Annotated bibliography on violence against women: a health and human rights concern

Commissioned by the Global Commission on Women’s Health

Prepared by Rights and Humanity in collaboration with Women, Health and Development and the Global Commission on Women’s Health

World Health Organization
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<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategory</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction</td>
<td>a. Violence Against Women, an Issue of Health and Human Rights</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>b. Key References</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>c. Summary of Category Content</td>
<td>6</td>
</tr>
<tr>
<td>2. Category I</td>
<td>Health Consequences of Violence Against Women</td>
<td>8</td>
</tr>
<tr>
<td>3. Category II</td>
<td>Approaching Violence Against Women from the Health Perspective</td>
<td>13</td>
</tr>
<tr>
<td>4. Category III</td>
<td>Violence Against Women as a Violation of Human Rights Instruments</td>
<td>19</td>
</tr>
<tr>
<td>5. Category IV</td>
<td>Practices Harmful to the Health of Women and Girls</td>
<td>27</td>
</tr>
<tr>
<td>6. Category V</td>
<td>Situations of Conflict and Transition</td>
<td>29</td>
</tr>
<tr>
<td>7. Category VI</td>
<td>The Impact of Masculine Identity and Men’s Changing Roles in Violence Against Women</td>
<td>34</td>
</tr>
<tr>
<td>8. Category VII</td>
<td>Strategies For Action and Prevention</td>
<td>37</td>
</tr>
</tbody>
</table>
INTRODUCTION

VIOLENCE AGAINST WOMEN: A HEALTH AND HUMAN RIGHTS CONCERN

...women are at greater risk of violence in their own homes than on the street, and are likely to know their attackers. Men’s violence against women is about power and control. Many men think they own women and that they have the right to control or dominate us using violence.¹

This bibliography was commissioned by the World Health Organization to assist health policymakers in developing a greater understanding of some of the causes of violence against women, and strategies for its prevention and redress. It is clear that violence is a major health issue. It is also a violation of human rights.

Addressing violence through the lens of health can be particularly helpful in those countries in which violence, and in particular domestic violence, is a highly sensitive and all too frequently denied issue. For example, Rights and Humanity’s experience in Islamic and comparable traditional societies has shown the benefit of considering domestic violence from a health perspective. Such an approach is seen as less threatening than concentrating solely on the human rights aspects of violence. A similar experience has been gained in working to prevent female genital mutilation. In addition, since health workers are often the first to witness the consequences of violence, health centres provide a major opportunity for appropriate intervention.

At the same time, it is essential to repeat constantly that domestic violence is a violation of human rights. Societies must be encouraged to adopt a “zero tolerance” attitude towards violence. Stressing the human rights concerns raised by violence can assist in empowering women to recognise that they have a right to be free of violence. Finally, using a human rights framework for addressing domestic violence has a considerable benefit in the context of public policy, because States are obliged by international law to provide legal protection to women, to provide them with access to necessary social and health services, and to take those steps necessary to prevent violence. Strategies to prevent and redress domestic violence must be multi-sectoral and multi-level, and it is hoped that this annotated bibliography will assist health policymakers in their approaches to violence against women.

KEY REFERENCES


The authors have produced many books and articles on domestic violence and abuse since the mid-1970s. This book stands out, however, because it addresses how fundamental gender relations and shifting societal mores are changing the way society views men’s violence against women. They use as their frame of reference the expanding worldwide movement of battered women and their advocates, but focus on the USA and Great Britain. The book covers men’s role in domestic violence, both as abusers in a system which is increasingly recognising the need to criminalise their abusive behaviour, and as service providers and advocates, mainly due to their overwhelming numbers in professions such as health care and the criminal justice system.

Throughout, the authors make an effort to link the work of grassroots organisations and activists which pioneered the battered women’s movement, and the work of professionals. The two groups are not mutually exclusive; rather, they strive to combine their expertise and strength.


The authors have provided a concise and well-documented discussion paper on violence, with advice on how to ask direct questions of a suspected victim of domestic or other violence, and how to protect these individuals. There is a valuable discussion of the economic costs of domestic violence, and the need for disparate State institutions (such as health and justice) to work together. Chapter 4 is a detailed report of the types of injury and gynaecological disease and dysfunction from which physically and sexually assaulted women frequently suffer. Chapter 6 includes a section on reforms within the health-care system which would help the situation of all women who are victims of domestic and other forms of violence. It also includes a series of questions which can be used in an abuse-assessment screening. Appendix E is a treatment protocol for battered women written by Wendy K. Taylor and Jacquelyn Campbell of the Nursing Network on Violence Against Women.


The authors have sought to define male violence against women in both a physiological, and a psychological dimension, which results in a well-rounded and integrated approach. The book can be a useful educational tool for inclusion in the training of nurses, physicians and social workers. The most comprehensive and well-documented section is one on rape and violence in
the community, covering complete symptomatic victim effect, comprehensive victim cognitive schema, and a very detailed treatment conceptualisation.


This article contains a very useful account of the economic reasons for which harmful practices like female infanticide, bridal dowry requirement, early marriage, and even *sati* (burning of the wife on the husband’s funeral pyre) continue in India. It also examines the way in which communalism and fundamentalist feuds between Sikhs, Muslims and Hindus have served to sharpen the perspective that women’s bodies represent the “nation” and thus women’s behaviour inside and outside the home, including employment and sexuality, have to be controlled. Traditions such as the dowry (which families feel compelled to provide in order to marry off their daughters) are often held against brides by the husband’s family if considered insufficient, and then used as an excuse to abuse them.

Part III of the article addresses the expansion of violence against women in India. The authors see a direct correlation between the marginalisation of women as economic beings, and the rising trend of violence. This issue of violence against women perpetrated by the institutions of the State, the community, the family and society at large became the rallying cry of the Indian women’s movement. The authors have sought to uncover the prevailing ideologies which “…propagate ‘status quoism’ through advocacy of ‘falling-in-line’, be it in response to transgression of social norms or laws, which are defended in the name of age-old customs and tradition, religious or caste identities, or even political dissidence. Such ‘status quoists’ perceived the movement’s adoption of violence as a threat to basic social institutions like the family, community and construction of gender roles developed by the elites and projected as universal to ‘Indian’ culture – at all levels.” (p. 1870).


The Commonwealth State Ministers’ Conference on the Status of Women welcomed the proposal of the National Committee on Violence Against Women to form a national strategy on preventing violence against women and addressing the enormity of the violence which has occurred. With this gesture, Australia showed its comprehension that violence against women is one of the most significant concerns of the community, and needs a coordinated application of the resources of all levels of government and civil society to deal with the problem.

This book provides a clear, national framework of action. Section 2 is a concise introduction to the issue of violence against women and serves as a background to Section 3, which gives the objectives and direction of the national strategy, and Section 4, the framework for implementing, evaluating, and monitoring that strategy.
Of particular relevance is the unit on directions for action in the fields of health, housing, and community services (pp. 32-33).


The report of the House of Commons Subcommittee on the Status of Women issued in June 1991, illustrated the pervasiveness and enormity of violence against women in all facets of Canadian society, and was aptly called “The War Against Women”.

This document responds to 25 of the recommendations in the Committee’s report. Of essential relevance to policymakers in the field of health care are Section 1, which examines recommendations relating to prevention and education (pp. 5-14), and Section 3, which examines recommendations on services for victims, offenders, and their families (pp. 27-32).

Recommendation 11: The Committee puts forward the need for the Federal Government of Canada to take the lead role in ensuring support for the “front-line” agencies which serve assaulted and abused girls and women. While the delivery of services is primarily a Provincial or Territorial responsibility, the Federal Government shares the cost of eligible Provincial expenditure in the areas of social assistance and welfare services. This has been particularly significant because one-fourth of the total Canada Assistance Plan contribution to the Provinces and Territories is to provide support to victims of family violence.

Recommendation 14: While assistance to victims is justly a funding priority, the Federal Government must ensure adequate funding for the treatment of violent men. The Federal Government makes available funds for health and social services programmes, including research and evaluation projects to assist the Provinces and Territories to identify the most effective ways to stop abusive behaviour.


This book was written specifically for use in the Zimbabwean context and provides helpful information for all women because it acknowledges the differential situation of women in different races or ethnic groups. Though culturally specific, it provides an excellent resource for use in training in developing countries because it was written with all of southern Africa and similar societies in mind.

The authors provide examples of training activities dealing with the counselling of victims of rape or domestic violence, and they tailor their advice and activities to different types of workers; for example, medical and legal practitioners, and social workers. Most significantly, the manual provides survival techniques for women, in order to prevent rape or severe battering by a husband or other partner, and to lessen the chances of repeated attacks.

This publication presents a global overview of the subject, in particular concerning the health of women and girls. The package focuses on violence in families, rape and sexual assault, violence against women in situations of conflict or displacement, and violence against girls. The impact of violence on women's health and the role which public health workers can play in multi-sectoral efforts to end the violence are explored. A sample of governmental and non-governmental activities taking place worldwide to eliminate violence against women and alleviate its consequences is also highlighted.

World Health Assembly Resolution 49.25, which proclaims violence to be a public health issue, is included with the document. This Resolution forms the basis of WHO work on violence against women. Information on the other international Conventions, Covenants and Declarations which recognise violence against women as a health and human rights issue, and call for concerted action by governments, is also included. The document is available in three languages: English, French and Spanish.
SUMMARY OF CATEGORY CONTENT

CATEGORY I: *Health Consequences of Violence Against Women* does not purport to be an all-encompassing review of the literature on the physical and mental health problems which are incurred as a result of physical or sexual assault. It does, however, present several readings which cover a range of the manifestations of violence against women, including domestic violence, gender persecution and rape in war, post-conflict trauma, and degrading treatment in the workplace.

In order to appreciate the magnitude of the consequences of violence against women, it is appropriate to take a holistic approach and recognise that mental and physical health consequences are irretrievably linked. A woman’s health and well-being cannot be ensured until both the mental and physical health aspects are addressed.

CATEGORY II: *Approaching Violence Against Women from the Health Perspective* provides references on the very delicate issue of violence against women within the health system itself, the role of health workers and professionals in preventing and redressing all forms of violence against women, and the need to provide training and resources to all levels of health workers in order to combat it.

CATEGORY III: *Violence Against Women as a Violation of Human Rights Instruments* provides a brief overview of international human rights law and procedure, and some references which may be helpful to non-lawyers.

CATEGORY IV: *Practices Harmful to the Health of Women and Girls*, such as female genital mutilation and nutritional taboos remain widespread. The eventual prevention of such practices must be approached with an appreciation of and a respect for the peoples who believe in these traditions. However, the international community (particularly the health and healing professions) has an ethical obligation to work with these societies to examine the persistence of detrimental traditional practices, and move towards the full eradication of such practices. Anything less would be an affront to the human rights of women, including their right to physical integrity.

The United Nations Special Rapporteur on violence against women, Ms. Radhika Coomaraswamy of Sri Lanka, in the course of her work has examined the various forms of harmful traditional practices like virginity tests, early marriage, and others. In her preliminary report to the Secretary-General she stated:

...blind adherence to these practices and State inaction with regard to these customs and traditions have made possible large-scale violence against women. States are enacting new laws and regulations with regard to the development of a modern economy and modern technology and to developing practices which suit a modern democracy, yet it seems that in the area of women’s rights change is slow to be accepted.

(*E/CN.4/1995/42, paragraph 67*)
CATEGORY V: Situations of Conflict and Transition. The references in this category illustrate the heightened tensions which accompany State transitions to a market-driven economy and to democratic institutions (as in the case of Central and East European nations). The documents illustrate the way in which war or low-intensity conflict decimates respect for human rights in countries when the conflict has lasted for a long period of time.

In countries where a people cannot direct their aggression or discontent upwards, for fear of a repressive regime, or because there is no legitimate government at all, they will direct their aggression towards each other. According to Krista Szalay (1996) (see Category V, Section 6, and Category VII, Section 8), the lack of opportunities for social negotiation in such environments, plus undeveloped conflict-resolving skills, result in a generally high level of tolerance towards all sorts of violence. High rates of domestic violence or sexual aggression against women are indicative of the more general violence which pervades a society where violence is inflicted on children in schools, young men in the armed forces, mental patients by their care providers, and suspects in custody in police stations. In order to address violence against women in changing times, an effort must be made to understand the way in which violence pervades every facet of society.

CATEGORY VI: The Impact of Masculine Identity and Men’s Changing Roles in Violence Against Women serves to remind the reader that violence against women is, on the whole, a product of men’s rage and women’s inferior status. In order to address such violence fully, it is important to transcend the notion that women are assaulted “for good reason”, or are only assaulted by psychotic men. What is men’s responsibility for curbing domestic violence and changing overall societal patterns of violence? Health policymakers must recognise that long-term unemployment and changes in the economy everywhere in the world, including the so-called “feminisation” of labour, are affecting men to such a degree that some are becoming violent.

Most activists and scholars agree that violence against women can and must be addressed in part by legal change to protect women, which includes the criminalisation of domestic abuse and appropriate punishment for sexual assault and intimidation. It is necessary, however, to provide resources for counselling abusive men and educating boys and adolescents. Even more important are prevention programmes targeted at preventing domestic violence and substance abuse in communities where men and women are undergoing huge role reversals and poverty.

CATEGORY VII: Strategies for Action and Prevention attempts to cover both community-based efforts such as those of African women’s groups in London, and national strategies to combat violence against women, such as that of Australia and its provinces. The efforts of certain groups, like SOS Belgrade, which existed before the Yugoslav war but has tailored its efforts in light of the way in which the conflict changed the nature of violence against women, will necessarily differ from the strategy adopted by a group working against violence in a small village in a developing nation. The important issue here is that groups have developed in all parts of the world; from nations like Canada or Australia which devote large sums of money to combat violence against women, to nations where it is difficult to make the State and authorities see violence as anything more than a “private” issue. This illustrates the universal nature of the problem, and is a reminder that violence against women can be addressed and fought in every corner of the world – no matter how difficult it may seem.
CATEGORY I

Health Consequences of Violence Against Women

CATEGORY I A: Physical Health Consequences


This review article summarises the methods and findings of studies examining the prevalence of violence against pregnant women, and compares study characteristics for similar and dissimilar results. Thirteen studies were selected on the basis of: a sample with initially unknown violence status; a clear statement of research questions focusing on the prevalence of violence; descriptions of the sample, data source and collection methods; and data from a developed country. The evidence indicates a prevalence of violence during pregnancy of between 0.9 and 20.1 per cent, with most studies falling in the 3.9 to 8.3 per cent range. Violence may be more prevalent in the postpartum period than in pregnancy.

More information and data are clearly needed on prevalence among the general population, and on whether or not the pattern of violence changes during pregnancy. The studies suggest that violence against pregnant women may be a more frequent problem than pre-eclampsia, gestational diabetes and placenta praevia, for all of which women are routinely screened and evaluated. Therefore, the report suggests, screening of pregnant women for violence should be incorporated into routine care and referral systems, and additional training provided on the problem for all relevant health-care professionals. Research which better measures violence during pregnancy would assist more effective design and implementation of prevention and intervention strategies.


The consequences of war and political violence in Uganda throughout the 1980s and early 1990s are highlighted here, particularly the phenomenon of raping women as a form of torture. The authors review several studies of Ugandan women, and discuss the physical consequences of rape, including long-term gynaecological problems and the stigma this holds in a setting in which fertility and motherhood are very important social roles for women.


This region has one of the poorest levels of health in Mexico. Women in Chiapas, in particular, suffer because health services are not readily accessible and the quality of care is poor. This paper presents initial findings from an ethnographic study on sexual and reproductive health among Ladina women in the border region of Chiapas, Mexico. It was designed to identify
obstacles and find strategies to help women improve their reproductive health and prevent domestic sexual violence. The findings are based on the perceptions of 40 women concerning conjugal violence in their community. The women suggested various strategies to cope with the violence: if the victim's behaviour was seen as the cause, the woman should tolerate the violence; however, if the cause seemed unrelated to her behaviour, it was better to defend/protect oneself or leave the aggressor. The authors conclude that, because such violence often occurs in connection with pregnancy and delivery, or over questions of fidelity and sexuality, domestic and sexual violence are clearly reproductive health problems.


Women's organizations in sub-Saharan Africa have identified violence against women as a priority issue. However, there is little information on its nature and prevalence in the region. This article presents an overview of domestic violence in Zimbabwe and its relationship to reproductive health, especially violence during pregnancy and women's vulnerability to HIV/AIDS infection. It also discusses violence in the context of women's status and lack of power, and male and female sexuality and fertility.

The article describes the work of the Musasa Project, a women's NGO in Zimbabwe, on the problem of domestic and sexual violence. The project has concentrated on different aspects of gender violence and outlines ways in which services can be provided to victims. It works with individual women, providing legal and counselling services, and is also undertaking various educational activities such as theatre, public meetings and debates. The experience of the past eight years has highlighted the crucial role of the media in exposing domestic violence. Until recently, there was little recognition of the problem of gender violence in the media or by the Government, but since 1996 there has been some public recognition of the seriousness of violence against women. The authors hope that Zimbabwe will follow the example of South Africa in developing specific legislation against violence within the family. The project is working closely with the police, magistrates and teachers, and is strengthening links with the health sector (e.g., reproductive health services) who have far earlier contacts with victims. Such contacts with these professionals and others can help to prevent violence and to provide earlier intervention, and should promote greater understanding of the problem in the future.

CATEGORY IB: Mental Health Consequences


The AMA defines family violence as "...inappropriate and damaging interpersonal harm among intimates, regardless of the actual legal or biological relationship of those involved. Such harm includes child physical abuse and neglect, child sexual abuse, domestic (partner) abuse, and elder mistreatment. Formerly thought of as primarily a criminal justice, social service, or even simply a purely private matter, family violence is now viewed as a significant public health issue that demands the attention of the medical community." (p. 1).
This book of diagnostic and treatment guidelines does a thorough job of explaining the AMA’s position on the role of the physician when he or she suspects family violence, with advice on how to proceed while respecting the autonomy of the patient. It also serves as a good reference tool for understanding the mental health consequences of various forms of violence and abuse, and reviews common psychological reactions to trauma, the variety of coping mechanisms which are employed to deal with it, and the common symptom pictures which emerge. Significantly, this document describes the role of the physician in primary, secondary, and tertiary prevention of domestic violence; even in nations or areas where clinicians are not mandated to report incidents of child abuse, domestic abuse, or other forms of family violence, prevention of such a widespread phenomenon should be stressed.


Until recently, domestic violence in Nicaragua has not been recognised as a serious social problem. This article presents the findings of the first epidemiological research on domestic violence in the country. It aims to provide prevalence data and identify risk factors associated with women’s emotional distress in relation to physical spouse abuse. In the study, a questionnaire was used to obtain information from 488 women in Leon, Nicaragua, on demographic and socio-economic characteristics, emotional distress and about experiences of spousal violence.

Among these women, 52 per cent reported having experienced violence by a spouse or intimate partner at least once in their lives. Among those women who were still married, those who had been abused during the past year were more than ten times as likely to experience emotional distress as women who had never been abused. The study indicated that physical spouse abuse substantially increased the risk of emotional distress among the women. Wife abuse probably has a significant effect on the overall mental health problems among adult women in Nicaragua.

The authors also highlight the role of epidemiological research in advocacy. The research results were discussed widely in Nicaragua and provided a useful intervention in the debate on a domestic violence law. The Women’s Network Against Violence presented a reform bill to the National Assembly which called, among other things, for harsher sentences for offenders. The law was approved in October 1996. The authors conclude that this is just the start of the process of change; the police, the judiciary and community activists will need to be trained to help women to use the law effectively. The authors also advocate routine screening and interventions, within the health system, for battered women.


There has been growing recognition in the United States in the 1990s of the strong effect which violence has on the lives of children, not only those children who are victims of physical violence, but also those who are witnesses to violence. This article reviews the current literature on the psychological impact on children of witnessing violence. The author gives definitions for
both community and domestic violence and reviews nine studies – for example in Boston, Washington, DC and New Orleans – discussing data on the frequency and severity of violence and its impact on child witnesses. Alarmingly high numbers of children witnessing violence are reported in these studies. The author examines several symptoms of post-traumatic stress disorder among such children: disrupted sleeping and feeding routines, poor weight gain, anxiety, rage, dropping out of school, drug use and running away from home.

She then discusses the possible immediate and long-term effects – greater risk of violent behaviour later in life and development of post-traumatic stress disorder – and the need for enhanced professional intervention, especially at the earliest stages, in the form of psychological first aid. She concludes that the problem of pervasive violence is likely to be perpetuated unless health professionals can identify and effectively treat child witnesses’ emotional pain and encourage their own resilience.


See Key References (Section 1b of the Introduction) for a complete review.


There have been few published studies on the psycho-social context in which abuse occurs. The aim of this article is to describe the circumstances which lead women to remain in or leave an abusive relationship with a man. In particular, it seeks to provide a woman’s perspective on the meaning of being abused within the relationship, and to explain how the characteristics of the relationship influence the victims’ views on experience and choices over time. The study utilizes quantitative and qualitative methodologies on a non-probability sample of 30 women who were current or previous victims of domestic violence, for most of whom abuse was virtually an everyday occurrence.

On analysing the data, the author concludes that the responses of an abused woman are part of a process of entrapment in, or recovery from, an abusive relationship. This process falls into four phases – binding, enduring, disengaging and recovering. In the disengagement phase, women begin to identify with others in similar situations; they start to seek help, to reach a breaking point and find that their inner selves begin to re-emerge. Recovery often includes periods of struggling for survival, grieving and searching for meaning in life. The report concludes that there is a void in the support services available to abused women, that health-care providers frequently have biased opinions on the causes of abuse, that more sensitivity and privacy are required in dealings with victims, and that more effort should be made to identify women at risk in order to help them learn about abusive relationships, to develop safety plans when abuse occurs, and to avoid stigmatising or blaming themselves.

Summerfield includes a section in this article on the difficulties involved in intervening with a population which has been traumatised by low-intensity conflict or war. Psychological insights in one setting will not always work in another, particularly in attempting to analyse human action in the context of social upheaval and violence.

The author emphasises that health workers should see trauma not as a static isolated entity lodged within the psychology of an individual, and should consider "not so much how or why individuals become psycho-social casualties, but how or why the vast majority do not; the study of survivors rather than victims. This knowledge, which could better inform interventions for war-affected peoples and prevent some negative psychological consequences, is not yet being reflected in programme and policy initiatives" (p. 3). Summerfield's reasoning is not just of value to the policymakers in uninvolved countries which are sending emergency aid packages to the countries in conflict, but also to all health policymakers, who need to be aware of the requirement to train health workers in dealing with the victims of violence, be it gender-specific or spread across a whole population.
CATEGORY II

Approaching Violence Against Women from the Health Perspective

CATEGORY II A: Violence Within the Health-Care System


Chapter 7, “Reproduction, Sexuality and Human Rights Violations” provides an excellent example of the false dichotomy of public health interests and human rights standards in the case of Turkey. Turkish doctors are often called upon to perform mandatory virginity examinations of women of all ages. Turkish authorities argue that public health interests in monitoring prostitutes for sexually transmitted diseases and providing them with treatment in order to check the spread of such diseases justify forced gynaecological or virginity exams. This argument is contrary to international standards for determining when human rights may be restricted by the need to protect public health. Limits on privacy, freedom of movement, or individual liberty—all of which are implicated by the detention of women (including girls in State schools and orphanages) and their subjection to forced exams—can never be justified simply by the State’s claim that such exams are required for public health.

As is known to the professional medical associations in Turkey, including the Istanbul Doctors’ Chamber (who agreed to be interviewed for Human Rights Watch’s report), such examinations, whether or not they are part of criminal investigations into alleged prostitution, are contrary to all established codes of medical ethics and serve no beneficial purpose to the individual who is being examined. The Global Report puts this issue into a legal context, and describes what international and regional treaties are being contravened. The report also describes the social and governmental justification for forced virginity examinations, and documents the instances of doctors and other health workers refusing to be involved in this practice.


This is a useful reference to the phenomenon of abuse by trusted physicians:

A recent increase in the reporting of violent crimes, an outcry from women’s groups and the overwhelming number of female victims has resulted in a general societal recognition of the mental, physical, and sexual abuse of women and children by trusted male figures. Those men who abuse their ‘trust’ position are often representatives of public institutions and these so-called pillars of society include teachers, clergy members and medical/health professionals. _

_Hotelling, 1988:236_
Especially troubling in this account is the evidence that physicians resist change and improvements which restrict the amount of authority and control they hold over patients. The author uses the findings of the Ontario Task Force on Sexual Abuse of Patients to illustrate the magnitude of the problem, and how better patient education, and more autonomy, would help to improve the situation.

**CATEGORY II B: The Role of Health Workers and Professionals**


In a world which is increasingly cognizant of cultural differences, the need to understand and work within a multi-cultural environment is growing, and health workers are no different.

Domestic violence has been recognised as a major health problem in most industrialised nations for a number of years, with advances made in terms of legislation and community support to prevent and redress violence. However, the abuse of women is often considered to be nonexistent in developing or transition societies, perhaps because of less information and research being focused on the issue of family violence. This is a report of an in-depth analysis of domestic violence against women from a cross-cultural perspective. It is of use to practitioners and other health workers who are working in multi-cultural environments and need to recognise how different patterns of “abuse” can be between different groups. For example, sometimes violent measures are taken by familial groups of men against women who appear to have violated cultural norms. In such a situation, the victim may be hesitant to report the abuse, or afraid of the consequences of being honest. The priority of the health practitioner should always be the total well-being of the victim. The information provided in this article is helpful in better recognising abuse.


The article reviews twelve studies of the types of community and professional services which abused women most frequently contact. It helps to elucidate the services which survivors perceive to be effective when seeking help within their communities. The researchers in most of the studies reviewed came to the conclusion that in studying abused women, or working with abused women as a health or other service professional, it is important to remember that control and external direction are facts of life for women in such circumstances. According to the authors, building rapport and providing an environment conducive to communication are especially important when working with abused women; in order to extract complete information from survivors of violence, they must feel safe, comfortable, and “heard”. Particularly when they come to physicians, mental health professionals, and social service agencies, the participants of the studies identified “listening respectfully” and “believing my story” as the most helpful responses.
The results of this accumulated research indicate that help-givers (and not just researchers) must recognise the social context within which abused women live. Attention to these women’s financial status, education, family, and religious attitudes about relationships, and other social factors, is crucial when studying abuse. To facilitate this type of critical attention, professionals and community service providers need training in what is useful to women who are the victims of violence, and how to be empathetic and effective. “Failure to respond adequately to abused women indicates a failure to recognise the importance of the problem and to challenge the acceptance of male violence in our society. Inadequate preparation can only compound the problems by delaying appropriate intervention and quite possibly exacerbating the abusive situation.” (p. 327)


Although widespread, rape of women has been an under-reported aspect of military conflict until recently, with the civil war in Yugoslavia sharpening attention to such atrocities. The medical community has a very important role to play in investigating and documenting incidents of rape, as it is used as a deliberate strategy to undermine community bonds and weaken resistance to aggression. Swiss and Giller report on the scale of rape during war and the use of rape as a strategy. They illustrate the elements of the role which health professionals and workers must assume in:

- Documenting incidents of rape in war and low-intensity conflict
- Using medical data to verify widespread rape
- Using techniques of medical science to validate testimony of individual rape
- Treatment of individual trauma, focusing on easing the emotional and psychological damage as much as the physical

**CATEGORY II C: The Need for Training and Resources to Combat Violence Against Women**


Despite the significant health implications of domestic violence, health-care providers often fail to identify and treat this problem when signs are present. This article reviews the findings of a study which was undertaken to identify barriers faced by battered women in their interactions with the medical system in seeking help. The findings illustrate the need for prioritising the issue of domestic violence, since such women represent a large proportion of the female patients in a variety of clinical settings: over 25 per cent of women seeking primary care, and between 22 per cent and 35 per cent of women seeking help in casualty wards (p. 459). The study was carried out in the United States and consisted of interviews of battered women from different ethnic groups, including recent immigrants.
The dominant themes which were brought out by the research were:

- The lack of disclosure to medical providers
- Interactions with providers which created barriers to disclosure, or which facilitated disclosure
- The ways in which medical providers were successful in addressing the problem of domestic violence.

As the authors of the article stress, it is a rare opportunity to hear the voices of the people on the receiving end of medical care, especially those who require care beyond the traditional medical approach. The voices of those who are marginalised as a result of their socio-economic status, immigration status, and/or victimisation experience are those who are most lacking as a result of the important policy debate regarding the role of medical and other health workers in dealing with domestic violence. The findings of the study reveal the type of insight which would be very beneficial to policymakers in guiding future efforts to improve access to care and the quality of that care.


The section, “National Guidelines for the Training of Service Providers” for those working in the area of violence against women, sets out the fundamental principles upon which training should be based.

Another section identifies health professionals – including doctors, nurses, psychiatrists and ambulance officers – as key occupational groups in need of training. Psychologists, social workers and others who may work in the health sector, but who have not been trained specifically as health professionals are not included. However, as the authors acknowledge, there must also be a focus on these groups, because such workers predominate in many community health settings, and are likely to be the first contact point for women who experience violence.

This is a very useful booklet in that it sets out the need for training, what method of training is best for each specific group (e.g., the training required for doctors who perform forensic examinations should be different from that required for emergency room nurses) and where funds need to be allocated or diverted. It also examines closely the current training infrastructure in the Australian State governments, and the gaps in such education.


This is a summary of a systematic study which, for the first time, uses an intervention model specific to the issue of women who are victims of conjugal violence. The need for training was developed in a prior essay on key themes in the area of violence against women. The current
report describes the method of training of social workers using a feminist intervention model developed by Larouche. Conjugal violence is approached from a perspective in which women experience a specific oppression, whereas their problems are related to social, political, and economic factors which serve to perpetuate their status as victims.


The authors consider what social workers or other health workers would have to offer as trainers overseas. Their case study focuses on what advice to give a British psychiatric social worker being sent to train people working with refugees in Croatia. However, the study also illustrates the need for combining Western therapeutic techniques with local and culturally appropriate approaches to community development. The authors cover different facets of how to train others, and how to provide ongoing support for the trainers and the workers, who may suffer emotional and physical fatigue in a difficult setting.

Whether the health workers are local people, or foreign aid workers, it is important to take a respectful and holistic approach when working with any devastated community. For example, it is not always helpful to distinguish the mental health needs of refugees from their needs for primary health care. Indeed, their health can almost always be linked to their need to build or rebuild homes, schools, and other community networks.


See the review in Category I B (Section 2).


The author has provided a survey of the literature which addresses the characteristics of the perpetrators of domestic violence and of the survivors. She highlights the publications which recommend training or improvements in the training provided for those who intervene with “batterers”, survivors, and others affected by domestic violence, and which are found in a range of professional disciplines.

Two of these references are particularly relevant to this category of the annotated bibliography:


This article examines the need for special courses on domestic violence in all graduate professional courses for therapists. The author suggests thirteen topics for inclusion in any generic course.

In addition to this specialised manual for a particular sector, MacKay reviews the educational materials which have proven useful in Canada for training in the areas of nursing, medicine, teaching, social work, religion, legal practice and law enforcement.

CATEGORY II.D: A Multi-Sectoral Approach to Health Interventions


This article describes the process of designing an ongoing, multi-faceted, community-based intervention to change responses to wife abuse in Iztacalco, a community of low socio-economic status in Mexico City. This process includes a period of formative research carried out to set those norms, attitudes and beliefs which keep women trapped in abusive relationships in the community in question. The principal results of this research and theories of behaviour change are reviewed in relation to the design of the community-based intervention model. The authors describe the objectives and contents of the model and propose possible forms of evaluating it.


This article uses ethnographic and structured survey data to examine the relationship between domestic violence against women and their economic and social dependence. Although violence against women in Bangladesh occurs mostly at home, it does not really originate there nor does it persist only inside the home. It is simply another element in a system which subordinates women through social norms which define a woman’s place and guide her conduct. The authors describe some of the common settings in which violence occurs in Bangladesh, and most instances involve discrepancies between role expectations and actual behaviour and/or economic issues. They analyse the wider context, and identify factors which appear to reduce the incidence of violence, such as the ages of the women and the number of sons they have.

The study examines the role of two credit programmes – Grameen Bank and the BRAC Rural Development Programme – in strengthening women’s economic role, and concludes that group-based credit schemes can reduce violence against women by making women’s lives more public. The problem of male violence against women is deeply embedded in the society, and the authors argue that much more extensive and specific interventions will be needed to undermine it significantly. They suggest that health and family planning programmes should also address this issue when women use these services. They observe that some non-governmental organisations in Bangladesh are attempting to do this through consciousness-raising, legal advocacy and legal aid.
CATEGORY III

Violence Against Women as a Violation of Human Rights Instruments

The term "human rights" is correctly used to refer to all those rights recognised in law by the international community as being the birthright of every human being. Human rights include all those rights and freedoms necessary for liberty and autonomy, physical integrity, survival, and the development of the full human potential. Many such human rights have now been protected by international legal texts.

Until the Second World War, the protection of human rights was left to each State. The manner in which a State treated its citizens was considered to fall solely within the sovereignty of the State involved. The atrocities committed by the Nazi regime against its own citizens led the post-war world community to determine that no longer could the observance of human rights be left solely to an individual State. While recognising the concept of State sovereignty in other matters, the United Nations set out to ensure that the universal respect for human rights should form one of the primary aims of the new world organisation.

The United Nations Charter itself provides that the UN shall promote:

"Universal respect for, and observance of, human rights and fundamental freedoms for all without distinction as to race, sex, language or religion." (Article 55)

By Article 56 of the Charter, the States Parties pledge themselves to take joint and separate action in cooperation with the UN for the achievement of this and other aims.

Thus, from its very inception, the UN has recognised that all States have a right, indeed a duty, to be concerned about respect for human rights in other countries. No longer can the claim of State sovereignty be used to deny the legitimacy of international concern for human rights.

An early task of the UN was the establishment of a mechanism to reach a global consensus on human rights standards and to oversee their implementation. The body created for this purpose was the Commission on Human Rights, a subsidiary body of the UN Economic and Social Council (ECOSOC). It was the Commission which drafted the documents comprising the International Bill of Rights: the Universal Declaration of Human Rights; the International Covenant on Economic, Social and Cultural Rights; and the International Covenant on Civil and Political Rights.

These documents provide legal protection of human rights, including the rights to physical integrity, and freedom from torture and inhuman and degrading treatment. Violence against women is clearly a violation of these human rights, and one with which the UN is increasingly involved.
UN Human Rights Bodies

The Commission on Human Rights is composed of 53 governmental members elected in regional groupings by ECOSOC. The mandate of the Commission includes monitoring existing international human rights standards, recommending new standards, investigating violations, providing advisory and technical services to countries needing assistance in implementing their obligations, and making proposals to ECOSOC for new human rights policies and programmes. The Commission has established a Sub-Commission on the Prevention of Discrimination and the Protection of Minorities. This body comprises experts acting in their individual capacity, rather than as representatives of governments.

There are a number of other bodies whose work includes the promotion of human rights. For example, the Commission on the Status of Women is made up of 45 Governmental representatives elected by ECOSOC. It prepares recommendations and reports to ECOSOC on the promotion of women’s rights in the political, economic, social and educational fields and reports on allegations of patterns of discrimination.

For many years the Commission on Human Rights refused to take up issues relating to women’s human rights on the basis that these fell within the authority of the Commission on the Status of Women. This led to the marginalisation of women’s human rights within the UN. At the Vienna World Conference on Human Rights in 1993, a major shift was prompted by a global advocacy lobby united under the slogan, “Women’s Rights are Human Rights”. As a result, women’s rights have been “mainstreamed” in the UN, and are now covered by the UN human rights bodies.

Another significant success at the Vienna Conference was the recognition that violence against women is a human rights concern. For too long it had been argued that what took place behind closed doors, or within the family, was a private matter, and of no concern to the State, thus falling outside of the purview of human rights. It is now recognised that States are under an obligation to protect women from domestic violence and to provide sanctions and other appropriate redress procedures against offenders. A consistent failure by States to prosecute offenders of domestic violence may, therefore, amount to a violation of the State’s obligations under international law.

The High Commissioner for Human Rights

The Vienna Conference also called for the establishment of a United Nations High Commissioner for Human Rights. Later in 1993, the UN General Assembly established the post, currently held by Mrs. Mary Robinson (former President of Ireland). The High Commissioner has the principal responsibilities within the UN for human rights, under the direction of the Secretary-General. The High Commissioner’s mandate includes the responsibility for promoting and protecting the realisation of the right to development, promoting the enjoyment of all human rights, enhancing international cooperation on human rights and engaging in discussions with governments on this subject.
International Enforcement Mechanisms

National laws which violate human rights cannot be justified on the basis that they have been duly passed by legislatures. In this way, internationally recognised human rights; i.e., those enunciated in international texts adopted by the world community, form a higher standard by which national laws might be judged. States are accountable to the international community for dereliction in protecting these rights.

International human rights mechanisms provide opportunities by which national law, policy, or practice can be judged against objective international standards. Ideally, States should provide independent human rights mechanisms at the national level, so that anyone suffering abuse of their rights can have access to redress. This is frequently not the case, particularly with regard to violence against women. However, a series of monitoring and enforcement procedures have been established by the UN to ensure international human rights standards. These comprise the following three types of activities:


- Review by various treaty-monitoring bodies of States Parties’ reports on measures taken to implement their obligations under various Conventions

- Mechanisms for complaints by individuals

In addition to their promotional work, the Commission on Human Rights and its Sub-Commission on the Prevention of Discrimination and Protection of Minorities also undertake monitoring activities.

The Commission annually establishes a working group to consider situations of alleged gross violations of human rights referred to it by its Sub-Commission. It also has various other working groups which examine the human rights situation in a particular country, or which work on a particular issue. The Commission also makes other ad hoc arrangements to deal with situations in particular countries which may, with the cooperation of the government concerned, include on-site visits, and investigations of special rapporteurs, representatives or envoys. Such mechanisms can have an impact on the behaviour of States, albeit less speedily and effectively than desired. In situations of continued gross violations, the issues can be referred to the Security Council, which may impose sanctions on the offender. In 1995, the Commission appointed Ms. Radhika Coomaraswamy as Special Rapporteur on violence against women. Her three reports are included in this section.

The Sub-Commission on the Prevention of Discrimination and the Protection of Minorities also has a monitoring role. For many years the Sub-Commission had working groups investigating the situation in southern Africa, in Israeli-occupied territories, and under the apartheid regime. The work of these groups substantially contributed to the awareness and political commitment which paved the way for change.

Violence Against Women – Annotated Bibliography
There are six UN Treaty-Monitoring Bodies which monitor States Parties’ compliance with the obligations undertaken by the various Conventions:

- The Human Rights Committee which monitors the implementation of the civil and political rights protected by the International Covenant on Civil and Political Rights
- The Committee on Economic, Social and Cultural Rights
- The Committee on the Elimination of Racial Discrimination
- The Committee on the Elimination of Discrimination against Women
- The Committee on the Rights of the Child
- The Committee on Torture

For example, the Human Rights Committee, which is mandated to hear individual complaints under the Optional Protocol, must investigate any communications received under this Protocol which indicate a failure by a State to implement its obligations to protect civil and political rights, including a pattern of non-prosecution of domestic assault.


This report is an excellent summary of the issues surrounding violence against women. However, not only is it comprehensive in and of itself, but it also has many useful references for those interested in further reading on the issue. Ms. Coomaraswamy begins, in Part I, by setting out the mandate and working methods of the Special Rapporteur on violence against women. Part II addresses the nature of the problem, and stresses that violence against human beings has been one of the major factors which have prevented the realisation of human rights goals in the twentieth century, and that women are particularly vulnerable to violence. She sees the reasons for this vulnerability as historically unequal power relations, sexuality, cultural ideology, doctrines of privacy, patterns of conflict resolution and government inaction, among other reasons. She then addresses the consequences of violence against women.

Ms. Coomaraswamy continues in Part III by surveying international legal standards dealing with violence against women, and covers the areas of protection from violence, State responsibility, obligations of the State, obligations of the international community and regional Conventions. Part IV addresses the specific areas of her mandate: violence in the family, violence in the community, and violence perpetrated or condoned by the State, while Part V gives her conclusions and preliminary recommendations. Key recommendations are that States ratify the Convention on the Elimination of All Forms of Discrimination Against Women, that an Optional Protocol to the Convention be established, and that States formulate national plans of action to combat violence against women.

This report reflects upon violence against women in the family. As with her previous report, it is excellent, thorough and clear, addressing domestic violence as a violation of human rights, the different manifestations of domestic violence, and legal mechanisms for the protection of women and the prevention of violence. Particularly useful is the Addendum, a framework for model legislation, which outlines important elements which are integral to comprehensive legislation on domestic violence, including prohibition and prevention. Ms. Coomaraswamy’s objective in setting this out was to serve as a drafting guide to legislatures and groups lobbying for such legislation. It has comprehensive sections on definitions, the duties of police and judicial officers, and the provision of services. The latter impacts upon those in the health profession, calling for comprehensive emergency and non-emergency services, including long-term rehabilitation and counselling of both victims and abusers.


This is the third of Ms. Coomaraswamy’s reports, and maintains the extremely high standards of the first two. It addresses violence against women in the community, covering rape and sexual violence against women, including sexual harassment, trafficking in women and enforced prostitution, violence against women migrant workers and religious extremism. As in the other reports, Ms. Coomaraswamy places violence against women firmly within the sphere of a violation of the human rights of women. She recommends that States aim at creating “one-stop centres”, whether at police stations or hospitals, where women victims may have access to the full range of services provided by the State and the community, and considers vital the provision of shelters, medical and legal assistance, training, and counselling to support women victims of violence.


Chapter 6 of the Global Report examines issues of domestic violence around the world, and provides a very good analysis of the international legal instruments which pertain to the protection of women’s physical integrity and security. International law applies to the actions of States, or the agents of States. It has evolved to include State responsibility to investigate every situation involving a violation of the rights protected by international law (p. 344). Although domestic violence is committed by “private” individuals, States must still provide abused women with equal protection of the law. If they fail to prosecute domestic violence against women because of the sex and status of the victim, in contrast to their efforts to punish other criminal violence, they are in contravention of many human rights accords.

The Global Report also provides case studies of the legal situation and the way domestic violence has been approached by individual nations. The report is to be commended for utilising straightforward language, and not being overly legalistic.

This is a comprehensive but concise summary of international and regional legal texts which are relevant to, or refer to, violence against women. In particular, it covers international and regional human rights instruments, UN conferences, and the work of the Special Rapporteur on violence against women. Ten pages long, it is not exhaustive, but provides an extremely useful survey of relevant international law in a manageable format.


The International Covenant on Civil and Political Rights was adopted in 1966, and along with the Universal Declaration on Human Rights (1948) and the International Covenant on Economic, Social and Cultural Rights (1966), forms part of what is known as the International Bill of Human Rights. Very significantly for health workers and all others interested in combating violence against women, the International Covenant on Civil and Political Rights has an Optional Protocol which allows individual complaints to be brought before the Human Rights Committee which monitors the Covenant. This means that not only can States Parties bring issues before the Committee, but also individuals (on behalf of themselves or for others) can bring a complaint before the monitoring body.

Article 3 of the International Covenant on Civil and Political Rights declares that “The States Parties to the present Covenant undertake to ensure the equal right of men and women to the enjoyment of all civil and political rights set forth in the present Covenant.”

In simpler language, this can be interpreted as all States Parties to the Covenant being obligated to pursue any violation against an individual which would interfere with that person’s ability to exercise his or her rights and duties as a citizen. Many scholars and women’s activists have argued that among other consequences, violence against women at home or in society diminishes their ability to be political actors, or prohibits them from exercising their rights.


This Fact Sheet explains in straightforward language the means by which an individual can make a complaint to the Human Rights Committee which monitors compliance with the International Covenant on Civil and Political Rights. It also explains the communications mechanism of the Human Rights Commission, and the procedure for making a complaint under Conventions (such as the Convention on the Elimination of all Forms of Discrimination Against Women) which do not yet have an Optional Protocol allowing complaints by individuals of human rights violations. Finally, the Fact Sheet includes the “Model Communication” form, a copy of which is attached herewith.
Model communication

Communication to:

The Human Rights Committee
c/o Centre for Human Rights
United Nations Office
8-14 avenue de la Paix
1211 Geneva 10, Switzerland

submitted for consideration under the Optional Protocol to the International Covenant on Civil and Political Rights.

Information concerning the author of the communication

Name ........................................ First name(s) ......................................................
Nationality .............................. Profession ......................................................
Date and place of birth ..........................................................
Present address ..........................................................

Address for exchange of confidential correspondence (if other than present address):

__________________________________________________________________________________

__________________________________________________________________________________

Submitting the communication as:

(a) Victim of the violation or violations set forth below … [ ]
(b) Appointed representative/legal counsel of the alleged victim(s) ................................ [ ]
(c) Other .............................................................. [ ]

If box (c) is marked, the author should explain:

In what capacity he is acting on behalf of the victim(s) (e.g. family relationship or other personal links with the alleged victim(s)):

__________________________________________________________________________________

(ii) Why the victim(s) is (are) unable to submit the communication himself (themselves):

__________________________________________________________________________________

__________________________________________________________________________________

An unrelated third party having no link to the victim(s) cannot submit a communication on his (their) behalf.

___________________________________________

Violence Against Women – Annotated Bibliography
II. Information concerning the alleged victim(s)  
(if other than author)

Name .......................................  First name(s) .................................................................
Nationality  ..................................  Profession ..............................................................
Date and place of birth ..........................................................  Present address or whereabouts
.....................................................................................................................
.....................................................................................................................

III. State concerned/articles violated/domestic remedies

Name of the State Party (country) to the International Covenant and the Optional Protocol against which the communication is directed:
.....................................................................................................................

Articles of the International Covenant on Civil and Political Rights allegedly violated:
.....................................................................................................................
.....................................................................................................................

Steps taken by or on behalf of the alleged victim(s) to exhaust domestic remedies-recourse to the courts or other public authorities, when and with what results (if possible, enclose copies of all relevant judicial or administrative decisions):
.....................................................................................................................
.....................................................................................................................

If domestic remedies have not been exhausted, explain why:
.....................................................................................................................
.....................................................................................................................

IV. Other international procedures

Has the same matter been submitted for examination under another procedure of international investigation or settlement (e.g. the Inter-American Commission on Human Rights, the European Commission on Human Rights)? If so, when and with what results?
.....................................................................................................................

V. Facts of the claim

Detailed description of the facts of the alleged violation or violations (including relevant dates)*
.....................................................................................................................

Author’s signature: ......................................................

* Add as many pages as needed for this description.
CATEGORIV

Practices Harmful to the Health of Women and Girls


This is perhaps the most well-known text on the subject of female genital mutilation ever written. It includes information on where the practice occurs, how its different variations are performed, its health consequences, and the social attitudes which allow the practice to exist today despite conclusive knowledge that it is physically and psychologically detrimental to the health of the girls and women who undergo these procedures. The author particularly focuses on the economic and cultural reasons for which women who are practitioners of female genital mutilation, as well as parents of young girls, continue to advocate the practice.


The *Silent Tears* book and film are educational tools to combat female genital mutilation, and are intended for use by teachers, community workers and health professionals, as well as the voluntary sector. They were produced by London Black Women’s Health Action Project and the health service of the London Borough of Tower Hamlets, an area with a high percentage of Somali and other immigrant groups which practice female genital excision. The London Black Women’s Health Action Project also works to empower local women, and is very sensitive to what might be regarded as racist and threatening critiques of traditional practices.


This article contains a very useful account of the economic reasons for which practices harmful to the health of women continue in India. See Key References (Section 1b of the Introduction) for a more complete review.


In this book’s “Overview of Adolescent Health”, Mohamud includes a detailed analysis of the practice of early marriage and childbearing, and its reproductive and psychological impact on adolescent girls. The author also addresses the widespread phenomenon of sexual abuse and exploitation of girls and young women by relatives or other older men known to them, and the
growing phenomenon of “sugar daddies” who exchange food or gifts for sex with young girls, in order to avoid sexually transmitted diseases from more sexually experienced, adult women.


This is one of a series of fact sheets produced by the UN Centre for Human Rights – now renamed the Office of the High Commissioner for Human Rights – and is invaluable for its introduction to practices which violate female dignity and physical integrity. It provides, in Part I, an analysis of the background of harmful traditional practices, their causes and their consequences for the health of women and girls. The practices covered include female genital mutilation, early marriage and pregnancy, nutritional taboos which harm women, and “son preference”. Part II covers the action taken to date by United Nations organs, and governmental and non-governmental actors. The section on conclusions is very useful in that it highlights the drawbacks in the implementation of the practical steps identified by these various actors. The Annex presents a plan of action on the national level, and one on the international level, whose aims are to combat harmful traditional practices.

**World Health Organization (August, 1996).** *Female Genital Mutilation Information Kit. Women’s Health and Family and Reproductive Health Divisions. (WHO Publications, Geneva).*

This information kit includes the health and human rights reasons for the unequivocal opposition of WHO to female genital mutilation, as well as papers on the prevalence of this practice, where it is carried out, and its health consequences. Most relevant is a report on the role of professional health associations in the practice of female genital mutilation.
CATEGORY V

Situations of Conflict and Transition


The problem of domestic violence against women anywhere in the world is inseparable from the social climate in which it occurs. This is a very useful look at the correlation between war and domestic violence, and an examination of how a social climate of war and nationalism serve to hide the "unimportant" victimisation of women. The authors describe the organising of women’s groups against physical and sexual violence during a time when they cannot obtain support from the hostile State and when police are massively busy with an escalating crime rate (due to the black market in drugs and weapons, and an increase in thefts). In particular, there is an in-depth report of the work of the Centre for Women War Victims, which has its own education team advising groups such as Oxfam UK, and the Federation of Red Cross and Red Crescent Societies.


The community mental health movement in the United States has begun to address the issue of job loss and unemployment. The heavy manufacturing industry in the US, and in many parts of the developed world, has been restructured and has sought cheaper labour and more flexible financial terms by moving to newly-industrialising nations. This job flight has led to enormous pressure on many thousands of families who have lost their main means of support and whose skill levels have not been adjusted to meet the needs of an information-driven economy.

These economic changes focus attention on job loss and the need for a community mental health response. The main issue is how to deal with the stress of the men who had been their family’s primary "breadwinner", and to prevent this stress from leading to increased levels of substance abuse and violent behaviour towards their partners and children. In addition, the huge increase in the number of married women entering the labour force calls for more attention to be paid to changes in the "traditional" family structure of the West. The authors make the point convincingly that having adequate community mental health resources available to families in economic downturns such as that of the mid- to late 1980s can make a very large difference in how these people will cope with the crisis. (See also Scelay, 1996, later in this Section, for a similar account of how male unemployment and the feminisation of labour has affected Hungary.)

This article reports on the preliminary empirical evidence available for a Russia-US comparison as a step towards developing cross-national research on spousal homicide between these two very different countries. Of particular relevance is the unique position of Russian society today; family problems, including violence against women, were at high levels during the Soviet era, although they were not publicly acknowledged until perestroika. However, the social disorganisation related to the break-up of the Soviet Union, and the accompanying increase in organised crime may contribute to the high level of spousal homicide.

The authors highlight the contradictory status of women in Russia, which seems to be a factor in the high ratio of females killed by an intimate. Russian women were officially given status in the Communist rhetoric, the workforce and the home, but were still undervalued in the previously military-dominated society. They have since been displaced in the economic collapse of the country, gaining little financial or social reward from the opening of the free-market economy. This is contrasted to the US situation, in which the women’s movement has managed to enshrine certain rights, and has mediated the influence of social disorganisation and normative violence on spousal homicide (which is at a much lower rate than in Russia). There are tremendous housing shortages and restrictions on moving in Russia, leaving many women with no place to go, and thus no way out of abusive relationships.

In Russia, no preventive measures were taken at the time of economic restructuring. Factors such as rapid economic and social change must be taken into account by policymakers at all levels of government in order to protect the individuals who are most vulnerable.


This research involves the identification of domestic violence against women through the offices of social workers in a Nigerian community setting. This rural environment is greatly affected by the rapid socio-economic changes besetting most of modern Africa, and which have influenced the family in terms of dynamics and marital structures. Married and cohabiting couples are experiencing great stress in accustoming themselves to being income earners; even more stressful is the tendency for their previous source of work and income to become obsolete by a liberalised economy. The occurrence of domestic violence in a time of rapid policy changes has not yet received serious investigative attention.


Martin’s thesis is that while the burgeoning field of refugee studies has produced much scholarship, and many valuable insights into the sharp increase in refugee movements over the last two decades, it has not yet seriously addressed the different experiences of women refugees. Although the book is meant for practitioners, it is of value to all those individuals and
institutions involved in the field of emergency relief and assistance, particularly those involved in health policy. Martin presents information in a way which sensitises the reader to the diverse forms of suffering and discrimination faced by refugee women, but also brings the reader’s attention to the role of women refugees as agents of change. The author addresses a wide range of areas, such as the participation of refugee women in decision-making and programming (limited though it is), physical and legal protection issues, and the search for permanent solutions. The book consists of case studies in countries which are significant nations of origin of refugees, such as Afghanistan, and of individual refugee camps.


Low-intensity conflict, or the stage of political violence before full-scale war, is characterised by an attempt to penetrate the entire fabric of social relations, as well as the individual’s mental state, in order to achieve social control. Very little attention is paid to the overwhelming numbers of survivors who must endure in a war-devastated setting. Women have to take up an even larger burden of work when many men have been killed or injured while in combat, disrupting agriculture and other aspects of economic life. Nations coming out of a phase of war or low-intensity conflict, or which endure years upon end of civil war such as Afghanistan or the former Yugoslavia, have very special needs in order to recuperate from the impact of violence and atrocity. Summerfield describes and cites the work of other scholars on the specific effects of war, within several countries, the vulnerability of certain groups, the longer-term effects, and describes the implications of this collective trauma on any attempts to intervene (see also Category I B, Section 2).


According to the author, the social climate in Hungary is particularly difficult to assess because for the past five years, the country has been in the process of transition from so-called socialism to a market-driven economy, with all the accompanying social, economic and psychological consequences. Those who are traditionally the farthest away from the source of power have had much to lose during this time of building national sovereignty and securing political freedom. Along with the elderly and the very poor, most women fall within this vulnerable group in Hungary today.

In addition to the present social turmoil, it has been argued that Hungary suffers from a high level of violence due to society’s overall exposure to grand-scale aggression. Hungary has suffered two world wars, a civil war, and internal ethnic strife in this century. According to the author, it seems that such experiences “teach people how to be aggressive and also banalize ‘minor’ forms of aggression, such as domestic violence” (p. 44). This chapter is invaluable in describing the way in which domestic violence has manifested itself in a transition nation, the lack of a credible response, and the idiosyncrasies of the Hungarian situation in particular.
This book describes the skewed impact of structural adjustment programmes on women (with a focus on West African nations). They have been disproportionately affected by the changes in the level and composition of public expenditure, increases in charges for services, changes in working conditions, and overall changes in income. An economic analysis is reviewed which explains how the shift of costs from the paid to the unpaid economy was covered by women, who have been jeopardising their own health and nutrition by sacrificing food and medicine for their children and male partners.

With the advent of structural adjustment programmes, there has been a concomitant rise in corruption. Schools, hospitals, and clinics have been left to decay, and subsidies removed from staple food items, while the private sector charges prices well beyond the means of the average wage earner. During certain periods, health workers, teachers and civil servants have gone for months without their salaries, leading them to be demoralised and unable to provide the best quality of service. Such restructuring has also led to the diversion of State resources such as medicines, books, and other equipment to the black market and away from State-run agencies. The position of women has been devalued further by their loss of previous economic gains, and greater dependency on men, who have in turn frequently lost their jobs or seen the value of their agricultural produce go down. With such extreme vulnerability often comes stress and violent resolution of conflict within families.


Wiesinger addresses the historical roots of the vulnerability of women asylum seekers and women in refugee camps for those who are not familiar with the scope of the problem. Even in situations in which women and children make up the majority of residents of a camp, men are assigned to be camp leaders and only deal with other men in the day-to-day workings of the camp. "Psychologically, only those attitudes develop in men, women and children which are culturally enforced by the society in which they live. Dependence on the male creates in the womenfolk a feeling of inferiority and helplessness. Because of this cultural and psychological background, women and girls in the refugee camps think it is normal to be kidnapped by men who want to marry or have a casual sexual relationship with them...to give their food to the fathers and sons at the cost of their own health; and to be prevented from going to school so that they work at home." (pp. 7-8.)

The extreme dangers of life in the camps are described with precedents, including the sexual exploitation and violence to which women are subjected at the hands of border officials, male refugees and local men on either side of the border. In addition to the physical risks, there is also the danger of not being able to secure food for oneself and one's family. Old women, widows,
mothers with children, single mothers with babies, and young unmarried women and girls do not know how to go about obtaining food in a distribution system which authorises a husband to get it for the household. This is especially an issue for women who have traditionally remained in purdah, and are ashamed to ask for food in front of a crowd of strangers, and for women who have to trade sexual favours for their food rations from corrupt camp workers. Wiesinger’s account describes the lack of gender-sensitive planning which goes into the design and implementation of the camps, including the lack of resources for the sanitary needs of menstruating women and girls. A UNHCR Senior Coordinator for Refugee Women is quoted on this subject, saying “I keep seeing how consultant physical planners haven’t addressed the issues of toilets – putting men and women side by side – or create washing areas without any private area where women can wash their cloth sanitary pads. In many ways, the message is still not getting through.” (p. 11).
CATEGORY VI

The Impact of Masculine Identity and Men’s Changing Roles in Violence Against Women


Although this report details a study of women’s sexuality and knowledge of HIV and the prevention of other sexually transmitted infections, it also provides a keen analysis of the unequal power relationship between lower-income men and women in Bombay, India. It helps to illustrate the structure of masculinity within this group, and describes the way in which gender ideology allows men to control women’s sexuality, putting them at risk of sexual infection and unwanted pregnancy by not allowing them to choose prophylactic or other protection methods. The women in the study have suggested ways of improving their lives, chief among which is increasing their mobility. This would involve changing husbands’ control over their wives’ mobility or parents’ control of their daughters. With increased mobility, women can acquire the educational and other skills necessary to improve their income and understand their own sexual and emotional health.


This article reports one of the first studies of the abuse of women in the Arab world. The study utilises different psychological scales of gender, such as the Bem Sex Role Inventory, among others. While the authors acknowledge the limitation inherent in using methods developed in Western societies, they report that the researchers sought to examine these men’s differential use of conflict tactics using variables representing three “frameworks”: belief in male dominance, inter-generational learning, and interpersonal skills deficit. The results showed an extensive influence on this group of men derived from the inter-generational transmission of violence in their families of origin. This often presents a conflict with the growing belief that violence in the family is wrong and not an effective means of settling disputes. Arab-Palestinian men also live in a society where social change, particularly for women, is strongly contested, and where ideas of masculinity are often tied to male dominance within the family. This report gives a valuable insight into men’s roles and the use of violence or of dialogue in a society where gender roles are not studied in any significant way.

In Chapter 1, “Rape as a Weapon of War”, the Global Report uses the example of widespread rape and violence against women by both the military and by the Shining Path guerrilla movement of Peru to illustrate the troubling concept of “honour”. Until April 1991, rape was treated as a crime against honour under Peru’s civilian penal code. Although women’s rights advocates have successfully struggled to modify the definition of the crime of rape to reduce the importance of “honour”, most legal experts agree that biased attitudes about women’s honour and reputation continue to influence the prosecution of rape, and are revealed in the inadequate penalties and low conviction rate for this crime.

Not only in Peru, but in many parts of the world, violence and sexual assault against women are justified by referring to the individual woman’s sexual past. In some cases, fathers and brothers are excused from battering or even murdering a woman if she has committed a crime of “honour” against the family. A man’s honour is seen as resting in the body of all his female kin, and a woman’s honour is her chastity and obedience to family. Such a concept of honour not only violates all established human rights accords, but allows criminal activity to go unpunished and unrecognised.


This is a useful analysis of terms like power and authority which are often used to legitimize violent behaviour towards women in order to maintain authority. There is also an in-depth discussion of the way in which men are socialised into their sex roles, and of the social organisation of emotions.


This is a very useful theoretical piece on the changing roles of men and the (often) static identity of masculinity. Most relevant is Chapter 9, “The Belly of the Beast (II): Explaining Male Violence”. “Continuities and Discontinuities in Men’s Use of Sexual Violence” examines the myths behind the “police-blotter rapist” and other stereotypes of the sort of men who are capable of committing sexual and other violent assaults.

Though many of the studies of male offenders have disproportionately featured working class and minority men, this does not indicate that middle class men are incapable of violence. There is a good examination of the reasons for domestic violence in the section “Behind Closed Doors: Violence in the Family”, illustrating that domestic violence occurs in all social classes and groups. All of the scholars whom Segal draws on link such violence first of all to men’s assumptions that they should be dominant in the home. This section also contains a very powerful examination of incest and child abuse, and the vulnerability of women who are financially dependent on their abusive husbands, and the vulnerability of their children.
In general, Segal reviews the way in which feminist ideas and research have pushed at the boundaries of what is considered sexual violence. Although more obvious forms of violence, like rape, signify the way in which men maintain power through sexual violence, the "taken for granted" use of aggression, like sexual harassment in the workplace, is often just as insidious. This enables men's gender power to override other power relations like that of employer/employee and teacher/pupil. Actions like intrusive staring, touching, sexist jokes and the like are not only extremely uncomfortable for women but also seem to consolidate what Segal calls "sexual hierarchy", affirming men's sense of themselves as dominant. Public places can be turned into hostile environments by actions which can induce a chronic sense of fear in women, thus limiting their access and desire to move about freely.
CATEGORV VII

Strategies for Action and Prevention


"Alternative Dispute Resolution" is increasingly being used in Australia, particularly for interpersonal disputes. This booklet is a very succinct explanation of the various mechanisms used in alternative dispute resolution, such as arbitration, and an analysis of whether they are effective in combating a recurrence of violence against women. Mediation is increasingly being used by the State as well as community dispute resolution centres, family mediation schemes, and private family mediators.

Astor goes through the process of mediation and the role of the mediator, and examines the parties involved in mediation in terms of equality and power. She then examines the nature, extent, causes, and effects of violence against women. She looks at the current use of mediation in disputes involving violence against women, and considers the debates on whether or not mediation is preferable to adjudication. Of particular interest is Astor’s discussion of Aboriginal women and mediation of disputes involving violence; it is often prescribed because mediation is seen as resembling traditional Aboriginal methods of dispute resolution, without looking at such cultural assumptions.

There is a thorough examination of the policy options available in terms of using mediation, the case for and against using this form of alternative dispute resolution in abusive relationships. There is also an explanation of the favoured option of the National Committee on Violence Against Women: to exclude disputes from mediation, as far as possible, where violence has been involved, and to take steps to provide effective protection for those women who are the victims of violence and who nevertheless find themselves in mediation, or for those who make a free and informed choice for mediation.


This concluding chapter of Sanctions and Sanctuary reviews current Western social science theories (feminist, resource, subculture of violence and systems theories) which try to provide explanations for wife beating, and then uses evidence from the rest of the book (based on primary data collected by anthropologists, covering societies around world with a wide range of levels of societal complexity and geographical coverage) to evaluate hypotheses derived from these theories. The author then roughly groups these societies into four levels of wife beating, on the basis of frequency and prevalence: HIGH (in Iran, India, Taiwan, and Indo-Fijian and Bun societies), INTERMEDIATE (Aborigine, Ecuadorian, Kung, Kailai, and Marshall Islanders), LOW (Garifana, Nagovosi and Mayotte), and ESSENTIALLY NONE (the Wape).
Although the sample is too small to validate or refute any hypothesis, it does give data from a wide variety of societies, and contributes useful information on cultural influences on wife battering. A distinction is drawn between wife beating (occasional and not seriously or permanently harmful to the woman) and wife battering (continuous, and/or seriously or permanently harmful). This allows the author to concentrate on the societal factors which facilitate or prevent escalation from beating to battering.

The evidence shows that the frequency and severity of beating are not always closely related, contrary to assumptions usually drawn in Western social science. The data illustrate that wife beating is far more prevalent than husband beating, and there is no simple linear correlation between female status and rates of wife beating. However, when women have some significant power (economical or magical) outside the home, wife beating is more rare. There is some evidence that the presence of female solidarity groups and of negative sanctions against battering can protect women against severe violence. The author finds little reason to extend the premise of a general culture of violence to wife beating, and only marginal support for any “subculture of violence”. She finds no evidence to support clearly one theoretical model over the others, nor that any of them explains all the patterns described. Feminist theory offers many important insights, but needs to distinguish between beating, battering and mutual violence (and admit that the latter exists). One prevalent, if not universal, phenomenon is the struggle of men aged 15 to 30 to define their roles and achieve manhood – wife beating is more rare if the cultural definition of a “real man” does not include controlling a woman by force. All societies have mechanisms to limit wife beating, and this can teach us much.


In Nicaragua, public awareness of domestic violence has changed dramatically in recent years. Once viewed as a private problem affecting few women, it is now considered a major social problem. This is largely due to the work of a broad-based movement led by the Nicaraguan Network of Women Against Violence, involving more than 150 women’s groups and hundreds of women throughout the country. The Network undertook a year-long campaign, culminating in the passage of a new Domestic Violence Law in 1996. The process of drafting, lobbying and mobilizing support for the new law was successful. This was largely the result of strategic alliances made with politicians, government officials, community leaders and professionals from many disciplines. Epidemiological and participatory research provided data which convinced policymakers about the need for reform. This article traces the history of the anti-violence movement since the 1980s and describes the variety of strategies used to put domestic violence on the national political agenda.

FORWARD (Foundation for Women’s Health Research and Development) (1997). A Report of the Proceedings of the Inter-Agency/Non-Governmental Organisations’ Forum: The Way Forward, Female Genital Mutilation in the U.K. Available from FORWARD, 40 Eastbourne Terrace, London W2 3QR. E-mail address: forward@dircon.co.uk.

Female genital mutilation is a highly controversial procedure because of the issue of cultural relativism and the perceived linkage between such a practice and religion. It is becoming
increasingly important for health professionals and other activists to understand and to be able to address this question in the West because of the large numbers of immigrants from areas in which this is practised, who have resettled in other nations. This FORWARD document is very useful because it is the report of a forum which dealt with the practice of female genital mutilation in the UK. Significantly, the forum addressed the issue from the perspective of the minority communities affected (such as Sudanese, Somalis, Yemenis, etc.). The speakers considered the way local men and women were handling the issue of eradicating female genital mutilation in a culturally appropriate and respectful way.

Included is evidence from a British physician who has been managing the health-related complications of female genital mutilation for many years, and encourages all levels of health workers to learn to recognise the various types of excision. Helpfully, there is feedback from workshops on community education and professional training in the recognition and understanding of this practice, and how to combat it.


In a review of twelve studies on the types of professional and community services which abused women find helpful, the author examines the way in which women sought out the clergy as an informal or formal source of help. Large numbers of self-identified “religious” participants and “non-religious” participants in these studies (54 per cent and 38 per cent, respectively) reported having contacted their religious leaders to discuss their problems. In addition to individuals seeking out the clergy themselves, organisations and service providers (such as physicians or other health workers) might suggest the option of referrals to the clergy as a source of help to abused women.

It is important to realise that consulting with religious leaders for this purpose may have mixed results. Many abused women confide in their religious leaders because they seem to be a confidential and comforting person; however, this familiarity can work against battered women as the clergy may be familiar with and perhaps sympathetic to their abusers. Members of the clergy may be committed to maintaining the sanctity of the family, and may suggest that women return to their abusers. Some of the abused women interviewed reported the clergy as being a good source of support, but most reported their counselling as unhelpful. The most positive responses came from religious leaders who were supportive and “validating”.


The authors report on an experiment to measure the effects of a violence prevention curriculum, “Skills for Violence-Free Relationships”, on the knowledge and attitudes of American 12 year-old health education students (seventh-grade level). School-based educational interventions had been developed previously by battered women’s advocates, but none had been evaluated with
a valid and reliable instrument at that time. The experimental group followed the violence prevention curriculum. Significant differences were found between the experimental group and comparison groups, from the pre-test to the post-test stage, on both knowledge of violence in relationships and attitude to violence. The research was followed up and indicated that this strong impact did not remain stable on post post-test examination. These results confirm those found in other studies and reinforce the recommendation of the battered women’s movement that violence-free principles need to be integrated more thoroughly into school curricula, and not just inserted as a one-time course.

As has been indicated by many of the other sources referenced here, inter-generational violence transmission is strongly linked to child and adult social adjustment problems, but this cannot account for the high rate of domestic abuse in the sample country, the USA. According to the authors, intervention in the violent family is necessary but not sufficient to prevent abuse of women. The general population needs to be educated about the prevention of domestic violence, and not just children from abusive families.


The purpose of this workshop was to provide an opportunity to discuss strategies for prevention and redress of domestic violence, and to inform the conference participants (over one hundred, drawn from a range of fields: voluntary, non-governmental, academic, health, law and social welfare) about the work of the WHO Global Commission on Women’s Health (GCWH), and its Sub-Group on Violence Against Women, of which the author is a member. The Global Commission has adopted a health and human rights approach to the prevention and redress of domestic violence, stressing violence as a major public health concern, as well as a violation of human rights.

According to the author, addressing domestic violence through the lens of health can be particularly helpful in those countries in which domestic violence is a highly sensitive issue. Mrs. Häusermann’s personal experiences in Islamic and comparable traditional societies has shown the benefit of considering domestic violence from a health perspective. Such an approach is seen as less threatening than focusing solely on the human rights aspects of violence, and makes sense because health workers are often the first to witness the consequences of domestic violence. As such, health workers at all levels, as well as other community activists who deal with women’s health, should be trained in the dual approach as an appropriate strategy for moving ahead in the prevention and the amelioration of violence in the family.

This paper complements the preceding one by the same author, reiterating the necessity of a dual approach to domestic violence which stresses both the health and human rights aspects of the issue. Mrs. Häusermann presents the conclusions of a European survey undertaken for WHO by Rights and Humanity. This survey highlights problems with reporting procedures, underreporting, and responses to domestic violence by the health, legal and social sectors. The author identifies inappropriate legal systems as an important causal factor of domestic violence; for example, the absence of protective laws, and laws which assume that women are the property of men, or which discriminate against women in property rights or with respect to child custody on the dissolution of marriage. She ends by recommending strategies to address domestic violence appropriate to the Eastern Mediterranean region, stressing the benefits of a multi-disciplinary and multi-level approach which involves policymakers, legislators, professionals, the media, NGOs and community-based groups, as well as health professionals. Particularly significant in Islamic countries are her recommendations for the involvement of religious leaders, men as well as women, and the use of workshops under non-controversial titles such as “family health” or “family well-being”.


This is a report on a study of the interrelationship between child abuse and neglect, and domestic violence in the home, undertaken by child welfare agencies in five State and local communities across the United States. It draws on previous research and on evidence in the five State agencies that the dynamics of violence within families is very complex. Drawing on a national survey of over 6,000 American families, researchers Straus and Gelles found that half of the men who frequently abuse their wives also frequently abuse their children; children need not be the primary target of a father’s violence in order to suffer abuse.

The study’s goal is to document what these child welfare agencies are doing to integrate domestic violence concerns into their agency routines, and it attempts to identify issues which a child protective service would do well to consider before proceeding with similar efforts. It also advises on how such protective services need to interact with other family services such as legal aid, the medical and health field, and substance abuse treatment.

Historically, child welfare agencies have tended to view the mother’s role in child abuse perpetrated by a male partner as “failure to protect” the child, rather than acknowledging that the child’s safety might depend on addressing a situation which endangers both mother and child. Working out mutually supportive relationships between child welfare services and abused
women’s services is an important part of the effort to change child welfare practice as concerns issues of domestic violence.


The authors describe the work of several organisations, such as SOS Belgrade, an exemplary model of flexible organisation dealing with violence against women. The group existed before the Yugoslav civil war, but its work has expanded enormously to deal with the way in which the terrors of war, such as rape, embargo, rapid inflation, a repressive regime and ethnic violence, have completely changed the conditions of women’s existence in Serbia. The main scope of SOS Belgrade’s work is to talk with women on the phone and create a relationship of mutual trust, which will eventually build the individual woman’s inner strength and help her to resist violence. SOS also formed three sub-groups at the beginning of the war, dealing respectively with:

1) Women who are the victims of rape (part of the mandate of this group is to get rape during times of conflict recognised as war crimes under the Geneva Convention)
2) Women refugees of all ethnicities
3) Out-services (providing immediate support, escorts to courts, and social work centres)

SOS Belgrade believes that the war has directly led to a devaluation of women’s status, and thus a manifold increase in violence. They attribute this to:

• The militarisation of relationships and the change in everyday values making the events and deeds of the war all-important, as well as increasing the number of households in which guns are present.

• The vast numbers of rapes and robberies by soldiers who return to their families exhibiting the same behaviour as they did at the front.

• The increase of prostitution.

The authors view the economic misery of countries such as Serbia, where available resources have gone to surviving the international embargo and supplying weapons and soldiers for the war, as leading to poverty and the resulting frustration within the home where women are expected to keep the family together.


In this background paper, Dr. Mohamud has included an extensive section on policy and programmatic responses to adolescent health and rights in the post-Cairo and post-Beijing climate. She has not only addressed governmental response at the national and local level, but
has investigated the work of smaller community-based organisations and mass media efforts to combat violence against young women and girls.

Some of the most innovative programmes have also been the most successful, such as the “Alternative Rites of Passage” programmes—outreach programmes aimed at eliminating female genital excision while providing adolescent girls with modern sex education and self-esteem training. These alternative programmes also provide traditional coming-of-age wisdom from the community, and organise celebrations to declare the uncircumcised girls mature adults. This serves to make the existence of uncircumcised girls more acceptable in the community, and gives these young women the social status and respectability which they would have obtained previously from genital excision. Such programmes were field-tested in Kenya by the Mandeleo Ya Wanawake Organisation and the Programme for Appropriate Technology in Health (PATH). Similar initiatives have been funded in eastern Uganda by the United Nations Population Fund (UNFPA), with a concomitant reduction of 36 per cent in the number of girls undergoing female genital mutilation between 1994 and 1996.


The need for immigration reform is readily apparent in the fight to reduce women’s vulnerability to violence in the home. The Commonwealth Government of Australia has recognised the issue, and has introduced new provisions in the Migration Regulations to take into account the particular circumstances of applicants for permanent residence on spousal abuse grounds, where after a normal family application the relationship has broken down and there has been domestic violence. The purpose is to allow such applicants to continue to be eligible for permanent residence if the relationship on which the application was based is assessed as having been genuine in the first instance, but is now no longer continuing, and if the applicant is a proven victim of domestic violence.

Obviously immigration reform is of particular interest to migrant women, but just as important is extending the mobility of these women by providing them with important skills (language classes, literacy programmes, etc.). One of the priorities of the first National Agenda for Women in Australia was to extend the availability of literacy classes to women in the workplace and those eligible for, or undergoing, training. In addition, Government information (particularly health-related information) is provided in a wider range of languages and disseminated through channels used by women of non-English speaking background, including ethnic radio. This is very important for all nations with migrant populations; if women have no knowledge of the host country’s language, they will be particularly vulnerable, and will not know how to leave an abusive relationship or where to turn for help and information.

Australia is also beginning to undertake significant changes to the sexual assault and rape laws. There are now limits on the extent to which a complainant in a rape trial may be questioned about her past sexual history. All States and Territories now have laws which prohibit the publication of particulars which may identify the complainant in a sexual assault case, and there have been changes to the law defining rape and consent.

The authors were members of the Medical Foundation in London who wanted to form a support group for women refugees who had no other outlet to discuss their experience as survivors of sexual and physical torture. This short article describes the way the group was set up and facilitated, and the value which it has had for its members, who used it to begin their process of healing in a new society. The boundaries of the group were very flexible; though the two group leaders had experience in social work and counselling, they did not want to be “experts”. The idea of a therapeutic group was very new to the women, but ultimately proved rewarding. This is a valuable reference, because it describes a successful, and low-budget way to provide a safe, confidential form of therapy for women who have experienced a dual shock – the horror of physical and sexual violence combined with the pain of entering a very different society.


See the review of this manual in *Key References* (Section 1b of the Introduction). The authors include advice from grassroots organisations all over the world on ways to combat and prevent domestic and sexual violence, which have proved helpful in the particular context of southern Africa.


The author describes the creation of NaNE (Women Working with Women Against Violence) in Budapest in 1993, and gives the objectives of the organisation. The particular political and economic situation in Hungary at the time was not particularly conducive to this group’s efforts to try to address the very high level of violence against women at home, and in society more generally. NaNE realised that ignorance of the rights of abused women is very often turned against them by threatening partners or family members. Furthermore, particularly because in Hungarian society women are very rarely encouraged to come forth with such personal and troubling information as domestic violence, the members of NaNE began by focusing on creating a hotline for abused women. The two major functions of the hotline were:

1) To provide a conducive and sympathetic listener to whom abused women could confidently recount their experiences in an atmosphere of mutual trust.
2) To dispatch information to women on their rights to those who knew very little about them

The fact that NaNE has begun training, and providing information and infrastructural support to similar groups in the outlying Hungarian provinces, is an indication that such progressive groups can function even in the most difficult of circumstances, and can have an impact on legislative change and the portrayal of women in the media.

Washington State University in the United States has undertaken a series of Cooperative Extension Research Reviews on the topic of violence in the family and the community, and its prevention. The research team focused on community education centres, targeting issues such as parenting and peer mediation for young adults. They also addressed the need for public education concerning the legal/regulatory change required to combat family violence in impoverished or crime-stricken communities. This is a useful resource for individuals who are seeking ideas on community-based education efforts to prevent and eliminate violence against women and children, and to combat juvenile crime.