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Violence against women in Ghana: a look at women's perceptions and review of policy and social responses

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Abstract

This study examines violence against women in Ghana and how it affects and is perceived by them. It looks at violence as experienced by Ghanaian women of varying ages, socio-economic status and professional standing. It defines domestic violence as violence intentionally perpetrated by husbands or male partners—people known to be intimate associates. Domestic violence is approached from a multidimensional perspective by examining the multiple facets of violence against women: sexual, socio-economic, cultural, pseudo-religious and mental torture. Women's perceptions of their rights, responsibilities, duties and abuses or violations are evaluated using open-ended qualitative questions in two major cities in Ghana: Accra and Kumasi. Policy responses to domestic violence are then examined by first reviewing what provisions exist in the country's constitution to address the problem and then the specific steps the government itself has taken. Civil society's response in the form of activities by non-governmental organizations is also reviewed. Finally, the effects of domestic violence on women's health and well-being are examined and suggestions for addressing the problem are made.

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Keywords: Violence against women; Human rights; Ghana; Perceptions

Introduction

Violence against women has gained worldwide currency in both advanced and deprived economies due to its pervasive and debilitating nature. In the west, many studies and analyses of violence against women have been reported (Schafer, Caetano, & Cunradi, 2004; Carter & Weaver, 2003; Brownridge & Halli, 2002; Clark, 1992; Cunningham, 1992; Schlesinger, Dobash,

Dobash, & Weaver, 1992; Cameron & Frazer, 1987). Similar studies have been conducted in non-western societies as well (Casimiro, 2002; Farred, 2002; Haj-Yahia, 2002; Aidoo & Harpham, 2001; Avotri & Walters, 2001; Jewkes, 2001). The situation is no different in Ghana where statistics show that one in three women has suffered physical violence at the hands of an intimate partner (Appiah & Cusack, 1999). Annual reported cases of violence against women rose steeply from 360 in 1999 to 3622 in 2002 (WAJU, 2003), an indication that the problem, or awareness of it, is on the ascendancy and requires attention. In fact, between January 1999 and December 2002, the Women and Juvenile Unit of the Ghana Police Service (WAJU) recorded a total of 5015 cases out of which 1869 were of assault/wife battering. The other categories of cases were as follows: 749 were of threatening; 1072 of defilement; 249 of rape; and 57 cases of causing harm. What is worrisome is the exponential growth in the total number

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of cases reported to WAJU: 360 in 1999; 385 in 2000; 648 in 2001; and 3622 in 2002.

Physical spousal abuse, some with fatal consequences, has become a daily occurrence in Ghana as determined from media reports. The regularity of these occurrences resulted in the establishment of WAJU in 1998 as a specialized unit with responsibility for handling crimes against women and children. WAJU (2003) defines the wide array of violent acts committed against women as including rape, defilement, assault/battery, threatening, and causing harm. To these can be added murder and psychological abuse of women, which are handled differently and not reported to WAJU. Despite laudable attempts to combat this menace, the violation of women's rights, both physically and psychologically, has continued, with more reported cases of spousal violence across all strata of the Ghanaian society (WAJU, 2003).

In spite of sharp increases in incidence, the issue of violence against women has received only minimal systematic research attention in Ghana. The present study thus seeks to help redress this. We look at the nature of violence against women in Ghana and relate it to some existing cultural practices, including gender role differentiations that tend to perpetuate it. We then review Ghanaian women's perceptions of violence vis-à-vis their rights as women and citizens of Ghana by presenting the results of in-depth interviews conducted with a sample of women. We also examine policy and institutional responses to the increasing incidence of violence against women from governmental and non-governmental organizations and present suggestions for improving the situation.

Definitions and dimensions of violence: an overview

As a concept, violence is easier to identify and point to than to define (Potter, 1999); its susceptibility to the influence of culture, time, geography and space results in a varying definition. The World Health Organization (WHO) report on violence and health defines violence as the "intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation" (WHO, 2002). This definition associates the element of intentionality with the act of violence irrespective of its outcome (which is usually wide and varied). The idea of intentionality is captured in Potter's (1999) definition of violence: "Violence is a violation of a character's physical or emotional well-being. It includes two key elements—intentionality and harm—at least one of which must be present" (p. 80).

The UN Declaration on the Elimination of Violence against Women (UN, 1993) defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private". A national study on violence undertaken by the Ghana Gender Centre (Appiah & Cusack, 1999) did not succinctly define violence but catalogued behaviors and injuries that respondents saw as violence against them. These were not only physical but also psychological, socio-economic, sexual, and traditional practices deemed to be harmful and degrading to women. Violence against women is thus observed to be a violation of women's physical and/or emotional well-being, which manifests in various forms. But whatever its form, it constitutes a means of social control in which the subservient position of women is highlighted and their vulnerability accentuated (Carter & Weaver, 2003). It is a debilitating experience perpetrated largely by people (usually men) who have either promised to love the victims through matrimonial or conjugal pledges; or those who are expected to love and care for them because they are kith and kin: husbands, boyfriends, partners, relations and parents (Carter & Weaver, 2003; Clark, 1992; Schlesinger et al., 1992).

Violence against women is pervasive and universal (Heise, Ellsberg, & Gottmoeller, 2002; WHO, 2002). Farred (2002) notes 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. Similarly, Wood and Jewkes (1997) describe widespread male coercion and violence within sexual relationships in Cape Town, South Africa. Watts, Ndlovu, Njovana, and Keogh (1997) present evidence of the widespread nature of violence against women in Zimbabwe. Cameron and Frazer (1987) observe the endemic nature of representations of sexual violence to western societies. Schlesinger et al. (1992) also comment on the pervasiveness of the phenomenon in Scotland and England. Whether married or unmarried, in co-residential formal or informal unions, or in non-co-residential formal or informal unions, women have different experiences with violence (Brownridge & Halli, 2002).

The World Health Organization estimates that between 16% and 52% of women have been assaulted by an intimate partner, making domestic violence the most common form of violence against women. Nasir and Hyder's (2003) extensive review of the literature on violence against (pregnant) women shows an estimated 28% of all women in developed countries and between 18% and 67% of those in developing countries report at

least one incident of physical abuse. Similarly, Heise and colleagues' (Heise, Pitanguy, & Germain, 1995) review of international literature shows a range of 16% and 39% of women reporting physical and/or psychological abuse by a spouse. A 1999 review of 50 population-based studies done in 36 countries showed between 10% and 60% of ever-married or partnered women had experienced at least one episode of physical violence from an intimate partner (Heise et al., 2002). Jewkes (2000) reports that the prevalence of abuse in South Africa is between 20% and 30%, similar to estimates for many countries including Ghana.

Tradition, custom, cultural attitudes, behaviors and practices, which often are so deeply ingrained as to defy change, sometimes account for abuses and violations of women's rights (Robinson, 1995). Omeje (2001) argues that harmful traditional practices including the sexual exploitation of cult women are probably the most severe menace to women's rights and the optimum realization of their development potential in contemporary Africa. Such harmful traditional practices also include female genital mutilation (FGM) or female circumcision (FC), which is reported to be widely practiced in Africa (Caldwell, Orubuloye, & Caldwell, 2000) although it is not limited to that continent alone (Lax, 2000). Beliefs in the supernatural (such as witchcraft) also exact their toll on women who, in both traditional and modern societies, are the ones most commonly associated with witchcraft and are subjected to inhuman treatment (Bever, 2002).

Violence against women is both a violation of human rights and a health problem with profound and potentially devastating consequences (Heise et al., 2002; WHO, 2002). The health impact of violence against women has been the subject of many studies, which have discussed the linkage between violence and the health of women particularly the spread of HIV infection in many parts of the world (Gruskin et al., 2002; McCallum, Arnold & Bolland, 2002; Maman et al., 2002; Maman, Campbell, Sweat, & Gielen, 2000; WHO, 1997, 2002; Avotri & Walters, 2001; Jewkes, 2001, 2000; Watts et al. (1997)). All these studies conclude that violence is a risk factor for HIV infection and that violence against women adversely affects the mental and physical health and well-being of women. It impacts negatively on women's health and ability to contribute meaningfully to the advancement of society.

Overall, the literature shows that violence against women does not observe any class distinctions or boundaries (Cameron & Frazer, 1987) but cuts across society and cultures. It occurs usually in intimate relations and is therefore kept largely private and treated internally within families (Felson, 2000; Pande, 2002). This militates against institutionalized support and organized interventions for survivors of domestic violence such as supportive non-judgmental environ-

ments, which have been found to be critical to their recovery (Livi-Bacci, 2002; Sever, 2002).

Nature of violence against women in Ghana

The list of violations of women's rights in Ghana is extensive and shows the different faces and character of violence against women. It includes offences categorized under physical assault, sexual assault, and murder inflicted by intimate partners (WAJU, 2003). Violence against women in Ghana also manifests in emotional, psychological and economic terms as well as through certain cultural practices (Appiah & Cusack, 1999). Acts of violence perpetuated through culture include the following:

- (a) Widow inheritance: a wife 'naturally' becomes the sexual partner or wife of a brother or relation of her late husband.
- (b) Widowhood rites through which various acts of cruelty are exhibited to punish the surviving wife. These include seclusion, pouring pepper into the eyes and private parts of a widow and preventing her from eating as signs of mourning.
- (c) Forced marriages arranged between families without the consent of the bride. These include betrothal of girls (usually in infancy), sororate or sororal marriage in which blood relations are given in marriage "in order to retain a family's wealth".
- (d) Female genital mutilation or female circumcision, a practice of removing the clitoris and/or parts of the genitalia of females, is prevalent in Northern Ghana especially in the Upper East and Upper West administrative regions. Its perpetrators see it as reducing sexual urges among girls in order to stem promiscuity and preserve their chastity.
- (e) A range of abuses related to pseudo-religious practices such as witch camps where women suspected to be witches who have caused various forms of harm to their families are banished, and religious bondage like the 'trokosi'. "Trokosi" is a system of enslavement of females (usually girls) to atone for supposed crimes of their ancestors. It is practiced among the Ewe ethnic group in the Volta region of Ghana. Young female virgins are given away to fetish priests of shrines to pay for past family crimes. These virgins become concubines of the priests, bear children for them and are left to care for these children alone or with their families without any responsibility from the priests.

Violence against women in Ghana can, therefore, be pseudo-religious, socio-cultural, sexual, physical, emotional, psychological or economic (Appiah & Cusack, 1999). The present study defines violence against women

to mean cultural practices that degrade and dehumanize women in Ghana as well as physical, psychological and economic acts of abuse. These include insults, threats and more aggravated forms of physical violence such as assault and battery (hitting, beating, and slapping) and sexual coercion. Our focus is on acts that result in injury, ill-health, pain, fear, trauma, lowered self-esteem, depression, loss of freedom, shame and guilt. We see violence against women as a human rights problem (with health implications for victims), which is facilitated by personal, socioeconomic, socio-cultural and environmental factors. We adopt an ecological, integrated framework, borrowing from the work of Heise (1998) whose multi-level model considers both individual and social factors as determinants of intimate partner violence. The framework suggests that people who commit or who suffer violence face some common personal, socioeconomic, and environmental challenges. These may include life situation factors such as low education, low income, financial dependency, poverty and resource-scarce environments, and problems associated with childbearing. They may also include cultural norms and practices. Our study focuses not on the perpetrator but on the victim of violence in order to assess the intersection between culturally defined gender roles, the rights of women and domestic violence.

Selection of interview respondents

Semi-structured individual in-depth interviews were conducted with 50 educated Ghanaian women to explore their views of and reactions to violence against women. The respondents neither worked for, nor belonged to, any human rights or gender-related advocacy organization such as the ones mentioned in the study. These include the Commission on Human Rights and Administrative Justice (CHRAJ), the Women and Juvenile Unit of the Ghana Police Service (WAJU), the International Federation of Women Lawyers (FIDA) and the Ark Foundation. This was intentionally done to avoid over-sensitization to the subject under investigation although education and awareness of gender issues were important criteria for sample selection. The modal age group was 25–29 years old (40%). The other age groups were: 20–24 (10%), 30–34 (12%), 35–39 (24%), 40–44 (12%), and 45–49 (2%).

All 50 respondents had at least secondary school education or its equivalent, with as many as 28 (56%) possessing university qualifications. They had varied employment/occupational backgrounds ranging from managerial, clerical/secretarial, teaching, communication/media, health and research to banking, fashion design, hairdressing, and self-employment. These women were purposively selected at their places of work based on the following criteria: levels of education

(beyond elementary and junior secondary school), employment status (earning regular incomes) marital status (currently in union), motherhood (having own or adopted children), knowledge of, ability and willingness to speak about, violence against women and sources of refuge for abused women. Interviews were conducted in private to ensure confidentiality and anonymity after verbal consent had been obtained from the respondent.

Respondents were, therefore, recruited based on their demographic characteristics as married educated women who were relatively financially independent because they were employed and earned a regular income, and who had consented to take part in the study. By virtue of their education, they had some knowledge about violence against women in their communities and were also able to discuss issues of rights and violations. The rationale for studying this class of women was to assess the impact of improved life situation factors such as full-time employment, financial independence, and good education on domestic violence. The study was also partly borne out of the difficulty in distinguishing violence against women from certain ingrained cultural practices in Ghana. We expected that educated women would be better at separating culture from violence and that economic viability, as a result of paid employment, would reduce women's dependence on their male partners.

Interviews were held in Ghana's two largest cities—Accra and Kumasi. Questions elicited information on respondents' perceptions of, and personal experiences with, violence and the role they believed culture played in perpetuating it. The variables of interest were: women's rights and responsibilities as both human beings and as women; violations of those rights and the role of culture; disclosures of abuse and support systems; and effects of abuse on women. Interviews were also conducted with officials of FIDA—Ghana, WAJU, and CHRAJ about their levels of intervention and support for victims of violence. These interviews were supplemented with documentary analysis of governmental and non-governmental organizations involved in human rights advocacy in Ghana.

Interview results

Responses from the interviews are presented under five subheadings in this section while findings of the documentary analysis are presented as policy and social responses from governmental and non-governmental organizations in the subsequent section.

Women's rights and responsibilities

Respondents perceived of their rights as "all those rights enshrined in the constitution of Ghana". These

are: the right to life, free expression, education, free association, movement, political participation, religion, property/wealth, shelter, decent jobs, legal representation, respect, information, privacy, health and procreation. In addition to these—seen as their rights as human beings—they believed that as women they had the right to inheritance: "... whether it's my father's property or my husband's, I also have a right to it". Some respondents talked about the right to equal treatment: "I should not suffer discrimination because of my sex. ... There should be no discrimination against me simply because I am a woman". They also believed they had a right to marry whoever they desired, to protection, and to paid maternity leave.

In terms of their responsibilities, respondents felt they had "responsibility for running the home and this includes caring for the children" (Kumasi respondent). In their view, "running the home" had to be done with support from husbands who also had a "duty to provide all the needed resources including a congenial and loving atmosphere" (Accra respondent). For many respondents however, "combining domestic chores with paid employment is burdensome. It puts so much stress on you" (Accra respondent). Many of the respondents (90%) combined full-time paid employment with "petty-trading" to generate "adequate income for the home" and to "live decent lives". Forty-nine of the 50 women interviewed (98%) were career women engaged in full-time paid employment but who, single-handedly, had to take care of all household chores and care of their children.

Violations of women's rights

Respondents reported different experiences with abuse and domestic violence. Significantly, while 30% of women interviewed did not report any experiences of violence, 70% of them reported one form of abuse or another. Predominant among violations reported was physical abuse at the hands of husbands. As many as 64% of respondents reported being slapped, hit, beaten, or kicked by their husbands. "Hitting happens all the time. I cannot count how many times my husband has hit me in this 10-year-old marriage. It seems normal for your husband to hit you, kick you and slap you upon the least provocation as if you were his punching bag", said a respondent in Kumasi. Another respondent said: "Even when his food is not prepared on time, he gets angry and pounces on you without listening to the reasons for the delay. ... Sometimes I think it is a big mistake to get married".

A few respondents (6%) did not consider their experiences as serious violations of their rights since they saw similar cases all around them. Besides, at least for one of them, there was a justification for what happened to her. She said: "On two occasions he

slapped me because I guess I was too loud when arguing with him. ... Anyway, he made it up to me later. ... It was just a little problem". Another believed "fighting in marriage is nothing serious. It happens all the time. I tell you, very few women have not received a slap or two from their husbands since they married. ... If they won't tell you about it, it does not mean that it does not happen". These respondents, therefore, downplayed their experiences of violence in their homes.

The issue of sexual violence provoked a rather hostile reaction from respondents. Although the majority of respondents reported having been subjected to various forms of abuse in their homes, they did not consider sexual relations with their husbands areas that should be discussed with a "stranger". They believed such issues did not "constitute one of the areas of violence in the home", according to a respondent in Accra, while another in Kumasi simply laughed it off: "How can I talk about what happens in my bedroom with you? I don't even discuss it with my friends". In the view of respondents, sexual harassment and abuse could only be issues worth discussing if they involved outsiders, particularly at the workplace. It is worth explaining that sexual offences such as harassment and rape within marriage are concepts unknown to Ghanaian traditions and cultures. A wife is entirely at the pleasure and delight of her husband at all times in all Ghanaian cultures (Appiah & Cusack, 1999). A respondent in Accra explained: "A woman cannot refuse her husband sex. It would be a taboo. After all, he married you and you agreed to live with him knowing very well that he is not your family member. In fact, your family should not hear that you have denied your husband sex. Denying him sex could be grounds for divorce".

Non-physical abuse took the forms of excessive control, verbal attacks or insults and threatening behavior by the husband. All 35 abused respondents reported experiencing these. Psychologically and emotionally, women feel "insulted to have your husband scream at you even in front of the children as if you were a child", noted a respondent in Accra. In some instances, husbands were alleged to have used "unimaginable words to insult you right before your own children. Is it an attempt to reduce your worth and importance? I really don't know but it hurts and hurts so badly". This respondent in Kumasi was almost in tears as she recounted a recent experience. Another respondent in Kumasi complained about "close-marking" from her husband: "My husband is always suspicious of me. Any time I leave the house, he gives me close-marking even when I have told him where I'm going and for how long I'll be away. I really feel like a prisoner".

Notably, only five (10%) respondents experienced economically disempowering acts of violence. The majority of respondents did not experience any problems with "chop money" or money for the upkeep of

the home including caring for the children. For many respondents, as explained by one in Accra: "Issues about who pays for what and each other's contributions have long been sorted out between us. ... Of course, he takes greater responsibility for that. After all, it is his duty to provide for the home. I'm only helping". Another respondent in Accra, however, explained how some husbands exploited their wives economically: "I work and earn an income but the fact that I work should not make him shirk his responsibility as a husband and a father. Our culture dictates that he provides for the family and he must do so but he doesn't. Why? ... The fact that I work full-time has not stopped me from performing my role as a wife. I cook, clean, do the washing ... Why can't he do his"? A respondent in Kumasi said: "Chop money has always been a problem in this house. He does not give it on time and it is always inadequate so we quarrel over it and I have to work hard all the time to provide the shortfall, which is usually more than what he puts on the table".

Culture and traditional gender roles

Respondents believed violations of their rights came principally from "the home, including the extended family", which sometimes forced them "to do things just to please society by marrying the family's choice and staying on even when we are being abused", opined a respondent in Accra. For many of the women interviewed, tradition has defined roles for women. Some of these, although outmoded, still guide the relationship between men and women. A respondent in Accra explained: "The woman is required to keep the house. She cleans, cooks, washes, baths the children and takes care of them. In former times when the woman was a housewife, this was not a problem but today it is a big problem. The men can no longer single-handedly provide for the home and so we have to work to support them but they do not support us in doing our traditional duties". Another respondent in Accra expressed similar sentiments: "Tradition has been overtaken by events and yet it has persisted. It is about time our men folk realized that things have changed".

To many respondents (86%), the fact that the woman should be "submissive to her husband", "be respectful", "be patient", and "be dutiful and serviceable", as tradition demands, has placed her in a subservient position to the man. In the words of a respondent, "... this is the crux of the matter and the beginning of abuse. We all go to work, work full-time, come home tired and yet while he relaxes over his beer and his newspaper, I have to prepare the meal, tidy up the place, bath the children, and even sometimes help with their homework". Society, however, expects the "ideal woman" to perform all these roles even if the exigencies of the times demand that she also has to work to support the family.

And, as a respondent summed up, "...after performing all these functions as if you were a slave, he expects you to meet his sexual desires forgetting that the body has a limit beyond which it can no longer cope".

Formal report of abuse and support systems

Respondents were asked how often they reported any cases of domestic violence, what help they received and from whom. All respondents said they were aware of CHRAJ, FIDA and WAJU, and, for some, "a few other organizations like the Ark Foundation and the Gender Centre". However, 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. All respondents said they either knew or had read or heard in the media about other women who had suffered attacks in their homes. None of the 64% who had ever been physically assaulted felt it necessary to report to the police or to family elders.

According to some of the women, they did not report because they did not want to be ridiculed since their ethnic groups justified wife beating as "a demonstration of a husband's love and affection for his wife". Abuses in the home were not to be reported to "the outside world to avoid washing our dirty linen in public", said a respondent in Kumasi. Most women interviewed would prefer to suffer in silence mainly to avoid ridicule, blame for crimes committed against them, "to avoid unduly exposing" their husbands and families, and to avoid "social stigma", family disgrace and disrepute. In their view, "family matters should be kept within the family", as noted by a respondent in Kumasi.

How then did respondents cope with abuse? Strategies devised to confront abuse at home included silence, "pretending to be busy with the kids", temporarily leaving the home, or "simply going to bed and leaving him to insult me", according to a respondent. Many of the women interviewed kept quiet while their husbands insulted them and "prayed quietly that it will soon come to an end". As one respondent put it: "If you respond, he gets more angry and either insults you the more or even hits you. I find it wiser to keep quiet anytime he is in that mood". One of those who used distraction as a tool against violence said: "...It is a matter of pretending to be busy with the kids or with something else so that I don't hear him and also to let him realize how foolish he is. It is said that it takes two to tango and so by doing so, I leave him to fight alone" (a Kumasi respondent). Another said: "I learnt from my mother that the best thing to do when there is trouble at home is to divert your attention and energies on something else. So, I always find that something else. ... It could be more household chores, but that is better than allowing yourself to be beaten". A few respondents would just

leave home and be with friends or neighbors for a while and hope that by the time they return home “tempers would have cooled down”. Respondents found these strategies to be “so far so good”.

Effects of violence against women

None of the women interviewed reported any cases of physical injuries such as black eyes, bruises, cuts, or fractures received as a result of domestic violence. Many of them, however, reported some psychological and emotional effects, which sometimes resulted in ill-health. They said they sometimes lived under intense pressure and fear thereby experiencing some health problems including palpitations. Forty-two of the women interviewed (84%) reported being hypertensive, although the majority of respondents (64%) fell within the 25–29 (40%) and 35–39 (24%) age groups. Since not all 42 women reported abuse, it appears not all health problems are attributable to domestic violence or that some women experienced abusive conditions they failed to either identify as such or to report.

Some respondents said they “panicked” each time they heard the sound of their husbands’ cars. Two of them are worth quoting. A Kumasi respondent said, “When we hear the honking, life completely changes in the house. The kids quickly rush to their room and pretend to be sleeping and I suddenly find myself some work to do as if to say ‘Boss, I’ve been busy since I came back from work’. It is simply crazy”. Another respondent in Accra said: “He always has this look on his face. ... I panic and feel jittery in his presence. Just yesterday, I panicked when I heard the sound of the car. It seems I can never get over this”. The uncertainty of a husband’s reactions engendered feelings of nervousness and fear, and this depressed some respondents who felt they lacked freedom in their own homes: “I am in my own home and yet I do not feel free”. In some cases, such feelings combined to cause hatred for the husbands: “I don’t know whether to say I hate him or not but I just don’t like him here sometimes” (Accra respondent).

Stress appeared to be a major factor of the women’s health condition as respondents attributed their ill-health to “tension and poor relations” with their spouses, having “to do too much work”, and not being “acknowledged” and “recognized” for the contributions they made. According to a respondent in Accra, “... there is no way you can feel healthy when you know and can feel tension and poor relations between you and your husband. In fact, such conditions affect the children too. I sometimes find myself shouting and screaming at my children when I should be paying attention to them and what they are asking for. ... And it is all because there is tension in the house”. Another respondent simply asked: “My sister, how will you feel if you worked so hard and your contribution was neither

acknowledged nor recognized? ... And he makes you feel so inadequate as if there was something wrong with you. For me, it makes me sick both mentally and physically”. According to respondents, these feelings affected the way they perceived themselves and their enjoyment of marital life: “You sometimes wonder whether you are also human...whether you have any business here. It is sad”.

Government’s responses to violence against women

Interventions initiated at combating violence against women in Ghana have come from both governmental and non-governmental sources and have aimed at both prevention and cure. They deal with cases of violence mainly through legislation, education, awareness creation, counseling, investigation and prosecution of offenders. Chapter five of Ghana’s constitution extensively outlines fundamental human rights and freedoms of all citizens of Ghana and specific rights to be enjoyed by women in addition. Women must not be discriminated against in any endeavor of life because of their gender; they are to be accorded special care and paid leave during reasonable periods before and after childbirth; they are to be provided with facilities for the care of their children below school-going age to “enable them realize their full potentials”; and “guaranteed equal rights to training and promotion without any impediments from any person” (Ghana, 1992).

Additionally, Ghana’s constitution also prohibits all injurious traditional and cultural practices. Article 26 (2) specifically states: “All customary practices which dehumanize or are injurious to the physical and mental well-being of a person are prohibited”. Although Ghana has legislated against some of these acts with sanctions for perpetrators, legislation appears to have done little to curb abuses because media reports and WAJU statistics point to an upsurge of cases. The establishment of CHRAJ in 1993 with human rights abuses as one of its functions was government’s formal attempt to tackle human rights violations in Ghana in a more structured manner. In addition to CHRAJ and the constitution of Ghana, there are governmental organizations performing functions that seek to ensure that people’s rights are safeguarded as listed in Table 1.

The creation of WAJU and subsequent creation of the Ministry of Women and Children’s Affairs appear to be government’s response to bring the abuse of women under control and to project the Ghanaian woman as an integral part of society. However, it remains to be seen whether the creation of WAJU and MWCA would not merely parallel what Mertus (2001) described as “‘add woman and stir,’ reflecting a desire to solve ‘women’s’ problems by creating ‘special’ women’s programs for their ‘special’ needs” (pp. 99–100).

Table 1
Governmental agencies working towards safeguarding the rights of women

Details of organization	Area(s) of operation	Strategies/programs to confront violence	Effects
Department of Social Welfare: government agency, responsible for social welfare services.	Works to improve people's well-being through promoting development and equity for the disadvantaged, vulnerable and marginalized. Handles issues concerning the welfare of Ghana's citizens.	Direct intervention in cases of abuse of people's rights, divorce and child maintenance. The Department currently implements three core programs: community care, child rights and protection, and justice administration.	Due to its generalized remit and lack of resources, the Department is less proactive and only partly manages to handle all problems brought to it. It concentrates more on cases involving child welfare and maintenance than any others.
National Council on Women and Development (NCWD): government agency created in 1975 responsible for women's mobilization and welfare.	Works to safeguard the rights of women, to promote their needs, concerns and advancement in Ghana. Works to improve the status of Ghanaian women by ensuring gender equality and healthy partnerships between men and women.	Mobilization and organization of women into productive ventures; training of women; direct input into legislation affecting the rights of women; lobbying.	Has been politicized by governments as it seeks to enhance participation of women in development. Has thus not been able to focus on eliminating inequality between the sexes and gender-based discrimination to raise women's general standard of living.
Women and Juvenile Unit (WAJU): specialized unit of Ghana Police Service established in 1998, responsible for preventing crimes against women and children.	Mandate includes protecting the rights of women and children, preventing crimes against them, investigating and prosecuting cases of violence against women and children.	Education of all citizens especially women and children; receiving complaints of violence against women and children; arrests of culprits; investigation and prosecution of cases; providing/arranging shelter for victims.	Due to scant resources, including human, financial and logistical constraints, WAJU is overwhelmed by the cases it must deal with. Its inability to provide direct shelter and other needed support for victims reduces its effectiveness.
Ministry of Women and Children's Affairs (MWCA): created in 2001 as a cabinet position to coordinate the efforts of both governmental and non-governmental organizations in championing the human rights of women and children.	Deals specifically with women's and children's issues. Works at the governmental level to protect and promote the rights of women and children.	Co-ordinates activities of all agencies involved with women and children; organizes training programs and support (including financial) for women's groups; co-ordinates legislation affecting women and children; lobbies both Parliament and Government.	It is too early to assess the impact of MWCA. It is, however, hoped that it will not be politicized and turned into the women's wing of any political party.

Civil society's response to violence against women

Social responses and interventions to violence against women have been initiated principally at the level of non-governmental organizations (NGOs). There are a number of NGOs and civil society organizations as well as networks and coalitions in Ghana working in the area of human and women's rights to stamp out abuse and violence against women and children. They include the mass media, the Ghana branch of the International Federation of Women Lawyers (FIDA—Ghana), the

Women's Initiative for Self Empowerment (WISE), the Ark Foundation, Gender Violence Survivors' Support Network (GVSSN), Abantu for Development and International Needs. Others are, Network for Women's Rights (NETRIGHT), and the Violence against Women and Children's Practitioners Network. Contributions of four of these are presented in Table 2.

Despite efforts by these organizations, direct support for abused women in the form of shelter is still largely inadequate, uncoordinated and informal—handled principally by family members, friends and some NGOs. The

Table 2
Non-governmental agencies working towards safeguarding the rights of women

Details of organization	Area(s) of operation	Strategies/programs to confront violence	Effects
FIDA was launched in Ghana in mid-1970s. Has been championing the cause of women. Concerns itself with the indigent in society, particularly women and children.	Works on legal matters for the poor, particularly women and children. Provides free legal aid services to the needy. Undertakes legal literacy programs aimed at educating members of Ghanaian society, particularly women and children.	Free legal aid; legal advice; counseling; court representation; legal literacy programs; simplification, interpretation and translation of legislation into local languages; advocacy; lobbying for the amendment and passage of gender-sensitive legislation; education and sensitization of society on gender-related issues; highlighting and promoting abolition of oppressive customs.	FIDA, in conjunction with other NGOs(like International Needs) worked to officially abolish "Trokosi", and to increase the punishment for rape and defilement. Through FIDA's lobbying of the government, a Domestic Violence bill is currently under discussion in Ghana.
WISE: Established in 1999 in response to increasing reports of violence against women and children in Ghana. It is a women-owned and managed local NGO.	Works in cooperation with other agencies and clients like WAJU, FIDA, CHRAJ, the Ark Foundation, and the Department of Social Welfare to develop culture-specific and community-based solutions to violence and sexual assault of women and children.	Works with these organizations to, among other things, recruit, train and place counselors to assist them in their legal aid programs and other support services for victims of violence and abuse.	Has helped improve collaboration among organizations set up to provide counseling and other support services to meet the psychological needs of survivors of violence. Has helped increase public awareness of domestic violence.
The Ark Foundation: advocacy-based human rights organization established in 1995. Started operations in February 1999. It is a woman owned and managed local NGO.	Works to protect and promote the human rights and development needs of women, children and other disadvantaged groups. It responds to gender-based violence through advocacy and the provision of integrated services and support to survivors of violence. It offers abused and marginalized women and children refuge.	Provision of shelter in the form of accommodation, food, and clothing; counseling; advocacy; lobbying for the dismantling and abolition of customary practices and systems that are injurious to the physical and mental well-being of women and children.	Has been instrumental in various gender coalitions in fighting for the rights of women, including the formation of Sisters' Keepers, a network of women's organizations formed to address women's issues in the wake of the ritual/serial killings that took place between 1997 and 2000.
GVSSN: membership-based network of about 200 individuals, organizations and service providers. Founded in February 2001 through collaboration of WISE and The Ark Foundation.	Dedicated to providing improved and integrated community support services to survivors of violence.	Provides direct medical, legal, counseling and other professional support services to survivors of violence. Provides members with a forum for the exchange of information and experiences, opportunities for professional development, and for dialogue between them, policy-makers and survivors of violence.	Has so far provided survivors of violence with improved and integrated services. Has also helped to enhance the professionalism of its members through collaboration, information sharing and knowledge transfer.

fact that the abuse of women and children, according to media reports and WAJU statistics, seems to be increasing makes the lack of adequate social services to assist victims a formidable challenge. Although none of the women interviewed had had to seek shelter away from their homes, shelter has been observed to play a very crucial role in the lives of women fleeing abusive relationships and their dependent children who are usually both victims and witnesses requiring social protection (Sever, 2002; Livi-Bacci, 2002). It is argued that the fear of homelessness has public policy implications because of its consequences for keeping women and their children in abusive relationships (Sever, 2002).

Until recently, however, only the Crises Response Centre (CRC) of the Ark Foundation provided shelter for women and children survivors of abuse in Ghana. The CRC began responding to gender-based violence in August 1999 through counseling, providing legal advice and referring victims to appropriate state agencies for redress. It soon realized the need for direct integrated support services (such as temporary shelter and rehabilitation) to victims of violence. It has since recorded over 200 cases of abuse. In the second quarter of 2003, WISE opened its crisis response centre—the WISE Wellness Centre—to respond to the needs of survivors of abuse. The centre is community based and provides ongoing counseling and shelter to address the devastation suffered by victims of abuse.

The media's involvement has mainly been at the level of exposure and publicity. It has been argued that the daily routines of domestic violence against women have gone unreported because the media have found them not sufficiently newsworthy for their pages, columns, and airtime (Carter & Weaver, 2003; Carter, Branston, & Allan, 1998; Meyers, 1995, 1997; Clark, 1992). Until the late 1990s, the media in Ghana rarely reported acts of violence against women except those cases that ended in fatalities, such as the serial/ritual murders of women between 1997 and 2000, or cases where families brought legal action against perpetrators. There is anecdotal evidence to show, however, that the Ghanaian media have begun to respond to issues of gender and gender-related violence by reporting cases of violence against women on their front pages.

Discussion

The results of the study indicate that educated, employed and married women in Ghana experience domestic violence including physical violence although many of the types of violence reported fell within the category classified as less severe (Jewkes, Levin, & Penn-Kekana, 2002). Respondents described physical violence they suffered to include grabbing, pushing/shoving, slapping, hitting, kicking and beating. The psychological

violence that was reported included mainly insults, threats, criticism and “uncomplimentary remarks” directed at women sometimes in the presence of their children. It is suggested that improved contextual and life situation factors may have resulted in less severe forms of violence as the study indicated although there was no control group to test the hypothesis.

The impact of violence on educated and financially independent women was found to be mainly psychological and emotional with likely health implications such as depression, palpitation and hypertension. The study lends support to the view that perceptions of marital violence generally vary according to one's education and social class and that while under-privileged women may associate violence with physical force, those who are better-off look more at its psychological implications (Casimiro, 2002; Vanya, 2001). Respondents showed much greater concern for the psychological and emotional consequences of domestic violence than for any pains or injuries that might result.

Studies show that physical injuries caused by violence are important factors in measuring both the seriousness and definition a victim ascribes to a violent experience (Kelly, 1988, 1990). Unlike in many studies (Heise et al., 2002), however, physical injuries, long-term physical health risks and substance dependency were not reported in this study. Accounts of psychological and emotional effects and influences of violence on victims, as narrated by respondents, recall feminist arguments that the emotional consequences of violence could be more devastating and have longer-lasting effects on victims than physical injuries (Arias & Pape, 1999; Marshall, 1999; Sackett & Saunders, 1999; Dobash & Dobash, 1992; Follingstad, Rutledge, Berg, Hause, & Polek, 1990). Respondents experienced fear, stress, trauma, and humiliation, resulting in low self-esteem, a lowered self-image, a feeling of lack of freedom, erosion of confidence and, in some cases, hatred for their husbands. Therefore, as the above studies suggest and as observed from the women interviewed, irrespective of any physical injuries, psychological abuse negatively affected women.

The secrecy that usually surrounds domestic violence (Pande, 2002) only seemed to apply to sexual violence since that was the only area respondents refused to talk about. While some abused women were hesitant about “washing our dirty linen in public” and about blaming their husbands many did not feel bashful about discussing domestic violence. A few respondents blamed themselves for violence against them, as Haj-Yahia (2002) found out, but the majority blamed their husbands for the violence. All, however, were reluctant to seek formal assistance from either governmental or any other sources.

The study exposed many of the conditions that militate against the healthy advancement of women as

being deeply entrenched in tradition and culture and serve to keep them in a state of submission or compliance. These conditions cut across education and position, socio-economic status and ethnic backgrounds of women. Although they have debilitating and invidious effects on women, they pass as women's normal daily routines as defined by tradition. It was difficult for respondents to tell what precisely provoked attacks at home but they believed traditional gender norms and role definitions gave men an undue sense of supremacy. Furthermore, while women have been forced by today's difficult economic circumstances to support their husbands financially and to provide for the home—in addition to their traditional roles—husbands have largely been unable to provide the much-needed support for their wives. In the opinion of a respondent in Kumasi, "Traditional roles need to adapt to individual home circumstances to make life meaningful for both of us and to provide a congenial atmosphere for our children".

Although educated women were better at separating culture from violence, this did not prevent them from experiencing domestic violence. Also, financial independence, due to paid employment, only reduced their dependence on husbands but did not appear to have built sufficient levels of confidence to increase assertiveness and reduce the incidence of violence. Unlike many studies that have found domestic violence to be associated with poverty (Ellsberg, Pena, Herrera, Liljestrand and Winkvist (1999); Martin, Tsui, Maitra, & Marinshaw, 1999), therefore, this study of relatively well-off women could not make any such associations. It appears that, as part of tradition, some women have been socialized into internalizing infringements on their rights and their difficult living circumstances as the normal realities of a woman's existence. Although the majority of respondents confronted this tradition in principle, they could not effect changes in the status quo.

Women's vulnerability and subservience in Ghana (DeRose, Doodoo, & Patil, 2002) was observed in the multiple roles respondents played at home. Male dominance in the Ghanaian society cuts across all facets of life irrespective of education, social status and level of affluence of the partners involved. Respondents in the study were educated, married, employed and financially independent of their husbands. In spite of this background, majority of them (70%) experienced violence at home.

Conclusion

The study sought to answer questions about Ghanaian women's perceptions of violence perpetrated against them by their husbands and responses from government and civil society. The results of our field interviews and documentary analysis show that physical

assault by husbands is considered "normal". This makes most women shy away from discussing or reporting such happenings. Physical assault only becomes an offence when it results in injury or death. However, depending on the background of the victim, these incidents can be discussed even if not reported. Also, sexual harassment and abuse among couples, including rape within marriage, are not considered offences because such concepts are alien to Ghanaian cultures. Anecdotal evidence suggests that until recently, rape involving family members and incest were carefully concealed under arranged marriages if they resulted in pregnancy. It can be argued that recent media reports of such incidents are a manifestation of a society's awakened consciousness of gender-related offences rather than an upsurge in occurrence.

With the intervention of the various governmental agencies, NGOs, women's groups and the media, Ghanaian women are being educated to distinguish between culture and human rights abuses in order to broaden their perceptions of violence. Through education, raising awareness, advocacy, counseling, investigation and prosecution of offenders, and support from these organizations, women are being encouraged to appreciate a wider definition of violence to include marital (including sexual) offences. Interventions aim to empower women to shed off the secrecy and privacy surrounding domestic violence in order to give a public face to a private domestic matter (Pande, 2002) and to confront and expose perpetrators even if they are intimate relations. Survivors of violence require both short-term protection from violence and longer-term support to strengthen their self-esteem and sense of freedom and security. Some organizations are providing that assistance to confront violence.

Although the study was largely exploratory and used a small, non-representative sample, which ignored the large illiterate female population and also focused on only two of Ghana's ten regions, the results were insightful. The in-depth nature of the interviews enabled a good look at Ghanaian women's perceptions of violence perpetrated against them at home. These accounts of violence from educated, employed and better-placed women suggest that women who are lower on the socioeconomic ladder are more likely to experience worse situations of violence. Therefore, irrespective of education, employment status and their socio-economic and professional positions, women in Ghana suffer violence. What is likely to differ is the type of violence different categories of women might suffer. Nevertheless, the findings of this study cannot be generalized to all women in Ghana as it only focused on violence within marriage among married, educated and employed women who belonged to a relatively well-to-do segment of society. They do not, by any means, represent the average woman in Ghana.

The prosecution and publicity of violations of women's rights would help stem recurrent abuse and control violence against women in Ghana. Although these institutional responses are a good step towards solving an intractable and culturally entrenched problem, much still needs to be done. Urgently needed are more direct formal support systems for abused women and their dependent children in the form of shelter, food, clothing and professional services such as medical care, legal representation and counseling. The Crisis Response Centre of the Ark Foundation and the WISE Wellness Centre provide examples of such needed services. WAJU, more than these NGOs because of its position and formal legal structure, must have such facilities in all regional and district capitals to enable it respond appropriately to violence against women and children. Victims need help in order to restore their dignity, security and liberty and to provide them freedom from cruel, inhuman, and degrading treatments. The media need greater sensitization to adequately publicize violence against women in order to expose and shame perpetrators. Women have taken the initial step and need to be encouraged to do more.

References

- Aidoo, M., & Harpham, T. (2001). The explanatory models of mental health amongst low-income women and health care practitioners in Lusaka, Zambia. *Health Policy and Planning, 16*(2), 206–213.
- Appiah, D. C., & Cusack, K. (1999). *Breaking the silence & challenging the myths of violence against women & children in Ghana*. Report of a National Study on Violence. Gender Studies & Human Rights Documentation Centre, Accra.
- Arias, I., & Pape, K. T. (1999). Psychological abuse: Implications for adjustment and commitment to leave violent partners. *Violence and Victims, 14*(1), 55–67.
- Avotri, J. Y., & Walters, V. (2001). We women worry a lot about our husbands': Ghanaian women talking about their health and their relationships with men. *Journal of Gender Studies, 10*(2), 197–212.
- Bever, E. (2002). Witchcraft, female aggression, and power in the early modern community. *Journal of Social History, 35*(4), 955–988.
- Brownridge, D. A., & Halli, S. S. (2002). Understanding male partner violence against cohabiting and married women: An empirical investigation with a synthesized model. *Journal of Family Violence, 17*(4), 341–361.
- Caldwell, J. C., Orubuloye, I. O., & Caldwell, P. (2000). Female genital mutilation: Conditions of decline. *Population Research and Policy Review, 19*(3), 233–254.
- Cameron, D., & Frazer, E. (1987). *The lust to kill: A feminist investigation of sexual murder*. Cambridge: Polity.
- Carter, C., Branstom, G., & Allan, S. (Eds.) (1998). *News, gender and power*. London: Routledge.
- Carter, C., & Weaver, K. W. (2003). *Violence and the media*. Buckingham, Philadelphia: Open University Press.
- Casimiro, C. (2002). Social perceptions of marital violence. *Análise Social, 37*(163), 603–630.
- Clark, K. (1992). The linguistics of blame: Representations of women in *sun's* reporting of crimes of sexual violence. In M. Toolan (Ed.), *Language, text and context: Essays in stylistics*. London: Routledge.
- Cunningham, S. (1992). A neverending story? The TV violence debate. *Media Information Australia, 64*, 67–72.
- DeRose, L. F., Dodoo, F. N. A., & Patil, V. (2002). Fertility desires and perceptions of power in reproductive conflict in Ghana. *Gender and Society, 16*(1), 53–73.
- Dobash, R. E., & Dobash, R. (1992). *Women, violence and social change*. London: Routledge.
- Ellsberg, M. C., Pena, R., Herrera, A., Liljestrand, J., & Winkvist, A. (1999). Wife abuse among women of child-bearing age in Nicaragua. *American Journal of Public Health, 89*, 241–244.
- Farred, G. (2002). The mundanacy of violence: Living in a state of disgrace. *Interventions, 4*(3), 352–362.
- Felson, R. B. (2000). The normative protection of women from violence. *Sociological Forum, 15*(1), 91–116.
- Follingstad, D. R., Rutledge, L. L., Berg, B. J., Hause, E. S., & Polek, D. S. (1990). The role of emotional abuse in physically abusive relationships. *Journal of Family Violence, 5*, 107–119.
- Ghana (1992). *Constitution of the Republic of Ghana*. Tema: Ghana Publishing Corporation.
- Gruskin, L., Gange, S. J., Celentano, D., Schuman, P., Moore, J. S., Zierler, S., & Vlahov, D. (2002). Incidence of violence against HIV-infected and uninfected women: Findings from the HIV epidemiology research (HER) study. *Journal of Urban Health, 79*(4), 512–524.
- Haj-Yahia, M. M. (2002). Beliefs of Jordanian women about wife beating. *Psychology of Women Quarterly, 26*(4), 282–291.
- Heise, L. (1998). Violence against women: An integrated, ecological framework. *Violence Against Women, 4*, 262–290.
- Heise, L., Ellsberg, M., & Gottmoeller, M. (2002). A global overview of gender-based violence. *International Journal of Gynecology and Obstetrics, 78*(Suppl. 1), S5–S14.
- Heise, L., Pitanguy, J., & Germain, A. (1995). *Violence against women: The hidden health burden*. World Bank Discussion Paper, No. 255.
- Jewkes, R. (2000). Violence against women: An emerging health problem. *International Clinical Psychopharmacology, 15*(Suppl. 3), S37–45.
- Jewkes, R. (2001). Reflections on gender violence in the South African public health agenda. *Development, 44*(3), 64–68.
- Jewkes, R., Levin, J., & Penn-Kekana, L. (2002). Risk factors for domestic violence: Findings from a South African cross-sectional study. *Social Science and Medicine, 55*(9), 1603–1617.
- Kelly, L. (1988). *Surviving sexual violence*. Cambridge: Polity Press.
- Kelly, L. (1990). How women define their experiences of violence. In Yllo, Kersti, & Bograd, Michelle (Eds.), *Feminist perspectives on wife abuse*. London: Sage.
- Lax, R. F. (2000). Socially sanctioned violence against women: Female genital mutilation is its most brutal form. *Clinical Social Work Journal, 28*(4), 403–412.

- Livi-Bacci, N. (2002). Women's crisis centres and shelters in Italy: Working with battered women and with healthcare providers. *International Journal of Gynecology and Obstetrics*, 78(Suppl. 1), S65–S66.
- Maman, S., Campbell, J., Sweat, M. D., & Gielen, A. C. (2000). The intersections of HIV and violence: Directions for future research and interventions. *Social Science and Medicine*, 50, 459–478.
- Maman, S., Mbwambo, J. K., Hogan, N. M., Kilonzo, G. P., Campbell, J. C., Weiss, E., & Sweat, M. D. (2002). HIV-positive women report more lifetime partner violence: Findings from a voluntary counseling and testing clinic in Dar es Salaam, Tanzania. *American Journal of Public Health*, 92(8), 1331–1337.
- Marshall, L. L. (1999). Effects of men's subtle and overt psychological abuse on low-income women. *Violence and Victims*, 14(1), 69–88.
- Martin, S. L., Tsui, A. O., Maitra, K., & Marinshaw, R. (1999). Domestic violence in Northern India. *American Journal of Epidemiology*, 150, 417–426.
- McCallum, D. M., Arnold, S. E., & Bolland, J. M. (2002). Low-income African-American women talk about stress. *Journal of Social Distress and the Homeless*, 11(3), 249–263.
- Mertus, J. (2001). Grounds for cautious optimism. *International Feminist Journal of Politics*, 3(1), 99–103.
- Meyers, M. (1995). News of battering. *Journal of Communication*, 44(2), 47–63.
- Meyers, M. (1997). *News accounts of violence against women: Engendering blame*. Thousand Oaks, CA: Sage.
- Nasir, K., & Hyder, A. A. (2003). Violence against pregnant women in developing countries: Review of evidence. *European Journal of Public Health*, 13(2), 105–107.
- Omeje, K. (2001). Sexual exploitation of cult women: The challenges of problematizing harmful traditional practices in Africa from a doctrinalist approach. *Social and Legal Studies*, 10(1), 45–60.
- Pande, R. (2002). The public face of a private domestic violence. *International Feminist Journal of Politics*, 4(3), 342–367.
- Potter, W. J. (1999). *On media violence*. Thousand Oaks, CA: Sage.
- Robinson, K. L. (1995). The minority and subordinate status of African women under customary law. *South African Journal on Human Rights*, 11(3), 457–476.
- Sackett, L. A., & Saunders, D. G. (1999). The impact of different forms of psychological abuse on battered women. *Violence and Victims*, 14(1), 105–117.
- Schafer, J., Caetano, R., & Cunradi, C. B. (2004). A path model of risk factors for intimate partner violence among couples in the United States. *Journal of Interpersonal Violence*, 19(2), 127–142.
- Schlesinger, P., Dobash, R. E., Dobash, R. P., & Weaver, C. K. (1992). *Women viewing violence*. London: British Film Institute.
- Sever, A. (2002). A feminist analysis of flight of abused women, plight of Canadian shelters: Another road to homelessness. *Journal of Social Distress and the Homeless*, 11(4), 307–324.
- United Nations (UN). (1993). Declaration on the elimination of violence against women. New York, General Assembly Resolution 48/104 of December 1993 (Resolution No. A/RES/48/104).
- Vanya, M. (2001). Domestic violence in the imagination of Slovak women. *Sociologia [Bratislava]*, 33(3), 275–296.
- WAJU. (2003). Statistics compiled by the Women and Juvenile Unit of the Ghana Police Service.
- Watts, C., Ndlovu, M., Njovana, E., & Keogh, E. (1997). Women, violence and HIV/AIDS in Zimbabwe. *SafAIDS News*, 5(2), 2–6.
- WHO. (1997). *Violence against women: A priority health issue*. Geneva: World Health Organization.
- WHO. (2002). *World report on violence and health*. Geneva: World Health Organization.
- Wood, K., & Jewkes, R. (1997). Violence, rape, and sexual coercion: Everyday love in a South African township. *Gender and Development*, 5(2), 41–46.