

# **GENDER-BASED VIOLENCE**

Professor Friday Okonofua

# DEFINITIONS

The United Nations Declaration on the Elimination of Violence against Women offered the first official definition of gender-based violence in two articles:

- Article 1: *‘Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life’.*
- Article 2 of the Declaration states that the definition should encompass, but not be limited to, *‘acts of physical, sexual, and psychological violence in the family, community, or perpetrated or condoned by the State, wherever it occurs’.*

# GBV: Definitions

- Early definitions of GBV focused primarily on physical acts such as beating or battering .
- Now it is widely recognized that gender based violence includes material deprivation, economic exploitation, emotional and sexual abuse including marital rape and even pornography .
- GBV is often used to represent any act or threat by men or male dominated institutions that inflict physical, sexual, or psychological harm on a woman or girl because of their gender or vice-versa

# Definitions

- Also called Violence Against women (VAW), GBD has been called “the most pervasive yet least recognized human rights abuse in the world.”
- The Second World Conference on Human Rights in Vienna in 1993 and the Fourth World Conference on Women in 1994 gave priority to GBV as a serious problem which jeopardizes women’s lives, bodies, psychological integrity and freedom

# Beijing PA: Definition

Expanded the definition to include:

- *Violations of the rights of women in situations of armed conflict, including systematic rape, sexual slavery and forced pregnancy;*
- *Forced sterilization, forced abortion, coerced or forced use of contraceptives;*
- *Prenatal sex selection and female infanticide.*
- *It further recognized the particular vulnerabilities of women belonging to minorities: the elderly and the displaced;*
- *Indigenous, refugee and migrant communities;*
- *Women living in impoverished rural or remote areas or in detention.*

# Components of GBV

- Spousal battery
- Sexual abuse, including of female children
- Dowry-related violence;
- Rape, including marital rape
- Female genital mutilation/cutting and other traditional practices harmful to women
- Non-spousal violence
- Sexual violence related to exploitation
- Sexual harassment and intimidation at work, in school and elsewhere
- Trafficking in women
- Forced prostitution.

# **Gender Based Violence Vs. Violence Against Women**

- The term gender-based violence is widely used as a synonym for violence against women, in order to highlight the gender inequality in which much violence is rooted.
- However, GBV applies to women and men, girls and boys, while VAW focuses on women only, because they are overwhelmingly affected.
- Women and adolescent girls are not only at high risk and primary targets for GBV but also suffer exacerbated consequences as compared with what men endure.

# Landmark Conventions to protect women's rights

- Convention on the Elimination of Violence Against Women (1993)
- Dakar Platform for Action (1994)
- Beijing Platform for Action (1995)
- African Plan of Action to Accelerate the Implementation of the Dakar
- Beijing Platforms for Action for the Advancement of Women (1999)

# Conventions that promote the protection of women

- UN Resolution 1325 on Women Peace and Security (2000)
- The Millennium Declaration (2000)
- Protocol to the African Charter on Human and Peoples Rights on the Rights of Women in Africa (2003).
- Goals 3, 5 and 10 of the SDGs - 2015

# Reasons for GBV

- Unequal power relations between men and women resulting in domination and discrimination against women by men.
- It continues to be fostered and reinforced by the entrenched patriarchal values system, the perpetration of traditions that identify women as inferior to men, prevalent illiteracy, poverty and the low status of women in the society.
- Some aspects of the statutory, customary and religious provisions make women vulnerable to violence.

# Types of GBV

GBV can be categorised into four major groups:-

- *Physical*- beating, hits, slaps, push, punches, throwing of objects/acid
- *Sexual*- harassment at work/school, attempt to rape, rape
- *Psychological* –intimidation, relegation, abuse and curses, anxiety, depression
- *Economic*- exploitation, cheat, underpay, confiscate goods, close businesses, denial of rights to own property and land, to inheritance, to equal access to micro-credit facilities, to be fully employed, and to receive equal remuneration for work equal in value to men's work.

# Other Types of GBV

- Culturally promoted- forced/early marriage, female genital mutilation/cutting (FGM/C), dowry related violence, forced labour
- Trafficking in women, female infanticide, incest, pornography

# Types of violence at different phases of Life

Prenatal	Prenatal sex selection, battering during pregnancy, coerced pregnancy (rape during war)
Infancy	Female infanticide, emotional and physical abuse, differential access to food and medical care
Childhood	Genital cutting; incest and sexual abuse; differential access to food, medical care, and education; child prostitution
Adolescence	Dating and courtship violence, economically coerced sex, sexual abuse in the workplace, rape, sexual harassment, forced prostitution
Reproductive	Abuse of women by intimate partners, marital rape, dowry abuse and murders, partner homicide, psychological abuse, sexual abuse in the workplace, sexual harassment, rape, abuse of women with disabilities
Old Age	Abuse of widows, elder abuse (which affects mostly women)

# Prevalence of GBV

**Zambia:** 33% of women age 15-49 years old had experienced physical violence in the past year;

**Uganda:** 56% of women age 15-49 years had experienced physical violence at least once since age 15 years

**Ghana:** 37 % of women had ever experienced physical violence since age 15 years; this rate reached 39 percent of 20-29 years-olds.

**Tanzania:** 39 % of women age 15-49 years had ever experienced physical violence since age 15 years

**Zimbabwe:** 30% of women age 15-49 years had experienced physical violence since age 15 years

**Rwanda:** 42% of women age 15-49 years had experienced physical violence since the age of 15 years; this rate reached 58 percent of 30-49years.

# Prevalence of GBV in Nigeria

- In **Nigeria**, results of the 2008 DHS, the percentage of women aged 15-49 who have ever experienced physical violence since age 15 was 28 percent
- % that have experienced physical violence during the 12 months preceding the survey was 15%.
- 7% of women aged 15-49 reported that they had experienced sexual violence at some time in their life.

# Sites of GBV

- Family
- Community/Society
- State level – some states legislate power inequality through failure to act or deliberate designs to promote inequality

# Risk factors for GBV

Age: Younger age groups are at increased risk

Sex: Boys are more likely than girls to engage in violent behaviour, while girls and women are the major recipients of GBV

Female Education: Female education confers greater risk of GBV (because of non acceptance of traditional norms) up to a certain level, after which it confers protection. This theory is supported by evidence from a WHO multi-country study, which found that the protective effect of education started only when women's education progressed beyond secondary school.

# Risk factors for GBV

Religion: Religious belief is inversely related to violence perpetration. However, among Ethiopian protestants, religious affiliation is known to be a risk factor for GBV

Negative life events: The experience of negative life events, ranging from academic or business failures, job loss, to parental divorce, appear to foster GBV in adolescents

# Risk factors for GBV

Harmful Alcohol Use and Substance use: Substance use increases GBV

Children who witness Adverse childhood abuse or Parental Violence are likely to be perpetrators and also more likely to experience GBV

Psychological distress and Antisocial behaviour: Studies have found associations between psychological distress, depressive symptoms and GBV

Acceptance of GBV: Increases the risk of GBV and its perpetuation

# Relationship level determinants of GBV

- Multiple sexual partners
- Low parental education, income and support
- Commercial/transactional sex
- Partners in same-sex relationships

# Community level determinants

- Weak community sanctions against GBV
- Poverty
- Traditional gender norms that are supportive or condone GBV

# Examples of social/ cultural norms that support GBV

- A man has a right to assert power over a woman and is considered socially superior –
- A man has a right to physically discipline a woman for “incorrect” behaviour
- Physical violence is an acceptable way to resolve conflict in a relationship
- Intimate partner violence is a “taboo” subject.
- Divorce is shameful & Sex is a man’s right in marriage
- Sexual activity (including rape) is a marker of masculinity

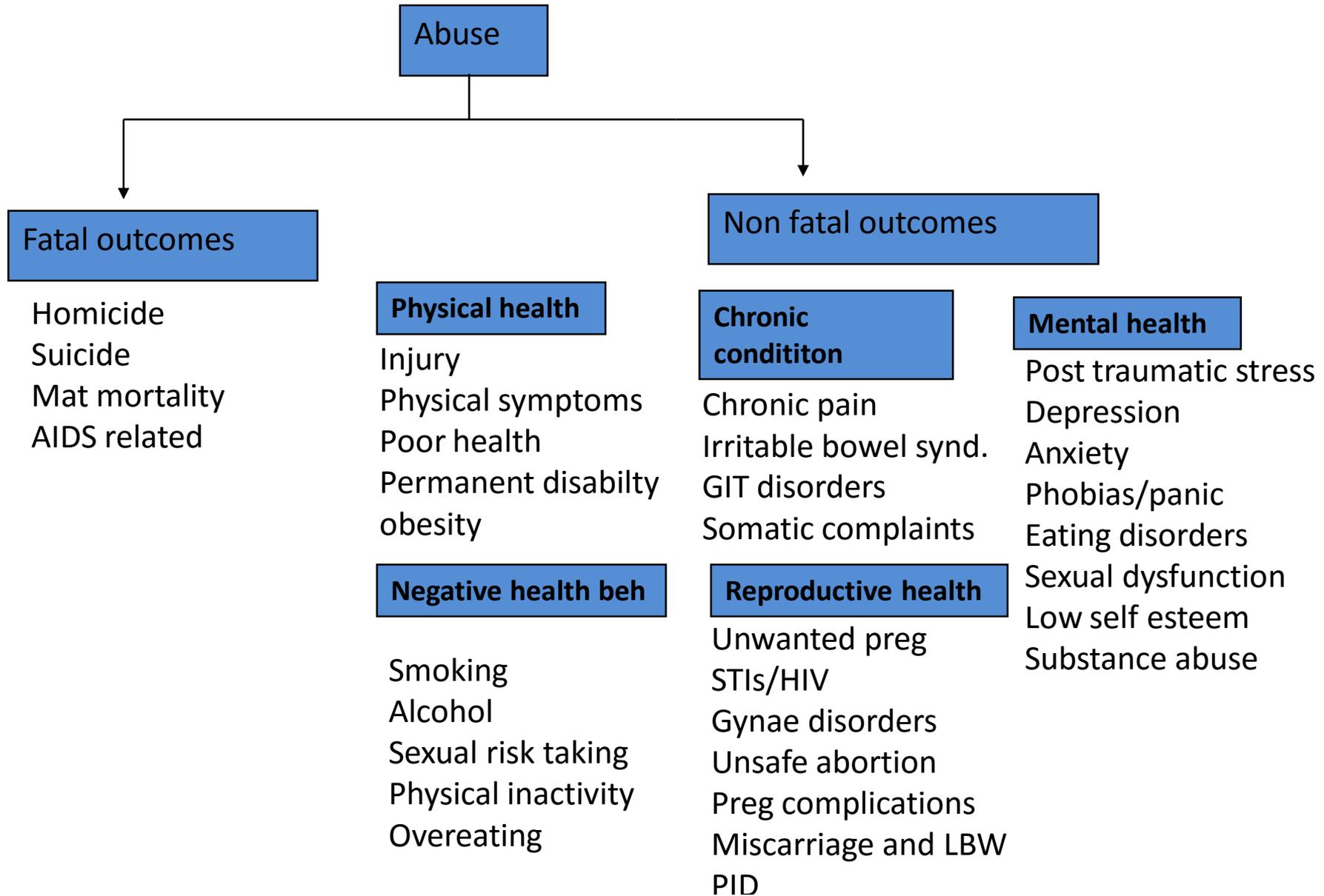
# Consequences of GBV

- GBV hinders women's ability to achieve economic autonomy and to ensure sustainable livelihood for themselves and their dependants
- It leads to tension and general nervousness, which may spill over into physical violence
- Predisposes women to high risk of morbidity and mortality
- Fourthly, GBV results in social inequality and promotes sexual exploitation of girls and young women by older men.

# RH Consequences of GBV

- Unwanted pregnancy
- STIs/HIV and Pelvic Inflammatory disease
- Gynecological disorders
- Unsafe abortion and miscarriage
- Pregnancy complications, including low birth weight babies

Figure 2: Health Consequences of GBV



# **MANAGEMENT OF SURVIVORS**

# Medical management of GBV at first contact

- Treatment of injuries and clinical evaluation
- Pregnancy testing and emergency contraception (EC)
- Prophylaxis of sexually transmitted infections
- HIV diagnostic testing and counselling (DTC) and Post Exposure Prophylaxis (PEP)
- Forensic examination
- Trauma counselling

# Treatment of injuries and clinical evaluation

- Health care providers are advised to ensure that they do not take actions that will jeopardise forensic evidence. Where qualified, health providers need to collect and conserve evidence for forensic analysis.
- Components of the clinical evaluation – forensic examination, specimen collection, analysis and documentation – should act as a vital link between health care and the judicial system.

# Examination of GBV victims

- The examination includes establishing the background of the survivor,
- taking the history of the occurrence,
- a medical history, and
- a full body physical examination that is efficiently documented .
- Care should be taken to minimise additional trauma by providing initial comfort counselling and a full explanation of the logic and process of the procedures.

# Pregnancy testing and Emergency Contraception

- Emergency Contraception (EC) should be available to all female survivors of rape who are of reproductive age, and who are: not pregnant, not consistently using a reliable form of contraception and who show signs of secondary sexual development .
- A pregnancy test is desirable, but not required prior to administering EC.
- EC can be administered within 12 and half hours of unprotected intercourse, but is most effective at an earlier stage, so provision is a priority, along with HIV prophylaxis.
- The most common regimens of EC include levonorgestrel (minipill) and combined oral contraceptive pills

# Prophylaxis Against Sexually Transmitted Infections

- **The WHO** recommends that patients be tested for Chlamydia, gonorrhoea, trichomoniasis, syphilis and hepatitis B, although this may vary according to local environments and protocols.
- The routine prophylactic treatment of all patients with antibiotics, on the understanding that survivors experience different degrees of exposure to infection is not recommended.
- There is scant evidence on the effectiveness of sexually transmitted infections prophylaxis provision to abuse survivors . However, data is not yet available in countries with high STI-prevalence

# HIV diagnostic counselling and testing and Post Exposure Prophylaxis

- PEP involves the administration of one or a combination of anti-retroviral drugs (ARVs) to *HIV* negative persons for a period of 28 days after exposure to the *HIV* virus.
- The administration of PEP within 72 hours of sexual penetration, followed by a course of PEP drugs, is thought to significantly reduce the likelihood of sero-conversion .
- PEP is recommended for men, women, boys and girls who have experienced oral, anal or vaginal penetration. Fixed dose combinations are recommended where available

# Psychological Counselling of Rape Survivors

- Counselling has been identified as a key for speeding the recovery process that is often individualised and may last many years . Counselling in this context includes trauma prevention, *HIV* pre and post-test counselling, and PEP adherence counselling as the side effects of PEP may be difficult to distinguish from those of rape trauma.
- There is need for counselling to prepare survivors for the justice system, while enabling access to legal counsel and aid increases the likelihood that a survivor will complete the legal process.
- The need for counselling is not necessarily limited to the survivor: the family and/or partners also undergo trauma and may require support

# Referral Linkages and Medico-Legal Services

- Inter-sectoral collaboration is a key determinant of the quality of comprehensive post-abuse services.
- The scarcity of referral linkages also acts as a barrier to receiving appropriate care and support.
- Confusion over protocols and procedures causes delays and often unnecessary expense and trauma to survivors.
- The 72-hour 'window of opportunity' for forensic examination and medical management signifies the importance of quick and efficient referrals.

# Prevention of GBV

- **Primary prevention** – approaches that aim to prevent violence before it occurs.
- **Secondary prevention** – approaches that focus on the more immediate responses to violence, such as pre-hospital care, emergency services or treatment for sexually transmitted infections following a rape.
- **Tertiary prevention** – approaches that focus on long-term care in the wake of violence, such as rehabilitation and reintegration, and attempt to lessen trauma or reduce long-term disability associated with violence.

# Primary Prevention of GBV

## Strategy

### **During Infancy, Childhood and Early Adolescence**

Home-visitation programmes to prevent child maltreatment

Parent education to prevent child maltreatment

Improve maternal mental health

Identify and treat conduct and emotional disorders

School-based social and emotional skills development

Bullying prevention programmes

### **During Adolescence and Early Adulthood**

School-based multi-component violence prevention programmes

### **During Adulthood**

United States Air Force multi-component programme to prevent suicide

Empowerment and participatory approaches for addressing gender inequality – SASA!

# **GBV prevention involves multiple sectors**

- The health sector – maternal mental health, parenting, alcohol misuse treatment;
- Those working with children and young people, including the educational
- sector – violence and abuse prevention skills for children and young people, social skills development;
- Emotional skills development, early intervention for conduct and emotional disorders;

# **GBV: multi-sectorial prevention strategy**

- The police and criminal justice sector – development and enforcement of legislation;
- Local governments – reduce access to alcohol and poverty-reduction programmes;
- Communities and non governmental organizations – change cultural norms that stereotype women and accept violence as a means of conflict resolution.
- Micro-finance projects, education programmes

# Other Prevention Approaches

- Media Campaign
- Women's rights advocacy, including street protests/demonstrations in cases of GBV
- Working with men and boys
- Policy & legal reform
- Training of law enforcement agencies

# Conclusions

All African countries need to develop a national plan of action that would address issues on equality for women. It is crucial to enact laws that prohibit violence to women, to monitor the implementation of existing plans to ensure that women's rights are protected, and to review existing laws and policies periodically to ensure that they adequately protect women's rights. Simplification of the laws and distribution to women's and men's groups will also help to improve awareness of women's rights. This could be complemented by training law enforcers on these laws. Sensitization of the public and creation of awareness through the media on the existence of the laws is necessary. In addition, legal and psychosocial support for victims of economic violence should be provided. The dearth of empirical data on many aspects of violence in this environment highlights the need for more research on this issue.

# References

- 1) Gender Based Violence: In Reproductive Health Challenges ed. Okonofua FE, Women's Health and Action Research Centre, pages 207-236.
- 2) Onigbogi MO, Adeyemi KA, Onigbogi OO: Prevalence and factors associated with intimate partner violence among married women in an urban community in Lagos State, Nigeria. African Journal of Reproductive Health, 2015; 19, 1: 91-100.

Thank you