THE INTIMATE ENEMY:
Gender Violence and Reproductive Health

Gender violence causes more death and disability among women aged 15 to 44 than cancer, malaria, traffic accidents or even war. The World Health Organization believes that at least one in five women has been physically or sexually abused by a man at some time in her life; and research suggests that women are more at risk from their husbands, fathers, neighbours or colleagues than they are from strangers.

Despite the evidence, violence against women in the home was not explicitly declared a breach of women’s human rights until the 1993 UN World Conference on Human Rights. Throughout 1998, from the forty-second session of the UN Commission on the Status of Women in March to the September conference on Family Violence and the eighth annual 16 Days Against Violence Campaign in November, gender violence is to be the subject of keen debate.

UN members still have major differences about how best to protect women’s rights – 30 countries have not ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and, of the signatory countries, nearly one-third have substantive reservations. Twenty-four nations have lodged reservations against article 16, a core provision that guarantees equality between men and women in marriage and family life. Malaysia, Maldives, Morocco, Pakistan and Tunisia oppose sections that conflict with existing national, customary or religious laws.

The indirect costs of gender violence to development are extremely high. Women in poor countries carry out most productive labour and are virtually entirely responsible for raising future generations. Women make up two-thirds of the unpaid labour force, an invisible contribution worth US$11 trillion per year. In some African countries, women account for more than 60 per cent of the agricultural labour force. But there has been little research on the economic cost of domestic violence. In Great Britain, where one woman in ten is severely beaten by an intimate partner every year, the cost to health and social services is estimated to be more than £1 billion per year.

The negative impact of gender violence on women’s reproductive health is only just beginning to be recognised. Domestic and sexual violence are reproductive health problems because they are intertwined with sexuality, fidelity, pregnancy and childbearing. Research suggests that physical and sexual abuse are linked to some of the most intractable reproductive health issues of our time: teenage pregnancy, unsafe sexual behaviour and sexually transmitted diseases, including infection with HIV, the virus that causes AIDS. Violence has been implicated in unwanted pregnancy, pregnancy complications, miscarriage, low birthweight babies and maternal mortality. At worst, gender violence kills. International consensus against gender violence and national laws criminalising such abuse are important. However, it is changes in community values that ultimately save lives.
NEWSPEGS IN 1998

- March 8: International Women’s Day
- March 2-13: 42nd session of the UN Commission on the Status of Women considers gender violence
- March-April: 54th session of the UN Commission on Human Rights, Geneva
- May 28: International Day of Action for Women’s Health
- June: 5th Anniversary of the UN World Conference on Human Rights in Vienna, 1993
- September 3: Anniversary of the UN 4th World Conference on Women in Beijing
- September 8-11: World Conference on Family Violence, New Delhi
- November 25: 8th Annual 16 Days Against Violence Campaign
- December 10: 50th Anniversary of the Universal Declaration of Human Rights

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KEY FACTS

- Gender violence is a greater cause of death and disability among women aged 15 to 44 than cancer, malaria, traffic accidents or war.
- In the US, a woman is assaulted, usually by her husband, every 15 seconds. Each year in the UK, one woman in ten is severely beaten by an intimate partner.
- Attacks against some women may escalate during and after pregnancy. Battering during pregnancy also causes miscarriage, premature labour and delivery of a premature or low birthweight infant.
- Studies in Canada, Israel and Brazil show women are more likely to be murdered by a husband or intimate partner than by a stranger. In Russia, every fifth murder victim is killed by a spouse.
- Sixty million women, mostly from Asian nations, are “missing” – killed by infanticide, selective abortion, deliberate under-nutrition or lack of access to health care.
- Surveys of rape among US women suggest that 14 to 20 per cent of women will experience a completed rape during their lifetime. In most nations of the world it is not a crime for a husband to rape his wife.
- Women and girls who are raped may contract life-threatening sexually transmitted diseases, including infection with HIV, the virus that causes AIDS. Surveys in the US indicate that 4 to 30 per cent of women who have been raped acquire an STD in the process.
- Unwanted pregnancy – and abortion – is often an outcome of rape. Abortion is extremely dangerous in countries where it is illegal. Throughout the world, 75,000 women die from excessive bleeding or infection caused by botched abortions every year, according to the World Health Organization.
- Hundreds of thousands of women and girls worldwide are bought and sold into marriage, prostitution or slavery each year.
- Since 1993, UN conferences on human rights, population and development and women have declared that women’s health and rights are human rights. The 1996 forty-ninth World Health Assembly declared that violence is a leading worldwide public health problem.
THE INTIMATE ENEMY: 
Gender Violence and Reproductive Health

1. UNCOVERING A GLOBAL TRAGEDY

The hidden cost of gender violence

Gender violence is a timeless health and human rights problem. Because it is on the doorstep, in families, schools and neighbourhoods, it may be hidden and therefore particularly pernicious. In this case the term gender violence is used because it covers violence against females throughout every stage of their life cycle.

Women everywhere are more at risk from husbands, fathers, neighbours or colleagues than they are from strangers. Gender violence is a greater cause of death and disability among women aged 15 to 44 than cancer, malaria, traffic accidents or war [i]. The World Health Organization believes that at least one in five women in the world has been physically or sexually abused by a man at some time in her life [ii].

A woman's reproductive health, including her ability to decide if, when and how to bear and raise children, is particularly vulnerable to violence, which affects her sexual and reproductive lives in direct and indirect ways:

- unwanted pregnancy through rape and/or inability to use contraceptives
- unsafe abortion-abortion-related injury after an unwanted pregnancy
- pregnancy complications and adverse birth outcomes
- sexually transmitted disease (including HIV infection)
- gynaecological problems
- psychological problems/fear of sex/loss of pleasure.

Until recently, the profound effect of violence on women's lives was hidden. Today it is known to cause immense damage to the reproductive health and well being of millions of women and girls all over the world. Abuse may begin at birth and even before. In Korea, pregnant women pressured to have sons use ultrasound tests introduced in the 1970s to determine the sex of their unborn children and they commonly abort female foetuses [iii]. As a result of China's one child policy, son preference has led to midwives bringing a bucket of water when attending women in labour, so that girl babies can be conveniently drowned [iv]. Millions of girls undergo genital mutilation every year, a dangerous and painful ritual operation that may result in shock, infection or death [v]. Relentless poverty in some Nepali villages has driven families to sell their daughters to traffickers who in turn sell them to brothels in foreign countries. Through this route, some 10,000 Nepali girls enter prostitution in India every year [vi]. In the US, a woman is battered, usually by her husband, every fifteen seconds[vii]. Under Pakistani law, a woman reporting a rape who is unable to prove the offence may be imprisoned for adultery [viii]. During the recent conflicts in Central Africa and the Balkan states, rape of women and girls was used as a weapon of war [ix].

There has been little research on the economic cost of domestic violence. Extrapolating from the results of a study of one inner-city London borough, where every year one woman in nine is severely beaten (the figure for the UK is one in ten) by an intimate partner, the total cost to health and social services in Great Britain may exceed £1 billion a year [x]. The indirect costs of gender violence to development are extremely high. Women in poor countries carry out most productive labour and are virtually entirely responsible for raising future generations. Women make up two-thirds of the unpaid labour force, an invisible contribution estimated at US$11 trillion per year. In some African countries, women account for more than 60 per cent of the agricultural labour force [xi].
Gender violence and reproductive health

The impact of gender violence on women’s reproductive health is less explored than its physical and mental health consequences. Domestic and sexual violence are reproductive health problems because they are intertwined with sexuality, fidelity, pregnancy and childbearing. Women have long suffered the contradiction that researchers are only beginning to document: an abused woman cannot depend on a violent partner to care for or respect her reproductive health [xii].

According to Lori Heise, author of several pioneering studies of gender violence, “evidence is fast accumulating that physical and sexual abuse are linked to some of the most intractable reproductive health issues of our time: teenage pregnancy, high risk sexual behaviour (unprotected sex with multiple partners, prostitution), sexually transmitted diseases and chronic pelvic pain. Violence has also been implicated in pregnancy complications, low birthweight, miscarriage and maternal mortality” [xiii].

Gender violence throughout the life cycle

<table>
<thead>
<tr>
<th>Phase</th>
<th>Type of Violence Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal</td>
<td>Sex-selective abortion (China, India, Republic of Korea); battering during pregnancy (emotional and physical effects on the woman; effects on birth outcome); coerced pregnancy (for example, mass rape in war).</td>
</tr>
<tr>
<td>Infancy</td>
<td>Female infanticide; emotional and physical abuse; differential access to food and medical care for girl infants.</td>
</tr>
<tr>
<td>Childhood</td>
<td>Child marriage; genital mutilation; sexual abuse by family members and strangers; differential access to food and medical care; child prostitution.</td>
</tr>
<tr>
<td>Adolescence</td>
<td>Dating and courtship violence (acid-throwing in Bangladesh; date rape in the United States); economically-coerced sex (African schoolgirls having to take up with “sugar daddies” to afford school fees); sexual abuse in the workplace; rape; sexual harassment; forced prostitution; trafficking in women.</td>
</tr>
<tr>
<td>Reproductive</td>
<td>Abuse of women by intimate male partners; marital rape; dowry abuse and murders; partner homicide; psychological abuse; sexual abuse in the workplace; sexual harassment; rape; abuse of women with disabilities.</td>
</tr>
<tr>
<td>Old-Age</td>
<td>Abuse of widows; elder abuse (in the United States, the only country where these data are now available) elder abuse mostly affects women.</td>
</tr>
</tbody>
</table>


2. RECOGNITION, CHANGE AND RESISTANCE

Going on the record

It was only in 1993 that the international human rights community officially recognised that violence against women is a genuine human rights abuse, even when it occurs within the privacy of families. During the 1993 World Conference on Human Rights in Vienna, the human rights of women and girls were declared “an inalienable, integral and indivisible part of human rights.” Gender-based violence and all forms of sexual harassment and exploitation, including those resulting from cultural prejudice and international trafficking, were recognised as incompatible with the dignity and worth of the human person.

Later that year, the United Nations General Assembly adopted the Declaration on the Elimination of Violence Against Women and, in 1994, a UN Rapporteur on Violence Against Women was appointed. At the International Conference on Population and Development, held in Cairo in 1994, freedom from violence and coercion was declared an essential prerequisite to the achievement of reproductive health
and family planning worldwide. Finally, at the fourth World Conference on Women, held in Beijing, China in 1995, “women’s equality in all spheres of society was declared fundamental for the advancement of equality, development and peace.” In March 1998, the forty-second session of the UN Commission on the Status of Women will consider gender violence as a critical area of concern.

One step forward, two steps back

Although the international community has gone on record against gender violence, the battle is only beginning. Occurring in private places and, for many societies, a dark but persistent tradition, gender violence is still seen as an acceptable part of social life, even by many of its victims. Even when women do recognise the danger they are in, local customs and financial considerations often make it difficult or impossible for them to leave an abusive relationship. A Cambodian mother told this to her abused daughter who had run away from her husband: “Please go back home. Don’t be afraid of your husband, he won’t beat you until you are dead. At most, he will just hit you until you are unconscious. If he beats you to death I will bury your bones” [xiv]. For many women, preserving even the most destructive family relationships appears more important than life itself.

Changes in international human rights policies can lead eventually to changes in attitudes and outcomes. In China, a woman recently successfully sued her abusive husband. She had been so badly kicked and hit that she had been hospitalised for ten days. In court the husband claimed that spouse abuse was a private matter, outside the court’s jurisdiction. But the judge ruled in the wife’s favour. This case provoked intense debate in China and is likely to lead to similar cases as women become increasingly aware of their rights [xv].

Similarly, in Kenya, a Masai woman has defied cultural tradition and taken her husband to court for wife beating. “I have done the unthinkable in my community,” said Agnes Siviankoi, who had endured 13 years of abuse. “I am fighting for the rights of Masai women who will know now what steps to take” [xvi]. According to Millie Odhiambo, member of the Kenya chapter of the International Federation of Women Lawyers (FIDA), the case is unprecedented. “Most cases die at the police station, where you are prevailed upon by your family, your community and your social and economic standing to drop it”. FIDA is campaigning to criminalise wife beating and make it distinct from the general charge of assault [xvii].

3. UNDERSTANDING GENDER VIOLENCE

Is gender violence inevitable?

Violence against women is almost universal, although ethnographers have discovered isolated examples of peasant and small-scale societies where it is absent [xviii]. Research undertaken in the past decade indicates that gender violence is endemic in the West and in developing countries, and abusers and their victims come from all classes, nationalities and economic strata. Past research has mainly focused on the personal characteristics of men who abuse women. However, people’s behaviour is heavily influenced by the society they live in. Laws, cultural values, social structures and local and family relationships also determine whether the members of a society are violent or not.

In industrialised countries such as the US, institutions formally frown on gender violence; however, attitudes and behaviour contradict this: for instance, women trying to integrate into the armed services are sexually harassed and popular “rap” music lyrics insult women as “whores”. According to Marianne Eriksson, a Swedish Member of the European Parliament, there is widespread violence against women in Sweden – a country with the reputation of enjoying an enlightened social services system. “In my country, one woman dies every ten days because of serious abuse by a man in her immediate family or a close acquaintance”, she has said [xix]. In many developing countries, wife beating is defended as part of the natural order, a masculine prerogative that is above questioning.
When researchers Lori Heise and her colleagues investigated the public health consequences of gender violence in less developed countries, they found that societies which tend to have higher levels of gender violence are those in which women are economically dependent on men, or where they have little room for manoeuvre – whether in the home or the political sphere [xx].

Cambodia and South Africa

Understanding why societies are violent may help to predict situations where women are likely to be at risk. Evidence is emerging that the political atmosphere in a community can profoundly affect levels of gender violence within it. A study in Cambodia, for example, based on interviews with 50 female victims of domestic violence in both rural and urban settings, suggested that, after the fall of the Khmer Rouge, in 1979, the level of domestic violence soared. Perhaps ironically, many women interviewed said that there had been relatively little domestic violence during the Khmer period. During that time of dehumanising brutality, control and official genocide against suspected “enemies” of the regime, the authorities severely punished husbands who beat their wives: not so much for the violent act but for acting without permission. The long-term effects of that period on domestic violence were anything but benign. After the defeat of the Khmer Rouge, hordes of defeated men returned to their villages and families and took their frustration out on their wives [xxi]. According to one Cambodian woman:

“After the Khmer Rouge period, men’s hearts changed. The Khmer Rouge lessons and all the evil and violent things they saw everyday stuck in their minds... Now after the Khmer Rouge, when a husband dislikes something—even the smallest thing—he’ll become violent. He will hit his wife” [xxii].

Another woman told researchers that her husband, after punching her in the face, knocking out teeth and splitting her gum, bragged: “I can kill you whenever I want. I could kill you and no one will ever do anything about it” [xxiii].

In South Africa today, gender violence has reportedly taken a terrifying form: gang rape of young women. Roving gangs of young men call it “catch and rape” or “jack-rolling”, and they particularly stalk successful or professional women, seen to be “getting above themselves”. Anthony Swift, a Johannesburg journalist, has argued that this epidemic of violence has been exacerbated by the legacy of Apartheid. Living under white rule was humiliating for South Africa’s black men and they developed a pervasive social aggression characterised by a lack of respect for others and a lack of a clear sense of their place in society [xxiv]. At the same time, the struggle for women’s rights took second place to the struggle against white rule. Even much of the post-Apartheid reporting in South Africa has tended to cast women as accessories to men. “Stories were being taken from women, but women as partners of victims, as mothers... as daughters...No one was wanting to hear a story of how as women you suffered even more than the men,” says Thenjiwe Mtintso, who heads South Africa’s Gender Commission.

4. AN ENCYCLOPAEDIA OF GENDER VIOLENCE

• Early abuse

A girl’s first encounter with gender violence may occur even before she is born. Under China’s “one child policy” implemented in 1979, many families go to great extremes to ensure that their one child is a boy. Half a million female infants were estimated to be “missing” in China in 1987 [xxv], thought to have been selectively aborted or killed shortly after birth. In the Indian state of Punjab, girls aged between two and four are twice as likely to die of typical childhood tropical diseases such as dysentery and pneumonia, not because they are more susceptible, but because they are uncared for. In rural Bangladesh, girls are three times more likely than boys to be undernourished [xxvi]. Professor Ansley Coale says that, according to demographic predictions, 60 million women are “missing”, mostly from Asian nations. Most have been killed by discrimination of some kind, such as infanticide, selective abortion, deliberate undernutrition or lack of access to health care [xxvii].
**Female genital mutilation**

Many societies in Africa practice female genital mutilation (FGM), a bloody and dangerous operation carried out on the genitalia of girls and young women. Parents and communities perpetuate this ritual believing that it safeguards virginity and assures that daughters will be marriageable [xxviii]. Its opponents charge that it is a cruel attempt to control female sexuality. FGM may involve cutting the tip of the clitoris, or in more extreme cases, the removal of the entire clitoris and the outer folds of the vagina. The wound is then sewn up, except for a small hole for the passage of urine and menstrual blood. Genital mutilation is nearly always carried out in unsanitary conditions without anaesthetic, is extremely painful and may result in severe infection, shock or even death. If the girl survives, she may experience painful sexual intercourse. Particularly where more drastic forms of the operation have been carried out, she will be at increased risk of having a difficult delivery and of dying in childbirth. In Sudan, a small study found that women who had undergone the procedure were twice as likely to be infertile as women who had not. [xxix]. This is due to pelvic inflammatory disease (PID) caused by repeated infections due to the retention of urine or menstrual blood that spread throughout the reproductive tract causing inflammation and scarring of the fallopian tubes. The use of unsterile cutting instruments can also cause infections, which can lead to PID – a major cause of infertility. Particularly in traditional cultures, infertility is stigmatised and is a common reason for divorce, ostracism and abandonment of women. Approximately 130 million women have undergone FGM, most of them in Africa [xxx].

**Domestic violence**

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Testimony from the Vienna Convention on Human Rights

“Miss Dravu is an adult female Ugandan of 29 years of age. She had been living with a man, with whom she had had four children, but this man died in 1990. She went back to live with her parents and worked as a tailor with her personal sewing machine. In the same year, 1990, Miss Dravu met Mr Nkoba Geoffroy, the man who victimised her. After living together for about six months, the relationship turned stormy. They were constantly fighting and on all occasions he assaulted her. In November 1991, Miss Dravu had a four-month-old baby, the father being Mr Nkoba. On the fateful night, Mr Nkoba came home at around two in the morning, completely drunk. Miss Dravu had prepared dinner and gone to sleep, leaving the lamp dimly lit for Mr Nkoba for whenever he returned.

When he came home, she got up and opened the door for him, showed him the food and was ready to return to bed and attend the baby. Mr Nkoba stopped her and demanded a hot meal and hot water for a bath. In order to do this, Miss Dravu would have had to light a charcoal stove to warm the food and boil the water for the bath. The baby was crying and she tried to explain that she couldn’t meet his demands.

It was at this point that Mr Nkoba grabbed her, beat her up and kicked her, after which he threw her onto the lit lamp. Beside the lamp was a plastic can which was set on fire causing burns all over Miss Dravu’s body. She ran out of the house in flames and began to roll on the ground. When the flames were out, Mr Nkoba picked her up and rushed her to a nearby hospital and left her there. She never saw him again” [xxxi].

Violence within the home and community – such as wife battering, marital and date rape and child sexual abuse by relatives, teachers or neighbours – is both widespread and hidden in nearly every community where researchers have looked. It is only during the past decade that health workers have recognised the impact of domestic abuse and begun to make a concerted effort to measure it. Surveys carried out throughout the world indicate that as many as 25 to 50 per cent of all women in most societies have been physically assaulted at least once by an intimate partner at some time in their lives [xxxii].

In a random sample of women interviewed in Toronto, Canada, 27 per cent said they had been physically assaulted by an intimate partner, 11 per cent of them in the past year. In Kenya, 42 per cent of women surveyed in Kissi district said they were regularly beaten at home. A similar range of statistics has been obtained from surveys of women carried out in Colombo, Sri Lanka, Mexico City and rural Texas in the
US, and many other regions. Many women returned to their abusive partners again and again, even when they had been severely injured by them. They feared that their own families would only send them back again. Moreover they worried that if they left their husbands would take their children away.

• **Rape**
  
  Surveys of rape among women in the US suggest that 14 to 20 per cent of American women will experience a completed rape at sometime in their lives \[xxxiii\]. Studies in Canada, Korea and New Zealand suggest similar rates of rape. Most forced sex is not carried out by strangers but by intimates, such as neighbours, relatives, husbands and boyfriends. Justice system statistics and studies from Peru, Malaysia, the US and many other nations suggest that 60 to 80 per cent of rapists are known to their victims \[xxxiv\].

  Women are often blamed for “provoking” men. In 1991, a Malaysian politician commented during a parliamentary debate on reforming the rape laws: “Women should wear purdah (head-to-toe covering) to ensure that innocent men do not get unnecessarily excited by women’s bodies and are not unconsciously forced into becoming rapists. If women do not want to fall prey to such men, they should take the necessary precautions instead of forever blaming the men” \[xxxv\].

  The incidence of marital rape is hard to ascertain. Talking about sexual abuse in marriage is taboo in many cultures. Sudanese activist Dr Nahid Toubia has observed that many women lack the language to do so, or they may never have been asked \[xxxvi\]. When sensitively questioned by health professionals, one Latin American woman explained:

  “My sex life in marriage has been dominated by rape, rape, rape – and nothing to do with love. I didn't know that what I experienced was rape...I thought that rape was something that happened in a dark, remote street in the middle of the night. I didn't know that it could also happen in a marriage bed” \[xxxvii\].

  In most nations of the world, it is not a crime for a husband to rape his wife. Only recently has rape in marriage been made a criminal offence in some Western countries. For example, in the UK, it was only in 1991 that a man could be found guilty of raping his wife.

• **Rape: a weapon of war**
  
  During the recent conflicts in the former Yugoslavia and in Central Africa, rape was extremely common and was used as an instrument of war. Both conflicts had a strong ethnic element and most rapes were carried out by soldiers or combatants of one ethnic group against women and girls of another. In former Yugoslavia, all parties were engaged in rape. The international non-governmental organisation, Human Rights Watch, documented numerous cases of rape of Muslim and Croatian women by Serbs and of Serbian women by Croats and Muslims, as well as other Serbs. By 1993, the Zenica Centre for the Registration of War and Genocide Crimes, in Bosnia, had documented 40,000 cases of rape associated with the conflict. The true figure is likely to be even higher \[xxxviii\]. UN troops are also suspected of having committed a number of rapes \[xxxix\].

  In the string of refugee camps across Central and East Africa, rape is also very common. Without the protection of family and local community women are extremely vulnerable, especially if they must walk long distances alone to collect firewood and other provisions.

  The UN classifies rape as a crime of war under the Geneva Convention and the UN recently agreed to try rapes carried out in conflict situations as war crimes. However, most of those who commit war rapes are low-ranking soldiers who are unlikely ever to face trial. Higher officials have been suspected of ordering mass campaigns of rape as part of the process of “ethnic cleansing” in both the former Yugoslavia and Rwanda. However such cases will be hard to prove.
**• Rape in prison**

Women in prison are perhaps the world’s weakest constituency, virtually deprived of all rights and guarded by men who often abuse their power. Since 1979, the number of women in prison in Pakistan has increased sharply. Most have been imprisoned under Pakistan’s extremely punitive interpretation of Sharia, or Islamic law, known as the Hudood Ordinances, which criminalise sex outside marriage. The laws also criminalise rape but the burden of proof is very heavy. To obtain the maximum punishment, women must have four male witnesses and they may not testify on their own behalf. Typically, lesser punishments are sought and women may testify, although their testimony carries minimal weight. Rape victims who fail to prove they have been sexually assaulted are subsequently accused of fornication and are often imprisoned or publicly flogged.

According to human-rights lawyers in Pakistan, more than 70 per cent of incarcerated women reported being abused by their guards. Reported abuses include slapping, beating, suspension in the air by hands tied behind the victim’s back and gang rape.

In the US, a Human Rights Watch investigation found many cases of inappropriate body searching and rape and beating of female prisoners by male guards. In addition, many women prisoners exchanged sexual favours for gifts and privileges or were simply blackmailed. Prisoners who complained had been segregated.

**• Child abuse**

Children – both boys and girls – suffer violence and sexual exploitation from birth. Approximately 30 to 50 per cent of victims of rape and attempted rape are under the age of 15, according to surveys in a number of countries including Chile, Peru, Malaysia and the United States. Around 20 per cent were under ten.

**Testimony from Vienna**

“I am a 27 year old US citizen. [In 1966 my natural father was killed in Vietnam.] Having been raised a Roman Catholic [my mother] turned to the church for emotional support and guidance. [There] she met a priest who began dating her. Within two years he left the priesthood to marry my mother and he legally adopted my sister and me…My step-father had enormous stature in the family and a reputation in the community as a responsible citizen. [My mother died of a brain tumour in 1977.] While she was still in a coma, my step-father came to me and said that the doctors at Sloan Kettering Cancer Institute, who were treating my mother, were concerned about me because her tumour had been the result of an inherited disorder. He said if this was not taken care of during adolescence… I would inevitably die at a young age, just like my mother. He detailed the cure: a new ‘therapy’ involving sexual intercourse would provide the necessary semen to strengthen my immune system. [He would be the donor.] At this time I was 12 years old.

‘Therapy’ took place every night for the first couple of years. He gave me pills which I later discovered were tranquilisers. [When I was 16, I finally told a school psychologist what was going on.] She was the first person I ever told…In the end, my stepfather pleaded guilty to second and third degree sexual assault and was sentenced to 7 to 9 years in prison. He was released after a mere 18 months.”

In the absence of systems to protect children’s welfare, the home, the church and the school – institutions that should nurture – can be a private hell. In Kenya, efforts to increase girls’ access to schooling have been compromised by repeated instances of serious sexual harassment by school boys, teachers and neighbours, and a lack of mechanisms to deal with the problem. For instance, in July 1991, 19 schoolgirls died at the hands of their male schoolmates and 71 others were raped, in an orgy of violence at a Catholic secondary school. The St Kizito incident gained notoriety – and caused national and international outrage – due to the headmaster’s casual comment that the boys never meant to hurt the girls but “only wanted to rape”, and the fact that so many girls were killed. In 1996, two cases of
mass attacks and rapes on girl students again received media attention. Worried parents have withdrawn their daughters from school [xlvii].

- **Trafficking**

Every year hundreds of thousands of women and girls throughout the world are bought and sold, either into marriage, prostitution or slavery. The United Nations estimates that 4 million people around the world are trafficked each year,[xlviii] and that there are 200 million people who are living in contemporary slavery today [xlix]. Although most of the sex trade in women and children takes place in Asia, Eastern European women are increasingly vulnerable, especially in Russia and the impoverished countries of the former Soviet bloc such as Poland, the Ukraine and Latvia. Most girls or women who are trafficked are lured into it by promises of adventure and lucrative jobs in faraway places. Michael Platzer, of the UN Center for International Crime Prevention, told the *International Herald Tribune*, “During four centuries, 12 million people were believed to have been involved in the slave trade between Africa and the New World. The 200 million ? and many of course are women who are trafficked for sex ? is a current figure. It’s happening today” [l].

According to the International Organisation for Migration, as many as 500,000 women are trafficked into Western Europe alone every year. In Southeast Asia where trafficking in female prostitutes is a long-standing institution, traffickers tend to target vulnerable communities. They may arrive during a drought or just before the harvest when food is scarce and persuade poor families to surrender their daughters for small amounts of money. Once in the hands of traffickers, there is little chance of escape. In many countries the police themselves are complicit in and profit from prostitution. One Burmese woman working in a brothel in Thailand told Human Rights Watch that the police often came to the brothel where she worked and could take the girls out for free [li].

**Testimony from Vienna Conference on Human Rights**

“My name is Grazyna. I am 30 years old and I come from Poland. I used to work in the shipbuilding industry but since the ‘Revolution’ there is no more work for me. The economic crisis has turned my life upside down. I am divorced and I have two children.

In September 1991, I was working in a restaurant in Yugoslavia and had just come to the end of my contract. Through some acquaintances I met a man…who asked me whether I was interested in going to work in a restaurant in Germany, where I would earn three times as much as in Yugoslavia for the same work… I was then introduced to a man named Robert who said he was the manager of a restaurant in Germany… A few days later Robert came with two other men to fetch me…[I gave him my passport and never saw it again.] On the way we stopped at a hotel somewhere in Germany … There they told me that I had to work as a prostitute. I protested but to no effect. When I kept refusing [one of them raped me] while Robert took photographs. He threatened to send the photographs to my mother if I continued to resist. [In Essen] I was sold to a third man, Josef [who brought me to the Netherlands.]

In the Netherlands I was forced to work as a prostitute in a ‘window,’ in a street full of ‘prostitute windows.’ They brought a big dark man to me and said that he would watch me all the time as I worked, so I should not think that I could escape. They also said that it was no use going to the police, because they were paying the police too” [lii].

5. **THE HEALTH CONSEQUENCES OF GENDER VIOLENCE**

- **Injuries**

The extent of physical injury resulting from gender violence is only now coming to light. Injuries such as bruises, burns, cuts and broken bones are the most common result of gender violence in the home and
community. Chronic injuries such as hearing loss, head-aches and joint pain that may lead to arthritis are also common. Contrary to expectations, most assaults on women occur in the home. In Santiago, Chile, 73 per cent of those attending an emergency room for assault related injuries were assaulted by family members [liii]. In one study 80 per cent of assaults by spouses resulted in injury compared to 54 per cent of assaults by strangers [liv].

**Homicide**

In Canada, Israel and Brazil, studies have shown that women are more likely to be murdered by a husband or intimate partner than anyone else [lv]. In Russia, every fifth murder victim is killed by a spouse and women are the victims in most cases [lvi]. In India, a bride's family traditionally gives a dowry, or gift of money, to the family of their prospective husband before marriage. Many women are subjected to severe abuse and even murder by their in-laws if they do not bring enough money or if they attempt to leave the marriage. The most common form this takes is burning, often claimed to be accidental. In urban Maharashtra, one in five deaths among women of reproductive age is due to “accidental burns” [lvii].

Recently, hospitals in Bangladesh have seen a rise in the number of women attending with severe burns. Most are caused by acid, thrown by spurned lovers and angry husbands. Naripokkho, a Bangladesh women's group, documented 80 woman victims of acid burns between 1983 and 1995. However, in 1996 alone there were 56 cases and the number seems to be rising steadily, like an epidemic. Those women who are not killed by the acid are usually badly disfigured or blinded. Officials speculate that male frustration, caused by increases in female employment and the success of microcredit schemes that favour female borrowers, along with increasing poverty and unemployment among men may be encouraging this disturbing trend in domestic violence [lviii].

**Birth complications**

For some women, attacks may escalate during and just after pregnancy, while for others pregnancy may bring a decrease in abuse. Studies in the US suggest that 25 per cent of battered women are struck during pregnancy [lix]. Interviews with battered women in Santiago, Chile, revealed that for 40 per cent or them, abuse increased during pregnancy [lx]. In cultures where there is a strong preference for sons, some women may be beaten when only daughters are born – even though sex is determined by the male sperm. A rural woman from Veracruz, Mexico, told researchers: “My husband was very angry with me because I had only given birth to three girls. Five months after the last birth, he beat me violently and told me that he was going to kill me. He threw me on the ground and kicked me for having had another girl and said he was going to give her away” [lx].

Battering during pregnancy may cause, in addition to injury to the mother, premature labour, miscarriage and delivery of a premature or low-birthweight infant with reduced chances of survival. Mental, as well as physical, abuse may affect pregnancy outcome. In the Santiago study,[lxii] women who lived in violent neighbourhoods were five times more likely to have pregnancy complications. “If the stress and trauma of living in a violent neighbourhood can induce pregnancy complications,” writes Lori Heise of the Health and Development Policy Project in Washington DC, “it is reasonable to assume that living in the private hell of an abusive relationship could as well.”

**A barrier to family planning**

Women who feel threatened by their intimate partners are unlikely to take advantage of contraceptives, even when available. Researchers have found that sexual and domestic violence directly affects women’s use of family planning and contraception. According to researcher Suzanne Banwell, when a Ugandan woman decided to use birth-control pills without her husband’s consent to avoid future pregnancies, beatings began when she failed to conceive. They became more brutal when he discovered she used contraception [lxiii]. Women in Zimbabwe sometimes hide contraceptive pills in bags of flour or bury them in the garden. Their husbands, particularly if they have paid lobola (bride-price), believe they should control their wives’ fertility. Women in focus groups in Peru and Mexico said they did not discuss birth control with their husbands because they were afraid they would become violent [lxiv].
Abortion

Women who are raped and women who are afraid to raise the issue of family planning with their partners are at risk of unwanted pregnancy. Recent US data suggest that nearly 60 per cent of all pregnancies in the US are unwanted or unplanned [lxv]. While abortion is legal in the US it remains highly contentious and its availability is controlled by individual state law. Poor women may be unable to pay for the procedure. About half of all unwanted or unplanned pregnancies are terminated. However, even in countries where it is not legal, there is an enormous black market in abortion. In Chile, for example, where it is illegal under any circumstances, even in cases of abuse or rape, 35 per cent of pregnancies end in abortion [lxvi].

Abortion is extremely dangerous in countries where it is illegal. Throughout the world, 75,000 women die from excessive bleeding or infection caused by botched abortions every year, according to the World Health Organization [lxvii]. A far greater number acquire infections that cause fever, pain and, in many cases, infertility – a devastating condition for women in cultures where their social worth and marital security are measured in their ability to bear many children, particularly sons. The estimated 159,000 women who undergo abortions in Chile every year not only risk jail sentences if they are caught; one-fifth of them require hospitalisation from complications.

The threat of sexually transmitted diseases and AIDS

Another legacy of forced, unwanted or unprotected sex for millions of women is disease, including infection with HIV, the virus that causes AIDS. While both partners can knowingly or unknowingly infect one another, women are biologically more vulnerable to acquiring sexually transmitted diseases (STDs) and the consequences are more serious and life-threatening for women than men [lxviii]. STDs such as gonorrhoea, syphilis, genital herpes and chlamydia can lead to sores, ulcers or inflammation affecting the genitals and reproductive tract. Several infections also increase the risk of transmitting or contracting HIV and are believed to have contributed significantly to the AIDS epidemic in poor countries. Sexually transmitted diseases are extremely widespread, particularly in developing countries with inadequate health care systems, and their burden falls most heavily on women and their infants. STDs can cause infertility, pregnancy complications and adverse birth outcomes, and sometimes death. More than a million women and children died from the complications of reproductive tract infections (excluding HIV infection) every year during the 1990s, a figure 50 times higher than that for deaths from reproductive tract infections in men [lxix].

It is well known that condoms protect against HIV infection and sexually transmitted diseases and condom promotion is a centrepiece of AIDS prevention programmes around the world. However, research indicates that many women find it difficult to ask their partners to wear them. In the US, research at family-planning services showed some women had been, or were afraid they would be, beaten by their husbands if they asked them to wear condoms [lxx].

“If a woman would insist to the husband that he wear a condom, then obviously the abuse comes in,” says a woman focus group participant in Zimbabwe, when asked about her use of condoms. “The husband wants to know why she insists that he wear a condom... unfortunately the man will always believe that he is OK, even if he knows that he is fooling around taking women out, and yet he still wants to have unprotected sex with his wife” [lxxi].

The highest rate of new HIV infection in Zimbabwe is among adolescent girls and protecting them remains a pressing concern for HIV prevention. Teenage girls are particularly vulnerable to persuasion and coercion from their male peers. A male college student told a focus group discussion: “There is no such thing as date rape because if she is my girlfriend and I want sex, I have got to have it” [lxxii].

In the US, several independent surveys indicate that 4 to 30 per cent of women who are raped acquire an STD in the process [lxiii]. One disturbing indication of the pervasive role played by violence in the spread of sexually transmitted diseases is given by figures for the occurrence of these diseases in children. If one assumes that children under ten do not willingly engage in penetrative sex, then when they acquire an STD it is almost certainly through child sexual abuse. A 1988 study of female STD
patients in Zaria, Nigeria, found that 16 per cent were under the age of five and a further 6 per cent were aged 6 to 15. A survey carried out in 1990 in Zimbabwe found that 907 children under 12 were treated for a sexually transmitted disease at the Genito-Urinary Centre in Harare. Most of the children had been infected by neighbours or close relatives [lxxiv].

Because of the shame surrounding these diseases, many children with STDs never appear on health service registers, so these figures may be considered merely the tip of the iceberg. Eunice Njovana is the former Director of Zimbabwe’s Musasa Project, an organisation that supports women victims of domestic violence and campaigns for changes in laws related to domestic violence. She spoke recently about one of the women who came to Musasa for counselling. “She had a five-year-old girl with her, her daughter. The girl had been sexually abused by a neighbour. We found out that there were more than ten other girls under 12 who were being regularly abused by this man. The other mothers knew about it but were afraid to confront the problem” [lxxv].

• Psychological problems and suicide

Violence distorts the emotional life of families. In Nicaragua, focus group studies found that many people believed the psychological effects of domestic violence to be more severe than the physical ones. According to one judge, “bruises and cuts will heal eventually but psychological damage lasts forever” [lxxvi]. Violence can even lead to suicide. “He forces me to have sex,” said one Nicaraguan woman, “but first he insults me, he beats me, and I have to put up with it because I have nowhere to go, and sometimes I feel like I don’t want to put up with it anymore.”

Serious episodes of depression affect about one-third of battered women in the US [lxxvii]. One study found 25 per cent of suicide attempts by women were preceded by abuse. Data suggest that women in the US who have been sexually abused as children tend to end up in abusive relationships and have a higher than normal risk of becoming involved in prostitution and drugs [lxxviii]. Male children who witness violence in the home are more likely to grow up and become abusers themselves. A US study has shown that women who were sexually abused as children were three times more likely to be pregnant by the age of 18 than women who were not [lxxix]. Young women who were sexually abused as children are also twice as likely to put themselves at risk of acquiring a sexually transmitted disease or HIV infection by having unprotected sex with multiple partners than those who were not abused [lxxx].

6. WHAT CAN BE DONE?

Think globally... Women’s rights are human rights


Nevertheless, there is limited international consensus on the issue of gender violence [lxxxi].

International milestones addressing violence against women

UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
Guarantees women equal rights with men in all spheres of life, including education, employment, health care, the vote, nationality and marriage. The Committee on the Elimination of All Forms of Discrimination Against Women was established to review reports, which all countries that are signatory to the Convention must submit on women’s status [lxxxii].

World Conference on Human Rights, Vienna 1993

Vienna Declaration and Programme of Action: Affirmed that women’s human rights were a fundamental part of all human rights. The Declaration refuted the distinction, sometimes made in human rights discourse, between public and private spheres, declaring for the first time that women’s human rights must be protected not only in courts, prisons and other areas of public life but also in the privacy of the home [lxxxiii]. Progress made in the implementation of the Vienna Declaration will be reviewed at the 1998 March-April session of the UN Commission on Human Rights. The 1993 UN Declaration on the Elimination of Violence Against Women for the first time provides a definition of violence in Article 1 and includes psychological violence in the definition.

UN International Conference on Population and Development (ICPD), Cairo, Egypt

Affirmed that women’s rights were an integral part of all human rights. Stressed that “population and development programmes are most effective when steps have simultaneously been taken to improve the status of women.” Women’s empowerment was a central theme of the conference, not only in politics, government and other professions, but also in personal relationships. Recommended actions for governments included prohibiting the trafficking of women and children, promoting discussion of the need to protect women from violence through education and establishing preventative measures and rehabilitation programmes for victims of violence [lxxxiv]. ICPD was the first international forum to acknowledge that enjoyment of sexual health is an integral part of reproductive rights. Men’s rights and responsibilities toward their partners were noted. “Human sexuality and gender relations are closely interrelated and together affect the ability of men and women to achieve and maintain sexual health and manage their sexual lives. Equal relationships between men and women in matters of sexual relationships and reproduction, including full respect for the physical integrity of the human body, require mutual respect and willingness to accept responsibility for the consequences of sexual behaviour” [lxxxv].

UN Fourth World Conference on Women, Beijing, China

The conference Platform for Action recognised that “all governments, irrespective of their political, economic and cultural systems, are responsible for the promotion and protection of women’s human rights.” The document also specifically stated that violence is an obstacle to the achievement of women’s human rights [lxxxvi].

About 30 countries have not signed the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). Nearly one-third of signatory governments have lodged substantive reservations, signalling widespread and deep-rooted resistance to the concept of full equality for women. Malaysia, Maldives, Morocco, Pakistan and Tunisia oppose sections that conflict with existing national, customary or religious laws. Twenty-four nations have lodged reservations against article 16, a core provision that guarantees equality between men and women in marriage and family life [lxxxvii].

Despite the existence of CEDAW, there is currently no forum for complaint nor avenue to prosecute for breaches of women’s rights covered by the Convention. In March 1998, the forty-second session of the UN Commission on the Status of Women will also consider progress towards elaborating just such a mechanism through an “optional protocol” to CEDAW. This would give teeth to enforcement mechanisms for women’s human rights in a way that already exists for other major human rights treaties.

No UN decree or other international fiat can bring about the fundamental changes – including girls’ and women’s equal access to education and employment – which are necessary to combat gender violence
in countries undergoing highly stressful and rapid political, social and economic changes. Nevertheless, they can lead the way to more concrete national actions carried out on a more local scale.

7. **ACT LOCALLY**

**Sensitising health workers to gender violence**

The World Health Organization and independent researchers argue that health workers have a crucial role in helping victims of gender violence [lxxxviii]. In order to do so, they must learn to be alert to the signs of domestic violence, such as suspicious injuries that are not adequately explained, injuries during pregnancy, suicidal thoughts and actions and long delays before seeking treatment for an injury. Some of the women who came to the Zimbabwe Musasa Project had been seriously injured by their husbands but told counsellors that they had been afraid to confide in local health workers because they feared they would not be taken seriously. This is not a problem unique to Africa. As recently as 20 years ago, there were no shelters for battered women in the US. Hospital personnel treating women with suspicious wounds and bruises were relieved when women lied about the source of their injuries [lxxxix]. A 1992 survey of Chilean hospitals found that two-thirds of battered women seeking medical care were given no information on how to file a complaint [xc].

**Warning Signs for Health Workers**

- A woman who makes an appointment but does not attend.
- A woman with multiple injuries in sites that are usually covered by clothing.
- A woman whose partner comes with her and stays close at hand in order to monitor what is said.
- A woman with evidence of strangulation attempts on the neck or fractures to the upper arms, which may have been caused when the woman tried to defend herself.
- A woman who is excessively shy, embarrassed or anxious, or who is reluctant to provide information about how she was injured.
- A woman or partner with a history of psychiatric problems such as depression, alcoholism, drug abuse or suicide attempts.
- A woman with a history of “accidents”.
- A woman, particularly if pregnant, with injuries to the breasts, genitalia or abdomen.


Many women contact health services only when they need assistance with a reproductive health concern and there is evidence that for some women domestic abuse increases during and after pregnancy or because of disputes over family planning. For these reasons, reproductive health services such as antenatal clinics, maternity services and family planning services must be particularly alert to the possibility of gender violence among their clients.

Where health workers suspect cases of domestic violence, researchers advise them to ask discreet questions, listen to the woman’s story and put her in touch with support agencies that may provide counselling and may even be able to help with relocation and medical and legal expenses.

**Alerting family planning, AIDS and STD Services**

Domestic violence is a substantial barrier to family planning and the control of STDs. AIDS service agencies carrying out counselling and HIV and STD testing, as well as family-planning clinics, may be at the frontline of domestic violence. However, because it is difficult to discuss abuse in the home, these agencies are often unaware of the important role they could play in helping abused women. Information
and advice about domestic violence should be an integral part of these services and they should also be linked by referral to legal and medical services for battered women [xcii].

In Colombia, the non-governmental organisation Profamilia has provided legal services for the clients at its family planning clinic in Bogota since 1986 and now has five similar programmes in five cities around the country. “We wanted to get to the women directly,” says Dr Maria Isobella Plata, Director of Profamilia, “and that’s easy to do through family planning. We do research into violence, we provide counselling and, if a woman needs to go to court, we send one of our lawyers with her” [xcii]. In 1991, Colombia adopted a new constitution and, according to Dr Plata, the laws are designed to protect women’s rights. However, many women do not know their rights. To address this problem, Profamilia produces an information booklet – “Know Your Rights” – and has produced radio phone-in programmes dealing with reproductive health and rights issues. Resources are a problem. The legal services are not self-financing and women must pay, both for counselling and for the lawyers.

The role of counselling services

In South Africa, the Women’s Crisis and Resource Unit at the University of the Western Cape tries to help victims of gender violence and rape. The organisation was established in response to the large number of complaints of rape and harassment on campus and the lack of mechanisms within the university for addressing them. The Unit’s founders felt that counselling on the Western model was inadequate. In Western cultures, according to Matlhogonolo Maboe, it is easier to deal with women as individuals but African women traditionally depend on wider social networks for support. Many African women keep silent about their experiences in fear of losing these networks. For this reason the Unit attempts to involve whole families and community sectors in the counselling process, so that victims will have more people to depend on outside of counselling sessions [xciii].

The Unit has also created alliances with sympathetic police, doctors and lawyers who can be counted upon to deal sensitively with victims of rape and abuse and has worked on establishing courts and tribunals that would deal specifically with these issues.

8. COMMUNITY ACTION

Change may come only from within communities themselves. Small grassroots organisations have recently emerged to provide medical, legal and counselling services for victims of rape and domestic violence and to advocate for change in existing laws and customs through education and lobbying. Preventive efforts are aimed at youth. The Ugandan teen newspaper Straight Talk, in its sexual health messages, pays great attention to relationships, stressing values and interpersonal skills. Groups such as FIDA-Uganda, an association of women lawyers, also organise to inform women of their legal rights. The Musasa Project in Zimbabwe, which is dedicated to combating domestic violence, has documented the scale of the problem by conducting surveys of abuse among Zimbabwean women. The organisation uses these statistics to lobby the government to modify and enforce new laws regarding spouse abuse and to recognise marital rape as a crime. It also provides shelter and counselling for battered women and their children. In many countries, these agencies have served to focus political attention on a long-ignored problem.

Charlotte Watts, who worked with the Musasa Project, said that more than 25 per cent of married women taking part in community surveys reported that they had been beaten by their husbands. Many women who came to the centre for counselling had endured violent relationships for ten years or more before seeking help [xciv]. It is often argued that spouse abuse is a private matter and too widespread and too deeply embedded in society ever to be eradicated. However, during focus groups, the Zimbabwean women who had long endured spouse abuse said that they believed it was unacceptable [xcv].
In many countries, increasing awareness of the dangers of domestic violence at the grassroots has given rise to large and growing anti-gender violence movements. In Mexico, Bolivia and Zambia, marches, conferences, media campaigns and dialogues with politicians have grown up around these small support groups. A number of new laws against rape and domestic violence have been passed or are under consideration in India, Uganda, the Bahamas, Chile and a number of other countries mainly in Latin America and the Caribbean [xcvi].

• **Uganda: People’s Voice for Peace**

In northern Uganda, an area torn by civil war, a group of women participated in a project to gather personal testimonies from a variety of women, giving them the chance to describe their own experiences and opinions on conflict [xcvii]. The powerful testimonies formed the basis for discussion and raising awareness of the many and varied impacts that conflict had had on their lives and on those of their families and communities. Many of the same group joined in the formation of a new locally based organisation, People’s Voice for Peace. This aims to promote reconciliation within and between the sexes, generations and communities affected by the atmosphere of violence and social breakdown that conflict has engendered. Encouraged by the reaction to the women’s testimonies, one of the first projects with the new organisation is to collect personal testimonies from men. They aim to use these to open discussion about the causes and effects of violent behaviour on men, whether as victims or perpetrators, and to explore the links between violence and notions of masculinity in a world where some of the traditional meanings have been lost. Without greater understanding of the forces that foster violence, the women felt, only half the picture would be visible and progress would be limited.

• **Nicaragua: women unite**

In Nicaragua, a number of small women’s groups emerged from the Marxist Sandinista movement of the 1970s and early 1980s. The present government of Nicaragua is far less open to issues of gender equality in employment and education. Nevertheless, these groups continue to function and have been particularly successful in strengthening the laws against domestic violence. In 1995, a group of women lawyers drew up a bill that would provide protection for battered women from their offending spouses in their homes. It would consider psychological as well as physical injury to be a form of abuse and would mandate longer sentences for abusers within families than in the past.

One of the striking findings to emerge from focus group discussions conducted by The National Network of Women Against Violence in Nicaragua was that many abusive men knew how to attack without leaving evidence. According to one rural man: “You have to know how to give it to a woman. I can beat her with the flat end of the machete, but it may turn over and if she gets the blade that’s a problem... Women should be hit where it doesn’t show and preferably on the bottom with a belt. This isn’t serious because it can’t be seen.”

The reform bill was drafted in an election year and activists mounted a powerful campaign involving direct lobbying by sympathetic lawyers and doctors with political connections, epidemiological and social research into the extent and consequences of gender violence and a creative media campaign using bumper stickers, pamphlets and advertisements on television and radio. There was so much public support for the campaign that no politician could afford to be seen opposing it. It passed unanimously through the National Assembly in October 1995 [xcviii].

Despite legal reforms and important victories, including a successfully prosecuted case of psychological injury due to domestic violence, there is still resistance on the part of some police and judges. In 1996 a Nicaraguan Supreme Court judge remarked in a public forum: “A man who beats his wife must have a good reason for it; surely she did something to provoke it” [xcix].

Legislation against domestic violence has been enacted in 44 countries, including 22 Latin American and Caribbean countries [c]. However, it remains to be seen how effectively these laws will be enforced. Already there is evidence that continual effort is needed in order to generate the political will and financial and human resources to make the new laws work.
• **Peru: working with the police and judiciary**

In Peru, for example, the government’s Women’s Ministry and the Flora Tristan Women’s Center in Lima have begun training police officers about domestic violence. Peru, like an increasing number of other Latin American countries, has a network of women’s police stations – staffed largely by female police officers – linked to social, legal and medical services for families in trouble. In March 1997, Peru passed an amendment increasing penalties for those convicted of domestic violence [ci] but, so far, the law has been enforced inconsistently. Despite the efforts of personnel in the women’s police stations, research indicates that only about half of all reported cases of spouse abuse are investigated, because other male colleagues have not been trained to deal with domestic violence – and some are guilty of spouse abuse themselves [cii]. One wife of a high-ranking officer endured ten years of beatings and two hospitalisations for injuries sustained. Women officers also complain that their operations are under-funded and that there are not enough trained psychologists, doctors and lawyers to deal with their case loads.

• **Chile: a fight for democracy and women’s rights**

Sometimes anti-violence movements grow out of other political movements. The fight against gender violence in Chile has its roots in the nation’s democracy movement. In the mid-1980s, protests against the military regime of Augusto Pinochet gathered steam with the rallying cry “Democracy in the nation and at home.” Women marched in the streets to protest not only the “disappearances” of female political prisoners but also the battering of women in their homes.

The campaign against domestic violence always took second place to the democracy movement, at least in the eyes of many in the human rights community. However, a few Chilean feminists came together and formed The Chilean Network Against Domestic and Sexual Violence, which provided legal and support services for battered women.

When democracy was restored in 1990, the National Women’s Service, or SERNAM, was created. The organisation immediately went to work creating awareness of domestic violence in every branch of public service, including the police, the courts, the schools and the health service.

In 1994, the Chilean government passed the Intra-family Violence Law (VIF) which criminalised sexual and psychological abuse and introduced protective measures such as restraining orders against offenders and mandatory therapy for batterers. Under its relatively streamlined procedure, complaints filed have sky-rocketed. The Law is seen as a “communication success” that carries significant symbolic weight in Chile’s highly legalistic society. “Just leaving a VIF brochure on the night table can have a dissuasive effect,” lawyer Luz Rio Seco of the Santiago Women’s Institute has commented [ciii].

Nevertheless, the nation’s institutions do not always enforce the law wisely, and there remains a strong conviction in the legal system that preserving families is more important than protecting women. Veronica Matus of the Chilean Human Rights Commission says judges still fail to appreciate the realities of women’s lives. “They want to reunite families at whatever cost,” she said, but they do not want to be involved in private matters [civ].

Economic change has recently brought a new kind of pressure to bear on Chilean culture and community life. The town of Coronel in Southern Chile has been dominated by the coal-mining industry for more than a century. However, since 1994, a number of strikes and mine closures has created a kind of mass identity crisis among the men of Coronel. Mine closures threaten not only jobs but also residence, friendships and pride. In the meantime, more and more women have begun taking jobs selling make-up and clothes, competing in the labour market with their husbands. The presence of wives and children at strike demonstrations testifies to the strength of Coronel families. Nevertheless, it is part of mining lore that a miner beats his wife. Recently the headquarters of the striking miners has been transformed into an anti-violence centre. A shelter for battered women is expected to open soon [cv].
Changing the legal system

In many countries the courts are unsympathetic to women who accuse men of abuse or rape. In Brazil for example, judges often view wife killing as a legitimate “crime of passion”. One State prosecutor told Human Rights Watch that 80 per cent of men who kill their wives and then testify that they were provoked by the wife’s unfaithfulness are exonerated by the courts. In Russia, where one in five murders is carried out by the victim’s spouse, the police and courts are notoriously indifferent to complaints of domestic violence. Wanda Dabasevich, of the St. Petersburg Women’s Rights Center, was pursuing two cases of domestic violence. “Both women went to the police. The police said they would talk to their husbands, but they didn’t. The police never even wrote out a formal complaint.” “The police rarely believe a rape victim,” a lawyer recently told the founder of the Moscow Sexual Assault Recovery Center.

Most new laws related to domestic violence and rape are designed to make prosecution easier and to train the police and the justice systems to deal more sensitively with complaints by women. Changes to the legal system occur slowly because they involve changes in attitudes as well as laws. Often changes come about as a result of strong lobbying pressure using documented research, grassroots pressure and increased awareness of the problem in the general population. Here the media has an important role to play.

Working with the media

Both the International Conference on Population and Development and the Fourth World Conference on Women mandated that the media deal more extensively and sensitively with the issue of gender violence. In the past the media in many countries has tended to minimise the cost of gender violence, sensationalise and trivialise its coverage – “Man ‘loves’ woman to death” – and even in some cases to blame the victim for her situation.

Njovana, who has worked with the Zimbabwe Musasa Project for nearly a decade, says that she has witnessed extraordinary attitude changes in the media since Musasa was first set up. “At first the media thought we were there to create havoc in other people’s homes. Journalists were very abusive to women activists, including me. However, recently a newspaper profiled me and it was very complimentary and Zimbabwean television made a series of programmes about domestic violence using case studies.” Njovana believes that the favourable media attention has helped open doors for Musasa to influence government, where it has been able to persuade several ministers to discuss policies surrounding gender violence more actively than in the past.
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