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Gender-Based Violence And The Role Of The Public Health System

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Abstract

Gender-based violence is presented primarily within the public health framework. It should be noted, however, that the authors recognise violence against women as a fundamental violation of human rights and a crime against women and society. All citizens also have the right to bias-free, affordable and accessible legal, social and health care services that can help to mitigate the negative consequences of the inflicted violence. Within the public health framework, violence is conceptualized as a problem that can be prevented and its consequences alleviated through social and health based interventions. Public health strategies can function at various levels in responding to violence – at the individual, community, and societal levels. As victims and survivors of violence approach the health care system for relief of the resulting physical and psychological trauma, health care professionals play an important role in the treatment of such injury, rehabilitation of victims, and prevention of further trauma (secondary and tertiary levels of care). With regard to prevention – or primary level care – community-based public health interventions can be instrumental in changing social norms, creating social pressures against violent behaviour, and educating the public about the health, social, and legal consequences of violence. While the public health system is recognized as one of the most critical sites for addressing violence, it currently lacks the capacity and sensitivity to adequately and effectively respond to the needs of victims and survivors.

Key Words: Health, Consequences, Intervention and Prevenvention

Introduction

Violence as a Public Health Issue Violence is widely recognised as a global public health concern. Research indicates that violence – in the form of war, conflict situations, homicide, suicide, domestic violence, maltreatment, and communal violence – is widespread and leads to significant adverse health and social consequences for victims and their communities. For the purposes of this paper, we are employing the World Health Organization's (WHO) definition of violence: "The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm,

mal development or deprivation". Violence often occurs when there is an imbalance of power between individuals or groups of people or nations. Due to inherent social inequalities and hierarchies in society with regard to sex, religion, race/ethnicity, sexual orientation, class, caste, and nation status, violence prevails. Indian society is deeply hierarchical and organised according to structural inequalities. Gender-based violence, torture, and caste and communal violence are a few of the predominant manifestations of these hierarchies and inequalities, and demand serious attention and intervention by the Indian public health care system.

In this paper, gender-based violence is presented primarily within the public health framework. It should be noted, however, that the authors recognize violence against women as a fundamental violation of human rights and a crime against women and society. The authors adhere strongly to the belief that all people have the right to live a life free of violence and that governments around the world are compelled to protect their citizens from such abuse. All citizens also have the right to bias-free, affordable and accessible legal, social and health care services that can help to mitigate the negative consequences of the inflicted violence.

Within the public health framework, violence is conceptualized as a problem that can be prevented and its consequences alleviated through social and health based interventions. Public health strategies can function at various levels in responding to violence – at the individual, community, and societal levels. As victims and survivors of violence approach the health care system for relief of the resulting physical and psychological trauma, health care professionals play an important role in the treatment of such injury, rehabilitation of victims, and prevention of further trauma (secondary and tertiary levels of care). With regard to prevention – or primary level care – community-based public health interventions can be instrumental in changing social norms, creating social pressures against violent behaviour, and educating the public about the health, social, and legal consequences of violence. While the public health system is recognised as one of the most critical sites for addressing violence, it currently lacks the capacity and sensitivity to adequately and effectively respond to the needs of victims and survivors.

Gender-based Violence

Gender-based violence refers to violence experienced by females throughout the various stages of their life. Such violence is rooted in social inequality between males and females – an outcome of the females' lack of access to social, health, educational, and political privilege. In her paper promoting an integrated and multi-leveled framework for explicating the causes of violence against women, Heise argues that previous theories focused almost entirely on either individual factors or socio-structural factors. She propounds that a complete understanding of violence against women must incorporate factors at multiple levels which have been deemed significant by the current body of research at the – " individual level (witnessing marital violence as a child; being abused during childhood; growing up with an absent or rejecting father), " Microsystems or situation in which the abuse takes place (male dominance in the family; male control of wealth in the family; marital conflict; use of alcohol), " ecosystem or informal/formal social structures (unemployment among men; low socioeconomic status of family; social isolation of women and their families; associations with negative or sexually aggressive peers), and the " macro system or the larger set of social and cultural beliefs and norms that influence the other levels in this framework (cultural definitions of masculinity linked to dominance, toughness, or male honour; rigid gender roles; men's sense of ownership or entitlement over women; approval of physical punishment of women; cultural belief that condones the use of physical violence as a means of to resolve interpersonal conflicts).

Health Consequences of Gender-based Violence

Gender-based violence has severe consequences for the physical, emotional, and social well being of women victims and survivors. Research demonstrates that this violence impacts women's health in myriad ways – both directly and indirectly – and can lead to chronic debilitating conditions and even death. The most severe health consequence of gender-based violence perpetrated by intimate partners and family members is homicide. In the United States, domestic violence accounts for more than one-half of the homicides of women each year. This body of research also indicates that the majority of murdered adult women are killed by their husband, partner, ex-husband, or ex-partner and in the majority of murder cases, the woman was battered when she was alive. It should be emphasised that the relationship between gender-based violence and health is not unidirectional; violence produces negative health effects while certain health conditions can increase a woman's vulnerability to victimisation. For example, pregnancy increases a woman's risk of being battered.

Additionally, some studies indicate that women who have been battered during pregnancy are at an increased risk of being killed or of killing-in self-defense-their abuser. Physical health consequences directly linked to intimate partner violence include broken bones, facial trauma (such as fractured mandibles), tendon or ligament injuries, chronic headaches (a likely result of neurological damage from the untreated loss of consciousness often reported by battered women), undiagnosed hearing, vision and concentration problems (also possible due to neurological damage from injuries sustained), chronic irritable bowel syndrome, and other stress-related problems.

The Public Health System as a Site for Intervention

The public health system has been identified as an important site for the implementation of anti-violence intervention programmes for a number of reasons. First, the health care system is often the first contact for victims and survivors of violence, who approach health care providers for treatment of the resulting physical and psychological trauma. Second, the public health system occupies an important role in the struggles of victims and survivors to achieve justice. It serves as the only institution that can produce medical and forensic evidence formally recognised by the criminal justice system. For example, only a public hospital has the authority to register medico legal cases (MLCs). For victims and survivors of violence, the public hospital is also the only place where treatment can be obtained because private practitioners often turn away cases of suspected violence, such as suspected rape or assault. In addition to providing an opportunity for intervention with victims and survivors of violence, the system provides a place where gender- and violence- sensitisation programmes targeting the general public, health care providers, administrators, policy makers, and project developers can be carried out.

Barriers to Intervention

Despite the critical role of the public health system in responding to victims of violence, there are a number of barriers inherent to it. One of the most challenging barriers is that medical professionals are not equipped to respond adequately and sensitively to the issue of violence against women. This is due to a number of factors, including general indifference to victims of domestic violence and the likelihood that health professionals also subscribe to dominant societal norms which legitimise violence against women.

There is evidence that even when women facing violence are identified within the health care system, health care providers have a tendency to focus on the physical consequences of abuse, to be condescending and distant, and to blame women for the violence they face. Within India, the medical education system does not mention violence as a health problem, nor does it include training or information on responding to victims and survivors. This discretion could be a result of the fact that within the medical context, violence is comprehended as a social problem and/or private family matter, as it does not fit into the traditional illness model.

Primary Prevention

Primary prevention strategies refer to those efforts that can prevent violence from occurring in the first place. In order to achieve a no-tolerance approach towards gender- based violence, norms and assumptions about violence against women and girl within all facets of society must be challenged and changed. 'Society' here refers to the public, the public health system and to the government and the criminal justice systems. In this regard, various forms of media and public awareness campaigns can play a critical role in fostering a greater public understanding of discrimination against and exploitation of women. Media can also play a role in limiting derogatory images of women and erroneous myths about violence committed against women, such as the belief that women who are being abused must have done something to provoke the violence. Simultaneously, the media can also promote positive images of girls and women. They could portray parents' joy after giving birth to a baby girl; women whose success is determined by education or occupation rather than by her physical appearance and of men (such as men standing up to other men who are abusers and resist perpetrating violence in their own families). The public should also be educated on the international, central government, and state laws prohibiting violence against women, as well as the punitive consequences they may face should they violate these laws.

Media campaigns carried out elsewhere to increase public awareness about interpersonal violence, gang violence, domestic violence, rape, and sexual harassment through multiple media forms such as television, radio, and informational booklets have demonstrated increased public knowledge about these various topics. It has often resulted in a positive shift in attitudes and social norms concerning domestic violence and gender relations. Evaluations of these campaigns have also documented willingness to positively alter women's own behaviour and to stand up against the occurrence of gender-based violence in their own communities. Within the Indian health care setting, community health volunteers (CHVs) can be instrumental in carrying out primary prevention public health efforts. From the public health system, these workers are the primary and vital link to both men and women in the community. Their role requires them to conduct home visitations and respond to various health needs, including immunisations, family planning, and disease surveillance.

Due to their visibility in communities and the fact that CHVs generally belong to the community in which they work, they are very conscious of and alert to the culture, norms, and practices of their respective communities. They generally practice within a culture-appropriate framework and are not viewed as outsiders, thus granting them credibility and authority within the community to initiate discussions around sensitive topics such as violence against women. In conducting anti-violence work at the primary prevention level, the role of men cannot be omitted.

Male CHVs can be trained to organise and implement educational and awareness-building activities for adolescent boys and men on gender inequality, positive gender roles, and healthy relationships. These programmes should also educate men concerning the various tools men use to control and exert power over women, alternatives to using violence in relationships, the laws which condemn violence against women, the health and social consequences of violence against women, as well as the consequences they could face if they break the law. The key to preventing domestic violence is to change the social norms that sanction the use of violence against women.

In addition to working with boys and men (potential perpetrators of violence), CHVs can also engage with adolescent girls and women. Awareness-building activities for girls and women can increase their ability to identify the various forms of violence they may encounter in their lives. These activities should increase their knowledge about their rights, increase their understanding of what constitutes a healthy relationship, increase their self-esteem and the belief that they do not deserve to be abused. This would instil in them a belief in gender equality, and increase their capacity to stand up to and challenge violence and/or the threat of violence. Efforts to promote women's empowerment, economic independence, and political representation also constitute primary prevention strategies. As these characteristics represent 'essential markers of gender equality,' they are essential to ending violence against women.

Secondary Prevention

Secondary prevention strategies involve efforts to minimise harm already done and to prevent further injury from occurring. Such strategies to combat violence against women include policy changes criminalising all forms of violence against women and prosecuting the perpetrators of that violence. In India today, there are certain forms of gender-based violence that are not considered criminal by current law. For example, rape is defined strictly as forced penile-vaginal intercourse outside marriage and excludes forced anal sex, forced oral sex, and the use of other objects and body parts. This current legal definition of rape not only fails to protect women from other methods of rape, it precludes the legal protection of non-female victims of rape and women who are raped by their husbands.

Under the Indian Domestic Violence Bill, domestic violence is a criminal offence. The Bill – written by the Lawyer's Collective in collaboration with various grass roots women's organisations is currently pending in Parliament. Despite this progress, several aspects of the Bill are problematic and limit victims' ability to seek justice. After the Bill was submitted by the Lawyer's Collective, the Ministry maintained the same structure and content of the proposed Bill, but added new language and clauses that will likely create great barriers in prosecuting perpetrators.

One added clause states that in order to hold offenders accountable, victims must demonstrate that the occurrence of domestic violence is habitual. The new language also excludes from the definition of domestic violence any act of violence committed in 'self- defence'. While the Indian Government claims to protect women from domestic violence through this legislation, the new clauses create opportunities for perpetrators to justify their offences. There is indication that there is no strong political will in India to chart out and protect the rights of its women citizens.

In response to the various loopholes created by the added clauses, women's groups in India have come together to create an external committee comprised of various experts in the field of gender-based violence, human rights, and the law. The role of its members is to review the Bill in consultation with women's groups and advocates, vocalise reservations about the new version of the Bill, and communicate recommended changes to the Ministry of Law.

In addition to the creation of new policies prohibiting all forms of violence against women and girls, it is critical that efforts are also made to ensure that laws already in existence are properly implemented. Such efforts should attempt to increase feelings of social responsibility among those whose duty it is to implement law and protect citizens. These efforts should also seek to diminish (and ultimately eliminate) the widespread corruption and bribery that prevent victims from attaining or even seeking justice due to their lack of faith in the system. While many forms of gender-based violence are illegal according to Indian civil law, many practices such as sex-selective abortion and dowry- related homicides are rampant, reaching epidemic proportions.

Another secondary public health prevention strategy is to develop a trustworthy, accessible, and co-ordinated reporting system that protects the safety, confidentiality and anonymity of women reporting violence, their supporters and advocates, and those witness to the acts of violence. Such a reporting system should involve not only the public health system but should also include the police and other constituents of the criminal justice system, and should incorporate elements and approaches that are gender- sensitive and rights-based.

Tertiary Prevention

Tertiary prevention efforts refer to strategies aimed at addressing previous exposures to physical, emotional, sexual violence, and their sequel. Within the public health framework, such strategies would involve the delivery of mental health and support services based within community or health care settings. Such services would involve gender-sensitive counselling, advocacy, referrals to other needed social services (such as shelter, legal aid, educational and job training programs, and medical services), and assistance in negotiating and accessing these various, and often fragmented, service systems. Such interventions should focus on empowering women and helping them to attain violence- free lives without

judgement or imposition of our own ideas and opinions. This can be accomplished through validation of the trauma associated with abuse, education about various options women have, and help with identification of personal and social network strengths.

Once women enter the health care setting, the levels of violence—as well as their physical and psychological injuries—are likely to have reached unbearable and severe states. Because of this, doctors and nurses working within clinical settings are most likely called upon to intervene at the tertiary level. As noted in the previous section, doctors and nursing staff are expected to fulfil the following roles: (1) screening, (2) documentation, and (3) referral. Health care providers – particularly doctors – are in a unique position to identify victims of violence. In addition to the fact that they are often the first contact for victims seeking treatment, they are highly regarded and seen as neutral entities to which patients can easily confide. This unique position affords doctors the ability to enquire into the current (or most recent) episode of violence, as well as the history of abuse.

Furthermore, within the public health system, doctors are the only individuals with the authority to register medico-legal cases, conduct autopsies, collect important forensic evidence, and carry out post mortem examinations. All these procedures are necessary to prove the incidence of violence and punish the perpetrator.

Dilaasa as a Model

The Dilaasa Crisis Centre for Women is a joint initiative of the Brihanmumbai Municipal Corporation (BMC) and CEHAT. It is a public hospital-based crisis centre that provides social and psychological support to women facing domestic violence. In addition to providing emotional support through ongoing counselling, Dilaasa provides women with referrals to medical care, filing of complaints at the police station, shelter, legal agencies, and other social services and helps to facilitate women's access to these needed services. The other key functions of Dilaasa are training, research, and networking. Dilaasa is the first project of its kind in India with the aim of sensitising the public health system to gender- based violence and establishing a hospital- based crisis centre in India for women victims and survivors of violence.

Conclusion

While global, national, and local anti-violence movements have made significant contributions to the field, violent crimes committed against women remain a huge health and social problem and the prevalence of such violence has not been reduced dramatically. Creating new programs and protocols to respond to women facing violence, conducting cutting edge research on the epidemiology of gender-based violence, and increasing public visibility of this issue through activism is vital. According to UNIFEM's most recent report, Not A Minute More (released November 2003), one in three women around the world will be raped, coerced into unwanted sexual relations, or abused in one or other form during her lifetime. It is clear that the labour and the advancements made in the last decade are not enough.

Violence against women can be prevented and its impact reduced in the same way that public health efforts have prevented and reduced pregnancy-related complications, occupational hazards, and infectious diseases resulting from contaminated food and water. The factors that contribute to the prevalence of violence – socially and institutionally entrenched sexist beliefs/practices and gender inequality – are mutable. While these social and structural changes are extremely difficult to achieve, such work is essential and unavoidable in order to end gender-based violence In addition to primary prevention efforts, one cannot ignore the fact that a large number of women are already accessing the health care system for complaints arising from violence. There is therefore also a need to plan and implement programmes within the health care system that provide the much-needed social and psychological support required by women in crises and to reduce harm caused by the violence. Violence against women has only recently been acknowledged as a public health concern and thus greater efforts must be made to sensitise all levels of the system to the roots, nature and consequences of such violence, as well as to the opportunities for intervention. Operating at the various levels described throughout the paper is essential to ensure all women's right to live a life free of violence.

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