

**THE EFFECTS OF GENDER-BASED VIOLENCE ON THE
SOCIO-ECONOMIC STATUS OF WOMEN IN GHANA**

BY

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DECLARATION

I, **Anita Emefa Debie**, do hereby declare that apart from references to works of other authors which have been duly acknowledged, this dissertation is a result of my own research work carried out under the supervision of Dr. Afua B. Yakohene. It has not been presented in part or in whole to any institution for the award of a degree.

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DR. AFUA B. YAKOHENE

DATE.....

DATE 27th July, 2018

DEDICATION

I dedicate this dissertation to my father, Mr. George Kwaku Debrie (Togbe Dogbega IV). Thank you for giving me a second chance. I am grateful. I love you.

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My deepest thanks and gratitude goes to the ALMIGHTY GOD, for He is good and His mercy endureth forever. I thank the Almighty God for giving me the grace, strength and wisdom, for being with me through it all and for His unfailing love and grace bestowed on me to be able this academic work.

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ACRONYMS AND ABBREVIATIONS

ACHPR – African Commission on Human and Peoples’ Rights
BPfA – Beijing Platform for Action
CACSW – Advisory Council on the Status of Women
CEDAW – Convention on the Elimination of all Forms of Discrimination against Women
CEGENSA – Centre for Gender Studies and Advocacy
CSO – Civil Society Organisation
CSW – Commission on the Status of Women
DFID – Department for International Development
DHS – Demographic and Health Surveys
DOVVSU – Domestic Violence and Victim Support Unit
DV – Domestic violence
DVA – Domestic Violence Act
EPRC – Economic Policy Research Centre
EVAW – End Violence against Women
FFQ – Fédération des femmes du Québec
FGM – Female Genital Mutilation
FIDA – International Federation of Women Lawyers
FST – Feminist Security Theory
FSW – Female Sex Workers
GBV – Gender-based Violence
IPV – Intimate Partner Violence
LLVs – Legal Literacy Volunteers
MDAs – Government Ministries, Departments and Agencies
MDGs – Millennium Development Goals
MoGCSP – Ministry of Gender, Children and Social Protection
NAC – National Action Committee

NETRIGHT – Network for Women’s Rights in Ghana

PEP – Post-Exposure Prophylaxis

PNDC – Provisional National Defence Council

UDHR – Universal Declaration of Human Rights

UK – United Kingdom

UN – United Nations

UN- GA – United Nations General Assembly

UNFPA – United Nations Population Fund

UNICEF – United Nations Children’s Fund

UNIFEM – United Nations Development Fund for Women’s

US – United States

VAWA – Violence against Women Act

VAWG – Violence against Women and Girls

WAJU – Women and Juvenile Unit

WHO – World Health Organisation

WiLDAF – Women in Law and Development in Africa

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ABSTRACT

The 1992 Constitution of Ghana has provisions that follow the Universal Declaration of Human Rights, making particular reference to the rights of women and violence and discrimination against women, such as the Domestic Violence Act (Act 732) which was passed in 2007. Despite all well-intentioned constitutional provisions for women's rights, however, gender-based violence is still prevalent in Ghana. This dissertation researches the effects of gender-based violence on the socio-economic status of women in Ghana. The Feminist Security Theory (FST) was employed for this study because it covers every aspect of what this research is about, and because it derives from the International Relations theory of Feminism. FST provides clarity on what security means to women globally. It focuses on security during peace and war, and also on the security of women from the level of the state to their individual domestic lives. The dissertation adopted the qualitative research design to gather data. A sample size of twenty four participants who have ever experienced gender-based violence as well as a professional from DOVVSU were used in the research. They were interviewed using semi-structured interview guides. Findings from the research revealed that gender-based violence causes fear, lack of self-esteem, low worker productivity and poor physical health among Ghanaian women. It also revealed that a great number of Ghanaian citizens are unaware of the Domestic Violence Act which protects women from gender-based violence, and that most victims do not report cases due to interference from relatives, fear of being ostracised and poverty. The thesis recommends nationwide education and awareness creation on the Domestic Violence Act, and that the Domestic Violence Fund be allocated to the DOVVSU to help in the smooth running of the Unit, and cater to the needs victims of gender-based violence.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Problem

After the Second World War (1939-1945), the world body, the United Nations (UN) was set up in 1995, with the fundamental objective of sustaining global peace and security. According to its Charter, its paramount aims, inter alia, are to ensure the prevention of future conflicts and wars, ascertain the protection of generations yet unborn from the ravages of same, and buttress “faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women and of nations large and small.”¹

Article 2 of the Universal Declaration of Human Rights (1948) of the UN Charter unequivocally indicated that, “Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, **sex**, language, religion, political or other opinion, national or social origin, property, birth or other status...”²

In spite of all these categorical provisions for the rights of all persons, those of some groups are violated to a considerable degree, one of them being the violation of women’s rights.

Women constitute 49.58 per cent of the world’s population, according to the World Bank report in 2016.³ Accordingly, the needs of women and especially, satisfying those needs, impact on the society. The overall security and wellbeing of women in any community is key to the growth and development of that community. No wonder, therefore, that for decades, institutions, agencies and bodies have shown concern about the rights of women, and actions or inactions that violate those

rights, both on the national and international fronts. These same establishments have also raised their voices against acts of discrimination and violence against women.

It is significant to note that this two-pronged issue of discrimination and violence against the female gender is too critical to be divorced from international relations. It cannot be denied that in Ghana, women have been the beneficiaries of the UN Charter. The Constitution of Ghana has provisions that follow the Universal Declaration of Human Rights, with particular reference to the rights of women, and its ancillary issue of violence against women, and the Fourth World Conference for Women, held in Beijing, China in 1995, in which Ghana fully participated was a booster to the rights of women, since it “determined to advance the goals of equality, development and peace for all women everywhere in the interest of all humanity.”⁴

It has however been noted that despite all these well-intentioned constitutional provisions for women’s rights, and in the face of all the laws which prevent violence against women, the canker is still existent in Ghana, because the laws are ineffective. According to Heise et al., “violence against women is the most pervasive yet least recognized human rights violation in the world. It also is a profound health problem, sapping women’s energy, compromising their physical health, and eroding their self-esteem”.⁵

There is no significant difference between the figures on gender-based violence in Ghana and those from outside the country, particularly figures on intimate-partner violence.

1.2 Problem Statement

Legal provisions against domestic violence and violence against women in general are enshrined in the 1992 Constitution of Ghana. That is the ideal. The reality, however is different. Statistics from the Domestic Violence and Victim Support Unit (DOVVSU) of the Ghana Police Service

indicate there that in 2010, 986 cases of defilement were reported. There was an increase in 2011, where 1,176 cases were reported. The country recorded 10 spousal murders, the majority being husbands killing wives, in 2012. According to Graphic Online (March, 2015) at least 17,655 cases were reported to the DOVVSU in 2014. On top of the list was non-maintenance, recording 6,158 cases. This was followed by 5,212 reported cases of wife battery and assault. There were also 1,667 reported cases of threat, 1,111 cases of defilement and 290 cases of rape. Only reported cases were represented in the data. In 2016, a research was commissioned by the Domestic Violence Secretariat of the Ministry of Gender, Children and Social Protection (MoGCSP) of the Government of Ghana and the UK Department for International Development (DFID). Research done estimates that 28 per cent of women experienced domestic violence in 2015. In an interview with “The Mirror” in Accra, the National Coordinating Director of DOVVSU, Chief Superintendent Rev. Mrs. Laurencia Wilhemina Akorli, disclosed to the newspaper that approximately six women are likely to be raped every week, according to six-year statistics (2011-2016) from DOVVSU (Graphic.com.gh).

These statistics indicate an alarming increase in gender-based violence in Ghana. This dissertation therefore seeks to explore gender-based violence and its socio-economic effects on Ghanaian women.

1.3 Research Questions

1. What is the history of GBV on the socio-economic status of women particularly in Ghana?
2. What are the effects of GBV on the socio-economic status of women in Ghana?
3. What are the legal and social frameworks governing the protection of women from GBV in Ghana?

4. What successes have been achieved so far?
5. What are the challenges affecting the overall success of reducing the negative effects of GBV on women in Ghana?

1.4 Objectives

Violence against women is the most pervasive yet least recognized human rights violation in the world. In recent times, however, there has been some awareness of this problem, especially after the Beijing Conference in 1995. The objectives of this research are as follows:

1. To analyse the history of GBV on the socio-economic status of Ghanaian women.
2. To assess the effects of GBV on the socio-economic status of women in Ghana.
3. To assess the legal and social frameworks governing the protection of women from GBV in Ghana.
4. To outline the successes achieved so far in the quest to protect Ghanaian women from GBV.
5. To outline the challenges affecting the overall success of reducing the negative effects of GBV on women in Ghana, and to offer suggestions and recommendations aimed at curbing or at least minimizing the canker as a conclusion of the dissertation.

1.5 Scope

The work will cover the global phenomenon of GBV, statistics in the global front, especially in Africa (according to the World Health Organisation and the Population Council) and narrow down to the situation as it were in Ghana. The general effects of GBV, and the socio-economic effects will also be covered.

1.6 Rationale of the Study

One cannot deny the fact that, there is rising awareness of the need for women to be protected from all forms of violence, be it physical, emotional or psychological, and equal awareness of the fact that the promotion of the rights of women can affect the development of a country. This herculean task cannot be achieved unless the obstacles to the safety and welfare of women in Ghana are completely removed, or at least reduced to the barest minimum. The issue of gender-based violence has been pervasive for decades. Even though it is a very common occurrence, not much has been done to curb it or at least bring to the minimum.

This study seeks to contribute to the awareness and shed more light on the issue in Ghana especially. This dissertation will provide insightful information to all stakeholders and policy makers by contributing to their efforts in curbing gender-based violence. It will also be a basis for further academic work, as well as add to the relatively scanty literature on gender-based violence in Ghana.

1.7 Hypothesis

Gender-based violence has a negative effect on the socio-economic status of women in Ghana.

1.8 Theoretical Framework

1.8.1 Feminist Security Theory

Cynthia Enloe, in the “Study of International Relations (IR), posed an important question, “Where are the women?”⁶ This question served to trigger the rise of feminism in International Relations. From the late 1980s and early 1990s, feminist scholars began to critically question and examine mainstream IR theories, among which are Realism, Idealism and Liberalism. They pointed out the masculinist bias in the field and declared that the omission of gender in the analysis of their theories undermines their completeness. Ann Tickner goes further to point out that “feminist theorists have rarely achieved the serious engagement with other IR scholars for which they have frequently called.”⁷

Cynthia Enloe is categorical in stating that feminist-informed investigations by academic and activist researchers have revealed that many forms of public power and private power are dependent for their operation, legitimation and perpetuation upon ... controlling popular notions of femininity and masculinity. It therefore follows that, if we do not become seriously interested in the conditions and lives of women, we are likely to craft analyses of international power dynamics that are at best incomplete, at worst faulty and unreliable.⁸

In the opinion of Ann Tickner, “International Relations is a man’s world, a world of power and conflict in which warfare is a privileged activity.”⁹ On the basis of this, Robert Keohane observed that feminist International Relations was “likely to begin a productive debate involving international relations scholars, feminist thinkers, and others concerned about security in the most inclusive sense.”¹⁰ Feminist scholars sought to “move the suspicion of officially ungendered IR texts to their subversion and to replace their theories,” and several IR scholars predicted that their perceptions should “fundamentally change IR’s greatest debates.”¹¹

Following this, feminist scholars have critically re-examined and reformulated many of the original theoretical assumptions of IR. Obviously, “*gender issues have an important place in the international security landscape*”.¹² It has, however, been neglected both in the theory and practice of international security. Not only does the feminist security theory contest the assumed irrelevance of gender in international relations, it also argues that, gender is not a mere subsection of Security Studies which should attract a cursory glance and be accorded a mere secondary importance. On the contrary, the contributors argue that, “gender is conceptually, empirically, and normatively essential to studying international security”.¹³ Jill Steans further explains that, “To look at the world through gendered lenses is to focus on gender as a particular kind of power relation, or to trace out the ways in which gender is central to understanding international processes.”¹⁴

Feminist scholars have argued that the identities of states guide and determine the choices of their foreign policies, which are closely attached to such qualities as masculinity, manliness, and heterosexism. For women who struggle with the issue of patriarchy daily, security, as observed by Christine Sylvester, “is always partial . . . elusive and mundane.”¹⁵

Feminist Security Theory (FST) took its rise from “a cross-ideological, trans-epistemological, multi-voiced conversational debate among multiple feminisms, including liberal, empiricist, modified standpoint, and qualified postmodern perspectives, among others.”¹⁶

For over a decade now, FST has subverted, broadened and enhanced notions of security by taking a minimum of four theoretical steps.¹⁷ To begin with, the assumption that women do not exist and are not relevant when it comes to the subject of international security politics is questioned by IR feminists, whose ripple effect is the inclusion of gender and power in international relations. This opens the way for women’s experiences to be recovered, allows for gender-based exclusion from

decision-making roles to be recognised, and gives the opportunity to probe into the inconspicuousness of women in international theory.

Second, the extent of state security in terms of protection for women during war and peace times is questioned the Feminist Security Theory.

Third, discussions wherein women are unreflectively linked with peace are challenged by the Feminist Security Theory. It argues that identifying and associating women with peace must go hand in hand with recognising the participation of women in, and support for, war.

Fourth, and more recently, feminists have questioned the assumption that gendered security practices address only women and have started to form a multifaceted principle of the masculine to help explain security.¹⁸

The premise that “there is order within the state and anarchy beyond the bounds of the community” (the foundation of the theory of realism), draws a line between international and domestic politics for Tickner. Feminist theorists argue that, this distinction encourages the continuation of domestic violence. She deems unacceptable the segregation of the reasons and explanations for war into clear cut-categories, and the indexing of security to state borders, and declares that, “violence at the international, national, and family levels is interrelated, ironically taking place in domestic and international spaces beyond the reaches of law.”¹⁹

Tickner further introduces an important theme of Feminist Security Theory, which is the recognition of “structural violence”, a borrowed term from a research of peace by Galtung.²⁰ She uses it to indicate the “economic and environmental insecurity of individuals whose life expectancy was reduced, not by the direct violence of war but by domestic and international structures of political and economic oppression.”²¹

Security, as defined by the feminists is broad and relies on a multiplicity of terms. Accordingly, feminists thus believe that “security threats include not only war and international violence, but also domestic violence, rape, poverty, gender subordination, and ecological destruction.” As such, security as defined by women is: “...the absence of violence whether it be military, economic, or sexual.”²² Feminist scholars broadened the meaning of security and also specifically identified those who merit it, well knowing that the security of the state can pave the way for the insecurity of women and other marginalized groups.

The statement of feminists is that, “the personal is international [and] the international is personal.”²³ The concept of security would change if is viewed from the way each individual woman perceives it. It would alter the substance of security, the idea, its operationalization and the action taken on it. The basic principle of Tickner is that “social and gender justice must be at the core of any lasting peace”, and any genuine security must go hand in hand with political, economic, and ecological relationships that are devoid of domination and subordination.²⁴

Though issues of gender permeate all societies and nations, there are peculiar individual, cultural and linguistic gender related experiences²⁵. And as an integral part of human life, gender is “a set of discourses that represent, construct, change, and enforce social meaning.”²⁶ Accordingly, Feminism, “is neither just about women, nor the addition of women to male stream constructions; it is about transforming ways of being and knowing.”²⁷

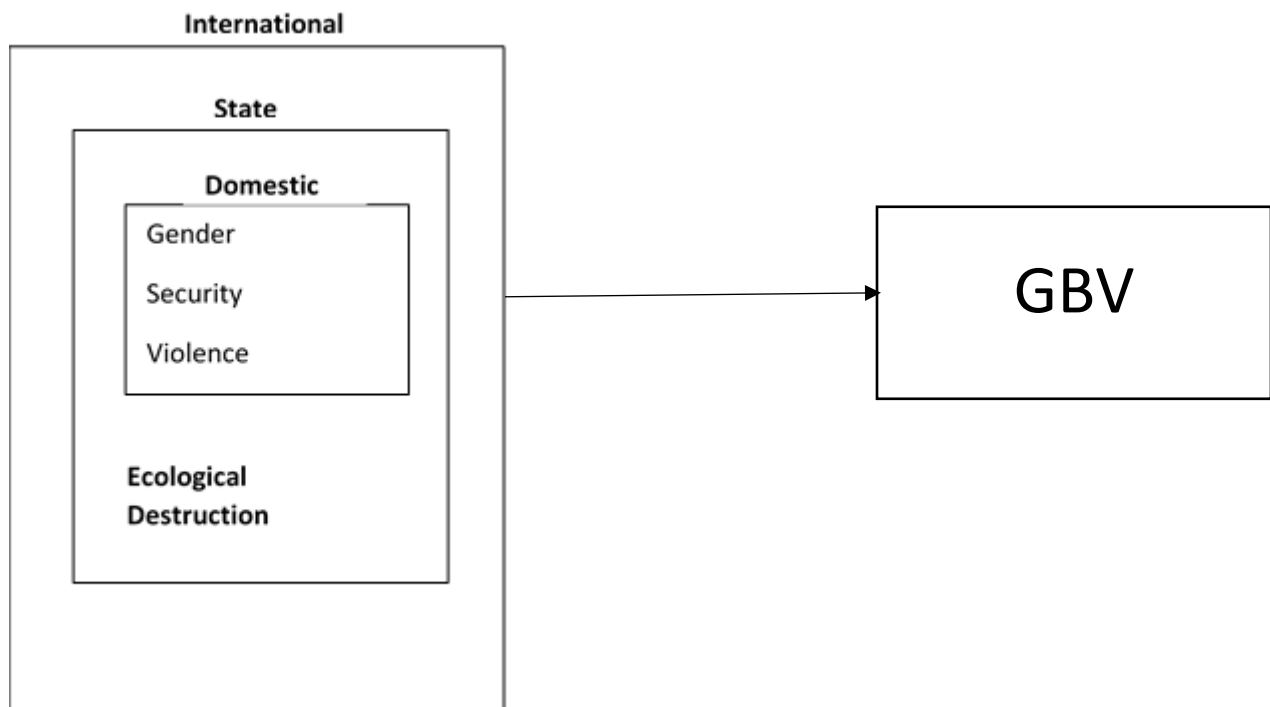
These observations culminate in the final general theme for the feminist security theory: that the exclusion of gender from work on international security does not render it gender-neutral or devoid of challenges. Instead, feminist research on issues of international security have served to question the supposed non-existence and irrelevance of women in international security politics, to interrogate the extent to which women are secured by state ‘protection’ in times of war and peace,

to contest discourses where women are linked unreflectively with peace, and to question the assumption that gendered security practices address only women.²⁸

The issue of rape compels feminist security theorists to seek answers to questions on the division between war and peace, and also makes them question whether peacetime provides peace for women. Adherence of violence against women are often united and continue to be threats to women even after war and during the state of the rebuilding process.²⁹

All told, the foundation of FST is a combination of many ideas- it rejects Realism, questions the abstract nature of strategic discourse and draws attention to the correlation between women's daily experience and security. It is also a critique of the state, and recognises the effects of systemic violence which has its roots in acceptable standards and convictions of inequality.³⁰

Figure 1: Theoretical framework.



The figure above explains that even though GBV often happens within the domestic domain, it also is a state issue and ultimately an international issue as well. GBV has a bearing on international affairs because “the international is personal, and the personal is international”.³¹

1.8.2 Relevance of the Feminist Security Theory to this Study

Feminist Security Theory (FST) was chosen for the purpose of this research because it encompasses all aspects of what this dissertation is about. Even though the Human Security Concept is broad and meant to be all inclusive, the gender dimension which especially addresses females is often overlooked, thereby limiting the understanding of security issues. FST provides clarity on what security means to women globally. It focuses on security during peace and war, and also on the security of women from the level of the state to their individual domestic lives. In FST, security is defined by women as: “... the absence of violence whether it be military, economic, or sexual.”³²

Eric Blanchard aptly states that “excluding gender from scholarly work on international security does not render it gender-neutral or without challenge”.³³ It must be added that, any comprehensive appreciation of security should go beyond the mere recognition of national security, which is often male defined or dominated (according to the Realist theory). FST ensures that security issues are expanded to cover the specific security concerns of women. The term ‘human’ as it is presented in the Human Security concept gives the impression of gender neutrality, but it is often an expression of the masculine.³⁴ The Feminist Security Theory attempts address this challenge.

FST is also relevant for the purpose of this dissertation because it derives from the IR theory of feminism. Since “the personal is international [and] the international is personal”³⁵, it adequately covers both the domestic, national and international spheres of women’s security.

1.9 Literature Review

Violence against women and girls covers physical, sexual, psychological, emotional and economic abuse. It is often known as “gender-based” violence because it evolves partially from women’s subordinate status in society. Takyi and Mann posit that, one in three women worldwide are physically assaulted, forced into sex or otherwise at least once during their lives, in most cases by an intimate partner.³⁶ Heise, Raikes, Watts, and Zwi state that between 20-50 percent of women in most countries have experienced at least one form of violence in their lives.³⁷

It is true that the accurate data on the various forms of intimate partner violence in Africa are quite limited but, the few studies that exist indicate varying levels of abuse among married women in different African countries. For instance, estimates from Zambia indicate that, about 50% of all ever-married women have experience some kind of violence from their partners. About 46 percent of women in Uganda, 60 percent in Tanzania and 42 percent in Kenya have suffered same. An alarming 81% of women who have ever married in Nigeria have suffered one form of violence or another from their partners (Kishor and Johnson, 2004; Wood, Mafora, and Jordaan, 2001; Heise, Ellsberg, and Gottemoeller, 2002; 1999; Dunjinrin, 1993). The figures from South Africa are no less significant: Jewkes and her collaborators reported that, “between 20 to 30 percent of women experience violence at one point or the other during their lives” (Wood, Maforah and Jewkes, 1998; Jewkes, Vundule, Maforah, and Jordaan, 2001; Jewkes, Brown, Dickson Tetteh, Levin, and Rees, 2002; Jewkes, Levin, and Penn-Kekana, 2003).

The available literature on GBV and its effects on women particularly dwells on the health effects. These health challenges are profound; and they sap women’s energy, compromise their physical status, and erode their self-esteem.³⁸ Heise et al (1999) are quoted in Oladepo et al that, “current

estimates of gender-based violence indicate that between 8-70% of women worldwide have been physically and sexually assaulted by a male partner at least once in their lives”.³⁹

According to Appiah and Cusack, “GBV in Ghana can be pseudo-religious, socio-cultural, sexual, physical, emotional, psychological or economic”.⁴⁰ It is therefore considered as a violation of women's physical and/or emotional well-being. Regardless of whatever shape or colour it takes, it comprises a method of social control which brings to the fore the subordinate position of women, and lays bare the extent to which they can come to harm (Carter & Weaver, 2003).

Culture

Many are the societies whose institutions and traditions provide legal backing for violence against women. Violent acts that are directed at employers, neighbours or acquaintances in such societies are unfailingly punished. Yet these same acts are not questioned or condemned when the victims are women, especially within the family.⁴¹

According to Saffitz, GBV permeates almost every society. It is both a creator and an integral part of culture⁴². She states that, “there is a direct correlation between incidences of GBV and male alcohol consumption and the number of deceased children within a household. She adds that, “an individual’s level of education and degree of financial independence are inversely related to rates of violence”.⁴³ Another of her findings is that, although a segment of the population believes women should have a say in decision-making, “patriarchal institutions and a culture that perceives women as inferior have a notable influence on individual attitudes among men and women to remain committed to the status quo”.⁴⁴

Saffitz hypothesises that, “a high percentage of women will find gender-based violence socially and morally acceptable”, according to the literature review of related studies.⁴⁵ With regard to wife

beating, which is one of the most common forms of violence against women in Africa, a report that appeared in the New York Times referred to the issue as “an entrenched epidemic.”⁴⁶

Heise opines that GBV is culturally patterned. Earlier researches have revealed that GBV is rampant in communities which have strict gender roles or in patriarchal societies in which male dominance is profound and upheld.⁴⁷

Amoakohene also looks at violence against women in Ghana, how it affects them, and how they perceive it. Her research examines violence as it is perceived and felt by Ghanaian women of different ages, socio-economic positions and professional status. The purpose of studying this class of women was to determine the impact on domestic violence of such parameters of life as full-time employment, financial independence, and good education. She adopts the multi-dimensional approach by examining the many aspects of violence against women, which include the sexual, the socio-economic, the cultural, the pseudo-religious and the emotional torture, and also looks at women's views and beliefs about their rights, responsibilities and duties, and also their attitude towards abuses or violations. Amoakohene categorises violence against women in Ghana under the psychological, the socio-economic and the emotional. She also finds it in some cultural practices such as inheritance, widowhood rites, forced marriages, female genital mutilation (FGM) and pseudo-religious practices which cast elderly women suspected of witchcraft into witch camps. She finds that 6% of the women she interviewed did not consider what they experienced as serious infringements of their rights, since they saw cases akin to theirs all around them. One of them even justified what happened to her, by saying that she raised her voice against her husband in an argument, and as a result he slapped her, adding that “it was just a little problem.”⁴⁸

Private-public Dichotomy

In all, according to literature, violence against women is not limited to any class or boundaries⁴⁹, but rather it cuts across societies and cultures.⁵⁰ It usually occurs in intimate relations, and accordingly, it is treated as private in most cases and handled within families.⁵¹ It is present and noticeable throughout the world, and almost every society has institutions that legitimize, obscure and deny it, in spite of its cost.

Around the world, one of the most prevalent violations of the rights of humans is GBV. A UNFPA report states that gender-based violence knows no social, economic or national boundaries. It adds that universally, an estimated one in three women will experience physical or sexual abuse in her lifetime, and indicates further that gender-based violence siphons, dignity, security and autonomy of its victims, yet it remains shrouded in a culture of silence (UNFPA, 2000).

Regarding the reporting of cases of violence to authorities as indicated in Amoakohene's study of GBV in Ghana, interviewees considered that they were aware of the various institutions where they could report cases of violence to the authorities. However, according to her, none of the 70% of respondents who had suffered abuse reported it even to other family members, although they believed violence against women was increasingly assuming wider social dimensions. Some of the women did not report cases of abuse for various reason, such as avoidance of ridicule and social stigma, and also to avoid unduly exposing their husbands and "washing their dirty linen in public."⁵²

This confirms how much culture affects the issue of gender-based violence even in the face of legislation. Women would rather be silent than speak out for fear of being stigmatized, because it is believed that some issues, especially the marital, should be tackled "privately" between the man and his wife, or at worst, within the family.

Economic Hardship/Poverty

Widespread poverty in the African continent can also be presumed to have great influence on the occurrence of IPV. As pointed out by Jewkes, IPV should not just be viewed as an expression of male dominance over women but also as male vulnerability stemming from social expectations of manhood that are unattainable due to factors such as poverty experienced by men.⁵³

According to Bott, gender-based violence (GBV) poses significant costs for the economies of developing countries, including lower worker productivity and incomes, lower rates of accumulation of human and social capital, and the generation of other forms of violence both now and in the future.⁵⁴

According to previous research, domestic violence is more likely to occur when men have multiple sexual partners, consume alcohol in excess, or do not contribute financially to the wellbeing of their children.⁵⁵ GBV is also more imminent in households where women have low levels of education, and have challenges with conception and childbirth, or do not contribute to household income.⁵⁶

Heise and Garcia Moreno also observe that, violence is not occurrent where women have a very low status, but rather “when the women begin to assume non-traditional roles or enter the workforce.”⁵⁷ These results suggest a greater need to promote a culture of equality and equity in an appropriate and relevant manner. It also anticipated that both a woman's degree of economic independence and her level of education will play major roles in decreasing the likelihood of abuse, since both would lead to female empowerment.⁵⁸ Violence is thus predicted to be more prevalent among couples who do not share equal opportunities and powers to take joint decisions.⁵⁹

According to literature, another factor that makes the issue of GBV more complex is that women support the many attitudes and beliefs that reinforce inequality. A nationally representative survey of 5,907 women in Zimbabwe revealed that, 53 percent of the women interviewed felt that the battering of wives was justified in at least one of the five situations she investigated.⁶⁰ This makes it imperative that interventions should be directed towards both men and women and be tailored to suit each gender in order to address the challenge from its roots⁶¹.

Gender-based violence has multiple faces and angles, and it is moulded and driven by multi-dimensional forces⁶². Accordingly, any model or framework that aims at effectively examining the mix of factors that increases the possibility of GBV in any particular community in a bid to address it must be comprehensive enough and take into due consideration the dynamics of the individuals, their relationships and their social and economic status, and the collective mentality and identity of that community⁶³.

Morrison, Ellsberg and Bott also re-echo the findings of other studies which indicate that the abuse of alcohol by the male partner has a strong bearing on violence. They found that, “women with male partners who come home drunk frequently are four to seven times more likely to suffer violence”.⁶⁴

Several countries have clearly stated laws and policies which spell out the responsibility of the health sector to gender-based violence.⁶⁵ Between 2001 and 2003, a review of the experiences of Central American countries indicates that, “the policies had not been widely disseminated and that most health providers were unaware of the policies or their specific contents”.⁶⁶ In some cases, the enactment of the law has rather led to unexpected challenges for the health sector. For instance, in several countries, including Guatemala and Panama, it is required that health providers report cases they suspect to be family violence to legal authorities. This puts the providers in the awkward

situation of invading the privacy and betraying the confidentiality of their clients, and this could lead to a reduction of women's willingness to open up and divulge acts of violence. Health providers may also be more hesitant to inquire of clients about cases of violence for fear of being entangled in legal cases.⁶⁷

In another hospital-based study in Nairobi, the prevalence of sexual violence was 61.5%, while the proportion of physical assault was 38.5%. This study also reported that the majority of the perpetrators of gender-based violence were married (72.3%) and alcohol was a significant contributor in 10.1% of determinants.⁶⁸

In Adinkrah's study of spousal violence in non-Western societies, he researched on spousal homicide in Ghana through the reports of a Ghanaian daily newspaper (The Daily Graphic). Between 1990 and 2005, seventy-two spousal killings were reported. The findings showed that husbands were five times more likely to kill a spouse, with sexual jealousy and suspicions of infidelity being the most common motive or reason for the killing. Analysis of data further revealed that the assailants and victims were predominantly of the poor and working class. Regarding the socio-economic status of victims and offenders in spousal homicide cases, prior research (e.g., Chimbos, 1998; Daly & Wilson, 1988; Goetting, 1995; Gondolf & Shestakov, 1997b; Mann, 1988) demonstrates that, even though marital violence cuts across all socio-economic, occupational, ethnic, and age groupings, spousal slayings are more likely to occur among the lower economic strata than among the affluent.⁶⁹

Education

Previous research has revealed that domestic violence and its eventual prosecution is closely related to illiteracy and ignorance.⁷⁰ Male education is however not the only factor. Educating the

female is equally important. The more educated a woman is, the less likely she is to experience or accept any form of violence against her, and the less likely she is to tolerate it. A research conducted by the Gujarat Institute of Development Studies, India, revealed that “60% of women with no education had been assaulted by their husbands, as compared to 10% of women with secondary or higher education”. Information from this same institute also reveals that violence against women is apparent when the woman attains higher levels of education. It is however agreed that just a little education apparently reduces the risk of domestic gender-based violence.⁷¹

Research studies also show that “a low level of education is the most consistent factor associated with both perpetrators and victims of IPV, with the risk of exposure to IPV increasing between 2 and 5-fold in women with just primary education, or no education at all”.⁷²

Takyi and Mann in a similar study in Ghana investigate men's attitudes and beliefs with regard to wife beating, an aspect of GBV, and the factors associated with those views. This research also mentions low levels of education, low income, age and number of children as factors that were linked to increased beliefs that justified abuse.⁷³

In a research on the prevalence and correlates of GBV among female university students in northern Nigeria, it is established that GBV is a major public health and human rights problem globally, and it extends to educational institutions. Using questionnaires, the prevalence and risk factors of GBV were determined among 300 female university students in Kano, Northern Nigeria. The prevalence of gender-based violence was 58.8%. Specifically, 22.8%, 22.2% and 50.8% of students respectively experienced physical, sexual or emotional violence. Also, in this study, it was found that “religious affiliation, ethnicity, indigeneship, marital status, campus residence and faculty affiliation were significant predictors of gender-based violence”.⁷⁴

Oladejo et al conducted a similar research to determine the “factors associated with gender-based violence among 3000 men and women in selected states in Nigeria. Respondents who had experienced physical violence were 806 (26.9%), comprising 353(11.8%) males and 453 (15.1%) females.” Interestingly, in this research, more males were found to have experienced sexual violence. 364 (12.1%) respondents had experienced sexual violence (12.1%). Out of this number, 221 (7.4%) were males while the remaining 143 (4.8%) were females. They also found that married female respondents were more likely to experience physical violence than single respondents. In addition, lower risk of experiencing sexual violence among males was observed among those who do not drink alcohol. The conclusion of the study however was that gender-based violence still constitutes a problem in Nigeria, affecting women more than men.⁷⁵

Duque et al have researched on violence against women in Spanish universities. Until the pioneer research projects carried out by the CREA research centre, violence against women in universities is an issue that was not studied in Spain. Between 2008 and 2012, several studies were performed on this subject through competitive projects and dissertations. This study explains how these pioneer investigations, conducted with a communicative perspective, demonstrate that gender violence also occurs in Spanish institutions, contrary to the prevailing wisdom of the university community. It discusses some of the consequences and the resistances encountered by victims and those who fight for a university free of violence against women when they make the issue visible and implement mechanisms to end it. It also presents the first steps that are being taken in Spain in this regard, as well as some actions that are proving successful in overcoming the problem⁷⁶.

1.10 Conceptual Definitions

Article 1 of the United Nations Convention on the Declaration of the Elimination of all forms of Discrimination Against Women defines discrimination against women as such: “Any distinction,

exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.”⁷⁷

1.11 Research Method

1.11.0 Introduction

Depending on the purpose of the study and the type of research being conducted, research methods vary. One can define research design as “the number of cases to be covered in the study, the manner in which the cases will be picked up and identified, different techniques to be used in the collection of data and how data once collected will be analysed to arrive at decisions that can be articulated in a manner that the research purpose can be achieved”.⁷⁸

Information on the research method used for this research is provided in this section. The research design, target and study population, sample size, sampling procedure, sources of data, instruments used in collecting data, how the data was handled and analysed as well as ethical considerations will all be looked at.

1.11.1 Research Design

The research makes use of the qualitative research method (Gall, Borg, & Gall, 1996; Creswell, 2009). The use of the qualitative method in gathering data on the effects of GBV on the socio-economic status of Ghanaian women was because the study targeted an institution to get in-depth information from informants who were up to date and had experience in the area. Persons who have experienced gender-based violence usually find it difficult to be open about what they have experienced. The need to use informal and flexible approaches in tapping information from victims of GBV was therefore necessary.

1.11.2 Target Population

The target population for the research work is made up of: Victims of GBV in the Accra and Tamale metropolitan areas, as well as personnel of DOVVSU.

1.11.3 Study Population

The population for the research work includes: persons between the ages of 20 and 60 who have experienced gender-based violence and selected Police Officers of Accra and Tamale Regional DOVVSU.

1.11.4 Sample Size

Four male and twenty female respondents, totaling twenty four was the sample size for this study using purposive sampling. According to Creswell, for qualitative study, a sample size of fifteen and above is sufficient.⁷⁹ One staff of DOVVSU was also interviewed.

1.11.5 Sampling Scheme

Purposive sampling was employed in selecting participants for this study. This is a situation in which a researcher uses judgement in selecting cases with a specific purpose in mind. Purposive sampling is applicable in three (3) situations. First, a researcher uses it to select unique cases that are especially informative. Second, purposive sampling may be used by the researcher in the selection of populations that are specialised or difficult to reach (hidden populations). Finally, purposive sampling is used when a researcher wants to identify particular types of cases for in-depth investigation.⁸⁰

1.11.6 Sources of Data

The dissertation will make use of primary sources of data in the form of interviews with selected women and men between ages 20 and 60, who have suffered one form of GBV or the other, using purposive sampling. The primary sources will be sought in collaboration with government institutions such as DOVVSU of the Ghana Police Service. Taking into consideration the fact that, victims of GBV are often reluctant to share their experiences, the identities of volunteers will remain anonymous.

The dissertation will also rely greatly on secondary sources of data. Books, journals and articles on gender-based violence will be used throughout the course of this work.

1.11.7 Data Collection

Primary and secondary data were both collected for this study. In-depth (semi-structured) interviews were used to collect primary data.

Secondary data were also acquired in addition to the primary data. This was done through reviewing written documents extensively. This included relevant materials on the subject matter such as books (both published and unpublished), research works and working papers, and articles in newspapers and on the Internet.

1.11.8 Data Collection Tools

The semi-structured interviews followed an interview guide comprising twenty-four questions gathered from previous literature and the help of a supervisor. Despite the fact that the interview questions guided the conversation between researcher and the respondent, the interview was semi-structured in order to make room for some modifications based on what was deemed appropriate (Robson, 2002). This allowed flexibility from both the researcher and respondents to expand on

issues of more relevance to them. The researcher asked follow up questions and probe questions where necessary.

1.11.9 Data Analysis

Data gathered from the field were transcribed. The data were then analysed thematically to come up with themes which were then discussed. Responses from participants were then categorized into various themes making up the research questions to bring to bear the issues that are of concern to the researcher.

1.11.10 Ethical Considerations

Ethical considerations have to do with what is satisfactory or tolerable, and what is not when conducting a research. This helps to guarantee that the human rights of the participants being violated are reduced to the barest minimum.

Informed Consent: All the participants who voluntarily agreed to be part of the study were taken through the purpose of the study. The consent of respondents was sought verbally before the interviews were conducted. They were also informed that they were at liberty to not answer any question they were not comfortable with or could pull out of the interview at any point.

Confidentiality and Anonymity: While conducting the research, the principles of confidentiality of information and anonymity of persons were adhered to by the researcher. It will be noticed that the researcher did not reveal the identities of respondents. The researcher rather uses either “Respondent 1” (R1) or pseudonyms instead of their real names.

Reference Acknowledgement: In order to avoid any form of plagiarism, every work cited in the study was duly acknowledged.

1.11.11 Reliability and Validity

Qualitative and quantitative researchers have had many debates on the subject of reliability and validity. It is important however to note that though both reliability and validity are not absolutes; yet they have been accepted by researchers as yardsticks to measure degrees of confidence in research works.⁸¹

This implies that qualitative researchers use other techniques such as drawing analogies between phenomena in the setting of the study and the same phenomena elsewhere to improve the generalisation of the research outcome to some extent. Judd et al posit that, field researchers who do the above are able to show that the particular people and places they studied tell us something about social relations in other setting. The analogies and comparisons provide a means of generalising beyond the particulars. To achieve the above, there is the need to gather data – both empirical and theoretical to show the similarities of the study to other situations. By doing this, the researcher might be portraying to readers that what has been found to be true and workable to the police in the sample is likely to be true of any police service placed in similar situation.

This study could be generalized to victims of GBV nationwide in Ghana, based on researcher's employment of qualitative triangulation that makes sure that the issues were examined from two perspectives – that of the victims and that of the actors (mainly DOVVSU); evidence from documents and from observations made by the researcher. Also, since the target population for the research work is made up of victims of GBV in the Accra (the nation's capital) and Tamale metropolitan areas, and given their ages, tribes and religious orientation, the researcher believes that these two regions give an adequately cosmopolitan and broad range of responses from the victims, which can be generalized for the situation as it were in other parts of the country.

1.11.12 Conclusion

By way of conclusion, the research method for the study was examined in this section. It discussed the research method choice. It also discussed the research design, sampling procedures/techniques, the sources of data collection and instruments used. The data analysis process and ethical principles used in the conduct of the research were further explained.

1.12 Organisation of Work/Arrangement of Chapters

The dissertation has four chapters.

Chapter One gives a background to the problem, problem statement, objectives and scope of the research as well as the rationale of the dissertation and a brief outline of the research methodology, the literature review and literature on related studies, as well as the theoretical framework for this dissertation.

Chapter Two gives a global overview of gender-based violence and its effects.

Chapter Three contains the analysis of data and discussion of findings.

Chapter Four comprises the summary, conclusions and recommendations.

CHAPTER TWO

A GLOBAL OVERVIEW OF GENDER-BASED VIOLENCE AND ITS EFFECTS

2.0 Introduction

This dissertation takes a universal look at the GBV situation for its purposes. It examines the interventions, policies and progress made so far to eradicate it, as well as the global setbacks encountered. Accordingly, the GBV situation in the US, Canada and the UK, in Asia, North Africa and the Middle East, as well as in Southern, East and West Africa will be discussed. The International Conventions, Agreements and policies aimed at fighting against GBV the world over, are also examined.

2.1 The United States, Canada and The United Kingdom

The United States

The past three and half decades witnessed an increase in public awareness, and resulted in significant gains in the United States and Canada in addressing violence against women and especially domestic violence. The 1960s and 1970s saw women organising to bring to light the hidden problem of sexual assault and domestic violence against women and creating support groups, shelters, and crisis centres for victims. By the 1980s, increasing attention by the Battered Women's and Anti-Violence Movements, feminist and community organizations, social scientists, social workers, and policy makers had shifted domestic violence from the arena of the public social issue.⁸²

Feminist scholars, advocates for battered women and other organizations argued that the personal is political and publicly condemned police departments, courts, and the legal system that failed to enforce the law against battering wives, which was illegal in all states of the US.⁸³ During the Carter administration, feminist activists made progress by putting under the searchlight the issue

of household violence, and as a result, the Federal Office of Domestic Violence was established, though this was later eliminated together with funding for social programmes, services, and research. When Reagan was in power, there was emphasis on the expansion of criminal justice institutions as part of a war on social ills⁸⁴ Advocates pulled their resources and efforts together to demand legal reforms to expand the rights of abused women, improve the legal response and to keep domestic violence on national agenda.

The Violence Against Women Act (VAWA) was included in the Violent Crime Control and Law Enforcement Act and passed into law. In September 1994, it was extolled by feminist activists and advocates as a significant victory for its categorical gender focus on violence against women, but it also involved compromises.⁸⁵ The Office on Violence Against Women, within the Department of Justice was established by the Act⁸⁶, and also mandated a number of research efforts supported by the National Institute of Justice.⁸⁷ In the years prior to VAWA 2013, over US\$9 billion was allocated at federal, state, and local levels to tackle various forms of violence against women. This marked an emphasis on the criminal justice system as a primary vehicle for addressing the issue. VAWA was modified and reauthorized by Congress in 2000, 2005, and 2012⁸⁸, and each authorization signified an expansion of protections, it is though basically within the criminal justice framework. Anti-violence activists, community-based organizations, feminist researchers, associations of professionals, immigrants' rights, and Indigenous rights groups joined the fray in and lobbied for a new reauthorization. On 7 March 2013, President Obama signed the Violence Against Women Reauthorization Act. Though VAWA 2013 addressed some of the gaps in previous Acts, it still fell short of superseding the criminal justice framework and the neo-liberal understanding of violence against women.

In the US, some money was allocated to social service organisations. However, it required these organizations/shelters to work with the criminal justice system, often within strict rules and limits. First, there were constraints in terms of when, and which women qualify to receive VAWA-based relief.⁸⁹ Many of the issues left the abused immigrant woman with little legal avenue for redress, compelling, for example, an alien spouse to live with her abuser. Secondly, there was a missing connection between legislation and regulations, with the restrictions of the latter making the legislation ineffective for some victims of abuse. Finally, domestic violence support was often reduced, when it was suspected that the processes for the acquisition of benefits for immigrants were fraught with fraud.

Canada

In Canada, the second wave of the Canadian Women's Movement and the consolidation of the welfare state, since the mid-1960s, culminated in the rise of a gender-based infrastructure within government. National feminist organizations, such as the National Action Committee on the Status of Women (NAC), and the Fédération des femmes du Québec (FFQ), collaborated with the federal government on a range of issues to remove barriers to gender equality, which posed a stumbling block to full citizenship.⁹⁰ In the 1970s, grass-roots women's groups organized volunteer support services for battered wives, and the first shelters emerged. These shelters were inadequate and were beset with other challenges, but they grew into a large "transition house movement", and the 'transition houses' were supported in the 1990s by federal and provincial funding as well".⁹¹

The first national study of wife battering in Canada, *'Wife Battering in Canada: The Vicious Circle'*, was conducted on behalf of the Advisory Council on the Status of Women (CACSW), in 1979. Linda McLeod⁹², the author of the report, argued that although laws were in place to protect women who were battered, legal procedures and exceptions captured in the law to protect 'the

unity of the family' rendered convictions virtually impossible.⁹³ Shelters endorsed the study's recommendations, and women's groups insisted that wife assault should be treated seriously by applying the Criminal Code, through routine convictions and sentencing of offenders. They went further to advocate for the creation of new criminal offenses, facilitation of arrests, charges and convictions for crimes against women, and more severe punishment for convicted offenders. The framework of 'wife battering', and 'wife assault', prevailed in the 1980s over 'family violence', or even 'wife abuse', with significant legal and policy consequences.⁹⁴

This period witnessed many legislative victories.⁹⁵ A criminalization model was increasingly accepted based on retribution, even in the face of evidence that the latter was failing, and was not even the preferred option for many women.

Concurrently, in the 1980s, professionalization of feminist organizations was on the rise, together with increasing bureaucratization and regulation of women by the state. The broader context of these trends was the rise of neo-liberalism, or the 'fiscal crisis', of the 1980s, which culminated in increased competition for funding among programmes, and a mounting reaction of patriarchal institutions challenging feminist victories.⁹⁶ This connection of social, economic, and institutional changes marked the rise of a different model, one aligned with health and welfare provision rather than the legal system, and an ideological re-construction of 'wife battery' as de-gendered 'domestic violence' or 'family violence'. The two contradictory paradigms, criminalization versus health and welfare services, resulted in a marriage of opposites policy in which wife assault turned into a subset of family violence, and an issue which warranted both criminal sanctions and clinical treatment.⁹⁷

In 1989 the Montreal Massacre changed the policy landscape. It augmented further government response through the creation of five major centres for the study of 'violence against women', a

major Statistics Canada National Violence Against Women Survey⁹⁸, and a Federal ad hoc Committee, the ‘Canadian Panel on Violence Against Women’. The latter resulted in a massive 1993 report, ‘Changing the Landscape: Ending Violence – Achieving Equality, including a national action plan, consisting of an ‘Equality Action Plan’ and a ‘Zero Tolerance Policy’.⁹⁹

In Canada, criminal justice framework on domestic violence has prevailed. This falls within the context of the Criminal Code¹⁰⁰ and specific legislation on family violence proclaimed by six provinces and three territories to date.¹⁰¹ However, the criminal justice system coexists, and often collaborates with other institutions such as government social and health services, and various communities across the Canadian provinces and territories in its responses to domestic violence¹⁰². The implementation of specialized domestic violence dockets and courts, or court processes (in some jurisdictions), in the broader community derives from the Criminal Justice system. This aims at speeding up court processes, delivering appropriate sentences, and providing support and comprehensive services which target a victim’s peculiar needs.¹⁰³

The Canadian criminal justice response does not reckon with the peculiar vulnerabilities of immigrant, racialized, and First Nations women, which are due to the inherent intersections of their gender with race, ethnicity, class, faith practice, immigration, and social status in Canada. This could lead to a significant compromise in their response to violence and access to justice and supportive services.¹⁰⁴

The United Kingdom

The last few years have generally witnessed a few strides in terms of addressing violence against women and girls (VAWG) in the United Kingdom (UK). This to some extent is because of the way women’s organisations have united in networks such as End Violence Against Women

(EVAW), which provides a voice for organisations campaigning on a wide range of VAWG issues – beginning from rape and sexual harassment in schools to female genital mutilation (FGM) and forced marriages.¹⁰⁵ Other factors which serve as impetus to work in this area are a series of high profile sexual abuse cases and feminism’s enthusiastic and successful adoption of social media channels to raise awareness of the issue. Moreover, recent UK governments of all parties have also recognised that targeted strategies on VAWG are vital to achieve improvements. In 2010, the previous government set out its strategy to end violence against women and girls through better prevention, provision of good quality services, improve partnership working, better justice results and risk reduction.

In the UK, work to address forms of violence that basically affect women in the minority is also well-established. This work has focused on three issues: FGM (the Prohibition of Female Circumcision Act was passed in 1985); forced marriage; and ‘honour’-based violence. While campaigners, service providers and women’s organisations have long identified these phenomena as human rights abuses and forms of violence against women and girls, the government has been slower to do so. For example, the Forced Marriage Unit created by the government in 2005 was a joint Home Office-Foreign and Commonwealth Office initiative located in the Foreign Office. Feminist organisations such as Southall Black Sisters have repeatedly criticised policy-makers for failing to adequately address FGM, ‘honour’ violence and forced marriage as forms of violence against women, instead of treating them as ‘cultural practices’ to be condemned or ignored for fear of provoking accusations of racism.¹⁰⁶

There is an old belief that the ‘practice’ of FGM goes on in the UK, with families sending their daughters back home or abroad during school holidays, and that measures to reach practising communities have not been successful. In 2015, a report claimed that “FGM is a problem affecting

women and girls in every local authority in England and Wales”.¹⁰⁷ The Crown Prosecution Service now provides legal guidance on its website on ‘Honour Based Violence and Forced Marriage’. In a prominent speech on extremism in July 2015, the Prime Minister said: “It sickens me to think that there were nearly 4,000 cases of FGM reported in our country last year alone. Four thousand cases; think about that. And 11,000 cases of so-called honour-based violence over the last five years – and that’s just the reported cases.”¹⁰⁸

It is apparent that huge strides have been made in these countries to reduce the prevalence of GBV. Yet, apparently there are challenges with these policies, with particular regard to immigrant women who reside in these countries. This peculiar challenge significantly impacts on women who are in the minority who experience, or are threatened with violence or abuse, and stem from the government’s failure to connect different areas of policy and address the needs of all women.¹⁰⁹

2.2 Asia

In Asia, GBV is a reality some women cannot escape, because the social customs and attitudes that support violence against them are deeply upheld and institutionalized at all levels: in the home, family, community, and the state. Breaking the silence on this violence is difficult. For most women, it is not even an option, because doing so is a threat to their very lives.¹¹⁰

South Asian women are at the receiving end of various “forms of violence - domestic violence, rape, gang rape, dowry deaths, sexual harassment, and suicide due to domestic physical and mental torture or stigma after rape, forced marriage, human trafficking, and other psychological and financial oppressions”.¹¹¹

In Bangladesh for instance, women are treated to discrimination and violence within the household, at work and in the society. Men control the power, income and other resources within families, and women are considered as the property of the man, and a sexual partner.¹¹²

According to Farouk, GBV is rampant in Bangladesh, and constitutes a growing human rights concern for the society.¹¹³ Rape is one of the most brutal forms of violence against women in Bangladesh. Not only are victims raped, but they are also sometimes tortured physically and even murdered by the rapist(s). Gang rape (a situation several men abduct a woman, take her to a secluded place, and rape her in turns) is also rife. Incidents of rape are frequently reported in the media; however, for fear of reprisal, victims rarely go to the police or take any legal action. Human rights defenders and NGOs try to intervene sometimes, but they risk being attacked and intimidated.¹¹⁴

The Bangladeshi legal system is founded “on common law, which was applied during the colonial regime of British-India. One of these common laws is personal law, which takes its root from religious law or customs. This personal law encompasses marriage, divorce, dowry, maintenance, guardianship, and inheritance. A critical look of the religious law shows that women are not equal to men. This truth is not only applicable in Muslim personal law, but also equally true with Hindu personal law”.¹¹⁵

Although several other minority communities exist, a great part of Bangladeshi population is Muslim, The term minority referred to in Bangladesh socio-political context covers religious minorities such as Hindus, Buddhists, Christians and ethnic and cultural minorities. Under the 1961 Muslim Family Ordinance, female heirs inherit less than male relatives do, and wives have fewer divorce rights than husbands. Under the law, a Muslim husband is required to pay his ex-wife’s maintenance for only 3 months, but this is seldom enforced. Both Muslim and non-Muslim

women face gender discrimination under their personal laws. Under the Muslim law of inheritance, a son receives double what a daughter receives. Similarly, a Muslim mother's custodial right is severely restricted; a mother loses her custodial right immediately she marries a man unrelated to her child. This buttresses the idea, skewed in favour of men that children belong to their father's family.¹¹⁶ A Muslim man is allowed to marry a maximum of four wives, provided he acquires a legally written permission from his current wives. In reality and practice, this permission is often obtained through coercion, threats and violence.¹¹⁷

Hindus constitute the largest group among the minority communities in Bangladesh. A Hindu woman receives no share of the paternal property. A Hindu widow cannot legally contract a second marriage. She has no right to her husband's property, and sometimes she has to depend on her sons' income. In some cases, she is abused and assaulted by her family members.¹¹⁸

The Bangladeshi government laws which categorically prohibit some forms of discrimination against women, including the Anti-Dowry Prohibition Act of 1980, the Cruelty to Women Law of 1983, and the Women and Children Repression Prevention Act of 1995, which was replaced by the Women and Children Repression Prevention Act of 2000. Unfortunately, however, the implementation of these laws fell below expectation, particularly in the hinterlands.¹¹⁹ accepted the UN Optional Protocol to the CEDAW in 1995. In addition, it promulgated

Married women in Bangladesh are not made fully aware of their own sexual and reproductive rights and have limited control over their own bodies. A woman's freedom of choice regarding sexual intercourse, birth control, pregnancy, pre-natal care, and abortion, are decided by her husband and his relatives. There is pressure from the husband's family for the wife to produce male children. As a result, a young woman might begin conceiving at a very early age, and suffer

several consecutive pregnancies in the hope of giving birth to a male child, and failure to do so, marks the start of her physical and psychological abuse.

Many women suffer neglect during pregnancy, and endure malnutrition and insufficient medical attention. In fact, about 37% of all deaths of reproductive aged women stem from maternity related issues. In Bangladesh, maternal and neonatal mortality and malnutrition rates remain unacceptably high. Maternal mortality is approximately 320 per 100,000 live births, and neo-natal deaths account for two-thirds of all infant deaths.¹²⁰

About 47% of Bangladeshi women experience some physical violence at the hands of their intimate partners. The figure would be much higher if psychological violence were counted. On weekly basis, more than ten women in Bangladesh suffer from acid attacks that sees them painfully disfigured, and in some cases blind and disabled.¹²¹ A study in Bangladesh shows that, 32% of women working outside their homes experience disruption of their work due to incidents of domestic violence.¹²² One in six deaths of a female infant in India, Bangladesh and Pakistan is the result of negligence and discrimination. Culture-specific forms of violence include domestic violence, rape, sexual harassment, incest, human trafficking, honour killings, acid attacks, public mutilation, stove-burnings, and forced temple prostitution.¹²³ According to the Pakistan Human Rights Commission, 943 women and girls lost their lives through honour killings, in 2011. Here, women are considered as second-class citizens and there are no laws against family violence.¹²⁴

In Nepal, socio-cultural, economic and religious factors coupled with traditionally defined roles and responsibilities between Nepali men and women, have given rise to an institutional system that treats women inequitably.¹²⁵ GBV is highly prevalent in Nepal, with one of the commonest forms of it being IPV.¹²⁶

The Nepalese Demographic and Health Surveys (DHS) found that 22% of women of reproductive age have experienced physical violence at least once since age 15, and 12% of women were reported to have experienced sexual violence at least once in their lifetime.¹²⁷ A more recent study on Women's Empowerment and Spousal Violence in Relation to Health Outcomes in Nepal estimated that, 28% of ever-married women have experienced physical and/or sexual violence from their husbands.¹²⁸ Moreover, the Maternal Mortality and Morbidity Studies of 1998¹²⁹ and 2008/09¹³⁰ have reported that Nepali women of reproductive age have high suicide rates, many of which are attributable to DV by spouse or family members.¹³¹ The Nepalese DHS data show DV during pregnancy is also widespread, ranging from 2% (among women with higher levels of education) to 10% (among women who are divorced, separated or widowed).¹³²

In Pakistan, an estimated 40% of ever-married women between ages 15 and 49 years have suffered some form of violence during their lifetime, and every third woman in Pakistan has suffered physical violence.¹³³ Husbands are reported to be the culprits in 79% of cases of violence against ever-married women, indicating a high level of spousal violence in the country.¹³⁴ Low educational status, low levels of empowerment, poverty, and misuse of the dowry system were found to be some of the factors associated with spousal violence in Pakistan.¹³⁵

Like their Bangladesh counterparts, Pakistani women are at a congenital disadvantage. They are discriminated against by virtue of their sex, and this continues into childhood, adolescence, and even after marriage.¹³⁶

Early marriage is a major cause for concern in Pakistan. It is estimated that, in 2007, 50% of women between ages 20 and 24 years were married before the age of 18.¹³⁷ Further studies have also revealed that, "compared with those married as adults, women married as children are more

socially vulnerable because they are poor, uneducated, reside in rural areas, and have little access to health care services.”¹³⁸

2.3 North Africa and the Middle East

North Africa is one of the regions where the status of women is among the most impoverished in the developing world.¹³⁹ Though a few studies have reported on particular aspects of gender-based violence, especially honour killings or female genital mutilation, to date, research on violence against women is scanty, especially those committed by intimate partners. This may be due to the practice of Islam in the region. Also, due to the sensitive nature of women’s rights in the Northern African region, there is a greater likelihood that most women will not report cases of gender-based violence. It is seldom reported in North Africa or is hidden by victims for fear of being isolated or shunned¹⁴⁰. Even when help is sought from family, the reactions received may be hostile. The 1995 DHS survey for Egypt found that less than half of abused women sought help.¹⁴¹

The paucity of literature on gender-based violence in North Africa however shows that rural women are somewhat more at risk for abuse according to studies conducted in Egypt.¹⁴² Lack of financial support is also prevalent among victims. Egyptian women who do not work for cash are approximately twice as likely to be beaten as women who work for cash.¹⁴³ Out of seven studies that reported on the relationship between education and abuse in the region, five of them found higher rates of violence committed against women who have less education.¹⁴⁴

What is most disturbing about gender-based violence in North Africa and the Middle East is the fact that many women have been conditioned to believe that not only is violence justified, but it is also their fault. 86% of ever married women in Egypt believed that husbands were sometimes justified in beating their wives, with the highest specific reason (70%) being the refusal of sexual

intercourse. Attitudes varied little by age; however, it was noted that the youngest women (15 to 19 years old) and those living in rural areas were slightly more likely to condone such abuse.¹⁴⁵ The levels of education showed a more valid attitude than any other background characteristic. Women with lower levels of education were more likely to justify wife abuse. For instance, almost twice as many illiterate women (80%) agreed that a husband was justified in beating his wife if she answered him back than did women who had completed secondary or higher education (41%).¹⁴⁶

In spite of reasonable achievements in the areas of economic development and educational attainment, the cultural environment in Morocco still exhibits “male superiority systems that place women under the guardianship of their fathers, or as subordinates to their husbands.” This repressive situation encourages violence against women in the home, at work, and in public places. The abusive acts of violence against women is so profoundly deep-seated that it is almost seen as a right that is bestowed upon men by the society, and only counted as an illegality at the ‘theoretical level’.¹⁴⁷ Besides, as stated by a multi-disciplinary team at Hassan II University,¹⁴⁸ “the Moroccan legal system is characterized by legislative pluralism in which Sharia or Islamic law co-exists with modern legislation”.¹⁴⁹

Islamic law continues to be exclusively applied in *Moudawana*, (family code, and personal status code), while other areas such as labour law, the penal code, and the nationality code follow modern law. This legal duality is largely responsible for the serious lapses in the legal protection of abused women. Though the complex nature of the legal system and the legacy of repressive attitude against women have stalled the process of the prevention of gender discrimination, it is worth noting that in recent times, Morocco could still be counted among those in Northern Africa that comparatively do well in the protecting women against GBV.¹⁵⁰

More often than not, IPV is not seen as a serious infringement of human rights or as a crime in the Moroccan society. It is rather viewed as a private matter that occurs within the confines of the home, and beyond the purview of any formal or state establishment. Moreover, the requirements demanded from victims (i.e. a witness, and medical certificates), prevent many women suffering from IPV from taking legal action. Furthermore, the culture of male dominance goes a long way to affect the behaviour of government officials charged with the handling of IPV cases, as the reported occurrence of the violence is often trivialised. These obstacles tend to discourage women from disclosing their exposure to IPV, and this eventually militates against the documentation of the prevalence of IPV in Morocco. This notwithstanding, a couple of studies have attempted some innovative ways to estimate the prevalence of such violence in Morocco. A population-based study conducted in the country shows that the life-time prevalence of IPV amongst ever-partnered women is about 45%, while current prevalence is around 12%.¹⁵¹ In relation to the attitude towards IPV in Morocco, a report from the last DHS conducted in the country indicates that, approximately 64% of women justify wife beating, and this further strengthens the assertion that women in the country always adhere to certain traditional practices which dictate that the role of women remains subordinate to that of the man.¹⁵²

In countries where Muslims constitute a majority, and Islam is recognized as the official religion, the state nationalizes religion by incorporating shari'a principles into the national legal regime. And in a few countries, the state theocratizes religion by declaring itself Islamic, and bases the national legal regime on shari'a. The role of the state is particularly important to any discussion of domestic violence, because powers are vested in states to prohibit and punish violence. But, as suggested above, resistance or refusal to accept domestic violence as violence can shield or deter states from fulfilling this responsibility.¹⁵³

The relationship between shari'a and women's rights has always been a point of major concern. The critical and contentious question is whether Islam and human rights offer compatible world-views or values, and if not, which should prevail.¹⁵⁴ In many societies, officials generally are not favourably disposed towards the enforcement of international standards for domestic relationships; and this force wields more clout and influence than the forces which promote them.¹⁵⁵ In Muslim societies, there is a deep and widespread belief that international standards for women's rights, and efforts to promote them, are un-Islamic or even anti-Islamic because they are at variance and incompatible with sharia. Deniz Kandiyoti states that, this has sparked counter-vailing attempts to maintain and reinforce hierarchical gender relations and male power over women as “authentically Islamic”.¹⁵⁶

Granted that the rules of Islam have been re-interpreted and modified, or regarded merely as inapplicable when dealing with changing circumstances in such issues as slavery and modern commercial practices, yet no such flexibility is seen with regard to women's rights. For women, the trend of interpretation has worked almost exclusively in the opposite direction.¹⁵⁷

Most of the countries with majority Muslim populations that have signed CEDAW have entered reservations which aim at preserving sharia or matters of personal status. However, by their very nature, the reservations are different in scope, terms and specific details. Libya for instance proclaimed that ceding to CEDAW was subject to a general reservation of any provisions that are contrary to personal status laws derived from shari'a. Bangladesh reserved on article 2, the core of the treaty, on the grounds that it runs against shari'a. Egypt and Morocco entered reservations similar to that of Bangladesh, but in a slightly different way, that is, stating a willingness to comply with article 2, provided it is not contrary to shari'a. While some governments did not elaborate on their reasons for reserving, Egypt, Iraq, Jordan, and Morocco offered explanations that women are

“advantaged” by shari'a (e.g., through payment of a dower, and men's obligations to support their wives financially). For example, Egypt's explanation states that the basis of spousal relations under shari'a is “equivalency of rights and duties so as to ensure complementarity which guarantees true equality between spouses, not quasi-equality that renders the marriage a burden on the wife”.¹⁵⁸

As a result, the United Nations (UN) succumbed to particular cultural appeals and tolerated a situation where some countries would be regarded as parties to a convention whose core provisions they had openly declared their intention not to follow. By implication therefore, the UN buckled under the cultural relativist stance and allowed some parties to CEDAW to invoke Islam and their culture as the defence for their non-compliance with the terms of the convention. This was an apparent contradiction since CEDAW was premised on the notion that, where cultural dictates of gender were an obstacle to the achievement of women's equality, it was culture that had to play a second fiddle, not the sacrifice of women's rights.¹⁵⁹

“Islamic resistance” to international human rights law has centred on women's rights. In 1990, the Organization of Islamic States, whose membership covers all Muslim countries, issued a collective response to international efforts to establish women's rights in the domestic sphere as human rights. The Cairo Declaration on Human Rights in Islam established that “all rights are subject to Islamic law, and where there was a contradiction between international law and shari'a, the latter would prevail.”¹⁶⁰

Information about GBV in Muslim societies in the Middle East, Africa, and Asia is scanty. Most of the existing information about domestic violence comes from local and international organizations, including women's and human rights organizations, and some Bodies of the United Nations with mandates that focus on, or include women's rights. Domestic violence usually occurs within family setting and thus becomes a private affair in most cases, rendering its visibility (as a

first step to addressing it) complex. The intimate nature of family systems and relationships poses a difficulty in the study and documentation of such violence, and it is the over-arching concern for the family in every society that makes the formulation of effective strategies to protect women from abuse a matter of great controversy.¹⁶¹

Interventions for victims of GBV are limited in North Africa and the Middle East. Very few countries have promulgated laws against gender-based violence, and social services are limited in the help they can offer.¹⁶² It is only in rare cases that a female victim will seek assistance from the police. Even then, her report may be ignored by the police, and she will most likely arouse the ire of her family and friends.¹⁶³ Islamic law strongly impacts on family life. Under Islamic law, “a wife has no legal right to resist abuse, but a husband has a right to punish his wife under circumstances that often enjoy wide interpretations”.¹⁶⁴ In some cases, a woman may be able to obtain a protection order, but this may make her an outcast.

Obtaining a divorce is very difficult in most Arab societies because of significant restrictions on a woman’s ability to secure one. Physical abuse hardly constitutes sufficient reason for a divorce,¹⁶⁵ more so since divorce in itself is considered as an affront to God in the Islamic faith.¹⁶⁶ In one study it was observed that only 6% of women saw divorce as a profitable alternative to a violent marriage.¹⁶⁷ Many victims also seriously consider the issue of child custody, especially since the male is the custodian of all boys older than seven years according to the law of Islam.¹⁶⁸ These challenges for women in abusive marriages are profoundly steeped in customs and rules governing family life and issues, and as a result, many of the victims hesitate to file for divorce. The restriction of the activities of Non-Governmental Organizations (NGO) in these countries is another issue. The few agencies that come to the rescue of abused women by offering such services

as help and counselling are also limited in their reach, and further encounter difficulties in sourcing for funds and sustaining same.

2.4 Africa

The African continent has witnessed fewer research studies in the area of IPV in comparison with the rest of the world.

Lawoko posits that, the Africa is home to certain unique risk factors for IPV that are induced by culture.¹⁶⁹ . To illustrate, both men and women justify wife battering, and it is seen as a usual part of an intimate relationship, with women even more likely to justify such grievous acts. Moreover, patriarchal relations are the norms in most African countries. Several women are exposed to partner violence and diseases such as HIV due to abusive behavior (WHO, 2010).

Links between domestic violence and HIV have also been reported in Botswana,¹⁷⁰ Ghana,¹⁷¹ Malawi,¹⁷² South Africa,¹⁷³ Tanzania,¹⁷⁴ Uganda,¹⁷⁵ Democratic Republic of Congo¹⁷⁶ and Zambia.¹⁷⁷

2.4.1 Southern Africa

Farred (2002) remarks the widespread nature of violence, especially against women, in post-apartheid South Africa and describes it as a “mundanacity”: an ordinary, everyday, ubiquitous, and commonplace occurrence, which appears to make people lethargic and unable to resist or oppose it and its disruptive consequences. Wood and Jewkes (1997) similarly note widespread male coercion and violence within sexual relationships in Cape Town, South Africa. . In Durban, South Africa, more than one third of women from a low-income community had experienced domestic violence at some stage.¹⁷⁸ A South African study reported domestic violence associated with violence in childhood, education and multiple partners.¹⁷⁹ In southern Africa, domestic

violence is particularly important because of the multiple links between violence and HIV infection.¹⁸⁰

Watts, Ndlovu, Njovana, and Keogh (1997) also present evidence of the widespread nature of violence against women in Zimbabwe.

In Zambia, an alarming 48% of married women report ever having experienced intimate-partner violence, while 26% report being exposed to it. The latter rate is more than twice that obtained through similar surveys in other impoverished regions of the world such as Latin America, Southeast Asia and South Asia.

Namibia was a society of profound patriarchy, with women regarded as the property of, and second to, their husbands in the era preceding its Independence in 1990. The current society has however undergone a drastic change, thanks particularly to the promulgation of the Namibian Constitution in 1990, which enshrines provision for equality in marriages, and prohibits discrimination on the basis of gender. The Constitution notwithstanding, men still hold the power to decide in some pockets of the country, and women, who are mainly recognized as dependents, are compelled to obey and toe the line of their men.

In addition, '*lobola*' or the payment of the bride dowry in accordance with traditional norms is a mandatory requirement for the validation of customary marriages in the country. This system may well be labelled as 'bride buying'; and propels women not only into subservient positions to their husbands, but also makes them more vulnerable.

Namibia, similar to various other Africa countries, suffers from a scarcity of studies that assess the level of IPV. It however enjoyed the good fortune of being one of the ten countries that the World Health Organisation (WHO) considered in its Multi-Country Study.

The results of the study indicate an approximately 36% lifetime prevalence of IPV (physical or sexual violence or both) in ever-partnered women in Namibia; and women who are presently partnered show a prevalence of approximately 20%. In addition, there exists a correlation between controlling behaviour and IPV in Namibia.

The WHO (2010) study shows that “women whose husbands do not exhibit controlling behaviour constitute a mere 30% of those who have suffered physical or sexual violence or both, while 55% of women whose husbands display high levels of controlling behaviour have suffered physical or sexual violence, or both.”

One other factor found in the studies to be associated with a high risk of partner violence in Namibia is lower educational level. The WHO (2010) also asserts that IPV rates stand a better chance to increase in societies where the phenomenon is culturally accepted. Accordingly, the comparatively low levels of IPV in Namibia could be attributable to the minimal extent of social acceptance of wife-beating among citizens of Namibia, where a mere 37.7% of women and 40.2% of men rationalize IPV against women.

In addition, approximately 40% of women who had physically been abused had sought support from formal services against IPV, while approximately 80% of women who had suffered same had informed some other party about it.

Instances of complaints against IPV in the records of formal services in developing countries are nothing to write home about. In Namibia however, the case is conspicuously and remarkably different. According to the WHO Multi-County study, 20% of the Namibian victims reported their case to the police, while another 20% relied on health services.

This significant difference ends there. Namibia, as it now stands can only boast of very few policies or concrete programmes on prevention of IPV and victim support. A plan to combat violence against women is still on the drawing board of the Ministry of Gender Equality and Child Welfare.

It is true that one of the country's legislations – the Combating of Domestic Violence Act, 2003 - upholds the rights of women and their protection from domestic violence, yet, equitable access to protection eludes some women because the act categorically declares that only magistrates had powers to order protection - but the Namibian towns that can boast of resident magistrates are few and far between.

2.5 East Africa

According to Heise, “previous research shows that GBV is most prevalent in societies with rigid gender roles or in patriarchal communities in which male dominance is ingrained in a masculine identity.”¹⁸¹ The prevalence of GBV in Sub-Saharan Africa is high even when being compared to that of other developing regions.¹⁸² According to Koenig et al., “population-based household surveys confirm high rates of intimate-partner violence among women in the Rakai District of Uganda”.¹⁸³ In one district of Uganda, 30% of 5,109 women attending a clinic had received threats or physical abuse. Majority of respondents considered wife beating as justifiable in some circumstances.¹⁸⁴

Discrimination against women is pervasive in Uganda: and its society is steeped in norms of patriarchy, similar to a number of other African countries. The Ugandan Constitution abhors discrimination based on gender, yet customary laws that sometimes are at variance with human rights (especially rights of women) still play major roles in ‘family matters’ or in developments between a husband and wife. Furthermore, according to the national laws of Uganda, men and women cannot marry unless they are at least 18 years old, but many girls below this age,

particularly in the rural areas, are forced by their parents into marriages with older men. In addition to this, according to the code of marriage in the country, widows have the right to inherit some of their husbands' property. However there exists conflicting local traditions that militate against women's right to inheritance. Also, Ugandan women enjoy limited ownership rights.

Although the laws of the land enable women to own land and gives them the privilege of managing their own property, their ability to operate their land holdings and exercise property management powers is robbed by traditionally entrenched practices.¹⁸⁵

Studies on the levels of intimate partner violence in Uganda are few. Nonetheless, efforts have been made on it in recent times. Results from the Ugandan Economic Policy Research Centre (EPRC) study show that “lifetime prevalence of IPV in ever-partnered Ugandan women is quite high, with suggestions that 4 out of every 5 (80% of women) Ugandan women have ever-experienced IPV, while the prevalence rate among presently partnered women is approximately 53%.”¹⁸⁶

The 2006 Demographic Health Survey of Uganda states that, “having a higher number of children such as three or more, and the extent of poverty are among the factors that are likely to increase a woman's exposure to IPV in the country”. Furthermore, with regard to the help-seeking behaviour of women who have experienced IPV the report reveals that, “approximately 63% of ever-physically abused women had told someone about their experience, and a reasonable number of IPV victims (about 42% of the ever-physically abused women) had sought help from formal services”.¹⁸⁷ Research results on the general attitude towards IPV against women in Uganda show that, “a very high proportion of Ugandans justify the act of wife-beating”. This violent act is justified by approximately 70% of men and 60% of women.¹⁸⁸ Moreover, although Uganda has laws against IPV, in terms of specific programmes on IPV prevention and support available to IPV

victims, a careful plan to curb the issue is lacking. For instance, according to Turyasingura, “Uganda has ratified the United Nations CEDAW and the country's penal code (amended in 2007) which provide protection against all forms of assault against women. In addition, the Ugandan police use a special handbook to guide them in responding to domestic violence/IPV”.¹⁸⁹ Women however continue to face difficulties in attempts to bring the perpetrators of the violence to book, despite these efforts; due to the inadequate national strategy for preventing IPV most probably, as well as the paucity of specific services to cater for abused women in the country.¹⁹⁰

Tanzanian society is multi-cultural, made up of a plethora of ethnic groups and religions: and in this mix is a predominant traditional perceptions about the role of women that makes them prone to being discriminated against. The legal protection available to women in Tanzania is very limited, even though the Tanzanian Constitution officially forbids discrimination based on gender. This limitation is largely borne out of the threefold nature of the judiciary, which is an amalgamation of the civil, customary and Sharia (religious) laws. In addition, women in Tanzania can be married by the age of 15 years, and men by 18 years, according to the law.¹⁹¹ Women are more likely to be prone to IPV and domestic problems as a result of the low marital age. As pointed out by McCloskey, Williams, and Larsen, “women in Tanzania are socially oriented to accept and remain silent about their exposure to partner violence, which makes any categorical assessment of the magnitude of such violence very complex”.¹⁹² Nonetheless, results from the WHO Multi-Country Study carried out in Tanzania in 2003 show that “lifetime prevalence of IPV in ever-partnered Tanzanian women is about 41%, while the current prevalence is about 22%.”¹⁹³ Results further suggest that “controlling behaviours are strongly associated with IPV in Tanzania, in a situation where only 5% of women whose husbands exhibit no controlling behaviours have ever experienced physical or sexual violence, or both, as compared to 84% of women whose husbands

exhibit high levels of controlling behaviours. Lower educational level and young age are other factors associated with the violence (with women within the age range of 15–19 years being at higher risk of experiencing IPV”.¹⁹⁴

With regard to accepting IPV, which is probably a contributing factor of violence in Tanzania “a relatively high percentage of Tanzanians justify wife-beating. As high as 57% of women justify the perpetration of IPV by men and 43% of men justify the act.”¹⁹⁵ When it comes to the behaviour of seeking help, “nearly 75% of ever-physically abused women had told someone about their experience of IPV, and approximately 42% of ever-physically abused women had sought help against IPV from formal services, including the police, social services and legal advice centres”.¹⁹⁶ Regarding specific programmes on how to prevent IPV and the ready assistance for women suffering from IPV, they are lacking in Tanzania. This might partly account for the high prevalence of IPV in the country. Furthermore, the laws that interdict and penalize perpetrators of IPV are also lacking, save one law which was passed by the Tanzanian government in 1998 that forbids sexual assault. This law considers spousal rape a criminal act, provided that “the affected couple are legally divorced”.¹⁹⁷

2.6 West Africa

The federal republic of Nigeria is a country of several ethnic groups which boasts of opulent indigenous as well as modern customs, beliefs and way of life. However, despite the modernity, patriarchy still rides high in the cultural context. For instance, ‘*Sadaqqi*’, which is a dowry or bride price system in which the family of the bride requires money as well as material things from a prospective husband, makes the husband feel that they own their wives when they are married. The Nigerian Constitution interdicts any form of discrimination based on a person’s gender. However, the customary and religious laws are so deeply rooted that they keep stifling the rights

of women. The amalgamation of a threefold combination of religious, customary and civil laws militate against the harmonisation of legislation and the eradication of discriminatory measures.¹⁹⁸ In 2002, a clinic-based survey of 300 women in eastern Nigeria reported that 40% had experienced violence in the previous year.¹⁹⁹ It is important to state that, the nascent information which can help get a general idea of the rate of prevalence of IPV in Nigeria is scarce, a problem equally faced by other third world countries. However, in the area of IPV, some epidemiological research studies have been undertaken, regardless of the fact that they were mostly “service-based”. Some of these researches reveal that, “the lifetime prevalence of IPV (physical, sexual violence or both) in ever-partnered women is approximately 31–36%, while current prevalence of IPV ranges between 29 and 31%”. Regarding how Nigerians generally behave towards IPV, studies reveal that “women are highly likely to justify IPV against them (61%), as compared to men who are less likely to justify the occurrence of such violence”,²⁰⁰ while current prevalence of IPV ranges between 29 and 31%.²⁰¹ Regarding how Nigerians generally behave towards IPV, studies reveal that “women are highly likely to justify IPV against them (61%), as compared to men who are less likely to justify the occurrence of such violence”.²⁰²

Taking into consideration the extent of intimate partner violence in Nigeria, it is also necessary to discuss specific programmes on how to prevent IPV and support available to victims in the country. Social support available to victims of IPV is currently very limited. Even though Nigeria has signed some international conventions protecting women’s rights such as the CEDAW and Dakar Declaration of 1994, they have not yet incorporated them into the country’s legal code. This reveals how much work is still needed to ensure gender equality and protection of women against all forms of violence in the country. Also, violence within the family context is not specifically criminalized under the federal laws of the country, despite the provisions made in the constitution of Nigeria

that assures the citizens of freedom from any kind of discrimination, discrimination based on gender inclusive.²⁰³ Furthermore, in recent times, the Nigerian government made some modifications to policies regarding health. This was to boost the support for the basic care sector and also for the improvement on the basic prevention of illnesses. Unfortunately, no specific programmes targeted at IPV prevention were developed as part of this new arrangement.

2.7 International Conventions, Agreements and Policies to Fight against Gender-Based Violence

There is a host of international conventions which are dedicated to fighting the GBV canker, some of which the government of Ghana has either signed and/or ratified. Some of these Conventions and Protocols include: The Universal Declaration of Human Rights (1948); Convention on the Elimination of All forms of Discrimination Against Women (CEDAW); Beijing Platform for Action (BPfA); Solemn Declaration on Gender Equality in Africa; Protocol to the African Charter on Human and Peoples' Rights and the Rights of Women in Africa; and the Millennium Development Goals (MDGs).

The Universal Declaration of Human Rights (UDHR): The Universal Declaration of Human Rights (UDHR) is a milestone document in the history of human rights. Drafted by representatives with different legal and cultural backgrounds from all regions of the world, the Declaration was proclaimed by the United Nations General Assembly in Paris on 10 December 1948, (General Assembly resolution 217 A) as a common standard of achievements for all peoples and all nations. It sets out, for the first time, fundamental human rights to be universally protected (<http://www.un.org/en/universal-declaration-human-rights/>). Ghana became a Member State of the United Nations on the 8th March, 1957 and is consequently bound by the UDHR.

The Convention on the Elimination of All Forms of Discrimination against Women

(CEDAW): The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) was adopted by the United Nations General Assembly and came into force in 1981. CEDAW is commonly referred to as the international bill of rights for women. It defines what constitutes discrimination against women and girls and sets out a comprehensive framework for tackling gender inequality. The preamble and thirty articles define discrimination against women and establish an agenda for national governments to end discrimination against women (<https://www.gov.uk/government/publications/convention-on-the-elimination-of-all-forms-of-discrimination-against-women-cedaw-articles>).

The government of Ghana signed the CEDAW on 17th July, 1980 and ratified it on 2nd January, 1986.

Beijing Platform for Action (BPfA): The Beijing Platform for Action is an agenda for women's empowerment. It aims at accelerating the implementation of the Nairobi Forward-looking Strategies for the Advancement of Women, and at removing all the obstacles to women's active participation in all spheres of public and private life through a full and equal share in economic, social, cultural and political decision-making. This means that the principle of shared power and responsibility should be established between women and men at home, in the workplace and in the wider national and international communities. Equality between women and men is a matter of human rights, and a condition for social justice, and is also a necessary and fundamental prerequisite for equality, development and peace. A transformed partnership based on equality between women and men is a condition for people-centred sustainable development. A sustained and long-term commitment is essential, so that women and men can work together for themselves,

for their children and for society, to meet the challenges of the twenty-first century (<http://www.un.org/womenwatch/daw/beijing/platform/plat1.htm#statement>).

Solemn Declaration on Gender Equality in Africa: The Heads of State and Government of Member States of the African Union, meeting in the Third Ordinary Session of their Assembly in Addis Ababa, Ethiopia, from 6-8 July, 2004, reaffirmed their commitment to the principle of gender equality as enshrined in Article 4 (1) of the Constitutive Act of the African Union, as well as other existing commitments, principles, goals and actions set out in the various regional, continental and international instruments on human and women's rights.

(http://www.un.org/en/africa/osaa/pdf/au/declaration_gender_equality_2004.pdf).

The African Commission on Human and Peoples' Rights (ACHPR): The African Charter established the African Commission on Human and Peoples' Rights (ACHPR). The Commission was inaugurated on 2nd November, 1987 in Addis Ababa, Ethiopia.

In addition, to performing any other tasks which may be entrusted to it by the Assembly of Heads of State and Government, the Commission is officially charged with three major functions: the protection of human and peoples' rights, the promotion of human and peoples' rights and the interpretation of the African Charter on Human and Peoples' Rights. Ghana ratified the ACHPR in 1989 (<http://www.achpr.org/>).

In September 2000, 189 heads of state and governments gathered at the United Nations in New York at the Millennium Summit and adopted what became known as the Millennium Development Goals (MDGs). Eight goals were set to encourage all countries, rich or poor, to focus on human development problems. The goals were about basic human rights – the rights of every woman,

man and child to health, education, shelter and security as pledged in the Universal Declaration of Human Rights and the UN Millennium Declaration.

Ghana joined other countries in a transparent exercise of accountability, providing regular progress reports and budget statements to the Parliament, as well as to the international community in many global meetings.

Ghana mainstreamed the MDGs into the national development framework that has driven the national socio-economic development agenda. The UN system partnered with the Government of Ghana to ensure that national priorities were linked with the Millennium Development Goals. The Ghana Shared Growth and Development Agenda 2010-2013 guided the country's efforts to reach the MDGs.

(<http://gh.one.un.org/content/unct/ghana/en/home/global-agenda-in-ghana/millennium-development-goals.html>).

2.8 Conclusion

This dissertation has generally sought to present a global overview of gender-based violence and its effects, focusing primarily on the US, Canada, the UK, Asia, North Africa, and the Middle East as well as on Southern, East and West Africa. It has been established among others that for Western countries the criminal justice system exists side by side with other institutions, including governmental and health institutions as well as some non-governmental women's organisations. With the Asian and African countries examined, it was noted that there were some socio-cultural underpinnings that have resulted in low reports on GBV and IPV cases. Women who may entertain such thoughts would probably not dare to do so for fear of being stigmatised and/or ostracised.

Also, it was recognised that Ghana is either a signatory and/or has ratified some International Conventions and Protocols with the view to eradicating, or bringing to minimal levels, the incidence of GBV and IPV. Some of these Conventions and Protocols include: The Universal Human Rights, the CEDAW, the Beijing Platform for Action (BPfA), the Solemn Declaration on Gender Equality in Africa, the Protocol to the African Charter on Human and Peoples' Rights and the Rights of Women in Africa; and the Millennium Development Goals.

CHAPTER THREE

PRESENTATION OF DATA ANALYSIS AND DISCUSSION OF FINDINGS

3.0 Introduction

This chapter presents and discusses the findings of the data collected on the field. Qualitative data gathered from the field have been transcribed, categorized and scrutinized according to themes that were derived directly from the objectives of the study. The primary data are analysed thematically.

3.1 Interviews with Victims of GBV and Professionals of the Unit

A total of twenty-five respondents were interviewed. Out of this number, one was a key informant (a professional who works at the Unit) and twenty-four were persons who have been victims of gender-based violence.

3.1.2 Demographics of Victim Interviewees

Out of the twenty-four respondents who have been victims of GBV, twenty were females and four were males. In respect to the age distribution of the victims interviewed, two of them were between the ages of twenty to twenty-five years. Eight of the victims were between ages twenty-six to thirty years. Three of them were between the ages of thirty-one to thirty-five years, six between ages thirty-six to forty. One victim was between ages forty-one to forty-five, one between the ages of forty-six to fifty. Two victims were between ages fifty-one to fifty-five, and one victim between the ages of fifty-six to sixty.

Table 1: Demographics of Data

Variable	Frequency(f)	Percent (%)
Gender		
Male	4	17%
Female	20	83%
Total	24	100%
Age		
20-25	2	8%
26-30	8	33%
31-35	3	13%
36-40	6	25%
41-45	1	4%
46-50	1	4%
51-55	2	8%
56-60	1	4%
Total	24	100%

Looking at the ages of the interviewees, according to the data collected, it is seen that GBV occurs mostly to women between the ages of twenty and forty. Nineteen out of the twenty-four interviewees are within this age range. This shows that younger women are more likely to be victims of GBV than older women. This is in line with a study in urban Peru, where 41% of women aged 15-19 years old reported having experienced intimate partner violence in comparison to 8% among women aged 45-49 years old.²⁰⁴

Also, fewer men reported to being victims of GBV than women did. It is therefore safe to say that, despite the fact that GBV affects both men and women, it affects women more than it does men. Therefore, this study identified only four male interviewees as victims of GBV. This is in line with Adinkrah's study of marital violence in non-Western societies. He researched on spousal homicide in Ghana through the reports of a Ghanaian daily newspaper (The Daily Graphic). Between 1990 and 2005, seventy-two spousal killings were reported. The findings showed that husbands were

five times more likely to kill a spouse, with sexual jealousy and suspicions of infidelity being the most common motive or reason for the killing.²⁰⁵ The Domestic Violence and Victim Support Unit (DOVVSU) of the Ghana Police indicated that, “approximately six women are likely to be raped every week in the country within a year. On the contrary, only one man is likely to be raped every year within that same period” (Daily Graphic; September 2017). In the same report, it indicated that, out of the over 1,862 reported cases of rape, only six males were raped, showing an insignificant figure as against that of women.

3.1.3 Employment Status of Victim Interviewees

The employment status of respondents who have been victims of GBV include: three university administrators; two teachers; one telecom engineer; one accountant; one internal auditor; two students; one clerk; three petty traders; two secretaries; three civil servants; three unemployed persons; one receptionist and one national service personnel.

Table 2: Employment Status of Victim Interviewees

Occupation	Frequency (f)
University Administrators	3
Teachers	2
Telecom Engineer	1
Accountant	1
Internal Auditor	1
Student	2
Clerk	1
Petty traders	3
Secretary	2
Civil Servants	3
Unemployed Persons	3
Receptionist	1
National Service Personnel	1
	24

With the exception of three unemployed respondents, the rest are all employed and earning a steady salary. Given the employment and age characteristics of respondents, it seems to affirm an assertion by UNICEF (2000) that, “GBV is a feature of all segments of society and not always but usually more marked among the poor”. Gonzalez-Brenes in a similar research in three East African countries (Tanzania, Zambia and Rwanda) also affirms that, “women who work for wages are just as likely to be abused as those not currently working outside the home, or those working without compensation (for example, on the family farm), all else equal. Although more educated women and those in wealthier households find violence less acceptable, they are not less likely to be victims of spousal abuse.”²⁰⁶

3.2 History of GBV on the Socio-Economic Status of Women in Ghana

Under this objective, the following findings were made.

3.2.1 Not Reporting Cases of GBV

Most of the respondents indicated that, in the past, victims of GBV barely reported cases of GBV. They mostly kept quiet about it. According to the professional at the Unit, “*victims barely reported. They endured the physical pain and trauma. Even worse for the male victims in this case, since society assumes that a man cannot possibly be abused by a woman.*” One of the respondents also said, “*They referred it as family issues, and so it was normal*” (R10Q15). Another also said, “*Most of them just tolerated it*” (R8Q15). “*They kept it a secret because it wouldn’t do to have everyone in the community know your marital issues*” (R3Q15). Another respondent said “*victims said nothing out of fear of being punished*” (R9Q15). “*Well I really don’t know. But since such persons are stigmatised and sometimes ostracized, I’m thinking they hardly used to report such cases.*” (R2Q15)

“I think many people just kept it to themselves for fear of disgracing the people involved especially if it is a husband-wife situation. Women kept it to themselves and mostly lied about it.” (R16Q15).

This is in line with Amoakohene (2004), who found that, “victims of domestic violence in Ghana generally did not report abuse. Support was not always forthcoming when the victims approached relatives, the village chief or the police. The main explanation for these findings was the widespread view that domestic violence was normal.”²⁰⁷

3.2.2 Report to Chiefs and Elders, Religious and Opinion Leaders

Some of the respondents indicated that cases of GBV in the past were reported to chiefs, traditional heads and elders. Some also said reports were made to religious and opinion leaders. One respondent said *“back in the day, chiefs and family heads were involved, if a man beat his wife brutally” (R1Q15)*. Sometimes, religious leaders (pastors, church elders and imams) were also brought in to resolve the issue.

3.2.3 Amicable Settlement

Cases of GBV were often settled amicably between the victim and the perpetrator. In cases where the victim sustained physical injuries, he or she was compensated with an amount of money to take care of medical bills. In cases of sexual assault, families preferred to settle the case at home instead of reporting to the police. *“Such matters were always settled at home. At worst, it would be reported to the chief of the community, who would usually fine the abuser with some items and an amount of money” (R20Q15).*

3.2.4 Friends and Relatives

Cases of GBV were reported to friends and relatives, not necessarily for them to do anything about it, but just for comfort and support. By telling friends, victims were able to deal with it, or have

the strength to endure it. One respondent said, *“By telling friends and relatives, a victim usually found out that others were also experiencing one form of GBV or the other, and so what he/she was experiencing was ‘normal’. They would mostly be advised to endure it” (R3Q15).*

3.3 Effects of GBV on the Socio-Economic Status of Women in Ghana.

The following are the emergent themes under this objective:

3.3.1 Inability to Socialize

Majority of the respondents admitted that GBV affected their social lives. According to a respondent who is now a divorcee, *“it really affected me. Society members made me feel uncomfortable for what I did. I eventually divorced the man, which led to such an attitude from some sections of the society. People shunned me because of the divorce” (R1Q11).*

3.3.2. Loss of Friendship

One male victim recalls how he lost friends when they found out that he was being abused by his wife. *“They wanted nothing to do with me, because according to them I am not a man” (R8Q11).*

3.3.3 Loss of Confidence and Self-esteem.

Some of the respondents agreed that they lost confidence in themselves, especially those who were physically abused. One responded, *“Yes. I lost my frontal teeth because I was beaten. Because of the loss of my teeth, it was embarrassing for me to show up in public, because people kept staring. It also reduced my confidence and self-esteem. I therefore became withdrawn from people.”*

Rape Victims

Another respondent who was also raped as a child stated, *“I felt I had to prove I was not worthless or anything. But anytime my friends talked about being virgins, it hurt my heart.” (R2Q11)*

Adu-Gyamfi (2014) confirms this in his research which found “non-physical side effects of domestic violence, such as an erosion of a person’s sense of dignity, self-esteem, confidence and respect, particularly when injuries make it difficult for victims to go out in public for fear of being ‘found out’”.

3.3.4. Fear

“Every time I heard him return from work, my heart would start beating very fast. I never wanted him to come and see me in the hall, because you just cannot tell what you will do or say that will annoy him. I was always afraid of him”, one victim of physical abuse replied.

Rape Victims

Respondents admitted to living in fear of being abused again. *“Well, I was always extra extra careful with men” (R2Q11)*. This was the response of a victim who was raped as a child. For a long time, she was afraid of men.

This is in line with Amoakohene (2004), who reported “widespread adverse psychological and emotional effects as a result of domestic violence. Women in the study mentioned being in constant fear when their husbands came home”.

3.3.5. Poor Physical and Mental Health.

Almost all the respondents admitted that GBV greatly affected their health, both physically and psychologically. Those who suffered physical abuse were ill for periods of time. *“The beatings made me fall sick all the time. My whole body would be aching, and I got bruises and scratches every time. I could not fight him off, he was too strong. And even the struggle made him angrier, which made him more aggressive, so at a point I would just stand quietly while he beat me and rained insults on me”*. Each of them also agreed that their psychological health was affected. A

good number of them admitted that they were emotionally stressed and depressed most of the time. *“Sometimes, the words a person speaks hurt even more than beatings. The insults, my God. It was too much to bear”*, one respondent said with much anguish. *“The physical wounds will heal, but it takes a long time to forget the harsh and hurtful words spoken. That one disturbs your heart and your mind eh!”* another said, close to tears. It was obvious she had not gotten over the ordeal. Yet another said, *“The most fearful part was when he would even go as far as threaten to kill me if I was not careful. I was always afraid for my life!”*

García-Moreno et al. (2005) showed that “domestic violence has particularly severe consequences on mental health. Women who had ever experienced physical or sexual violence by an intimate partner reported significantly higher levels of emotional distress and were more likely to have thought about suicide or have attempted to commit suicide.”

Amoakohene (2004) further confirms this, stating that, “widespread adverse psychological and emotional effects as a result of domestic violence: women in the study mentioned being depressed over their lack of freedom, and suffering from stress, tension and low self-esteem.”²⁰⁸

Overall, majority of the respondents said GBV affected them socially. There were two however, who said it did not. When asked why, they both said they were not physically abused, and so it was relatively easy for them to go out. *“There was a lot of verbal abuse, but after a while, I would just brush it off and move on. I did not allow it to affect me anymore. I became stronger”*. The other one also said, *“I realized that being with friends and people who loved me actually made it better, so instead of hiding, I rather made it a point to see my friends and just have fun. It was less depressing that way”*.

3.3.5 Medical Bills

Victims who suffered physical injuries said they spent lots of money in the hospital to receive medical care. *“I had to take care of my medical bills, since I lost some teeth. I took several trips to the hospital, and each trip cost me money.”* (R4) *“I had to receive treatment for my injuries after I was beaten mercilessly by my partner. I had to buy drugs and go to the hospital and it cost me money that I did not even have”* (R17) another victim said.

3.3.6 Reduced Productivity at Work

A number of the respondents said they could not work properly due to the physical and mental trauma they went through. They could not concentrate on their job, which made them less productive at work. There were those who had to be absent from work for periods of time in order to get well after being physically abused. *“It also affected my job, as I had to take a leave of absence for several weeks in order to get well.”* One of the male victims who suffers from high blood pressure because of GBV states that *“due to the health issue, I cannot do a lot of things I used to do. My fortunes dropped.”* (R5Q10)”. This also affirms Bott et al.’s research which stated, “gender-based violence (GBV) poses significant costs for the economies of developing countries, including lower worker productivity and incomes, lower rates of accumulation of human and social capital, and the generation of other forms of violence both now and in the future.”²⁰⁹ Garcia - Moreno et al. also confirm this, noting “a close association between experiences of domestic violence and restricted access to livelihood options, fewer skills and lower productivity among victims” (García-Moreno et al., 2005; Moosa, 2012)

3.3.7 Taking Time off Work, Leading to Loss of Job

Many of the victims said they had to take time off work to heal, which can lead to them losing their jobs. Frequent absence from work also prevents them from being promoted at work. Again,

the victim who lost her teeth from being physically abused mentioned how she had to stay home for weeks in order to get better. *“Even though my bosses at work understood, I was uncomfortable. My long absence meant a backlog of work waiting for me. I was scared I would lose my job and someone would be asked to replace me” (R4Q11)*, she said. *“I am lucky it was my own business. I am sure I would have been sacked if I was working for someone. Because I made a lot of financial losses. Every time I got beaten up, I would not be able to open my shop for days, sometimes weeks. It made me lose a lot of money. I thank God it is my own shop” (R12Q11)* she responded.

In Ghana, Britwum and Cusack (2009) found that “individuals who experienced domestic violence took time off work as a direct effect of the violence”. This finding is also in line with a similar study in Colombia by Ribero and Sanchez (2005) which showed that “domestic violence against women caused increased unemployment (by 6.4 percentage points), a 40 per cent reduction in earnings, and adverse health outcomes”.

3.4. Legal and Social Frameworks Governing the Protection of Women from GBV in Ghana

One major institution that sees to the implementation and enforcement of the law is Domestic Violence Victims Support Unit (DOVVSU) of the Ghana Police Service. The Unit was established in October 1998 as Women and Juvenile Unit (WAJU). WAJU was a Specialised Unit within the Ghana Police Service formed in response to the increasing number of reported cases of abuse and violence against women and children. In the year 2002, it was replicated in all the regional capitals in Ghana. Among the functions of WAJU then were to investigate all female and children related offences, to handle cases involving domestic violence, to handle cases of child abuse and child delinquency, to prosecute all such cases where necessary and any other functions as may be directed by the Inspector General of Police. Prior to the passage of the Domestic Violence Act, 2007 (Act 732), the Unit, then WAJU, was using existing laws that touch on domestic or violence

against women. These included the Criminal Code, 1960 (Act 29) and its amendments, Children's Act, 1998 (Act 560) and Intestate Succession Law, 1985 (PNDCL 111). However, the Unit's name (Women and Juvenile Unit) was perceived by a lot of Ghanaians as a place where only women and children could go and report cases or seek redress. As a result, men who were victims of domestic violence felt reluctant to patronise the services of the Unit. In order to make the Unit open and accessible to all victims of domestic violence, its name was changed to DOVVSU in 2005. The Unit is backed by a host of international and local legal frameworks and policies aimed at creating an environment that provides timely and equitable response to victims of abuse (DOVVSU, 2011).

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

The legal frameworks currently informing and guiding the Unit include the 1992 Constitution of Ghana; the Criminal Offences Act (Act 29) 1960; the Criminal Code (Amended) Act, 1998 (Act

554); the Children's Act, 1998 (Act 560); the Disability Act, 2006 (Act 715); the Juvenile Justice Act, 2003 (Act 653); the Human Trafficking Act, 2005 (Act 694) and the Domestic Violence Act, 2007 (Act 732). DOVVSU acts in partnership with the Department of Social Development, the International Federation of Women Lawyers (FIDA) and the Legal Aid Scheme, and collaborates with the health system to provide comprehensive support to 216 victims of domestic violence.

The Universal Declaration of Human Rights (UDHR) is a milestone document in the history of human rights. Drafted by representatives with different legal and cultural backgrounds from all regions of the world, the Declaration was proclaimed by the United Nations General Assembly in Paris on 10 December 1948, (General Assembly resolution 217 A) as a common standard of achievements for all peoples and all nations. It sets out, for the first time, fundamental human rights to be universally protected (<http://www.un.org/en/universal-declaration-human-rights/>). Ghana became a Member State of the United Nations on the 8th March, 1957 and is consequently bound by the UDHR.

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) was adopted by the United Nations General Assembly and came into force in 1981. CEDAW is commonly referred to as the international bill of rights for women. It defines what constitutes discrimination against women and girls and sets out a comprehensive framework for tackling gender inequality. The preamble and thirty articles define discrimination against women and establish an agenda for national governments to end discrimination against women (<https://www.gov.uk/government/publications/convention-on-the-elimination-of-all-forms-of-discrimination-against-women-cedaw-articles>). The government of Ghana signed the CEDAW on 17th July, 1980 and ratified it on 2nd January, 1986.

3.4.1 Little or No Knowledge of Domestic Violence Act (DVA) and Other Legal Frameworks

With the exception of three respondents, the rest of the participants said they had heard or knew of the DVA. Twenty-two of them however believe that many people in the country do not know about the Act. One added, *“I don’t think many Ghanaians know about the act, especially those in the rural areas.”* (R4) *“Most people are ignorant about the law”*, the professional at the Unit added. Another respondent said, *“In Ghana we don’t even know when laws are passed. It is only the 257 parliamentarians who know. Usually, something major must happen before one gets to know about the law.”* (R19)

3.5. Successes achieved so far In the Quest to Protect Ghanaian Women from GBV

3.5.1 The passing of the Domestic Violence Act (DVA)

The Domestic Violence Act was passed in Ghana in 2007, marking a shift in the legal recourse available to survivors of GBV. The passing of the Domestic Violence Act in itself can be considered as a success. Before the Act was passed, cases of GBV were rarely reported even though the Ghana Police Service had established the Women and Juvenile Unit in 1998. The act has given victims of GBV a greater opportunity to seek and find the help they need. The fact that more cases of violence are reported to the DOVVSU each year since the passing of the act, even to the point where more personnel, infrastructure and logistics are needed in order to better cater for victims is a step in the right direction for Ghana.

3.5.2 Fulfilment of International Conventions

The passing of the DVA is also in fulfilment of the international conventions that Ghana is a signatory to. Being a member of the United Nations, Ghana is bound by the United Nations Declaration on Human Rights (UDHR). Having ratified the CEDAW in 1986, the passing of the DVA is a way of fulfilling the international conventions and treaties Ghana is a signatory to. This

may be considered as a feather in Ghana's cap, some member states of the UN have still not signed or ratified the CEDAW.

3.5.3. Partnership with NGOs, CSOs and International Organisations (Non-state Actors)

Efforts by civil society actors and NGOs have resulted in successful mobilisation, advocacy, sensitisation and education about GBV, and the training of state officials on domestic violence and gender issues. Their efforts achieved momentum with the coming together of stakeholder CSOs into the National Coalition on Domestic Violence Legislation, established in 2003, which "at various times worked closely with, and at other times independently of, or even in conflict with, the State."²¹⁰

DOVVSU, even though it is a government body, partners with non-governmental organisations (NGOs), civil society organisations (CSOs) as well as international bodies in order to help with the smooth running and implementation of the DVA. These bodies act as advocacy units, provide training and logistics for DOVVSU personnel, provide legal aid and help to victims of GBV and participate in the policy making and implementation processes of the DVA. Some of these organisations include:

The Ark Foundation: The Ark Foundation works from a woman-centred perspective and considers itself primarily as a women's human rights organization. Its policy is to be primarily women led with a majority of employees and leadership being women. The ark works with men, albeit in lesser numbers compared to women, in recognition of historical discrimination against women and their generally disadvantaged positions in all spheres of national life. Thus the ark focuses on bringing women's capabilities, perspectives, values and experiences into the necessary spaces, and actively promotes engagement with men as partners in the quest for gender equality

and women's advancement. With regards to advocacy, The Ark has been part of dialogues, consultations, drafting, and activism on social legislation and policies affecting rights of the women and the vulnerable including the Domestic Violence Act, the Human Trafficking Act, Spousal Property Rights Bill, reform of the Criminal Offences Act on Female Genital Mutilation, Sexual Offences, Children's Act (Act 560, 1998) Subsidiary Legislation, the National Policy and Plan of Action on implementation of the DV Act and others. It has also hosted and supported the National Coalition on Domestic Violence from its inception for three years and actively participated in all programs and activities towards the passage of the Domestic Violence Act of 2007 (http://arkfoundationghana.org/monitor_advocacy.php).²¹¹

The Network for Women's Rights in Ghana (NETRIGHT): The Network for Women's Rights in Ghana (NETRIGHT) is a network of civil society organisations and individuals who have a clear interest in working together to bring a gender perspective into national processes and advocate for policy change to strengthen women's human rights. NETRIGHT aims to campaign for attitudinal and policy changes to achieve women's equal rights and to draw attention to violations of women's rights. It also aims to create spaces for debate, discussion and clearer articulation of different positions within the Ghana women's movement on women's rights issues, as well as other national issues. To ensure inclusiveness, NETRIGHT provides a national advocacy platform for civil society organisations around national and international processes and educates the public about gender equality and women's rights issues. Since its establishment, NETRIGHT has provided leadership and analysis on issues and policies such as the weaknesses of the gender analysis in the 1992 Constitution, women's land rights within the context of the Land Administration Project and women's participation in policy and political decision making. NETRIGHT coordinates and produces Ghana's NGOs Shadow Report to the UN Commission on

the Status of Women (CSW) and Beijing Review and the engagement of women's groups in the review processes (<http://netrightghana.org/about-us.html>).

Women in Law and Development in Africa (WiLDAF): WiLDAF is a Pan Africa Women's Rights network which aims to promote and reinforce strategies that link law and development in order to increase women's participation and influence at the local, national and international levels. WiLDAF Ghana's emphasis in this area is to ultimately contribute to preventing and reducing all forms of violence against women and girls – physical, economic, social, psychological, sexual, harmful socio-cultural practices. WiLDAF Ghana employs a number of strategies as generating evidence to support advocacy, influencing policy and mobilizing key institutions such as chiefs and religious leaders through their own structures to change social norms that cause and or potentiate Gender Based Violence. The WiLDAF Ghana's Access to Justice Program also embraces behaviour change communication strategies to promote positive behaviours which contribute to preventing and reducing Gender Based Violence.

Some key tools in this regard include the development of Information Education and Communication Materials, and Public Information and Awareness campaigns. The program also builds the agency of women and girls victims/survivors as well as those at risk of GBV by increasing their knowledge, skills and abilities through training, provision of information, facilitating leadership spaces/platforms for interfacing with duty bearers, linking them to other spaces for advancement, economic independence, participation and representation in decision making structures. The specific model/tools for developing this agency are the Legal Literacy Volunteers (LLVs), Girls Clubs and Boys Networks. Another component of the Access to Justice Program is the provision of services. WiLDAF provides legal aid (counselling, mediation and legal representation and referral services to victims of Gender Based Violence).

As a leading member of the Coalition that advocated for the passage of the Domestic Violence Act, WiLDAF monitored the implementation of the DVA. It also monitored the implementation of the Act after its passage. Core activities included a 'Court Watch activity' that tracked the usage of the Act by judges and prosecutors through the observation of Court proceedings. Observations from the court watch were compiled into a report and presented to the Chief Justice to inform policy decisions. Another key activity under the project was the comparative analysis of Gender Based Violence legislation in 7 African Countries, simplification of the Domestic Violence Act (adopted and reprinted by the state) and the development of prototype Civil Protection Order forms. These were later on adopted by the Ministry of Gender Children and Social Protection as part of the sample forms to be included in the Legislative Instrument supporting the Domestic Violence Act. WiLDAF is member of the committee drafting the legislative Instrument to support the implementation of the Domestic Violence Act. A follow up court watch activity is planned for subsequent years (<http://wildaf-ghana.org/index.php/justice/>).

The Centre for Gender Studies and Advocacy (CEGENSA): CEGENSA was set up by the Council of the University of Ghana in 2005 and launched in March 2006. The Centre was set up basically to institutionalise gender as a legitimate business of the University, promote research on gender-related issues, provide documentation on, and dissemination of, gender-related research, provide services and facilities to meet some of the unique needs of female staff and students, promote advocacy and initiate policies on gender in the University and generate linkages with, and provide extension work on, gender with key stakeholders in government, NGOs, civil society and the donor community. The Extension and Advocacy committee of CEGENSA was established to develop and organize student outreach programmes on issues of gender, particularly as it relates to their unique situation as young people located in an academic environment, and also to network

and collaborate with Government Ministries, Departments and Agencies (MDAs), District Assemblies and NGOs to share information and work on issues of common interest (<http://cegensa.ug.edu.gh/extension-and-advocacy>).

United Nations Population Fund (UNFPA): UNFPA's partners with the Ghana Police Service bringing relief to people who suffer various forms of gender-based violence (GBV) in the country.

UNFPA works closely with two key units of the Ghana Police Service – the Domestic Violence and Victim Support Unit (DOVVSU) and the Ghana Police Service AIDS Control Programme.

The UN body's partnership with the Ghana Police Service AIDS Control Programme started in 2009 and it involves building the capacity of police personnel to advocate rights-related issues, particularly rights abuses of key populations.

Following the successful implementation of the programme, the Ghana Police Service was further engaged in advocacy activities to reduce stigma and discrimination of key populations, particularly Female Sex Workers (FSW) by police personnel.

The implementation of these activities facilitated the commissioning of a study by the UNFPA on rights abuses of FSW by law enforcement agencies with special emphasis on the police

Based on the findings of the study, the UNFPA partnered with the service from 2011 to date to implement a rights-based policing programme aimed at reducing GBV and human rights abuses against FSW by police personnel and strengthening referrals of sexually abused survivors for Post-Exposure Prophylaxis (PEP) services as an HIV prevention and stigma reduction strategy.

Key results also led to the revision of the curriculum of police training institutions to include models on GBV, Human Rights and Stigma and Discrimination to address challenges regarding

key populations, and the institution of a mechanism to facilitate reportage on the abuse of the rights of FSW.

UNFPA support for DOVVSU also covers strengthening the capacity and skills of assigned officers to effectively manage cases of domestic violence and gender-based violence.

This process includes victim support, referrals for other support services such as medical, psycho-social, legal and shelter as well as investigations and prosecution, advocacy, outreach and public education and data collection.

The UNFPA has further supported the rehabilitation of DOVVSU offices and desks across the country, to ensure quality and confidential service delivery in line with the DV Act, 2007 (<https://www.graphic.com.gh/news/general-news/unfpa-partners-police-to-promote-human-rights.html>).

Other non-state actors helping in the fight against GBV in Ghana include the Women's Initiative for Self-Empowerment (WISE), which provides counselling and other support services to survivors of domestic violence and has played a central role in increasing public awareness about domestic violence and the Ghana branch of the International Federation of Women Lawyers (FIDA-Ghana), which worked together with other NGOs to officially abolish *trokosi* (a traditional religious practice whereby human beings, usually young virgin girls, are used as payment to the gods) and to lobby the government to pass the Domestic Violence Bill, among other initiatives.

DOVVSU's partnership and collaboration with these organisations is going a long way to help victims of GBV. The advocacy projects undertaken by these bodies help to create awareness of the DVA to citizens, while and monitoring projects help to keep the state actors on their toes when it comes to policy implementation.

3.5.4 Reduction of Cases of GBV due to the Awareness Created

The professional at the unit admitted that despite the many challenges, the DVA seems to be working, because cases of GBV have reduced over the years, since awareness is being created. *“I will say the DVA is helping. If you take a look at the statistics in the last few years, the frequency of rape, abuse and such atrocities are reducing year by year. One may say it is a small reduction, but it is a reduction all the same. And we will get there, little by little, GBV will become a thing of the past”*, she asserted.

According to a six-year statistic from the DOVVSU (2011-2016), “approximately six women are likely to be raped every week”. The annual breakdown also indicates that one woman was raped each day in 2011 alone. On the average, nine women were raped within every month in 2012, while 10 women on average were raped every month in 2013. The data further indicates that more than six women were raped every week in 2015 alone. However, the 2016 figure dipped slightly with about four women being raped every week. In all, 30,408 assault cases were reported nationally between 2011 and 2016. These statistics were given by the National Coordinating Director of DOVVSU, Chief Superintendent Rev. Mrs. Laurencia Wilhemina Akorli, in an interview with *The Mirror*, in Accra.

Even though Rev Mrs. Akorli indicated that the incidents were reducing gradually due to the level of awareness, the rate of reduction was minimal in several instances. For instance, the difference between the 2012 and 2013 figures on rape was only a decrease of 7%. Another improvement was seen between 2015 and 2016 when there was a decrease of 25%, an indication that the level of awareness was increasing.²¹²

3.6. Challenges Affecting the Overall Success of Reducing the Effects of GBV in Ghana.

3.6.1. Cultural Norms

The Ghanaian culture, it appears, has several practices that openly or subtly endorse violence against women especially. A good number of the respondents admitted that our very culture allows GBV. *“Some cultures see women as lesser than men, for example, those cultures that support child marriage, FGM and polygamy. In some cultures, women are meant to be quiet and submissive, so abuse of women and girls is accepted as part of the culture and nothing out of the norm.”* (R24)

“Most people think once the man is the head of the home, it is okay for him to be violent, for whatever reason.” *“Men have always been made to think or feel that they are superior to women. Some men believe this so strongly that they will resort to violence if they feel the slightest resistance from a woman. And because they are normally stronger, of course they will use it against you just to show you that they are”.* (R1)

“He thinks he owns me because he paid my bride price. It is as if I am part of his properties and not a human being” (R9), one married woman who suffered violence at the hands of her husband said.

From the data collected and responses from respondents, culture seems to have a great influence on the way the average Ghanaian thinks about violence against women. The very fabric of Ghanaian country is ingrained with tendencies of violence against women. Several Ghanaian cultural practices portray women as inferior to men. Even in marriage, the dowry or bride price the man pays before marrying the woman tends to make him think that the woman is his property, and as such he can do whatsoever he wishes to do with her. Culture even tends to affect how laws and policies against gender-based violence are made and implemented. Ofei-Aboagye confirms that, Africans have dim view of Western feminist analysis and consider it as a cultural anathema,

because of its tendency to undermine tradition. In the same vein, any attempt to address domestic violence seems like an invasion of “foreign” values into profoundly seated tradition.²¹³ “The call for an end to violence against women, and the call for gender equality in domestic and sexual relations is often labeled as an intrusion of ‘foreign’ cultures into a Ghanaian culture which is at peace and harmony with itself.”²¹⁴

During negotiations to get the Domestic Violence Act passed, the Minister of Women’s and Children’s Affairs consistently emphasized the need to be careful about the infiltration of foreign values because it would “undermine Ghanaian cultural values of mutual respect and family harmony.”²¹⁵ Similarly, in Nigeria, Bamgbose also confirms through research that, “despite the modernity in traditions, the cultural context is still marked by patriarchy, with a wide-spread bride ‘price’ (*Sadaqqi*), or dowry, system — where a bride's family places certain financial, and at times material, demands on a prospective groom, which gives men a kind of proprietary ownership of their spouses.”²¹⁶ Although the Constitution of Nigeria prohibits discrimination on the grounds of gender, the deeply rooted customary and religious laws continue to restrict women's rights, as the combination of federation and a tripartite system of civil, customary, and religious laws makes it very difficult to harmonize legislation and remove discriminatory measures.²¹⁷

3.6.2. Interference

Unfortunately, there is a lot of interference and pressure from outside, even when a victim decides to report a case of GBV. “*Most victims even after reporting a case to the unit, withdraw the case due to pressure from the man’s family especially*” The main reasons given for the withdrawal of cases is that it is a family matter and thus should be settled at home, or that it will bring shame and disgrace to the family, should the case end up in court. This confirms literature that GBV usually happens in intimate relations and is therefore kept mostly private and treated internally within

families.²¹⁸ The findings of this research is also in line with Cusack and Manuh's research which indicated that, "In Ghana, family life takes place in the private sphere where men are the heads of household. If violence occurs, many women do not report it because such things are to stay within the private sphere. Other family members may encourage this notion of silence as well. Although the state has had its say in matters of the family, such as marriage, divorce, child custody, and inheritance, it has a non-interventionist policy when it comes to abuse within the family."²¹⁹ This happens mostly when the man is the spouse of the victim. *"Sometimes, the woman's own family members pressure her to withdraw the case, for various reasons, the main one being that she is being too high handed, and that she is not the only one experiencing such a thing in her home. It is "normal" and should not be made such a big deal, so reporting a case of violence to the police is a bit too extreme."* This argument is made especially when the victim is not physically abused for all to see. Psychological and verbal abuse, because they are often not seen, is easily dismissed. Another reason given by the family is for the sake of the children. They argue that it will not be good for them to see their father in jail for assaulting their mother. They also urge her to think about the economic implications for her and the children. A jailed man by default cannot work to take care of his family. This will affect the children in the long run, even if the woman is gainfully employed. It will put a strain on her both economically and the children will also be affected in more ways than one. This is in line with other literature from other researchers indicating that "barriers that have prevented victims of domestic violence in Ghana from seeking help from outside the family included concern for the children's economic and emotional well-being."²²⁰

"Opinion leaders, and sometimes religious leaders also intervene. Sometimes even the religious background of the victim does not permit them to pursue the case," the professional at the Unit confirmed. Being in the Unit of a region that has a predominantly Islamic background, she stated

that women barely reported cases because it is at variance with the Qur'an. This is in line with Odudoye (2009) who indicated that Christianity also teaches women to be submissive. Perpetrators of acts of violence, especially rape, often blame their behavior on the devil or evil spirits. Bible verses and passages from the Qur'an and Sunna are misused by religious leaders and citizens to justify the abuse of women and children.²²¹

One respondent said *“every time I tried to make it a police case, relatives would tell me to exercise patience, and not report it else I would be disgracing myself and my husband.”* (R8)

“They were always in my house, advising me not to report to the police. The “abusuapanyin” (“family head” in Twi, a Ghanaian local language) forbade me from reporting, can you imagine? He said we would settle the matter at home”, another responded (R16).

“One of the man’s relatives even threatened to deal with me if I report the case to the police.” (R9).

One respondent said she reported it anyway. *“I suppose that was why they gave me so much attitude. I reported him and left him. Today I am free.”* (R1)

3.6.3 Poverty

According to the professional at the unit, *“30% of cases reported are withdrawn due to poverty. People just do not have the means to pursue the matter, especially when injury is involved, because they have medical bills to take care of as well. Eventually, they withdraw the case.”* *“You know the way these our police and courts are. Everyday go, come, go, come. There is no time and no money to be doing go, come, go, come. So sometimes when you look at the money you will be spending just to seek justice, you give up all together”* (R4) said a respondent. Another respondent said she did not report the case because *“I was not working. Even money for food was a struggle*

*for me. How do I go the police?” (R22). This is in line with other literature from other researchers indicating that “barriers that have prevented victims of domestic violence in Ghana from seeking help include lack of family support, lack of information or economic means to pursue legal rights and the belief that women have to obey their husbands”.*²²²

3.6.4. Lack of Personnel and Facilities

The professional at the unit said, *“More police stations should have a domestic violence unit. Also, we lack volunteers or personnel to go house to house, community to community to educate people on GBV. That is the only way some people will ever hear of it. Especially those in the villages and rural areas.*

Even the units have issues of understaffing. According to her, *“We could do with more people here in the unit.”*

The interview conducted during the study revealed that none of the DOVVSU units had all the necessary facilities to offer support services effectively. In particular, they lack private rooms, shelter facilities, counselling services, protection services or prosecution advice.

3.6.5. Lack of Resources

When asked what the social challenges against GBV in Ghana are, the respondents all mentioned the severe lack of resources and infrastructure. Below are some responses.

“We don’t even have a hotline to call in case of emergency. Even the police lines do not work. If I call the police right now to tell them to rescue me from being beaten, will they even mind me? They will not show up”, she said with a shrug. “We should have a 24-hour call service for these things.”
(R2)

“I do not know if Ghana has a place for women who are being abused by their partners especially to stay. Even if we do, I am sure it is only in Accra. I know women who have run away from their homes because they could not take it anymore. There should be at least one in each region. So that at least victims will have a safe place to stay for a while and get their act back together”. (R17).

“An abused person will have emotional and psychological problems. These things affect a person. We do not have specialists, doctors, psychologists to help victims through these ordeals. Or at least call centres where people do not necessarily have to come, but can just call to receive counselling, have someone talk to them. For both men and women. Government should consider it” (R6).

A Domestic Violence Management Board was set up to handle effective implementation of the law when the Domestic Violence Act (DVA) was passed in 2007. In Section 8(3) of the Domestic Violence Act, 2007 (Act 732), the State is mandated to provide free medical care for people who have suffered from domestic violence. The same act, in Section 29, demands the establishment of a domestic violence support fund with the aim of providing basic material support for domestic violence victims and for the rescue, rehabilitation and reintegration of victims of domestic violence. Unfortunately, no money has been released for the implementation of this act, over a decade after being passed.²²³

In April last year, an Accra High Court ordered government to allocate money to the domestic violence support fund to provide free medical care for victims of domestic violence. During proceedings, Martin Kpedu, a private legal practitioner who sued government to activate the Domestic Violence Fund and won, revealed that, the Fund, a statutory creation, has not received a

dime from government, at least, 10 years after it was created by the Domestic Violence Act passed in 2007.²²⁴

To this day, the Ghana Police Service does not provide shelters for victims of GBV, neither at the national nor district level. The professional at the unit confirmed this in the interview conducted for this research.

Unfortunately, the only civil society organisation (CSO) currently seeking to provide such services and relief to victims of GBV, the Ark Foundation, does not receive any support whatsoever from the government of Ghana.

3.6.6 Mindset of People

Majority of the respondents mentioned that the mindset of the average Ghanaian towards the law in general is that, it does not work. Criminals are barely reprimanded and no one respects the law. A respondent said passionately, *“I think the greatest obstacle is the mindset of people. If victims are able to accept that it is not their fault and that the offenders need not be protected, progress will come.”* (R2). Another said, *“more people would report cases if they are completely sure of getting justice. Most people think that our laws don’t work, and in most cases, they don’t. So why waste time to report a case when you know they won’t do anything about it? You’ll rather waste time and money and be even more frustrated.”* (R5). *“If society collectively accepts that men don’t have to verbally or sexually abuse others to prove that they are men, then we will be making progress.”* (R8) another respondent added.

3.7 Suggestions and Recommendations Aimed at Curbing GBV in Ghana

3.7.1 Education and Awareness Creation

Most of the respondents asserted that GBV is prevalent because a lot of people are ignorant about it. When asked what can be done to make the situation better, they all agreed that there needs to be a countrywide education on GBV and its effects on victims, the community and the nation at large.

“People need to be educated on the effects of it on us all, not only on women. Social awareness through television and radio adverts will go a long way, since the ordinary Ghanaian watches television or listen to the radio a lot,” (R19)

“Education on violence should in my opinion be started at the primary level. Legal Aid should do more. Chiefs and family heads should be debriefed well on the Act so that they can advise their members to go to the police station. Also, a regular radio or TV programme on GBV should help. It need not be boring. It could be in a form of drama series” (R2).

“There is a need for more publicity and education especially in the hinterlands” (R16).

“People need to be educated and sensitized. It is very, very critical! A lot of Ghanaians are ignorant of the laws” (R1Q18), interjected one respondent during the interview. Her sentiment resonated throughout the interviews.

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

3.7.2. Reducing Social Stigma

With a pained look, one victim recalls how she was marginalized and ostracized because she spoke up about how she was being abused by her partner. *“I felt so bad, like I had done something wrong. I was told I was overreacting and being “abrofosem”.*¹ (R9Q18)

Another victim also mentioned being shunned by some of his friends when news of him being abused by his wife reached them. *“It is the fear of being isolated that makes people not say anything. Society indirectly lets this thing go on because of our attitude toward victims. Instead of believing and encouraging them, we rather make them feel worse. How will they come out? They’ll rather keep quiet, pretend all is well and even die with it,”* (R11Q18).

“We have to change our attitude towards victims, whether men or women, because I know some men who are really being dealt with by their wives and girlfriends,” (R14Q18).

Sulak et al. affirm this finding. They indicate that, “stigmatisation of those who report violence has also been found to discourage victims of domestic violence from accessing resources available through the criminal justice system”.²²⁵

3.7.3 Punishing Culprits

Respondents complained that GBV is common in Ghana because culprits are let off the hook and go back to commit the same crimes. This happens especially when the abuser is a spouse, living with the victim.

¹ Abrofosem (Twi, a Ghanaian local language, to wit, ‘overly westernised’. Meant to be derogatory in this case)

“Offenders are let off too easily. If the offenders know that there are punitive measures in place or that not everything needs to be settled in that manner (family settlement), then change starts coming.” (R13Q18)

One respondent retorted angrily, *“These people must be punished severely, to teach them that they cannot abuse someone and go free. This is why some women take the law into their own hands and also retaliate by hurting the man or even killing him. If the man were punished by the law authorities, then justice would have been served, but they always go free”.* (R20Q18)

This is in line with Adu-Gyamfi (2014). In his analysis of research on how cases of domestic violence are prosecuted after 2007 Domestic Violence Act was implemented, in the Mampong municipality of Ghana, he found that the number of abuse reports increased significantly after the implementation of the Act but was not accompanied by increases in the number of prosecutions or convictions. According to the DOVVSU 2011 annual report, “12,706 cases of domestic violence were filed in 2010. Among these, only 954 cases were sent to court, resulting in only 118 convictions”.²²⁶

3.7.4. Less Interference from Other Parties

When asked what could be done to reduce GBV in Ghana, the professional at the unit exclaimed, *“Religious leaders and family members should stop interfering with the law! It is very frustrating to see someone who is obviously suffering from abuse coming to withdraw a case because one “leader” or family elder has “advised” them to settle the matter at home. In such a case, our hands are tied. There is nothing the police can do at this point. Ghanaians must learn not to interfere with the law, as much as possible. Sometimes, these perpetrators have to be punished to serve as a deterrent to others. Shielding a culprit has never helped anyone.”*

One respondent complained, *“People should just mind their own business. Some relatives are too nosy. It is because they don’t feel the pain that the victim is going through. They are only concerned about the man’s image and reputation, especially if the man is their relative. Instead of them to allow the victim to report, they will do everything for her not to. It is very annoying. And woe betide her if she does. She becomes their enemy for life. What they don’t know is the pain and trauma one has suffered for a long time.”* (R12)

Another respondent replied, *“Ladies who are being abused would report to the police more if only they had just a little support from relatives. My father reported his sister’s husband to the police for abusing her, once. After that report, the man behaved himself. He told me to let him know the moment my husband ever lays his hands on me for whatever reason. Knowing that my father will not condone any form of abuse gives me such hope and is a huge encouragement. God forbid that it will ever happen, but if it does, at least I know I have support from my family.”* (R7)

3.8 Conclusion

An analysis of the data collected was given in this chapter. From the data, we were able to find out how GBV was handled before the passing of the DVA. It was found that it was mostly kept quiet or settled within the family. We also attempted to find out the social and economic effects of GBV on interviewees. Loss of confidence, fear, inability to be productive at work, poor physical and mental health among others were some of the effects of GBV on victims interviewed. Culture and religious beliefs, interference from other parties as well as fear of being ostracized are the main reasons why people do not report cases of GBV. This chapter also attempted to look at the legal and social frameworks, which aim at protecting citizens, particularly women, from GBV in Ghana. The successes achieved so far since the passing of the DVA, the challenges affecting the overall

success of eradicating GBV in Ghana and suggestions and recommendations to curb GBV in Ghana, based on responses from the interviewees were all discussed in this chapter.

CHAPTER FOUR

SUMMARY OF FINDINGS, RECOMMENDATIONS AND CONCLUSION

4.0 Introduction

The major findings of the study are summarized in this chapter. The conclusions drawn from the study are also highlighted. Some recommendations to help curb or eradicate altogether gender-based violence in Ghana will also be given in this chapter.

4.1 Summary of Findings

The study examined the socio-economic effects of gender-based violence (GBV) on women in Ghana. In the light of the findings, it was found that:

- GBV does have adverse effects on Ghanaian women, both socially and economically.
- Even though there are legal frameworks put in place, such as the Domestic Violence Act, 2007 (Act 732), over a decade later, the necessary resources needed to implement the act are lacking, thus posing a serious challenge to its efficacy.

Based on the data gathered in relation to the problem statement, research questions and objectives, the following conclusions were drawn by the researcher.

- With reference to the first objective, which aims at looking at the history of GBV in Ghana, the researcher concludes that, before the passing of the DVA in 2007, cases of violence were barely reported to any legal authority. They were mostly kept secret by the victim or reported to friends and relatives. At the very worst, especially in cases of physical or sexual abuse, the case was reported to the family head, the chief of the community or religious leaders. Cases of GBV were often settled amicably within the family.

- With reference to the second objective, which looked at the effects of GBV on the socio-economic status of women in Ghana, it is concluded that GBV does have adverse effects on Ghanaian women socially and economically. Socially, respondents lost friendships, were unable to socialize, lost their confidence and self-esteem and lived in fear. They also suffered physical and psychological health issues. Economically, victims suffered loss of money through medical bills for injuries sustained as a result of violence. Inability to be productive at work due to physical and psychological trauma also cost them economically. Long absences at work in order to get well also threatened their source of livelihood, and in some cases, prevented them from being promoted at work. Promotion usually comes with a salary raise; as such, not being promoted affects the economic status of the victims.
- Concerning the third objective, which looks at the legal and social frameworks governing the protection of women in Ghana, the researcher concludes that, many citizens are very ignorant of the domestic violence act and all other laws that protect them from violence of any sort. Those who do know about it, have only heard of it, but do not know exactly what it contains or entails.
- With reference to the fourth objective which is the successes achieved so far in the quest to protect Ghanaian women from GBV, the conclusion drawn here is that, despite the fact that the change is slow and minimal, there has been a reduction in cases of GBV since the passing of the DVA. There is more awareness of the act in recent times, and more cases being reported to the DOVVSU.
- The researcher concludes in the final objective of the research, which is the challenges affecting the overall success of reducing the effects of GBV in Ghana, that, cultural norms, religious beliefs and interference from other parties are the main issues hindering the

eradication of GBV in Ghana. Lack of resources and funding, lack of personnel at the various Units, as well as the skewed mindset of people regarding the laws of this country were also found to be part of the challenges affecting the successful curbing of GBV in Ghana.

4.2 Conclusion

From the study conducted, it is seen that GBV has negative effects on Ghanaian women, both socially and economically. My findings were in line with literature and research done by others (Heise, 1998; Bott, 2005; Saffitz, 2010; Garcia Moreno, 2002; Gonzalez-Brenes, 2004; Appiah and Cusack, 1999; Adomako-Ampofo and Prah, 2009; Coker-Appiah and Cusack, 1999, Manuh, 2009; Amoakohene, 2004; Takyi and Mann, 2006; and Adinkrah, 2008).

Further, the research findings also justifies my hypothesis that gender-based violence has a negative effect on the socio-economic status of women in Ghana. The findings from the research also answered all my research questions satisfactorily. However, more research needs to be done concerning GBV. It was also identified in the study that Ghanaian men also suffer from GBV, as a few of the victims interviewed were males, but not much attention is paid to this problem, and there is little research on the topic. Studies on GBV and how it affects Ghanaian men will prove interesting and helpful. Also, further studies can be extended to other regions of Ghana to find out if findings are consistent or otherwise.

This research will provide useful information to various stakeholders such as government agencies and non-state actors in policy formulation as well as ways of curbing the issue of GBV in Ghana. It will also provide useful information for other researchers as it can be used as a reference.

4.3 Recommendations

The researcher gives the following recommendations based on the findings and responses of the respondents.

Based on findings from the first objective of this study, the researcher recommends that:

- Ghanaian citizens be educated on the laws of the country, particularly the Domestic Violence Act. The government in collaboration with NGOs and CSOs mentioned above can create more avenues for awareness creation.
- The media is a very powerful tool in this campaign. Radio and television programmes on the DVA may be aired in all local languages in order that all and sundry will be kept abreast. Educational programmes should not only be done in the form of talk shows. It may be in the form of productions (plays or drama series). Education and awareness creation should start from the very grassroots.
- Formal education on the laws of the country should start from the primary level. That way, the coming generation will know their rights and what to do should they find themselves in such a situation.
- There is the need for more publicity and education of GBV, especially in the hinterlands. NGOs and CSOs that focus on advocacy should spread their tentacles to the rural areas of Ghana.

Based on findings from the second objective, it is recommended that:

- Victims of all forms of gender-based violence receive counselling and therapy to help them get over the trauma they have experienced. Victims of GBV who are poor and cannot afford counselling and therapy should be able to receive counselling as well, through DOVSSU,

the NGOs and CSOs that fight against GBV. This is why the Domestic Violence Fund must be implemented by the government of Ghana, in order to cater for the cost of the counsellors and therapists. NGOs and CSOs that fight against GBV in Ghana could also help some of these victims to receive the care they need. This is necessary, as it will help them to gain back their confidence in interacting with others in the society.

- Law enforcement agencies must ensure that perpetrators of acts of physical violence be held responsible and fined with whatever amount of money was lost by the victim through medical bills and all other expenses, especially if the said victim loses their job, stops working or experiences a reduction in productivity as a result of the physical violence, resulting in financial hardship.
- Law enforcement agencies must ensure that perpetrators of acts of gender-based violence be punished accordingly. Depending on how serious the act is, punishment can range from paying a fine to conviction. It is however important that the perpetrator is punished when caught.

Based on findings from the third objective, the researcher recommends:

- More awareness creation on legal and social frameworks that protect women from GBV. Social media platforms such as Twitter, Facebook, Instagram or even WhatsApp can also be used to help create awareness of GBV nationwide.
- Community leaders such as chiefs and family heads should be debriefed on the Act, so that they can advise their members to report cases of violence to the right legal authority.

On the fourth research objective, the researcher recommends that:

- The domestic violence fund be allocated to the police and every other service provider in order to help victims of GBV, as stated in the DVA. Lack of funds is a major problem hindering the success of the fight against GBV in Ghana. NGOs and CSOs can only do so much.
- The government of Ghana should see the DVA as a priority and allocate the needed funds to help victims. DOVVSU is in dire need of logistics and infrastructure in order to meet the demands placed on it by the many people who come to report cases. With the fund, the capacity of key actors including prosecutors, crime officers, and medical officials among others can be built to ensure proper management of GBV cases.

With regards to the findings based on the final objective of this study, once more:

- The researcher recommends education, sensitisation and awareness programmes. DOVVSU in collaboration with NGOs that engage in advocacy for women's rights can spearhead these outreach programmes.
- Emphasis must be placed on education against harmful social norms such as stigmatizing victims of GBV.
- There is the need for sensitization programmes about harmful social norms that encourage GBV.
- Citizens must also be educated to stop interfering with people who want to report cases of GBV to the police. Instead of trying to prevent victims from reporting cases, they should rather give them their full support, and not shun them. More people would report cases of violence with just a little support. All of these aspects of education are important.

- Not only should citizens be educated on the Act, they must also be educated for a change of attitude towards victims of GBV. These can also be done via television and radio programmes, talk shows and social media outreaches.

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APPENDICES

APPENDIX 1

INTERVIEW GUIDE FOR VICTIMS OF GENDER-BASED VIOLENCE (GBV)

1. Age.
2. Occupation.
3. Have you experienced gender-based violence (GBV) or intimate partner violence (IPV) at any point in your life?
4. Do you know anyone who has?
5. How serious was it, physically and psychologically (beating, injuries, trauma)?
6. What did you do about it? Did you think of reporting it to anyone? (relatives, friends, a legal authority)?
7. How did you feel once you made the decision to seek help?
8. If you did not report it, what were/are the reasons for not doing so?
9. Did it affect your in any way?
10. Did it affect you economically?
11. Did it affect you socially?
12. Do you know/have you heard about the Domestic Violence Act (DVA)?
13. Do you feel that most people in the country know that the bill was passed?
14. What social services and resources do you feel are still lacking?
15. Before the DVA was passed how did people in the community respond to domestic violence? What did victims do?
16. Do you think intimate partner violence is a problem in Ghana?

17. Do you think GBV is a good case to take to court?
18. What is/are the obstacle(s) that you feel must be overcome in order to drastically reduce or eradicate entirely GBV/IPV in Ghana?
19. How do you feel now?
20. Do you have any children?
21. Do you feel comfortable talking with them (your children) about intimate partner violence?
22. Is there a question that I did not ask you that you feel would have been interesting or difficult?
23. Was there a question that was difficult for you to answer in this questionnaire?
24. What did you do/are you doing personally to cope with the situation?

APPENDIX 2

INTERVIEW GUIDE FOR DOVVSU PERSONNEL

1. What is gender-based violence (GBV)?
2. Have you noticed any change in the number of reported incidence of intimate partner violence since the passage of the Domestic Violence Act (DVA)?
3. What are the effects of GBV on the social status of women?
4. What are the effects of GBV on the economic status of women?
5. What are the health implications?
6. What are the legal frameworks put in place for cases of violence against women?
7. What are the social frameworks or interventions put in place for victims of GBV?
8. Apart from government, which other actors (e.g. international organisations, NGOs, foundations, etc.) are you collaborating with in the fight against GBV? What is your relationship with these actors? (E.g. do they offer assistance/training/logistics/expertise etc.)
9. Tell me a story about something that worked. Or a story about a woman who was satisfied after her interactions with your organization or received some kind of solution.
10. Are there some victims who withdraw cases of GBV? What are their reasons?
11. How often are cases of GBV withdrawn because the woman cannot support herself financially?
12. How often do cases of GBV go to court?
13. Do women withdraw cases of abuse despite having their own source of income? Why?

14. In your opinion do you think victim's lack of education has an effect on the prosecution of cases of GBV, e.g. sexual abuse?
15. Before the DVA was passed how did people in the community respond to domestic violence? What did women do?
16. How aware are women in Ghana of the DVA, legal frameworks and organisations that help women and victims of GBV?
17. What are the successes achieved so far?
18. What are some of the challenges you are experiencing despite the structures that have been put in place?
19. What is being done to address these challenges?
20. What structures are being put in place for the future?
21. What are the obstacles that you feel must be overcome in order to drastically reduce or eradicate GBV/IPV (intimate partner violence) in Ghana?
22. How do you think women as victims of gender-based violence can better be protected by the law?
23. What suggestions would you make to address the problems mentioned in question above?
24. Is there a question that I did not ask you that you feel would have been interesting or helpful to my research?