptualising DV as a social and security problem, the study is questioning the efforts states make to prevent violence against women. The FST recommends that states should use public policies to compensate for, or prevent social and economic injustices including violence against women. The theory further implores states to push for policies and legislations that are gender sensitive, since institutions and policies aimed at correcting societal injustice should be more gendered than neutral. In respect of security therefore, FST expects states to reconstruct state security to include human security with the welfare and socio-economic development of their citizenry taking a centre stage.

### **1.9 Literature Review on Ghana's Efforts to Protect DV Survivors**

This section reviews the relevant literature from peer-reviewed journals on domestic violence in developing countries especially Ghana. In particular, it reviews the knowledge and perceptions of women DV survivors about formal services rendered by state agencies to protect them.

### ***1.9.1 Domestic Violence in Ghana***

Domestic violence is prevalent in Ghana, just like other countries worldwide. In a pioneering work on domestic violence in Ghana, Ofei-Aboagye described domestic violence in Ghana as a pervasive social problem.<sup>69</sup> The study further revealed that women's response or non-response to domestic violence was influenced by the absence of state support systems.<sup>70</sup>

In addition, the demographic and health survey (DHS) conducted in Ghana in 2008, showed that 38.7 per cent of ever married women between the ages of 15 and 49 reported experiences of physical, psychological or sexual violence by a husband or partner at some point in their lives.<sup>71</sup> Additionally, a review of some Ghanaian newspapers between the period of 2010 and 2012 revealed that, out of the 52 published articles on spousal murders, 46 reported cases were perpetuated against women.<sup>72</sup>

Public activism to address domestic violence gathered momentum in 1997, following the seminal work by the gender and human rights documentation centre and its partner non-governmental organisations.<sup>73</sup> Results from the nationwide study painted a grim picture of the prevalence, patterns, and response to domestic violence. This sustained activism led to the formulation of Ghana's Domestic Violence Act in 2007.<sup>74</sup>

### ***1.9.2 Ghana's Legislative Efforts Against Domestic Violence***

Great strides have been made in Ghana over the last three decades to reduce domestic violence through legislation in Ghana. This was achieved through many years of advocacy by key civil society organisations, women rights organisations, and international bodies.<sup>75</sup>

There were a number of earlier national laws to protect women's rights and outlaw

violence against women and girls. These included a provision in the 1992 constitution that prohibited discrimination based on sex, the 1998 Criminal Code Amendment Act,<sup>76</sup> and legal amendments criminalising certain harmful traditional practices such as widowhood rites (1984), female genital mutilation (FGM) (1995) and child abuse (1998). In 1998, the Women and Juvenile Units (WAJU) of the Ghana Police Service was created to handle crimes against women and children.<sup>77</sup> These efforts notwithstanding, violence against women remained rife. As Mama suggested, the enactment antidiscrimination laws and the establishment of implementing institutions did not prevent violence against women all together.<sup>78</sup>

The above legislations were limiting, as they did not provide guidelines to how the police could respond to domestic violence; the range of formal services available to women was not specified. Women and Juvenile Unit (WAJU), the specialised unit for crimes against children and women was also found to be exclusionary of men who suffer some kind of domestic violence also. The unit was renamed the Domestic Violence Victims Support Unit (DOVVSU) in 2003 to reflect its shift to a gender-neutral entity although about 85% of reports to DOVVSU are made by women against male perpetrators.<sup>79</sup>

The recognition of these shortcomings, coupled with efforts by civil society actors and NGOs resulted in successful mobilization, advocacy, sensitization, and education about domestic violence. These initiatives also led to the training of state officials on domestic violence and gender issues. Their efforts gained momentum with the coming together of stakeholder civil society organizations (CSOs) into the National Coalition on Domestic Violence Legislation, established in 2003. According to Adomako-Ampofo, the coalition “at various times worked closely with, and at other times independently of, or even in

conflict with, the State”.<sup>80</sup> The efforts of this key civil society organization and some women’s rights organizations led to the enactment of the domestic violence act (Act 732) in 2007. This legislation takes a progressive approach to addressing domestic violence. Notably, the Act acknowledges that perpetrators and survivors of domestic violence do not have to be married or related by blood ties. Its definition of domestic violence includes various forms of economic abuse, in addition to the more conventional definitions of sexual and physical violence. The Act provides a working definition of domestic violence, and outlines a comprehensive legal framework for the prevention of, and protection against domestic violence.

The Domestic Violence 2007, Act 732 was followed by the formulation of the National Policy and Plan of Action (NPPOA) developed by the then Ministry of Women and Children’s Affairs in 2008; now Ministry for Gender, Children and Social Protection. The NPPOA lays out specific roles of key stakeholders for effective implementation of the Domestic Violence Act, under the direction of the Domestic Violence Secretariat of the Ministry of Gender, Children and Social Protection.

### ***1.9.3 Formal Support Services to DV Survivors in Ghana***

Provision of support service to survivors of domestic violence in Ghana can be grouped into two main categories viz. formal and informal. Families, friends, religious leaders, opinion leaders, and other acquaintances of DV survivors usually provide informal support services.<sup>81</sup> According to Ansara and Hindin, these sources of informal support systems are important sources of support to DV survivors. This study focuses on formal support services.<sup>82</sup>

Formal support services are those range of services provided by state agencies or nongovernmental organizations that are accredited by the state to give support to DV victims and survivors. The police, lawyers, social welfare workers, and medical personnel often offer these services. The main formal point of call by DV survivors in Ghana is DOVSSU This is a unit in the Ghana police service mandated to arrest and prosecute perpetrators of domestic violence in Ghana by law.<sup>83</sup> The unit also serves as the first point of call and referral to other services within the formal sector. Other sources of formal support services include the Department of Social Welfare, Commission of Human Rights and Administrative Justice (CHRAJ), Legal Aid, government/private hospitals, and other non-governmental organisations including Ark Foundation and International Federation of Women lawyers (FIDA).

The formal range of support services offered to DV survivors in Ghana are provided for by the 2007 Domestic Violence Act 732. They include the following services: financial help, shelter, child care, emotional support/counselling, prosecution of perpetrators, and referral to other resources.<sup>84</sup>

#### ***1.9.4 Knowledge and Perceptions of Formal Support Services to DV Survivors***

Research on DV survivors' help seeking behaviour reveals that women in developing countries often do not seek formal support services.<sup>85</sup> The literature points to knowledge and perception of the available service as strong determinants of their patronage.<sup>86</sup>

Liang et al. emphasized that, the benefits of formal support services are far-reaching. They tackle problems including survivors' safety, physical and emotional health, and the fear of

victimization.<sup>87</sup> Through the provision of education, shelter, financial support, and legal aid, DV survivors are empowered to assist the state fight the menace.<sup>88</sup>

The knowledge, awareness, and positive perception of services are therefore crucial in order for any state social policy on DV prevention and elimination to succeed. A recent study in Ghana by Sedziafa et al. revealed that limited knowledge and negative perceptions of formal services deterred DV survivors from using them.<sup>89</sup> Some studies identified contextual and sociocultural factors that motivated or demotivated DV survivors' formal help seeking behaviours.<sup>90</sup>

#### ***1.9.5 Help-Seeking Behaviour of Women Domestic Violence Survivors***

According to Paul, women DV survivors usually face the dilemma of reporting violence to third party for redress (seeking help) or to remain silence and endure.<sup>91</sup> This dilemma often stems from the fact that DV is seen as a private matter and women reporting abuse especially to formal support services risks their marriages or relationships. Further more, they are open to stigmatization, and the loss of livelihoods because some survivors depend on their abusers for their daily upkeep.<sup>92</sup>

According to Garcia-Moreno et al., several obstacles prevent abused women from seeking formal support.<sup>93</sup> Victims most of the times are scared and think that they will be blamed or not believed.<sup>94</sup> Other reasons are that the victims perceive the violence as normal or not too serious and fear possible further attacks from an enraged abuser.<sup>95</sup> When they decide to report abuse, most victims' initial points of call are: friends, relatives, community leaders, and religious leaders.<sup>96</sup> These informal sources of redress are hardly punitive and

usually serve to maintain peace and family cohesion. However, survivors often turn to the formal support services when their informal sources of help fail to stop the abuse.<sup>97</sup>

The literature depicts mixed findings in terms of the association of the socio-economic characteristics of victims and the choice of the source of help to seek to address the abuse.<sup>98</sup> Victims who approach support services tend to be women with higher education, young, and those who suffer physical abuse.<sup>99</sup> Informal support services are usually patronized by economically weaker women, who may find formal support services as complicated in procedure and expensive.<sup>100</sup>

#### ***1.9.6 States Obligation to Protect under International Instruments***

Ghana has ratified the 1979 UN Convention on the Elimination of all forms of Discrimination against Women (CEDAW), the 1993 UN Declaration on the Elimination of Violence Against Women (DEVAW), and the 1995 African Union Protocol on the Rights of Women. These instruments place obligation on states parties to take measures to address violence against women in the public or private life; both in peacetime and during war. They further entreat states to bring all national laws into conformity with these obligations. However, Ghana's efforts to curb domestic violence through legislation have been slow despite reported high prevalence rate of the problem.<sup>101</sup> Several studies have found that challenges to addressing domestic violence cases included inadequate services, poor documentation of cases, poor tracking of victims who are referred to other services, problems of recruitment and retention of police officers, logistical constraints and low personnel remunerations.<sup>102</sup> The other challenges include: inadequate training and capacity to respond among the police, corruption among both the police and judiciary, and victims' own poor financial capacity to pursue their cases.<sup>103</sup>

Ghana's legislative efforts to curb DV over the past two decades have led to the realization that DV is a systemic social issue that needs state intervention through the criminal justice system and institutionalisation of various formal support services. Widespread public education on DV and the provision of funds for proactive support service delivery will be crucial in its management and prevention.

### **1.10 Sources of Data**

The primary data was obtained through in-depth interviews and key informant interviews with women DV survivors and officials of the Ghana Domestic Violence Secretariat (DVS), DOVVSU, Department of Social Welfare (DSW), CHRAJ, and Women Rights Advocacy groups working with DV survivors.

The secondary data were obtained from various annual reports of DVS and DOVVSU, Country progress reports on United Nations Declaration of Elimination of Violence against Women (DEVAW) and the Convention on the Elimination of all forms of Discriminations against Women (CEDAW), Domestic Violence Act, 2007 (act 732) and other related legislative instruments on gender based violence in Ghana. Other sources of research information included published literature, books, journals articles, and web-based publications. These sources provided information to complement and inform the design of the study.

## **1.11 Research Methodology**

This section discusses the methods of the study. It describes the study population, sampling procedure, sample size, and justification. It further presents the method of data collection and data analysis, ethical considerations, and limitations of the study.

### **1.11.1 Study Setting**

The study was conducted at Weija, the capital of Weija-Gbawe municipality in the Greater Accra region. It is a peri-urban, and ethnically diverse community located about 27 kilometres west of Accra. According to the 2010 Population and Housing Census, Weija has a total population of 15,892 with 7689 males and 8203 females (Ghana Statistical Service, 2010).<sup>104</sup> The Community is served by a police station with DOVVSU. The other formal support services including DSW, and CHRAJ are also present in the area. Residents have access to both public and private health and educational facilities to cater for their health and educational needs.

### **1.11.2 Study approach and Design**

A qualitative cross sectional study methodology was adopted for the study. This method enables the study to benefit from various perspectives of the phenomenon under study. According to Yardley, qualitative research approach enriches the study and allow for an in-depth exploration of sensitive issues such as intimate partner violence and the offender –victim dynamics involved.<sup>105</sup> Another strength of qualitative method is that subjective human feelings and emotions are difficult to quantify ,hence making the method appropriate for the study.<sup>106</sup> However one limitation of qualitative study is that findings cannot be generalised to the population with a high degree of accuracy or certainty as compared to quantitative approaches.<sup>107</sup>

In terms of the research design, the study employed a case study design. O’Leary defines case study as a detailed study of elements of the social context through comprehensive description and analysis of a single situation or case.<sup>108</sup> Another definition of a case study is that it is an empirical inquiry that investigate contemporary phenomena within its real life context.<sup>109</sup> O’Leary also indicates that case studies allow for the building of holistic understandings through prolonged engagement and the development of rapport and trust within a clearly and highly defined context. The research used Weija-Gbawe, Accra as a case study because it is a peri-urban and ethnically diverse community, and also has access to DV protective service.

### **1.11.3 Sampling Procedure**

Sampling procedure is defined as the process of selecting elements from a population for inclusion in a research study.<sup>110</sup> According to Kumekpor , there are certain characteristics or phenomena that are not randomly distributed in the universe hence non probability or non-random sampling is appropriate procedure to be used.<sup>111</sup> In cases such as domestic violence, due to social stigma, victims and key informants are not randomly distributed in any given locality. Therefore, purposive sampling was used for the study.

Purposive sampling is a non-probability sampling which uses the judgment of an expert in selecting respondents with specific purpose in mind. With the help of a local women’s organisation that works with DV survivors, eligible participants were purposively sampled for the study. The other key informants were selected based on their professions in DV support services sector and the knowledge they have on the subject matter.

#### **1.11.4 Study Population**

The study population is a collective term used to describe the total quantity of cases such as people, objects or events which are subject of the study.<sup>112</sup> Kumar also states that population can also be defined as the set of all objects that have some common set of predetermined characteristics in relation to the same research problem.<sup>113</sup> In that regard, only women who have ever suffered DV and sought formal domestic violence support services on at least one occasion were subjects eligible to participate in the study. Officials from the under listed institutions were also part of the study population:

- Department of Social Welfare
- Commission on Human Right and Administrative Justice(CHRAJ)
- Domestic Violence and Victim Support Unit (DOVVSU)
- The Ark Foundation Ghana
- International Federation of Women Lawyers (FIDA-Ghana)
- Women's Alliance Ghana
- Medical Officer from Ghana Health Service

#### **1.11.5 Sample Size and Justification**

Qualitative data is collected in order to understand population or construct in-depth investigation. The in-depth nature of qualitative data generally limit sample size because the researcher cannot collect data from thousands and the profoundness of the data is often more important than numbers.<sup>114</sup> A large sample size does not guarantee accuracy but rather by the considerations of how informative the sample is and the ability of the researcher to argue the relativeness of any sample to a broader context<sup>115</sup> The selection of twenty-one (21) respondents was enough for the researcher to generate adequate information to answer the research questions. This sample size gave enough perspectives

that answered the research questions. More importantly it helped the researcher collect diverse views on the phenomenon of domestic violence and perspectives of the study population.

#### **1.11.6 Sample**

A total of twenty-eight (28) semi structured interviews were conducted. Twenty one (21) of these respondents were women DV survivors in Weija-Gbawe area, one (1) professional each from Department of Social Welfare, DOVSSU, CHRAJ, a medical officer, and three (3) women rights advocates. Only women who have ever suffered DV and sought formal domestic violence support services on at least one occasion were subjects eligible to participate in the study. With the help of a local women's organisation that works with DV survivors, twenty-one (21) eligible participants were purposively sampled for the study. The other seven key informants were selected based on their professions in DV support services sector and the knowledge they have on the subject matter. Purposive sampling as a non-probability sampling was appropriate since it uses the judgment of an expert in selecting respondents with specific purpose in mind. The three women rights advocates were selected from Ark Foundation, FIDA-Ghana, and Women Alliance. One advocate was interviewed from each institution.

#### **1.11.7 Data Collection and Analysis**

The interviews with the women were conducted either in Twi or English - the two most widely spoken languages in Ghana. The researcher translated the interview guides and interviews conducted in Twi with assistance from two other native speakers of Twi. The interviews with the experts were conducted in English. Two separate interview guides adopted from the Ghana Domestic Violence Report (2016)<sup>116</sup> were used for the women and the service providers. The women DV survivors interview guide contained the

following themes: socioeconomic demographic characteristics, their knowledge of the DV act (732) 2007 and other formal support services, and their expectations of, and perspectives on these support services. Interviews were conducted in a comfortable and secured location at the premises of the Weija Gbawe Municipal Assembly in the presence of a counsellor.

The interview guide for the experts also included questions relating to challenges of service provision, the help seeking behaviours of survivors and the impact of DVA on awareness of various support services available to survivors.

Descriptive content analysis was used to examine the qualitative primary data gathered for this study.<sup>117</sup> The data gathered were translated into English language, transcribed and later categorized into themes and patterns based on the objectives of the study and research questions. Summary descriptive statistics was performed on coded data and results presented in tables.

### **1.12 Ethical Considerations**

Research on violence against women is sensitive and involves human subjects. As such, the study was guided by the World Health Organization's (WHO) ethical and safety recommendation for research on domestic violence.<sup>118</sup> Potential respondents were made to understand that participation in the study is entirely voluntary. They were also informed of what their participation will involve and the purpose of the study. All respondents gave either a verbal or written consent before participating in the study. Privacy and safety of the respondents were guaranteed by using an inner room at the offices of the Weija-Gbawe Municipal Assembly. Information provided by the respondent during the interviews was

handled with strict confidentiality. The information was used exclusively for the research purposes. Data analysis was done at the aggregate level and pseudonyms were used to ensure anonymity.

### **1.13 Limitations**

Though care was taken to conduct interviews in a neutral manner, the study acknowledges the possibility of interviewer bias especially as respondents may provide responses to questions based on unintended leads on what they thought or the researcher expects. The responses could also be biased; given the stigma associated with domestic violence, and respondents' anticipations of the influence their responses might make on policy on DV. Other limitations of the study were the participants' safety, privacy, and the distress that comes with survivors narrating their experiences. This was overcome by providing comfortable and secured location for the interviews. A counsellor was also at hand to offer support if necessary to any participants who needed help.

### **1.14 Organization of the Study**

The study is divided into four chapters. Chapter one consists of the research design, which includes background to the study, statement of the research problem, study objectives, methods, and brief literature review on domestic violence against women in Ghana.

Chapter two is in two parts. The first part examines the international community's response to domestic violence and the second part reviews how states have addressed domestic violence through various support services using Ghana as a case study.

The third chapter presents results from the analysis of data on DV survivors' knowledge,

perceptions, and expectations of support service available to them under state protection.

Chapter four summarizes the research findings, conclusion, and recommendations.

## ENDNOTES

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<sup>1</sup> Fox, Vivian C. "Historical perspectives on violence against women." *Journal of International Women's Studies* 4.1 (2002): 15-34

<sup>2</sup> Ibid.

<sup>3</sup> Heise, Lori, Mary Ellsberg, and Megan Gottmoeller. "A global overview of gender-based violence." ; Also Gender based violence (GBV)- Women, girls, men and boys can be victims of GBV. However, the main focus of this study is on violence against women and girls.

<sup>4</sup> Amoakohene, Margaret Ivy. "Violence against women in Ghana"; Dienye, Paul O., and Precious K. Gbeneol. "Domestic violence against men in primary care in Nigeria."

<sup>5</sup> Kishor, Sunita, and Kiersten Johnson. "Profiling domestic violence"; Dunkle, Kristin L., et al. "Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa."

<sup>6</sup> Johnson, Michael P., and Kathleen J. Ferraro. "Research on domestic violence in the 1990s: Making distinctions."; Heise, Lori L., et al. "Violence against women: a neglected public health issue in less developed countries."

<sup>7</sup> Heise et al. "Violence against women: a neglected public health issue in less developed countries."

"Violence against women: a neglected public health issue in less developed countries."

<sup>8</sup> Ajah, Leonard Ogbonna, et al. "Comparison of domestic violence against women in urban versus rural areas of southeast Nigeria."; Koenig, Michael A., et al. "Individual and contextual determinants of domestic violence in North India."

<sup>9</sup> Coker, Ann L., et al. "Physical and mental health effects of intimate partner violence for men and women."; Randle, Anna A., and Cynthia A. Graham. "A review of the evidence on the effects of intimate partner violence on men."

<sup>10</sup> Victim is used only in reference to women who have died from the abuse or have not accepted the abuse, and have not sought help or do not have intention to do so.

<sup>11</sup> Amoakohene, Margaret Ivy. "Violence against women in Ghana: a look at women's perceptions and review of policy and social responses." ; Dobash, Russell P., and R. Emerson Dobash. "Women's violence to men in intimate relationships: Working on a puzzle."

<sup>12</sup> Kishor, Sunita, and S. E. Bradley. "Womens and mens experience of spousal violence in two African countries: Does gender matter?." (2012).

<sup>13</sup> Ibid. p.1

<sup>14</sup> Heise, Lori L., et al. op. cit. p. 14

<sup>15</sup> Ofei-Aboagye, Rosemary Ofeibea. "Altering the strands of the fabric: A preliminary look at domestic violence in Ghana."; Ampofo, Akosua Adomako. "Collective activism: The domestic violence bill becoming law in Ghana."

<sup>16</sup> The second wave feminism (1960s to -1980s) dealt with the inequality of laws, as well as cultural inequalities and the role of women in society. It also raised consciousness about gender-based violence, domestic abuse, and marital rape.

<sup>17</sup> Stets, Jan E. *Domestic violence and control*. Springer Science & Business Media, 2012

<sup>18</sup> Bowman, Cynthia Grant. "Domestic violence: Does the African context demand a different approach?."; Hawkins, Darren, and Melissa Humes. "Human rights and domestic violence."

<sup>19</sup> Kishor et al. p.2

<sup>20</sup> Coker, Ann L., et al. "Physical and mental health effects of intimate partner violence for men and women." *American journal of preventive medicine* 23.4 (2002): 260-268.

<sup>21</sup> World conference on Human Rights; Vienna Declaration and programme of Action, para 4,1993, (Brownlie Ian, 2006 p.140)

<sup>22</sup> Adomako Ampofo op. cit. p. 28; Tripp, Aili Mari. "The new political activism in Africa".

<sup>23</sup> Medie, Peace A. "Fighting gender-based violence: The women's movement and the enforcement of rape law in Liberia." *African Affairs* 112.448 (2013): 377-397.

<sup>24</sup> Bunch, Charlotte. "What not to expect from the UN women's conference in Copenhagen."; Watts, Charlotte, and Cathy Zimmerman. "Violence against women: global scope and magnitude."; Ellsberg, Mary, et al. "Prevention of violence against women and girls: what does the evidence say?."

<sup>25</sup> Ibid. p.30

<sup>26</sup> Ibid.

<sup>27</sup> Ibid. p. 35

<sup>27</sup>Medie, Peace A. "Rape reporting in post-conflict Côte d'Ivoire: Accessing justice and ending impunity." *African Affairs* 116.464 (2017): 414-434.

<sup>30</sup><https://www.ghanaweb.com/GhanaHomePage/NewsArchive/Akufo-Addo-must-prioritize-establishment-of-Domestic-Violence-Support-Fund-Lawyer-520647> retrieved on 30/06/18

<sup>31</sup> Ghana Statistical Service, Ghana Health Service and ICF Macro (2009). *Ghana Demographic and Health Survey 2008 (DHS Final Reports No. FR221)*. Accra: Ghana Statistical Service and Ghana Health Service, and Calverton, MD: ICF Macro

<sup>32</sup> Institute of Development Studies (IDS), Ghana Statistical Services (GSS) and Associates (2016), *Domestic Violence in Ghana: Incidence, Attitudes, Determinants and Consequences*, Brighton: IDS

<sup>33</sup> Klabbers, Jan. "The undesirability of soft law." *Nordic Journal of International Law* 67.4 (1998): 381-391.

<sup>34</sup> Survivor is used when the abused woman has acknowledged the abuse and has taken steps to seek help or have the intention to do so.

<sup>35</sup> Institute of Development Studies (IDS), Ghana Statistical Services (GSS) and Associates (2016), *Domestic Violence in Ghana*

<sup>36</sup> Krug, Etienne G., et al. "The world report on violence and health."; Khan, M. E., and Aditi Aeron. "Prevalence nature and determinants of violence against women in Bangladesh."

<sup>37</sup> Ibid.

<sup>38</sup> Krug et al. Op. cit. 52

<sup>39</sup> Garcia Moreno et al. Op. cit.

<sup>40</sup> Takyi, Baffour K., and Jesse Mann. "Intimate partner violence in Ghana, Africa: the perspectives of men regarding wife beating." *International Journal of Sociology of the Family* (2006): 61-78.

<sup>41</sup> IDS et al. Op. cit. p.25

<sup>42</sup> Krug et al. Op. cit. p. 52

<sup>43</sup> García-Moreno, Claudia, et al. *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. World Health Organization, 2013.

<sup>44</sup> Offei-Aboagye op. cit. p. 929; Khan, Mehr, S. Kapoor, and R. Cooraswamy. "Domestic violence against women and girls."

<sup>45</sup> Cantalupo, Nancy, et al. "Domestic violence in Ghana: The open secret." ; Medie op.cit. p.478

<sup>46</sup> Heise et al. op. cit. p.1165

<sup>47</sup> Khan et al. op. cit. p. 7

<sup>48</sup> Sen, Purna. "Enhancing women's choices in responding to domestic violence in Calcutta: a comparison of employment and education." *The European Journal of Development Research* 11.2 (1999): 65-86.

<sup>49</sup> Blanchard, Eric M. "Gender, international relations, and the development of feminist security theory." *Signs: Journal of Women in Culture and Society* 28.4 (2003): 1289-1312.

<sup>50</sup> Sassler, Sharon, and Amanda J. Miller. "Waiting to be asked: Gender, power, and relationship progression among cohabiting couples." *Journal of Family Issues* 32.4 (2011): 482-506.

<sup>51</sup> Hudson, Heidi. "'Doing' security as though humans matter: A feminist perspective on gender and the politics of human security." *Security Dialogue* 36.2 (2005): 155-174.

<sup>52</sup> Enloe, Cynthia. "Wielding masculinity inside Abu Ghraib: Making feminist sense of an American military scandal."; Cohn, Carol. "'Feminist Security Studies': Toward a Reflexive Practice." Sjoberg, Laura. "Looking Forward, Conceptualizing Feminist Security Studies."

<sup>53</sup> Sjoberg, Laura, ed. *Gender and international security: feminist perspectives*. Routledge, 2009.

<sup>54</sup> Steans, Jill. *Gender and international relations: An introduction*. Rutgers University Press, 1998

<sup>55</sup> Annick, Wibben. "Feminist Security Studies: A Narrative Approach." (2011).

<sup>56</sup> Blanchard op.cit.p.1289; Valenius, Johanna. "A few kind women: Gender essentialism and Nordic peacekeeping operations."

<sup>57</sup> Blanchard op.cit.1294

<sup>58</sup> Ibid.

<sup>59</sup> Tickner, J. Ann. *Gender in international relations: Feminist perspectives on achieving global security*. Columbia University Press, 1992.

<sup>60</sup> Ibid.

<sup>61</sup> Peterson, V. Spike. "Security and sovereign states: what is at stake in taking feminism seriously?." *Gendered states: Feminist (re) visions of international relations theory* 32 (1992).

<sup>62</sup> Ibid.

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- <sup>63</sup> Sylvester, Christine. "Tensions in feminist security studies." *Security Dialogue* 41.6 (2010): 607-614.
- <sup>64</sup> Sjoberg, Laura. "Looking Forward, Conceptualizing Feminist Security Studies." *Politics & Gender* 7.4 (2011): 600-604.; Wibben. "Feminist Security Studies: A Narrative Approach."
- <sup>65</sup> Keeley, James F. "Critical Security Studies: Concepts and Cases" Keith Krause and Michael C. Williams, eds. Minneapolis: University of Minnesota Press, 1997, pp. xxi, 379." *Canadian Journal of Political Science/Revue canadienne de science politique* 30.4 (1997): 770-772.
- <sup>66</sup> Wibben. "Feminist Security Studies: A Narrative Approach."
- <sup>67</sup> Ibid.
- <sup>68</sup> CEDAW Recommendation 19 <http://www.refworld.org/docid/52d920c54.html> retrieved on 01/07/18
- <sup>69</sup> Offei-Aboagye op. cit. p. 929
- <sup>70</sup> Ibid.
- <sup>71</sup> Ghana Statistics op.cit p.48
- <sup>72</sup> Coker-Appiah and Cusack op. cit. p. 104
- <sup>73</sup> The partner NGOs included Women's Initiative for Self-Empowerment (WISE), the Ark Foundation, FIDA-Ghana and Human Rights Documentation Centre (HRDC); Coker- Appiah and Cusack op.cit. p.106
- <sup>74</sup> Adomako Ampofo op. cit. p. 397
- <sup>75</sup> Coker- Appiah op. cit. p.105
- <sup>76</sup> The act amended the criminal code of 1960 by increasing the age of criminal and sexual responsibility, including a specific offence of indecent assault and revising provision regarding sexual offences. It also abolished customary and ritual servitude
- <sup>77</sup> Amoakohene op. cit. p.2375
- <sup>78</sup> Mama op.cit. p.44
- <sup>79</sup> Report on Ghana's response to list of issues and questions in relation to the combined sixth and seventh periodic reports to Committee on the Elimination of violence against Women 2016
- <sup>80</sup> Adomako Ampofo op. cit. p.395
- <sup>81</sup> Ansara, Donna L., and Michelle J. Hindin. "Formal and informal help-seeking associated with women's and men's experiences of intimate partner violence in Canada." *Social science & medicine* 70.7 (2010): 1011-1018.
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## **CHAPTER TWO**

### **OVERVIEW OF THE EFFORTS OF THE INTERNATIONAL COMMUNITY AND GHANA TO COMBAT DOMESTIC VIOLENCE AGAINST WOMEN**

#### **2.1 Introduction**

This chapter discusses initiatives and works of the international community towards combating violence against women. It also specifically examines how the government of Ghana has responded to domestic violence through formal institutions including formal non-governmental organisations accredited by the state. The roles and attitudes of informal sources of support system for DV victims at the community level are examined. The chapter concludes on states' responsibility towards acts of violence by private actors.

#### **2.2 Initiatives of the International Community towards Combating Violence against Women**

Knowledge and awareness about the forms, prevalence, causes, adverse ramifications, preventive, and control measures of gender-based violence have greatly developed over the last four decades. The United Nations has been in the forefront of transforming what was hitherto widely considered a domestic problem into global phenomenon whose solution requires both local and a concerted international approach. Key contributors to this fuller appreciation of the pervasiveness of domestic violence against women include: transnational women's movements, non-governmental organizations (NGOs) within United Nations forums, and the coordinated cycle of world conferences, which characterized violence against women as an issue of human rights. Some of these major initiatives are highlighted in the sections that follow.

### ***2.2.1 World Women Conferences***

Initial policy direction within the United Nations on violence against women was focused on violence against women in the family. Even though the World Plan of Action adopted by the first World Conference on Women in Mexico in 1975 did not refer explicitly to violence, it drew attention to the need for the family to ensure dignity, equality and security of each of its members.<sup>1</sup> In 1980, the women's conference in Copenhagen, marked the middle of the United Nations Decade for Women, adopted a resolution on "battered women and violence in the family", and referred to violence in the home in its final report.<sup>2</sup>

At the parallel non-governmental forum of the 1985 Nairobi World Conference, violence against women was extensively discussed as a priority issue of global security concern.<sup>3</sup> The strategies adopted by the conference underscored the link between the eradication of violence against women in both the public and the private spheres to the promotion and maintenance of global peace.

A number of areas of special concern, including "abused women", "women victims of trafficking and involuntary prostitution", and "women in detention and subject to penal law" were identified. Governments were urged to intensify efforts to establish or strengthen forms of assistance to victims of violence through the provision of shelter, support, legal and other services and to increase public awareness of violence against women as a societal problem.

In 1985, the General Assembly adopted the first resolution on domestic violence based on

a recommendation of the Commission on the Status of Women to the Economic and Social Council and the outcome of the Sixth United Nations Congress on the Prevention of Crime and the Treatment of Offenders. The implementation of the 1985 resolution included the 1986 Expert Group Meeting on Violence in the Family, with special focus on the multiple adverse effects on women.<sup>4</sup> Violence against women was discussed as a highly under-reported global phenomenon. Following this meeting, specific tangible recommendations for dealing with violence against women were made through legal reform, police prosecution, health sector training, and social and resource support for victims.

Subsequent to these efforts, there was a publication on violence against women in the family in 1989.<sup>5</sup> This publication described the diverse types and manifestations of violence against women. It also pointed out that, through their inactions, violence against women may be tolerated and even condoned, by the community or the state. The key contributors to violence against women as identified by the paper took their roots from socioeconomic, political, ethnic, and religious crisis.

In 1995, a fourth world conference was held in Beijing. The Beijing Declaration and Platform for Action identified 12 critical areas of concern that required urgent action to achieve the goal of gender equality.<sup>6</sup> Two of these critical areas were: violence against women, and women and armed conflict. These two critical areas are interlinked with a third critical area – human rights of women. The Platform adopts the definition of violence against women contained in the declaration, but also highlights forms of violence against women not categorically stated in that instrument. These include: violations of the rights

of women in situations of armed conflict, particularly murder, systematic rape, sexual slavery and forced pregnancy. Other violations that border on reproductive health and population control and include: forced sterilization and forced abortion, coercive or forced use of contraceptives, female infanticide, and pre-natal sex-selection. Three strategic objectives are established by the platform for the elimination of violence against women viz. integrated measures to prevent and eliminate violence against women, the study of the causes and consequences of violence against women, as well as the effectiveness of preventive measures, the elimination of trafficking in women, and the provision of assistance to victims of violence due to prostitution.

From 5<sup>th</sup> - 9<sup>th</sup> June 2000, the twenty-third special session of the General Assembly met to agree on further actions and initiatives to implement the Beijing Declaration and Platform for Action (General Assembly. S-23/10/Rev.1, 2000).<sup>7</sup> Amongst the achievements in implementation acknowledged by governments was the fact that many forms of violence against women and girls, whether occurring in public or private life, had become the subject of national-level legislation, policies and programmes. Governments noted that states have an obligation to exercise due diligence to prevent, investigate, and punish acts of violence - whether perpetrated by the state or private persons and provide protection for victims. Governments recommended more specific actions than those of the Platform and also addressed areas, which had emerged or become more prominent since the Beijing Conference. Some of these were: marital rape, crimes of honour and crimes of passion, and racially motivated violence. An international zero tolerance campaign on violence against women, as well as support for public campaigns to enhance public awareness of the unacceptability and social costs of such violence were also advocated.<sup>8</sup> Strategies to

address the growing incidence of trafficking in women, such as the establishment of a national coordinating mechanism, for example a national rapporteur to report on data, root causes, factors, and trends were also agreed on.

The conclusions of Beijing+5 testify to the fact that gender-based violence against women is now viewed as a matter of serious concern by the international community, with many forms being regarded as serious violations of international legal standards. This represents a significant shift in attitude from that which existed within the United Nations when violence against women first emerged as a matter of international concern. This shift in approach has set the stage for the development of important international strategies to address the various forms of violence against women. It has also set the stage for legal and policy change at the domestic level.

After the 1995 Beijing conference, work on violence against women continued in the United Nations, and was no longer the concern of its women-specific institutions.<sup>9</sup> Much of this was a result of the policy of mainstreaming of gender-perspectives into all the policies and programmes of the United Nations as adopted at the fourth world conference on women and reaffirmed by Economic and Social Commission (ECOSOC) agreed conclusions 1997/2. Gender Mainstreaming has meant that, more and more relevant policies, programme formulation and delivery in all areas including human rights, refugee protection, humanitarian relief, peace-keeping and peace-building, and health, take into account differential impacts on women and men so as to promote the interests of women on a basis of equality with men.<sup>10</sup>

The political bodies of the United Nations have continued to adopt resolutions on gender-based violence against women, such as trafficking in women, violence against women migrant workers, and traditional practices affecting the health of women and girls, such as female genital mutilation (FGM).<sup>11</sup> The Sub-Commission on the Promotion and Protection of Human Rights also assists to address the issues of gender-based violence. The United Nations Human Rights treaty bodies now pay close attention to the various forms of violence against women.<sup>12</sup> Other human rights special procedures, including thematic and country specific rapporteurs now take up the issue in their work.

Significant progress has been made with regard to gender-based violence against women in armed conflict. The adoption of the United Nation's Security Council Resolution UNSCR 1325 in 2000 on women, peace, and security is an attestation to this progress.<sup>13</sup> It was the first of its kind from the Security Council in committing to eliminating violence against women especially during armed conflicts. It further provided for the participation of women in peace and conflict decision-making process.

The Statute of the International Criminal Court adopted in Rome in June 1998, recognised gender-based crimes and made provision for the application of gender-sensitive justice through the selection of judges, and also, the establishment of a Victims and Witnesses Unit which must be staffed by individuals with expertise in trauma, including that related to crimes of sexual violence.<sup>14</sup>

Progress is further demonstrated by several indictments by the International Criminal Tribunals of persons and groups involved in sexual violence in the Rwanda and Former Yugoslavia. In September 1998, the Rwandan Tribunal issued a conviction on crimes

against humanity and genocide, including acts of sexual violence, and thus adopted the first definition of rape in international law.<sup>15</sup> The recently established Tribunal for Sierra Leone also addresses gender-based crimes and provides for gender-sensitive justice.<sup>16</sup>

The Optional Protocol to the Convention on the Elimination of all Forms of Discrimination against Women came into force on 22 December 2000.<sup>17</sup> It has entitled individual women and groups of individual women to petition CEDAW with respect to violations of the convention. It also allows the committee of its own motion to inquire into grave or systematic violations, including all forms of violence against women.

All parts of the United Nations system, including the United Nations High Commission for Refugees (UNHCR), the United Nations High Commission for Human Rights (UNHCHR), the World Health Organization (WHO), the United Nations Population Fund (UNPF), the United Nations Children's Fund (UNICEF), and the United Nations Development Fund for Women (UNIFEM) now have specific policies and programmes regarding gender-based violence.

The UNHCR has developed legal and policy directives to ensure recognition of violence against women as the basis for claims of refugee status. Similarly, violence against women has also become the subject of UNHCR policy directives and codes of practice on the treatment and protection of refugee women.

A resource manual on strategies for confronting domestic violence has been prepared under the supervision of the United Nations Centre for Crime Prevention and Criminal

Justice. Other parts of the United Nations system and its related entities, such as the International Labour Organization (ILO) and the World Health Organization, addressed specific forms of violence against women within their specific mandates. On a continual basis, UNICEF has increasingly drawn attention to the rights of the girl child and issued a report on "Domestic Violence against Women and Girls" in 2000.<sup>18</sup> UNIFEM administers the Trust Fund in Support of Actions to Eliminate Violence against Women. Aside providing financial support for projects to eradicate gender-based violence, UNIFEM mounted innovative regional and international advocacy campaigns involving grass-roots activists on this menace<sup>19</sup>.

### ***2.2.2 Recommendations by the Committee on the Elimination of Discrimination against Women (CEDAW)***

The Committee on CEDAW is the treaty body established to monitor the 1979 Convention on the Elimination of all Forms of Discrimination against Women (UN, 1979). Although the Convention did not directly deal with violence against women, it addressed trafficking in women, the exploitation of prostitution and sexual harassment in the workplace.

In many recommendations, the Committee held that gender-based violence fell within the remit of discrimination against women. Some of these recommendations were that in 1989 (CEDAW, 1989), the Committee adopted general recommendation 12 on violence against women, which recommended that states include information in their reports to the committee on the incidence of violence against women.<sup>20</sup> In 1990, general recommendation 14 tackled female genital mutilation and other traditional practices that are harmful to the health of women.<sup>21</sup>

In 1992, the committee adopted general recommendation 19, which defines gender-based violence to be one that is directed against a woman because of her sex, or that which affects women disproportionately and declared it to be "a form of discrimination against women that seriously inhibits women's ability to enjoy rights and freedoms on a basis of equality with men".<sup>22</sup> The general recommendation makes clear that: "states may be ...responsible for private acts if they fail with due diligence to prevent violations of rights or to investigate and punish acts of violence, and for providing compensation."<sup>23</sup>

In 1994, following the CEDAW declaration, the Commission on Human Rights created the first gender-specific human rights mechanism called the "Special Rapporteur on violence against women, its causes, and consequences" to see to the effective implementation of the recommendations. The mandate of this office is to actively seek and receive information on violence against women and to recommend measures to eliminate violence. Ms. Radhika Coomaraswamy of Sri Lanka was the first special rapporteur on violence against women. Among other achievements, her reports covered: military sexual slavery in wartime, rape in the community, domestic violence, trafficking and forced prostitution of women, and women's reproductive rights. She also embarked on missions to member states of the United Nations to investigate and propose strategies to address gender-based violence against women.<sup>24</sup>

### ***2.2.3 Commission on the Status of Women***

The Commission on the Status of Women is the intergovernmental body charged with the formulation of the international policy framework to ensure the advancement of women.<sup>25</sup>

In 1987, the commission identified violence against women within the family and society as falling within the Nairobi Forward-looking Strategies' priority theme "peace". In 1991, the commission recommended the development of an international instrument on violence against women. A draft declaration was prepared by an expert group which also made further recommendations, including the appointment of a special rapporteur on violence against women, the strengthening of CEDAW and the formulation of optional protocols to the convention.

#### ***2.2.4 World Conference on Human Rights (1993)***

The World Conference on Human Rights was key to the recognition of women's human rights. Women activists from around the world took opportunity of this conference as the most appropriate forum to challenge the historical deprivation of women's human rights, and particularly the failure to recognize gender-based violence as a central human rights issue.<sup>26</sup>

Subsequently, in the Vienna Declaration and Programme of Action, the human rights of women and girls were declared to be part of human rights. The adoption of the Declaration on the Elimination of Violence against Women was deemed a priority. To ensure action on this declaration, a special rapporteur on violence against women, its causes and consequences was mandated.<sup>27</sup>

#### ***2.2.5 Declaration on the Elimination of Violence against Women***

In furtherance of the course of women's rights, the UN General Assembly adopted this declaration in 1993. The declaration defines violence against women as:

"any act of gender-based violence that results in, or is likely to result in,

physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life"

It outlined steps that the United Nations, its member states, agencies, and programmes, should take to address violence against women. With the hindsight of previous excuses, it categorically states that, states should not invoke any custom, tradition, or religious consideration to renege on their obligations to protect women against domestic violence. Additionally, states are expected to exercise due diligence to prevent, investigate and, in accordance with national legislation, punish acts of violence against women, whether those acts are perpetrated by the state or by private persons.<sup>28</sup>

#### ***2.2.6 Regional Instrument: Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (The Maputo Protocol)***

The Maputo Protocol is a protocol to the African Charter on Human and Peoples Rights (ACHPR) on the rights of Women in Africa. The protocol urges African states to enact and enforce laws to punish sexual and other forms of violence against women. The origin of the Maputo Protocol is traced to advocacy works of two notable civil society organisations: Women in Law and Development (WiLDAF) and Equality Now. The push for a specific protocol to the ACHPR to address the rights of women was as a result of its failure to articulate specific violations of women's right which resulted from discrimination<sup>29</sup>. The Maputo Protocol was officially adopted by the section summit of the African Union in July 2003. It is both comprehensive and innovative with its inclusion of civil and political rights, economic, social and cultural rights, group rights, and for the first time in an international treaty, health and reproductive rights. Furthermore, according to Viljoen the Maputo Protocol's strength over CEDAW lies in the fact that it "speaks to the concerns of women in Africa with precise and less ambiguity than CEDAW." <sup>30</sup> The

Protocol in dealing with domestic violence calls on states to respect the rights to life, integrity and security of the person. Article 4 subsection 2 recommends states to: “enact and enforce laws to prohibit all forms of violence against women including unwanted or forced sex whether the violence takes place in private or public...”<sup>31</sup>

### **2.3. Domestication of International Legal Framework in Africa for the Prevention of Violence against Women**

Efforts by the International community at the UN level and transnational women movements have led to the institutionalization of international legal frameworks for the prevention of violence against women in Africa. This has influenced states to domesticate these frameworks by developing laws and policies to address violence against women including DV.

As of 2013, twenty-one (21) African countries have passed a domestic violence bill.<sup>32</sup> Ortiz-Barrada and Vives-Case in their seminal work on assessing domestic violence legislation in Africa, find that legal frameworks passed do not provide sufficient protection for survivors.<sup>33</sup> They noted that Botswana, Mauritius, Rwanda, and South Africa only include police sector interventions; Ghana, Mozambique and Namibia do have some aspects of police and the justice sector reforms.<sup>34</sup> The study lauded Zimbabwe and Sierra Leon for incorporating police, the justice sector and educational sector in their legislations.

Though laws adopted by African states criminalize some forms of violence against women such as rape, the enforcement is often not effective.<sup>35</sup> The literature further reveals that DV survivors most often are confronted with sociocultural barriers and obstacles in the criminal justice system when seeking redress. These barriers often lead to

survivors withdrawing cases from the police . A situation that counteract the intended benefits of the legislation.

Conflict and post conflict situations in some African countries have also led to the institutionalization of DV laws and the strengthening of existing policies for the prevention of violence against women in general.<sup>36</sup> This is because of the breakdown of law and order in conflict and post conflict situations.<sup>37</sup> International organizations have aided post war countries in Africa in formulating these legislations. For example, in 2008, the United Nations passed Resolution 1820 which recognised rape as a weapon of war.

Through concerted efforts of international organisations, social movements and state institutions ,these countries have instituted domestic violence legislation as one of the many drives to chart a new path towards a fuller democracy. Some of these countries included Liberia, Sierra Leone, the Central African Republic and Rwanda.

The gap between DV laws and the actual implementation has led to the need the for an effective social movement ,such as women rights movements, in DV legislation implementation. According to Medie, social movements can positively influence policy implementation from the policy design through to the procedures that guide their implementation if the state has an open political system.<sup>38</sup>

Hence beyond the formulation of DV laws, African states should make effort to eliminate social, economic and cultural barriers confronting women in seeking redress . Findings from this study will give key insights into the expectations and challenges that survivors face in seeking support and justice at the time of abuse in Africa.

#### **2.4 Ghana's International Commitments to Combating Violence against Women**

Ghana has signed and ratified various treaties at the UN and the regional level for the protection of human rights. Treaties pertaining to violence against women that the Government of Ghana has signed include The Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) 1979, The Nairobi Forward Looking Strategies for the Advancement of Women, 1985, The Optional Protocol to the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW OP) 1999, Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, The African Charter on Human and Peoples' Rights (ACHPR) and its optional protocol- Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa. The Table below shows various Human Rights treaties signed by the Government of Ghana.

Table 1: Ghana's International Commitments to Combating Violence against Women

| International Instrument   | Ghana's Commitment |              |
|--|--------------------|--------------|
|  | Signatory          | Ratification |
| 1. The Universal Declaration of Human Rights   |                    | 1948         |
| 2. The Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) 1979                                   | 17-07-1980         | 02-01-1986   |
| 3. The Optional Protocol to the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW OP) 1999       | 24-02-2000         |              |
| 4. International Covenant on Economic, Social and Cultural Rights (ICESCR) 1966  |                    | 7-12-2000    |
| 5. The Covenant on Economic Social and Cultural Rights (ECOSOC)  |                    |              |
| 6. The Nairobi Forward Looking Strategies for the Advancement of Women, 1985   |                    | 1985         |
| 7. The Vienna Declaration on Human Rights, 1993  |                    | 1993         |
| 8. The Beijing Declaration and Platform for Action, 1995   |                    | 1995         |
| 9. The International Conference on Population and Development (ICPD) declaration, 1994   |                    | 1994         |
| 10. The African Charter on Human and Peoples' Rights (ACHPR)   | 03-07-2004         | 24-01-1989   |
| 11. The Millennium Development Goals (MDGs), 2000  |                    |              |
| 12. The International Covenant on Civil and Political Rights (ICCPR) 1966  |                    | 7-12-2000    |
| 13. The Declaration on the Rights of Indigenous People   |                    |              |
| 14. The International Convention on the Elimination of All Forms of Racial Discrimination (CERD)                                 |                    | 04-01-1969   |
| 15. The International Convention on the Rights of the Child (CRC)  | 1991               | 02-09-1990   |
| 16. The International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families (MWC) 1990 |                    | 01-07-2003   |
| 17. Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment – New York                          | 10-12-1984         | 07-09- 2000  |

Source: Government of Ghana Report to CEDAW committee 2016

## **2.5 Ghana's Institutional Response to Combat Domestic Violence**

The Ghanaian government has become conscious of the magnitude and systemic nature of domestic violence since the enactment of the Domestic Violence Act (DVA) in 2007. This is provided and guided by the National Domestic Violence Policy and Plan (2009-2019). Specifically, the Act makes provisions on the filing of complaints to the police, police assistance, and arrests of perpetrators. The second part of the act makes provisions for protection orders, and procedures to activate these. The final part of the act covers miscellaneous provisions including the relation of the act to the criminal code, the promotion of reconciliation by the court, publication of proceedings, criminal charges and protection, civil claims for damages, regulations and interpretation. The inception of the act notwithstanding, human rights advocates have argued that the DV act has mostly not been implemented, as several provisions in it are unmet.

Currently a multi-agency approach underpins formal support system for victims of domestic violence in Ghana. These support systems are police assistance, the criminal justice system, Commission on Human Right and Administrative Justice, the Department of social welfare, and the medical community. Services that they provide include counselling, mediation, health services, and legal aid among others. The role of local community leaders and non-governmental organisations (NGOs) highly complement state agencies' efforts to response to the needs of survivors of domestic violence.

### ***2.5.1 The Criminal Justice System***

There has seen some improvement in the attitudes of police officers and judges in Ghana concerning the handling of cases of DV. This is attributable to the passing of the DVA. This notwithstanding, gender stereotypes and cultural beliefs designating DV as a private

issue continues to be a stumbling block for victims seeking help from the criminal justice system.<sup>39</sup> The Police Service commitment to preventing DV led to the establishment of the Women and Juvenile Unit (WAJU) in 1998. This unit was subsequently renamed Domestic Violence and Victims Support Unit (DOVVSU) in 2005.<sup>40</sup> DOVVSU has a national secretariat and regional offices in all the ten regions of Ghana. It also has over 100 units at some divisional and district police commands in the country.<sup>41</sup>

As outlined on the website of DOVVSU, it provides the following service in line with its mandate to: receive and respond to complaints, conduct investigation into cases; refer victims for medical, legal, shelter and counselling services, provide counselling where necessary, and refer dockets to the Attorney-General's Department for advice on prosecution. According to Anyemadu et al., most women were aware of DOVVSU as point of call in accessing formal services, but were ignorant of the types of service provided by the unit.<sup>42</sup>

Seeking redress from the criminal justice system in Ghana starts with a formal complaint to the police. The complainant is further investigated and the complainant issued a medical form to undergo medical check-up if necessary. Perpetrators are then invited for questioning at the police station. If it is established that a crime has been committed, the case is forwarded to the law courts. DOVVSU is constrained by inadequate financial, technical, and human resources to enable it effectively fulfill its mandate, notwithstanding that it is the mainstream first point of call for DV victims wishing to access formal service from the state.<sup>43</sup>

The courts have traditionally handled DV and other violence against women specified by law. In order to swiftly respond to DV, the Judiciary Service operates human rights courts and gender-based and sexual offences courts to speed up the adjudication of such cases. The court system in the country has also made provision for the family and juvenile courts at the district court level. These courts use alternative dispute resolution (ADR) methods to settle cases - particularly those bordering on child maintenance. The family courts also has jurisdiction to deal with criminal cases and civil protection orders under the domestic violence Act.<sup>44</sup>

Adomako Ampofo posits that several impediments including delays in handling cases; inefficient investigative skills; limited knowledge on human rights on the part of judges and magistrates resulting in poor approaches to handling sensitive gender issues have tended to discourage women from seeking redress at the law courts.<sup>45</sup> Further it is commonplace for the system to impose lenient punishment when cases make it to the courts.<sup>46</sup> According to Netright, gender insensitivity is commonplace in the family tribunals and male-dominated staff, hence judgement on violence against women tend to be biased.<sup>47</sup> The DVA has outlined the procedures and guidelines that the law courts should used when handling cases of DV.

### ***2.5.2 Commission on Human Right and Administrative Justice (CHRAJ)***

The Commission on Human Right and Administrative Justice (CHRAJ) is a quasi-judicial institution created under the 1992 Constitution to help promote transparency and public accountability. It is also charged with upholding the human rights that is guaranteed by the constitution and redress grievances through a complaint procedure. CHRAJ employs non-binding mediation to resolve the complaint brought to it. Concerning violence against

women and DV, CHRAJ has sustained a vigorous campaign against all aspects of violent practices that subject women and the girl child to cruel, inhumane, and degrading treatment and acts that detract their dignity.<sup>48</sup>

In cases of DV, an official of CHRAJ invites both the complainant and respondent to talk out their issues. As a neutral facilitator, the official helps the parties to negotiate a mutually beneficial agreement and compromise on their individual positions for an amicable settlement. Though these settlements or agreements are not legally binding and a party can violate it without any consequences, CHRAJ is still a point of call for some DV victims. When parties do not reach an agreement they are referred to the judicial system for redress. From 2011 to 2013, CHRAJ received 1,070 cases of DV of which 77 per cent (826) were resolved.<sup>49</sup>

### ***2.5.3 The Ministry of Gender, Children, and Social Protection (MGCSP)***

The Ministry of Gender, Children and Social Protection, it is mandated to coordinate and ensure gender equality and equity, promote the survival, social protection and development of children, the vulnerable and excluded as well as persons with disability and integrate fulfilment of their rights, empowerment and full participation into National development.<sup>50</sup>

The ministry currently houses the Domestic Violence Secretariat. This secretariat is stipulated in the Domestic Violence Act; 2007. It is managed by a 13-member board and aimed at providing protection against domestic violence particularly for women and children.

The Department of Social Development formerly Department of Social Welfare is another key agency in the ministry that is dedicated to providing support for the vulnerable and abused women and children. Since 2009, this department and other state agencies mandated to prevent all forms of violence against women have made modest strides in organizing various advocacy and awareness creation exercises to sensitize and mobilize communities to address violence against children and women. It has however failed in its mandate to operate adequate shelters for the abused in the country. There are currently three (3) state funded shelters in the Greater Accra, Upper West, and Volta regions, however currently none is operational due to lack of funds on the part of government.<sup>51</sup>

The Departments of Social Development, Gender and Children of the MoGCSP through public sensitization exercises have engaged over 250,000 people in about 250 communities across the entire country on violence against women and children.<sup>52</sup> However, the departments' attempt to provide shelters for vulnerable persons especially battered women has been unsuccessful.

#### ***2.5.4 The Medical Community***

The medical community including various health facilities under the Ghana Health Service, and mission-based hospitals also provide critical support to DV victims who are referred for medical exam certification. It is mandatory that once a DV victim lodges a complaint with the police, she is referred to a health facility to obtain a medical report detailing her health condition related to the violence. This report serves as proof of the abuse and without it the police may refer the case for counselling instead of prosecution.<sup>53</sup> Cantalupo quoted a DOVVSU official as saying “the woman has to prove beyond

reasonable doubt that it happened...the medical report is the strongest evidence that you have...” p559.<sup>54</sup>

Obtaining the medical report is expensive and is not affordable to most women. This therefore discourages women from pursuing the prosecution of their abusers, as health facilities do not waive the fees for the victims. Medical officers are sometimes subpoenaed to testify regarding medical examinations at trials. This further increases the costs obtaining medical reports because, the expenses anticipated in respect of court appearances by the medical officer will inform the fees.<sup>55</sup>

Another obstacle is that after victims have spent money to obtain the medical report, prosecutors often do not tender the medical report as testimony at trials. According to Cantalupo et al. prosecutors at the Attorney Generals Office underscored the importance of the medical testimony to this effect “many cases with the absence of medical testimony can result in less compelling, unarguable or even damaging evidence...”p 545<sup>56</sup> Cantalupo et al. believe that if the state prosecutors compel medical officers to testify more frequently at trials, health facilities would charge more for medical examination reports; this could serve as a disincentive for victims and likely discourage them from pursuing prosecution of their abusers.<sup>57</sup>

#### ***2.5.5 Non-Governmental Organisation (NGOs) and Women’s Organisations***

Non-governmental organisations (NGO) and some Civil Society Organisations (CSO) including women’s organisations in Ghana are crucial agencies responding to the needs of DV victims. These entities over the years have mobilised funds for the support of DV victims, organised community educational and sensitization exercises to raise awareness

of domestic violence and advocated and lobbied for the institutionalisation of policies for the prevention of DV in Ghana. The role-played by women's organizations in the Domestic Violation Coalition which spearheaded the formulation and passing into law Ghana's domestic violence act was enormous.<sup>58</sup>

NGOs mostly target women who are vulnerable and cannot rely on families or communities to protect them from abusive relationships. Services provided to DV victims usually include counselling, legal assistance, court representation, provision of shelters, and skills training.

The following organizations have been prominent in service provision to abused women. They mostly get referral of DV victims from their initial contact with DOVVSU officers. Legal Aid Board, the Ark Foundation, International Federation of Women Lawyers-Ghana Chapter (FIDA-Ghana) and Women's Initiative for Self-Empowerment (WISE) mostly provide legal services for DV victims; the Ark Foundation, over the years has provided temporal shelters to battered women and WISE have trained staff who provide basic counseling to clients and traumatized victims.<sup>59</sup>

#### ***2.5.6. Informal Institutions Response to DV in Ghana***

Informal institutions include religious and traditional entities agents serve as point of call to some abused women in their communities. Actors usually include religious leaders, family heads, traditional healers, and other opinion leaders.<sup>60</sup> These actors in the past to a large extent were dominant in providing some support and service to DV victims because of the privacy they provide, however their dominance has been challenged in recent times.

This could be attributed to widespread campaign on DV as a public matter instead of the private sphere.

### ***2.5.7 Religious Leaders***

This group of leaders are prominent and wield a lot of influence in their communities because of the religious nature of most Ghanaians. They include pastors, priests, imams, etc. Heading various faith institutions. To a large extent they influence the help-seeking patterns of DV victims. Though informal, some DV survivors consider these avenues as their first point of call. Religious leaders have historically served as peacekeepers and problem solvers in the Ghanaian communities.<sup>61</sup>

However several studies have found out that, traditional attitude about gender roles often lead religious leaders to advice women to endure domestic violence.<sup>62</sup> This group also do not encourage abused women to seek help from the police or divorce their abusive partners if need be. Some religious leaders even go as far as to seek the withdrawal of cases from the criminal justice system for mediation and settlement at the community level.<sup>63</sup> Lack of resources, bad attitudes towards gender roles by police officers and judges and excessive workloads make the system to countenance third party intervention.<sup>64</sup>

### ***2.5.8 Family Heads and Traditional Leaders***

Customarily, family heads and traditional leaders including chiefs and queen mothers have a way of settling DV cases through traditional proceedings guided by values of the community. Ghanaian value has it that marriage between a husband and wife does not involve the two alone, but the two families of the couple together.<sup>65</sup> Family heads and other traditional leaders typically respond to disputes arising from marriages.<sup>66</sup>

Traditionally, in adjudication of DV cases, family heads often listen to both parties and the offender is fined and then advised to desist from the acts of violence.

According to Cantalupo et al though the adjudication of DV cases by traditional leaders is supposed to be private and fair, in practice it was unfair to women.<sup>67</sup> This could be attributed to patriarchy biases that delegate women as subservient to men.<sup>68</sup> Hence, women are encouraged to endure abuse and desist from provoking husbands/partners to be abusive. Some customary leaders insist that they refer cases involving a recalcitrant abuser who inflicts physical injuries to victims to the police. However, it was found out that these leaders also seek to withdraw DV cases reported to the police to avoid divorce or breakdown of the family.<sup>69</sup> Remedies and punishments including fines are not deterrent enough, and often benefit family header or chiefs.<sup>70</sup> The DV victim is therefore deprived of any compensation for her injuries/troubles from the process.

#### ***2.5.9 Traditional Healers***

Traditional healers also serve as options for DV survivors in their help seeking behaviours. They serve as important source of medical assistance to women suffering domestic violence particularly in the rural areas. These women prefer the service of traditional healers because of the confidentiality and the relatively cheap services they provide. Traditional healers who treat bone injuries also serve as confidant of abusive women. As custodians of traditions, who consider DV as private, hardly do these healers recommend involving the police in DV cases.<sup>71</sup> They often counsel victims to have patience and avoid provoking the abuser.<sup>72</sup> This often leaves victims stuck in abusive relations.

## **2.6. States' Responsibility on Private acts of Violence and the 'Due Diligence Standard'**

Ghana's constitutional and international human right treaties mandate the government to prevent DV because it infringes on the rights and freedoms of victims. As a member of the United Nations and signatory to treaties such as the Universal Declaration of Human Rights (1948), the Convention on the Elimination of all forms of Discrimination Against Women (1973), International Covenant on Economic, Social and Cultural Rights (2000) and Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (2003), Ghana has committed to furthering the rights of women. Ghana has the obligation to prevent, investigate, punish and compensate human rights abuses in the private sphere especially DV. The Vienna convention of the law of treaties also mandates states to not justify the non-implementation of treaty provisions based on internal laws and culture.

The due diligence standard has emerged as an international norm that seeks to challenge the misconception that states can turn a blind eye on the violations of human right of its citizens, on grounds that the perpetrators are private actors.<sup>73</sup> Hence, Ghana under the international legal standards of due diligence compel the state to prevent DV perpetuated by private actors and other forms of violence against women by public entities including the government itself. The International Covenant on Civil and Political Rights, the Human Rights Committee of the United Nations, the European Commission of Human Rights and the European Court of Human rights as well as the CEDAW committee support the due diligence principle of states obligation to protect DV victims.<sup>74</sup>

There have also been a number of notable case laws interpreting international and regional human rights law supporting the duty of the state to protect victims of private acts of violence. For example in the *Velasquez Rodriguez v Honduras* case<sup>75</sup>, the Inter-American court of Human Rights held that Honduras was mandated by international law to take responsible steps to prevent human rights violation through investigations, punishment of the offence and compensation for victims. Other cases supporting this stance include *Maria da Penha Maia v. Brazil*<sup>76</sup>, *AT v. Hungary*<sup>77</sup> and *Arzte Fuer das Leben v. Austria*<sup>78</sup>. The standard also proposes that a state may violate its international legal obligation if it applies its laws in a discriminatory manner for instance allocating more resources to crimes other than DV.

As a signatory to treaties that uphold the due diligence standard, and the recognition that it has become an international human rights norm it is binding on Ghana to implement all related provisions. It is therefore imperative on the government of Ghana to put in place strategies to protect and safeguard women who are victims of DV. The extent of knowledge and how women DV victims perceive service rendered by the state to prevent DV will be valuable in shaping policies for preventing abuse and protection of victims.

## **2.7 Conclusion**

To curb the menace of DV, the international community over the years has made several efforts through world women conferences, human rights instruments, United Nations declarations to eradicate violence against women. These concerted international campaigns have led to the creation of international gender norms and the due diligence standard that prescribe how states should protect their citizens against systemic gender based violence and human rights abuses.

In Ghana, formal and informal institutions render supportive services to DV survivors. The formal services include: arrests and prosecution of offenders by the criminal justice system, protection orders, mediation by CHRAJ, counselling, legal assistance, medical care, and social welfare services provided by governmental and non governmental organisations. Informal supports services are tapped from religious leaders, family heads, traditional healers, and opinion leaders.

Ghana has ratified the convention on the elimination of all forms of violence against women, its optional protocol and the 1993 UN Declaration on the Elimination of Violence Against Women. These treaties oblige the state to take responsible steps to prevent human rights violation through investigations, punishment of the offence and compensation for victims through the use of national legislations.

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## CHAPTER THREE

### PRESENTATION AND ANALYSIS OF DATA

#### 3.1 Introduction

This chapter presents, analyses and discusses the major themes based on the data collected on the research questions of the study. The fundamental question that this research seeks to answer is whether the various formal services rendered by state agencies in Ghana respond adequately to the needs of women DV survivors. Specifically the study seeks to assess the knowledge of women DV survivors on the range of services available to them from the state, to determine the perceptions and experiences of women DV survivors on how helpful the services of the state were to them and to identify the expectations of DV survivors regarding state support services.

#### 3.2 Socio-demographic Characteristics of Respondents

A total of 21 eligible and consenting women responded to the interview. The ages of respondents ranged from 23 to 54 years with a median age of 42 years. Of these, 18 (85.7%) were married. Only one (1) of the respondents did not have a child and 13 (61.9%) had between 3 and 5 children. Their educational levels ranged from no formal education [6 (28.6%)] to senior high school education [3 (14.3%)]. Whereas two (2) of them were unemployed, majority (14) of them engaged in petty retail-usually low paying trading in the informal sector. About half of them [11 (52.4%)] depended entirely on their abusers for upkeep, and 6 (28.5%) were the breadwinners of their families. More than half of them [12 (57.1%)] belonged to some form of church fellowship.

Consistent with other studies in Ghana, these socio-demographic features fit the profile of women survivors of DV. Most were young, with at least six years of basic education, engage in low paying petty trading in the informal sector, and were married. The attackers

were predominantly male and the survivors' spouse. Most victims suffered from repeated acts of violence.<sup>1</sup> Table 2 summarizes their socio-demographic information.

**Table 2: Socio-demographic Characteristics of Respondents**

| <b>Variable</b>                  | <b>Number (n=21)</b> | <b>Proportion (%)</b> |
|----------------------------------|----------------------|-----------------------|
| <b>Age</b>                       |                      |                       |
| 20 -29                           | 3                    | 14.3                  |
| 30 -39                           | 5                    | 23.8                  |
| 40 - 49                          | 9                    | 42.9                  |
| 50 - 59                          | 4                    | 19.1                  |
| <b>Marital Status</b>            |                      |                       |
| Married                          | 18                   | 85.7                  |
| Single                           | 3                    | 14.3                  |
| <b>Number of Children</b>        |                      |                       |
| 0                                | 1                    | 4.8                   |
| 1                                | 4                    | 19.1                  |
| 2                                | 3                    | 14.3                  |
| 3                                | 4                    | 19.1                  |
| 4                                | 4                    | 19.1                  |
| 5                                | 5                    | 23.8                  |
| <b>Educational Level</b>         |                      |                       |
| None                             | 6                    | 28.6                  |
| Primary School                   | 2                    | 9.5                   |
| Junior High School               | 4                    | 19.1                  |
| Middle School Form 4             | 6                    | 28.6                  |
| Senior High School               | 3                    | 14.3                  |
| <b>Occupation</b>                |                      |                       |
| Petty Commerce                   | 14                   | 66.7                  |
| Food Vendor                      | 4                    | 19.0                  |
| Hair Dressing                    | 1                    | 4.8                   |
| Unemployed                       | 2                    | 9.5                   |
| <b>Breadwinner</b>               |                      |                       |
| Partner                          | 11                   | 52.4                  |
| Self                             | 6                    | 28.5                  |
| Both                             | 4                    | 19.1                  |
| <b>Organizational Membership</b> |                      |                       |
| Church Women's Fellowship        | 9                    | 42.9                  |
| Church Choir                     | 3                    | 14.3                  |
| None                             | 9                    | 42.9                  |

**Source: Interviews with women DV survivors in Weija, 2018 (Weija-Gbawe Municipality)**

### **3.3 Knowledge of DV Survivors of Available State Support**

All the 21 women DV survivors who responded to the study had prior knowledge of the sources of formal support service available to DV victims. They named media outreaches by governmental and nongovernmental bodies as their main source of information. This finding is consistent with a similar study by Amoakohene that showed that women in general, and DV survivors in particular were aware of formal DV support service providers.<sup>2</sup> Active women's movements against domestic violence leading to DV legislations in most developing countries account for the increased awareness of formal support services for victims of violence.<sup>3</sup> The literature points to knowledge and perception of the available support service as strong determinants of their patronage.<sup>4</sup> Even though all of them knew at least one state agency to which they could report an abuse for redress, they did not know the range of services available from these agencies. Only 2 (9.5%) knew about the existence and some provisions of the domestic violence Act. Their sources of information on where to report domestic violence ranged from the media, friends, relatives, FIDA, and pastors. An officer of the Department of Social Welfare at Weija-Gbawe municipality weighed in on DV survivors awareness of state support services stating that:

Previously, fewer DV survivors reported abuse, but now they are reporting more. This is because of education on radio, TV, and community outreaches by women's right organisations. Even with the education some women are still being discouraged from reporting abuse by family and friends<sup>5</sup>.

All respondents had approached at least one source of informal support services first before reporting to a formal support agency. These informal sources of redress are not retributive and usually serve to maintain peace and family cohesion albeit to the disadvantage of the survivor in most cases. Studies have shown that survivors often turn to the formal support services when their informal sources of help fail to stop the abuse.<sup>6</sup>

This could mean that women are more comfortable with informal support options and hence often seek support from families, friends, and religious leaders; and would then consider the formal agencies when informal supports from these social networks fail to stop the violence.<sup>7</sup> The majority 18 (85.7 %) of them sought redress from DOVVSU and then followed by Department Social Welfare. This could be as results of the relatively higher media publicity of DOVSSU than the other formal support agencies as Anyemadu et al. pointed in a similar earlier study conducted in Ghana.<sup>8</sup> Though FIDA-Ghana is a non-governmental organisation, 2 (9.5%) of the respondents sought support from it. A survivor narrating how she became aware of government support service for DV survivors said that:

Though at first I heard of DOVVSU from my friend...I later heard of it properly when FIDA-Ghana came to talk about domestic violence in my community at Mallam.<sup>9</sup>

Table 3 summarizes the knowledge of survivors on available support agencies from the state and the experiences of respondents with state agencies

**Table 3: Respondents' Knowledge of DVA and State Support/Protection Agencies**

| Variable                             | Number (n=21) | Proportion (%) |
|--------------------------------------|---------------|----------------|
| Knowledge of DV Act                  |               |                |
| No                                   | 19            | 90.5           |
| Yes                                  | 2             | 9.5            |
| Knowledge of Available State Support |               |                |
| DOVVSU                               | 13            | 61.9           |
| Social Welfare                       | 5             | 23.8           |
| FIDA                                 | 2             | 9.5            |
| DOVVSU and Social Welfare            | 1             | 4.8            |
| Source of Information for Help       |               |                |
| Radio and Relatives                  | 6             | 28.6           |
| Friends                              | 5             | 23.8           |
| Outreach by FIDA                     | 3             | 14.3           |
| Radio Only                           | 2             | 9.5            |
| TV Only                              | 2             | 9.5            |
| Radio and TV                         | 2             | 9.5            |
| Pastor                               | 1             | 4.8            |

Source: Interviews with women DV survivors in Weija, May 2018 (Weija-Gbawe Municipality)

### 3.4 Experiences of DV Survivors with State (Formal) Support Service Agencies

Most respondents [16 (76.2%)] experienced physical violence (Table 4). Four of these 16 survivors of physical violence experienced sexual violence in addition. Severe physical violence was a major trigger to their decision to seek help from formal services. This finding is consistent with a similar study conducted in Nigeria and South Africa where severe forms of physical and emotional violence were predictors of help seeking behaviours among women victims of DV.<sup>10</sup> Other forms of violence included verbal/psychological abuse and economic abuse (financial neglect). Twenty [20(95.2%)] of victims suffered the abused from their intimate partners. Only one respondent suffered abuse from her in-laws.

**Table 4: Experiences of Respondents with State Support Services**

| Variable                            | Number (n=21) | Proportion (%) |
|-------------------------------------|---------------|----------------|
| Type of Domestic Violence           |               |                |
| Physical Violence Only              | 12            | 57.1           |
| Physical and Sexual Violence        | 4             | 19.1           |
| Economic Abuse/Financial Neglect    | 4             | 19.1           |
| Verbal Abuse                        | 1             | 4.8            |
| Form of State Support Received      |               |                |
| Counselling of Survivor             | 10            | 47.6           |
| Arrest and Detention of Perpetrator | 4             | 19.1           |
| None                                | 4             | 19.1           |
| Failed Arrest                       | 2             | 9.5            |
| Summon and Caution of Perpetrator   | 1             | 4.8            |
| Form of Support from Local Leaders  |               |                |
| No Support                          | 13            | 61.9           |
| Pastor's Counsel                    | 4             | 19.1           |
| Family Moral Support                | 3             | 14.3           |
| Financial Support by Family Head    | 1             | 4.8            |
| Satisfaction with Support           |               |                |
| Not Satisfied                       | 14            | 66.7           |
| Satisfied                           | 6             | 28.6           |
| On going                            | 1             | 4.8            |
| Support Ended Violence              |               |                |
| No                                  | 13            | 61.9           |
| Yes                                 | 7             | 33.3           |
| On going                            | 1             | 4.8            |

Source: Interviews with women DV survivors in Weija, May 2018 (Weija-Gbawe Municipality)

The form of support offered to nearly half of the victims [10 (47.6%) was counselling. The main purpose behind counselling is to ease the distress (e.g., depression, anxiety, posttraumatic stress symptoms, guilt, shame) that often accompanies victimization and to maintain survivors' sense of self-esteem and well-being.<sup>11</sup> Respondents who received counselling service indicated that they felt better with themselves even though counselling alone did not stop the abuse. A survivor who reported at the social welfare for economic abuse and child maintenance case against her ex-partner and was counselled shared her experience:

At the social welfare department I was advised to avoid situations that will lead to fights and my child's father will not give money. The officer also told me to engage in some economic activity to reduce financial pressure on him. My child's father was also advised to take up his responsibility until our child becomes 18 years. He agreed but has not change his behaviour<sup>12</sup>

Only 4 (19.0%) of the respondents confirmed that the perpetrators of violence against them were arrested and detained by the DOVVSU of the Ghana Police Service. According to a women's rights advocate from Women's Alliance-Ghana some family members of the victim often prefer counselling or verbal cautions of the abuser compared to prosecution.

The advocate explained the reason why the family members prefer this option:

Arresting and prosecuting often leads to separation and divorce, which is detrimental to the family if they have children and especially if the abuser is the sole bread winner.<sup>13</sup>

These pressures often lead to complainants withdrawing the case before adjudication even begins. A survivor whose marriage ended after reporting her partner to the police and later withdrew the case due to family interference narrated that:

I later withdrew the case from the police station because of family pressure. Reporting the case has led to our separation. I am living with my sister now... I thank God our four sons are old.<sup>14</sup>

Another survivor who was also pressurized to drop a complaint lodged at DOVVSU revealed that:

Our family members advised me not to pursue the case because of our children. I had to drop the case because I would have been tagged disrespectful to them if I didn't<sup>15</sup>.

A respondent who said that her abuser was arrested reported that he left her and their child after he was released. She shared her experience:

The police made me go to the hospital and they arrested him. After he was released two days later, he parked his clothes and left without telling me anything.<sup>16</sup>

Whereas 6 (28.65%) were satisfied with the support offered by the state agency, 14 (66.7%) were not satisfied with the services. A survivor narrating her dissatisfaction of the support services said:

When I reported the case at DOVVSU there were delays and frequent follow-ups. I did not have money to continue the case to the court, so I stopped pursuing the issue. My marriage is unstable now, the abuse has not stopped and he is angry that I reported him to the police.<sup>17</sup>

A service provider from CHRAJ explained that mediation, and counselling by psychologists are often used to resolve milder forms of abuse cases. However, in cases of extreme physical violence the law is applied<sup>18</sup>.

The support from these agencies ended the violence for only 7 (33.3%) of the respondents. One case was still on-going at the time of this study. A survivor who had relief from her abuser after reporting him to the police narrated that:

When the police arrested and asked him to report to the police station every two days, he stopped abusing me. I was satisfied because he stopped beating me<sup>19</sup>.

In addition to seeking legal redress for the violence against them, 14 (66.7%) of the respondents sought medical care, mostly from public health facilities. Only one of them held a valid health insurance. The remaining had to make out of pocket payments; some with the help of friends and relatives. A medical report which cost a minimum of one hundred cedis (GHC 100.00) is essential as proof or evidence of the abuse in court, however most respondents complained that getting one was expensive and they could not afford it. A women's right advocate pointed out that getting a medical report at the right time is challenging to most women. Delay in getting the report as a result of financial difficulty tempers evidence.<sup>20</sup>

On different occasions, three (3) of them were accompanied to the hospital by police officers. On one such occasion, a police officer had to pay the medical bill of one of the respondents. The beneficiary DV survivor related that:

When we got to the hospital I did not have enough money to pay for the services. Had it not been the police officer who paid the bills I would not have been attended to<sup>21</sup>.

The medical report fee commits the medical officer to the case and is used to defray costs should the officer have to appear in court in person to give testimony during hearing of the case. A medical officer interviewed on why the fee is charged explained that:

...if government would take up the costs incurred in terms of transportation and other related costs when medical officers are to appear in court to testify... then the medical report fee would be waived for DV survivors<sup>22</sup>.

Table 5 summarizes the experiences of respondents who sought medical care from healthcare facilities.

**Table 5: Respondents' Health-care Seeking Experiences following DV**

| Variable                          | Number (n=14) | Proportion (%) |
|-----------------------------------|---------------|----------------|
| Sought Health Care (n=21)         |               |                |
| Yes                               | 14            | 66.7           |
| No                                | 7             | 33.3           |
| Type of Health Facility           |               |                |
| Hospital                          | 9             | 64.3           |
| Clinic                            | 4             | 28.6           |
| Pharmacy                          | 1             | 7.1            |
| Form of Support Received          |               |                |
| Medical Treatment Only            | 9             | 64.3           |
| Medical Treatment and Counselling | 4             | 28.6           |
| Medical Treatment and Report      | 1             | 7.1            |
| Financing Medical Care            |               |                |
| Cash and Carry                    | 13            | 92.9           |
| Health Insurance                  | 1             | 7.1            |
| Who Paid Medical Bill             |               |                |
| Victim                            | 7             | 50.0           |
| Victim's Friend                   | 4             | 28.6           |
| Victim's Relative                 | 1             | 7.1            |
| Police Officer                    | 1             | 7.1            |
| Bill Written Off                  | 1             | 7.1            |
| Accompaniment to Health Facility  |               |                |
| None                              | 6             | 42.9           |
| Friend                            | 4             | 28.6           |
| Police Officer                    | 3             | 21.4           |
| Children                          | 1             | 7.1            |

**Source: Interviews with women DV survivors in Weija, May 2018 (Weija-Gbawe Municipality)**

The respondents had suggestions for victims of DV – past, current, and future ones. The most popular piece of advice was to report perpetrators to DOVVSU. However, one respondent advised that the best approach was to exercise patience, pray, and endure. This piece of advice as a coping strategy resonates well with most survivors interviewed. The complements of their suggestions are presented in Table 6.

**Table 6: Respondents' Advice to other Victims of DV**

| <b>Piece of Advice</b>                      | <b>Number<br/>(n=21)</b> | <b>Proportion<br/>(%)</b> |
|---|--------------------------|---------------------------|
| Report to Police/DOVVSU                     | 10                       | 41.7                      |
| Secure a Job before Marriage                | 3                        | 12.5                      |
| Report to Legal AID                         | 2                        | 8.3                       |
| Report to Social Welfare                    | 2                        | 8.3                       |
| Leave Abusive Relationships (Do not Endure) | 2                        | 8.3                       |
| Marry Supportive Men                        | 2                        | 8.3                       |
| Do not Stay in Extended Family Houses       | 1                        | 4.2                       |
| Be Patient, Pray and Endure                 | 1                        | 4.2                       |
| Learn from people's experiences             | 1                        | 4.2                       |

**Source: Interviews with women DV survivors in Weija, May 2018 (Weija-Gbawe Municipality)**

### **3.5 Expectations of DV Victims of Support from State Agencies**

Respondents had expectations from both the state protecting agencies and health facilities (Table 7) from which they sought medical care for their injuries resulting from the violence. In order of priority, most of them expected the state protecting agencies to arrest, prosecute, and punish perpetrators. Their most preferred punishment was the detention and prosecution of the perpetrator. This finding contrasts that from a similar study on service users' perception of DOVVSU by Mitchell where survivors of domestic violence were not particularly interested in their partners being punished<sup>23</sup>. Instead, their interest was in having the peace in their homes restored without litigation. The types, duration, and severity of the abuses experience by survivor could account for this variance finding. Nonetheless, among these Ghanaian DV survivors in this study the desire to have their abusers punished was difficult to attain because factors such as: family pressure on complainants to withdraw cases lodged at police stations, lack of money to follow up cases to the court

and in a 2 (9.5%) cases police officers being influenced by the accused and his relatives.

Upon release, respondents who suffered physical violence expected the agencies to secure a bond of non-violent behaviour (protecting order) from their abusers. Those who suffered financial neglect expected a bond on their partners to assume their financial responsibility towards the family. Most DV survivors in the study were not economically empowered and depended on their partners for their daily upkeep. A women's right advocate said that survivors are usually advised to acquire employable skills and desist from putting too much pressure on their partners. She said that:

Abused women should not over rely on men economically... this situation bring frustration and stress on them leading to their abusive behaviours<sup>24</sup>.

Respondents also bemoaned the lack of shelters operated by the state for victims. A survivor who got separated from her husband after reporting him to the police and is now staying with her sister shared her frustration:

If my sister did not take me in, I don't know what would have happened to me... but if government provides a place where people in my situation can lodge for the meantime whilst they reorganize their lives it will help...<sup>25</sup>

From health facilities, most respondents expected free treatment and medical reports. At worse, they expected bills to be charged on perpetrators. Respondents lamented that the process of accessing justice was cumbersome and humiliating because it entailed recounting their ordeal to several actors at different locations. One stop centres have been accepted as the most ideal intervention for dealing with domestic violence survivors because they prevent secondary victimisation and decrease rates of attrition.<sup>26</sup>

**Table 7: Expectations of Respondents of Support from State Agencies**

| Order of Expectation | State Protection Agencies (DOVVSU CHRAJ, and Social Welfare)                    | Health Facilities  |
|----------------------|---|--|
| 1                    | Arrest and prosecute perpetrators   | Free medical treatment/report                              |
| 2                    | Arrest and punish perpetrators  | One-stop centre for all services<br>Charge medical bill on |
| 3                    | Arrest and detain perpetrators<br>Compel perpetrators to take financial         | Perpetrators instead                                       |
| 4                    | responsibilities  | Provide quality services                                   |
| 5                    | Educate the general public on DV<br>Police officers should not take bribes from | Provide interim shelter                                    |
| 6                    | perpetrators  | Compassion from HCWs                                       |
| 7                    | Arrest and caution perpetrators<br>Ensure perpetrators sign bonds of good       | No expectations  |
| 8                    | behaviour<br>Counsel perpetrators first and arrest if no                        | Free legal aid   |
| 9                    | compliance  |  |

**Source: Interviews with women DV survivors in Weija, May 2018 (Weija-Gbawe Municipality)**

The respondents believed the state could prevent and manage DV using multiply reinforcing approaches. Some of their key suggestions included: the strict enforcement of provisions in the DV Act, training women in employable skills and offering them job opportunities, and availing adequate resources to the state agencies responsible for protecting victims of DV to execute their mandate. A survivor had this suggestion for policy makers:

The government should provide job opportunities for women and should also make sure that any abuser who beats his wife should not go unpunished<sup>27</sup>

Another survivor also made this proposal to government as a way of deterring abusers in the following statement:

The government should educate the men and let them know that there is a law protecting women from domestic violence. If they

do not comply with it...they should be arrested and punished severely.<sup>28</sup>

Table 8 presents some of the respondents' suggestions to the state on how to prevent and manage DV against women.

**Table 8: Respondents' Suggestions to the State on Preventing and Managing DV among Women**

| Suggestion  | Number (n=27) | Proportion (%) |
|---|---------------|----------------|
| Ensure law enforcement                                    | 9             | 33.3           |
| Train Women in employable skills                          | 3             | 11.1           |
| Provide free medical care                                 | 3             | 11.1           |
| Educate public on available government interventions      | 2             | 7.4            |
| Provide loans for business start ups                      | 2             | 7.4            |
| Adequate Resource State Agencies to execute their mandate | 2             | 7.4            |
| Early Education of Children on DV                         | 1             | 3.7            |
| Cash support for victims                                  | 1             | 3.7            |
| Financial Support to Unemployed                           | 1             | 3.7            |
| Provide Jobs for all Persons                              | 1             | 3.7            |
| Provide Shelter and Child Welfare Support                 | 1             | 3.7            |
| Educate Men on DV Act                                     | 1             | 3.7            |

Source: Interviews with women DV survivors in Weija, May 2018 (Weija-Gbawe Municipality)

### 3.6 Overview of the Domestic Violence Act, 2007 and State Protective Services

#### *The DV Act*

The study findings revealed that the implementation of the act has been problematic. This finding corroborates findings by Darkwah and Prah.<sup>29</sup> They observed that modalities to guarantee the successful execution of the DV law were absent. Several provisions in the act are not being implemented at all, whilst results are abysmal to aspects implemented. Impediments including lack of awareness of the act and its provisions, inadequate funds

for the implementing agencies, inadequate personnel with appropriate/specialized skills to handle domestic violence cases and some social/cultural factors among others account for this.

### ***The Law Courts***

None of the women survivors interviewed in this study had redress for their cases at the law court. Four [4 (19.1%)] of the survivors whose cases at DOVVSU led to arrests of the abusers complained that they experienced difficulties in their attempts to access justice at the law courts. They attributed this to lack of financial resources to file a case, pay for medical reports, and fund legal representation and follow-ups. A women's right advocate lamenting on the delays in the adjudication of DV cases in the courts said:

The slow pace of how justice or DV cases are worked towards is not encouraging. You report a case and it takes a long time to be adjudicated...if you don't follow up repeatedly it becomes a foolish case<sup>30</sup>.

### ***Protection and Occupation Orders***

The study showed that none of the DV survivors interviewed knew about the protection and occupation order provided for in the DV Act, 2007 Act 732. A women's right activist who bemoaned the lack of knowledge of the protection and occupation order had this to say:

Even professionals including police officers and social workers were not conversant with the protection and occupation order procedure as a protection strategy for survivors of DV<sup>31</sup>.

A similar study by FIDA-Ghana on why few women DV survivors apply for the protection and occupational orders in a similar community in Accra revealed the same results - that most DV victims did not know about the existence of orders and where to apply for them.<sup>32</sup>

Similarly, Darkwah and Prah also found out that some police officers were not conversant with the DV Act and its provisions.<sup>33</sup>

### ***The Police***

A police officer at DOVVSU lamented that, inadequate logistics hinders the effectiveness of their services to the public<sup>34</sup>. In explaining the challenges of DOVVSU further, the officer stated the following:

Lack of financial, technical and human resources negatively affect service delivery to the public. The other challenges are lack of training of personnel on effective prosecution of domestic violence and sexual and gender based violence cases, and heavy work load.<sup>35</sup>

Mitchell in a similar study in Ghana on DOVVSU as a specialised police unit for DV pointed out that, due to severe institutional constraints DOVSSU officials could not provide top-notch services to clients.<sup>36</sup>

A women's rights advocate interviewed indicated that police trivialization of DV and the cold and harsh reception victims get at the police stations instantly put fear in women reporting DV.<sup>37</sup> This discouraged survivors from pursuing the case if they did register it. She shared some experiences of survivors who reported at the police station to lodge a complaint and some of the responses they got included:

“what did you do before he beat you... go home if he beats you again then you come”  
and,

“you are reporting your husband to the police he will leave (divorce) you”.

This finding is in keeping with findings from a similar study in Ghana that revealed that women DV survivors' experiences with the police service were generally negative and survivors felt re-victimised with encounter from the police.<sup>38</sup>

### ***Social Services and Basic Material Support***

All the women survivors in the study and expert respondents agreed that paying for medical care and medical reports before a case can be booked is a disincentive for the pursuance of DV cases. The medical report is an essential piece of evidence for physical assault including sexual abuse without which the police cannot prosecute the case. Section 8 of the Act makes provision for free medical care for DV victims, but in reality this is not provided for and hence, not complied with. The state has not created an enabling environment for implementation of this provision. There was no form of specialized or priority services rendered to survivors of DV who reported at the health facilities.

Section 29 of the DV act also makes provision for the establishment of Victims of Domestic Violence Support Fund that will be used for basic material needs and support for victim as provided for in section 31 of the Act. The moneys of the Fund shall be applied:

- (a) towards the basic material support of victims of domestic violence;
- (b) for training the families of victims of domestic violence;
- (c) for any matter connected with the rescue, rehabilitation and reintegration of victims of domestic violence;
- (d) towards the construction of reception shelters for victims of domestic violence in regions and districts; and
- (e) for training and capacity building of persons connected with the provision of shelter, rehabilitation and reintegration.

The DV Support Fund is not operational<sup>39</sup> and the above stated interventions that the fund is supposed to finance are not being effectively implemented. This is detrimental to efforts to provide support for victims. This shows that passing DV laws alone does not translate to sufficient protection of survivors. Ortiz-Barreda and Vives-Cases in assessing twenty sub-Saharan countries that have instituted a domestic violence law found out that none of these countries provides a sufficiently comprehensive approach to protecting survivors of DV.<sup>40</sup> This current study also reveals there is no state-operated shelter for battered women in the country despite the important role shelters play in the rehabilitation and reintegration of survivors to their families. Shelters provide survivors with a refuge from the abuse they had suffered and give them a chance to prepare for living economically self-sufficient lives once outside the shelter<sup>41</sup>. The survivors indicated that a shelter for them in times of crisis would help ease their distress. The literature on DV survivors seeking refuge at shelters in Ghana, Rwanda, and South Africa shows that survivors generally perceive their experience at shelters as positive.<sup>42</sup> In the absence of shelters for battered women the Department of Social Welfare under the auspices of the Ministry of Gender, Children, and Social Protection (MGCSP) provides only psychosocial counselling and refer survivors to other support services available to DV survivors. An officer from the Department of Social Welfare stated that inadequate funds hinder the provision and maintenance of a state owned shelters<sup>43</sup>. This submission is confirmed by a MGCSP<sup>44</sup> report that states that budgetary allocation to the ministry for its expanded role is under 1% of the total national budget.<sup>45</sup>

Civil society organisations including women's rights non-governmental organisations also play an important role in the provision of services to DV survivors. Studies have shown that most states in the West Africa sub-region count on civil society organisation to fill

gaps left by the state in providing domestic violence services.<sup>46</sup> The Ark Foundation, a christian based non-governmental organization had a shelter for battered women, however owing financial constraints, the foundation could no longer run the shelter. The organisation currently provides the shelter only with support from other partners who will sponsor the upkeep for persons they bring there<sup>47</sup>. Other support services rendered by the Foundation included training and advocacy on DV prevention, psychosocial counselling, education on gender-based violence, and the provision of a referral centre for survivors of DV.

FIDA-Ghana on the other hand renders free legal aid to DV survivors, initiates research into socio-legal issues affecting the status of women and children, trains and sensitizes stakeholders and the public on gender based violence, serves as referral centers for DV survivors from the police, CHRAJ and Department of Social Welfare for legal assistance. FIDA-Ghana also runs a flagship legal literacy and capacity building program that trains community members to serve as paralegals to DV survivors and other vulnerable groups at the community levels. The project also offers legal training on handling gender based violence with police officers in some selected police stations. A women's Right advocate at FIDA-Ghana had this to say:

The (police) will help but the speed with which they do that is not fast. We partner with some police stations and offer training on the handling of DV cases. But this is done on piecemeal basis ...I wish this could be done on a larger scale but it is not feasible because of limited funds at the disposal of NGOs. Ideally government should offer these training in larger scale to help the police to be more responsive in handling these cases.<sup>48</sup>

### **3.7 Feminist Security Theory Perspective and Formal Support Services**

Gendered analysis of domestic violence acknowledges that domestic violence is

inherently a gender-based issue. While the causative factors are complex, the gendered analysis proposes that domestic violence reflects society's views about gender, masculinity, relationships, and power.<sup>49</sup> A feminist analysis argues that domestic abuse is best understood and addressed by considering its history, context, meanings, impact, and consequences through the lens of gender inequality. The literature advocates for using gendered analysis to guide interventions by understanding the significant disparity between the concerns and experiences of men and women.

According to Malin and San Sebastian, discourse on domestic violence in most developing countries is replete with victim blaming and focuses on behaviour of the abused that led to violence acts perpetuated on them.<sup>50</sup> Hence women have been socialized to safeguard family integrity over personal problems.<sup>51</sup> This often leads to low self-esteem and negatively affects their help seeking behaviours in abusive relationships. Inadequate resources provided by the state for delivery of support services to DV survivors who report abuse compound their plight by straining relations further and yet not able to get redress from the state agencies. This state of affairs in gender and power relations is at the core of Feminist Security Theory. The feminist tradition seeks to draw the attention of the state to reconstruct security to include the protection of the vulnerable inside its borders, promote gender mainstreaming in institutions, and prioritize support services at the national and local levels for the vulnerable.

From the study findings, Ghana recognizes the need for security and support services for victims of DV. The state has demonstrated this through the enactment of DV legislations and has established agencies to see to the protection of DV survivors. However insufficient funding, and the lack of professionalism on the part of some officers have

hampered the effectiveness of these agencies. Thus Ghana's response is still inadequate in addressing all aspects of the DV menace.

### **3.8 Conclusion**

All survivors had prior knowledge of state agencies that provides support services to DV survivors. Only two (2) survivors were aware of the existence of the domestic violence act. The majority DV including some officials were not aware of provisions in the act for the protection of victims. Hence the study found out that protection and occupation orders were rarely use to protect survivors.

Survivors' expectations of free medical care and report, and temporal shelters during times of abuse were absent. Majority of survivors received counselling from the state agencies, but counselling alone did not end the abuse. For the few cases for which arrests were made, the abuse stopped but the arrests led to separations. None of the survivors followed up their cases to the law courts for prosecution. Inadequate financial resources, lack of medical report as evidence of abuse, and family pressure to withdraw cases discouraged survivors from prosecuting perpetrators.

Ghana has enacted laws and has put in place constitutionally approved institutions and agencies for the protection of survivors. However under funding inhibit the provision of all the compliment of services documented by the law.

The study provides insight into states' attempt at complying with prescribed standards of international human rights instruments through protective service frameworks in the African context. It adds to the limited body of evidence on protective service provision for

the vulnerable by the state from the standpoint of beneficiaries. Specifically, the study findings point to socio-cultural factors and the economic status of DV survivors as important influencers DV survivors' access to protective service including access to justice during times of abuse. There is therefore the need for states to facilitate economic empowerment programs for the vulnerable, and to embark mass public education to change negative social norms that perpetuate abusive behaviours.

## ENDNOTES

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<sup>12</sup>Interview with survivor 15 on 3<sup>rd</sup> May 2018

<sup>13</sup>Interview with women's rights advocate 3

<sup>14</sup>Interview with survivor 11 on 3<sup>rd</sup> May 2018

<sup>15</sup>Interview with survivor 14 on 3<sup>rd</sup> May 2018

<sup>16</sup>Interview with survivor 8 on 3<sup>rd</sup> May 2018

<sup>17</sup>Interview with survivor 2 on 3<sup>rd</sup> May 2018

<sup>18</sup>Interview with CHRAJ Officer

<sup>19</sup>Interview with survivor 3 on 3<sup>rd</sup> May 2018

<sup>20</sup>Interview with Women's Rights Advocate 3

<sup>21</sup>Interview with survivor 5 on 3<sup>rd</sup> May 2018

<sup>22</sup>Interview with Medical Officer on 4<sup>th</sup> June 2018

<sup>23</sup>Mitchell, L. "Service Users' Perceptions of the Domestic Violence and Victims Support Unit." *Ghana Police Service* (2011).

<sup>24</sup>Interview with Women's Right Advocate 3

<sup>25</sup>Interview with survivor 11 on 3<sup>rd</sup> May 2018

<sup>26</sup>Darkwah and Prah op. cit. p.18

<sup>27</sup>Interview with survivor 8 on 3<sup>rd</sup> May 2018

<sup>28</sup>Interview with survivor 9 on 3<sup>rd</sup> May 2018

<sup>29</sup>Darkwah, Akosua , and Prah Mansah Theme. "Beyond Domestic Violence Laws: Women's Experiences and Perceptions of Protection Services in Ghana." (2016).

<sup>30</sup>Interview with Women's Right Advocate 1 on 18<sup>th</sup> June 2018

<sup>31</sup>Interview with Women's Right Advocate 2 on 18<sup>th</sup> June 2018

<sup>32</sup>Daily Graphic Saturday 4<sup>th</sup> May 2018 edition print copy

<sup>33</sup>Darkwah and Prah op. cit. p. 15

<sup>34</sup>Interview with DOVVSU officer on 30<sup>th</sup> June 2018

<sup>35</sup>Ibid.

<sup>36</sup>Mitchell op. cit. p.50

<sup>37</sup>Interview with Women's Right Advocate 3 on 18<sup>th</sup> June 2018

<sup>38</sup>Darkwah and Prah op. cit. p. 18

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<sup>39</sup> At the time of the study a Human Right Court in Accra had ordered the Government of Ghana to within six month establish the domestic violence support fund passed into law in 2007 after a private human right lawyer Martin Kpebu sued the government for not operationalizing the fund. (Ghana Web General News March 2017).

<sup>40</sup> Ortiz-Barreda, Gaby, and Carmen Vives-Cases. "Legislation on violence against women: overview of key components." *Revista panamericana de salud publica* 33.1 (2013): 61-72.

<sup>41</sup> Darkwah and Prah op. cit. p. 19

<sup>42</sup> Ibid.; Wright, Ruth, Peace Kiguwa, and Charles Potter. "The significance of sheltering in the lives of four women affected by abusive relationships."

<sup>43</sup> Interview with Official Department of Social Welfare 3<sup>rd</sup> June 2018

<sup>44</sup> GoG Report in response to list of issues and questions in relation to the combined sixth and seventh periodic report of Ghana to Committee on the Elimination of Discrimination Against Women (2016 p3)

<sup>45</sup> Ibid.

<sup>46</sup> Darkwah and Prah op. cit. p. 10

<sup>47</sup> Interview with women's right advocate 1 at Ark Foundation on 18<sup>th</sup> June 2018.

<sup>48</sup> Interview with women's right advocate 2 at FIDA -Ghana 18<sup>th</sup> June, 2018

<sup>49</sup> Adams, Jessica. "Good practice in providing services: Victims of domestic violence." (2015).

<sup>50</sup> Leonardsson, Malin, and Miguel San Sebastian. "Prevalence and predictors of help-seeking for women exposed to spousal violence in India—a cross-sectional study." *BMC women's health* 17.1 (2017): 99.

<sup>51</sup> Ibid.

## CHAPTER FOUR

### SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

#### 4.1 Introduction

The chapter summarizes the key findings of the study, provides the conclusion, and makes recommendations for policy formulation to improve protective and support services for women DV survivors. The fundamental question that this research sought to answer was whether the various formal services rendered by state agencies in Ghana respond adequately to the needs of women DV survivors. The thesis statement of the study is based on the premise that state agencies in Ghana respond adequately to the needs of women DV survivors.

#### 4.2 Summary of Findings

Ghana has designated state agencies for protecting victims of DV through arrests, prosecution, and detention of perpetrators. However, ineffective prosecution, costs of medical reports, lack of temporary shelters and upkeep support during the crisis period make these agencies less attractive to victims. These findings underscore Ghana's weakness in keeping up with her international commitments under the convention on the elimination of violence against women (CEDAW) and its optional protocol of applying due diligence to prevent, investigate, and punish acts of violence against women in accordance with national legislation.

From the study, the main challenges that inhibited the delivery of holistic services to DV survivors included inadequate training for court officials and police officers in the handling of Gender-Based Violence, and lack of logistics for operational purpose. The social and material support including free medical care and shelters were not available partly because of the non-implementation of the DV fund provided for in the Act. This gap

has been filled by some civil society and non-governmental organizations, which also have their own share of financial difficulties. Impediments including inadequate financial resources for medical care and legal fees on the part of survivors prevented them from accessing justice. Over all numerous stumbling blocks occurring at the micro and macro level that prevent women from seeking justice and the state from effectively catering for the needs of DV survivors.

### **4.3 Conclusions**

The rights of battered women may be asserted under international and regional human rights conventions that are legally binding upon ratifying states. Ghana is a state party to the Convention on the Elimination of all forms of Discrimination against Women and its optional protocol, the Declaration on the Elimination of Violence against Women and the African charter on Human Rights and People's Rights and its optional protocol. These international and regional instruments can be invoked by survivors of DV against their state of citizenship for condoning or failing to prevent DV.<sup>1</sup> Article 2 (e) of CEDAW requires signatories to take all appropriate measures to eliminate discrimination against women by any person, organisation or any entity. The CEDAW committee has interpreted this provision as the basis for holding states responsible for failing to prevent, investigate and punish acts of violence perpetuated by private citizens against women.<sup>2</sup> The CEDAW committee specifies that if a DV survivor can prove that the state has not implemented adequate measures to eradicate traditional beliefs and customs regarding the subordination of women to men from its legislation, social structures or education system. Furthermore, a survivor could argue that the states has allowed such prejudices to fester thus fuelling violence against women in that ultimately lead to breakup of families.

Problems at the macro level that prevent the state from effectively making provisions for the protection of the vulnerable within its borders are central in the core argument of FST. Due to inadequate budgetary allocations, state agencies are under-funded and personnel lack the requisite training to handle some forms of gender based violence culminating in the inadequacies in the protection of the human rights of citizens. FST therefore prescribes that states need to shift the notion of security provision as safeguarding the physical borders and sovereignty of a country to addressing issues of human security within the state.

From the study, even though DV survivors are not knowledgeable in details of the legal provisions put in place by the state to protect them, they demonstrate adequate familiarity with the institutions responsible for receiving and acting on reports of violence. Beyond respondents' knowledge of punitive measures that could be meted out to perpetrators by designated state agencies, they were mostly unaware of the range of their legal entitlements to support services from the state.

Physical violence, which includes sexual violence on some occasions, is the predominant form of abuse among DV survivors. For fear of economic hardship on survivors and their dependents that may result from incarceration of breadwinning perpetrators, there is underreporting of these abuses to designated state agencies and survivors tend to report extreme and/or persistent abuses. DV survivors believe that their lack of economic empowerment is a trigger for the abuses; and the same discourages reporting of perpetrators.

It is a predominant perception of DV survivors that, the legal procedures applied to bringing perpetrators to book are mostly slow and ineffective; leading inevitably to unmitigated abuses and further strains in family relations. They also widely perceive that there should not be financial barriers to receiving treatment and medical reports form. Furthermore, the hospital is widely perceived as one institution from which DV survivors can enjoy temporary shelter devoid of the risk of encountering the perpetrators. DV survivors are of the conviction that, attending public hospitals in their time of distress should not attract fees; whether for treatment or medical reports that are mandatory to pursuing litigation against perpetrators.

Expectations of DV survivors of the state in times of distress range widely from speedy state sponsored prosecution of perpetrators, free medical treatment and reports from health facilities, temporary shelter from designated state agencies including hospitals. Ultimately, the survivors of DV expect that the root cause of DV – poverty, be given close attention through intensification of already running programmes on girl child education and women empowerment projects.

#### **4.4 Recommendations for Policy and Practice**

Based on the key findings of this study, the following recommendations are made.

##### ***4.4.1 Holistic Approach to DV Intervention***

A National Policy on DV should adopt a holistic approach in responding to family violence at the primary, secondary, and tertiary levels.

##### ***Primary Level***

Primary level interventions should target eliminating the root causes of DV. Specific programs such as mass public education and sensitization exercises to increase awareness of DV and support services should be considered by DOVVU. Strategies at this level should target the wider community with special attention on children at early age.

*Secondary level*

DV secondary level interventions, on the other hand, should target individuals at high risk of violence behaviour and victimization. This could be done through timely identification, intervention, and immediate responses as well as a strong coordination between informal and formal sources of support for victims.

*Tertiary level*

All actors including police officers, court officials, medical officers, and social workers should actively counter the effects of violence and prevent re-victimization of DV survivors. This could be achieved through rehabilitation and reintegration programs.

***4.4.2 Skills Development and Women Empowerment***

The Ministry of Gender, Children, and Social Protection should consider an evaluation of its women empowerment programmes to match current needs of potential beneficiaries. Piloted programmes equipping women with employable skills should be scaled up to cover a significant proportion of women in need. The ministry should also consider giving soft loans to victims who are into petty trading towards empowering them economically.

#### ***4.4.3 Provide Social/Material Support***

The Minister of Gender, Children, and Social Protection should consider providing temporary shelter and upkeep for victims of DV. In order for the implementation of this recommendation to be sustainable, the ministry under the auspices of the National Domestic Violence Secretariat should institute the domestic violence fund. The Secretariat should have oversight responsibility of the activities of DOVVSU to ensure prompt prosecution of DV cases and subsequent resettlement of survivors with their families. The DOVVSU of the Ghana Police Service should ensure that officers in charge of assisting DV victims execute their duties without fear or favour. They should desist from taking bribes from perpetrators to the detriment of justice for victims. Officers are also encouraged to show compassion to victims and desist from getting overbearing in their demands of victims to support with financing the arrest of perpetrators.

There are a number of NGOs who are supporting the state to manage and curb DV against women in the country. Hence, the state should collaborate with such NGOs and assist their operations towards prevention of DV and reaching out with support for most if not every victim.

#### ***4.4.4 Integrated Response/One-stop Centre***

The Ministry of Gender, Children and Social Protection in collaboration with The Ministry of Health and other Stakeholders should come up with a policy giving integrated service at one-stop centres. This will ensure that victims of DV receive free medical care and accompanying medical reports, free legal assistance, and shelters. This will facilitate speedy recovery from injuries and mitigation of complications that might arise from delay in seeking medical treatment. Prompt medical attention would also ensure that good

medical evidence is not lost to time and adequately captured in reports to facilitate prosecution of perpetrators. It is hoped that this integrated approach will prevent secondary victimisation of survivors as they go from place to place recounting their stories in search of support services.

## ENDNOTES

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<sup>1</sup> Stark, Barbara. "Domestic Violence and International Law: Good-Bye Earl (Hans, Pedro, Gen, Chou, etc.)." *Loy. L. Rev.* 47 (2001): 255.

<sup>2</sup> *Ibid.*

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<http://www.who.int/reproductivehealth/publications/violence/intervention-research-vaw/en/> retrieved on 30/03/18

## APPENDICES

### Appendix 1: Interview Guide for Women DV survivors

#### Background information

1. Can you tell me a little bit about yourself? [Interviewer **must ask** and **record** the following background information for each interview:

- a) age (years).....
- b) sex (M/F) .....
- c) marital status
  - single
  - married
  - living together without children
  - living together with children
  - educational level
  - region
  - district
  - city/town/rural
  - site of interview
2. Who do you live with at home?
3. About your family, who forms part of the house/household (nuclear or extended family compound household/ rented accommodation etc.); and who do you take care of/takes care of you in the home?
4. About your daily activities, and what takes up your time during the day (earning a living or supplementing income/household chores or combination of these etc.)?
5. Where did you grow up?

6. How did you come to live here? (if different from respondent's current place of residence).

**Knowledge/availability of State-owned victim support services**

7. Can you tell me what you know to do/have been advised to do when you are hurt by members of your family? [**Probe** for knowledge of **rights/resources**]:

- a. Do you know about the Ghana 2007 Domestic Violence Act 732/gender equity laws?
- b. Do you know about any domestic violence victim support services (ask specifically about DOVVSU, CHRAJ, others)?]
- c. how did you hear of it?

- b) When you were injured from the violence, did you go to the police for help?

**[Probe for use/availability of support services and programmes:**

- a. If no, why did you not use the police facilities?
  - b. If yes, how did the police facility help/support you?
  - c. Were you satisfied with the help they provided?
  - d. Did the police support help end the violence you were facing from the family member?
- c) When you were injured from the violence, did you go to health facilities such as hospital, commune health station, pharmacy stores? [**Probe**]:
- e. If no, why did you not use these facilities?
  - f. If yes, which of the health facilities did you go to (public or private)?
  - g. How did the health providers help/support you?
  - h. Did you have to pay for the services?
  - i. If yes, did you have enough money to pay for the services?

- j. Did you have someone to accompany you, or did you go by yourself? If yes, who?]

### **Expectations, Suggestions, and Recommendations**

8. What have local leaders (family heads, religious leaders, community leaders, chiefs, assembly men political leaders) done to prevent/support victims of domestic violence
9. What do you think local leaders can do to prevent/support victims of domestic violence (to find out about the role local leaders in implementing any policy directives)
10. What do you think the police facilities can do to support victims of domestic violence (to find out about police support and help to prevent domestic violence)?
11. What do you think the health facilities can do to support victims of domestic violence (to find out about health support for victims and help to prevent domestic violence)?
12. What do you think are the most effective ways to stop other people from being hurt like this? [**Probe:** Are these types of support available? Where do you think you can find them?
13. b. How does/did the absence of any of these types of support influence your situation?
14. Looking back at your situation, what advice would you give another woman, who has just started to have these sorts of problems in their home? [**Probe:** What should these people do? Ask about all the options/choices they have or do not have]

15. How do you think people who hurt other people, like you have been hurt, should be punished? What should happen? [**Probe:** How do people think about justice, and appropriate punishment?]
16. Are you a member of a group or an organisation? Which (religious, social or traditional group, saving and credit or any group)?
17. If you could advise the government, what would you tell it to do? [This is an open-ended question that can be really useful in drawing out unique responses about government accountability to end domestic violence, so encourage respondent.]

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## **Appendix 2: Interview Guide for Experts/Service Providers**

### **A. Background Information**

1. Can you tell me about your yourself (name, age, religion, rank/position in the organisation etc.)

### **B. Challenges to service provision**

1. Can you tell me about the work you do? Probes:

As a DV service provider what are some of your main responsibilities?

What are some of the main challenges in the provision of service to women DV survivors

### **C. How these services can be improved or strengthened**

1. In your opinion how can these challenges be eliminated to ensure efficiency in work?

### **D. Help seeking behaviour of DV survivors**

1. How does violence on abused women end?

2. Who do DV survivors go to for help?

3. Who is involved? [Probe: to find out about government and non-government service providers:

a. Are these government-appointed people nurses, social workers, counselors, teachers etc?

b. Do DV survivors feel more comfortable going to certain police (men/women, senior/junior) than other people/service providers? Why?

c. What kinds of things matter in how people make decisions to get support? What catalyses these decisions?]

3. What kind of services are there to help people?

4. Which of these services do people use the most? Why? Which are not useful?

5. What has been your experience in supporting DV survivors in your organisation and

those that you closely work with? (Egs Discuss satisfaction police handling of case reporting/help at health centres.)

6. What do you think needs to happen to:

a. Help those people who commit violence to stop?

b. Help people who experience violence to get support?

c. Make sure government services reach the right people to end the violence? Which services are seen to be most crucial? Why?

7. What has been your experience with government support for people hurt by other people in their family? (Discuss satisfaction police handling of case reporting/help at health centres.)

#### **E. Impact of Domestic violence Act on awareness of various support services**

8. How has the DVA helped in the awareness of various support services to people especially women survivors of DV