

## SOCIAL RESPONSES TO GENDER-BASED VIOLENCE

### *Responding to Gender-Based Violence*

Over the last few decades, gender-based violence (GBV) has been recognized and discussed as a public, rather than a private problem. As a result, hundreds of potential responses have been identified within the state and civil society.

Though some approaches are more effective than others, the key to eliminating GBV lies in the participation of multiple sectors and entire communities. When GBV is addressed from all angles, the possibility of prevention becomes a reality, social networks are created which ensure that victims of GBV get the care and protection they need, and fewer women fall through the cracks.

#### **Gender-Based Violence**

'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 deprivation of liberty, whether occurring in public or private life'. (Economic and Social Council, UN, 1992).

### *Social Responses to GBV*

Creating these networks involves integrating GBV prevention and care into existing systems and services, as well as designing new responses. Social responses to GBV fall under several categories: health care services, victim assistance services, batterer-intervention programs, media information and awareness campaigns, education, legal responses, community interventions, faith-based programs and international conferences and conventions.

- ❑ **Health Care** - Training health care providers to recognize and respond to gender-based violence is one of the most important ways of identifying and assisting victims. Not just obstetrician/gynecologists but all health care professionals must learn to recognize the signs: hospitals (especially emergency room staff); public and private health clinic staff; general/family practitioners; internists; pediatricians; psychiatrists; nurses and the staff of family planning clinics. <http://www.ippf.org/resource/gbv/ma98/>
- ❑ **Victim Assistance Services** - These are services created or incorporated to respond to gender-based violence, such as: battered women shelters; homeless shelters; financial assistance programs; women's police stations or services; victim advocacy programs; rape crisis, domestic violence and suicide prevention hotlines; legal services; runaway programs; social welfare programs; psychological support services (including individual counselling and support groups) and teen sexuality programs/health services. <http://www.ncadv.org/community/shelter.htm> and <http://www.sdnq.org.qy/hands/crisiscentre.html>
- ❑ **Support Groups** - While support groups can fall under the heading of victim assistance services, they merit special mention because they are not always externally organized services. Support groups can be a important way for victims themselves to organize pro-actively and take charge of their own situation. Beyond emotional support, group members can also provide one another with a sense of security and even, if needed, a place to go <http://www.paho.org/english/hdp/hdw/lessonsfinal.pdf> (see section on support groups).

### **The Integrated Model**

The Women, Health and Development Program's *Integrated Model for Addressing GBV* involves the development of community networks for the provision of care and support to victims of violence and promotion of non-violent relations.

Each community network plans, implements and monitors its own efforts according to the following components:

1. Health services are often the initial detection point for women living with GBV. Providers are trained to screen women during routine primary and reproductive health care visits
2. A situation analysis is carried out in the community to assess the prevalence of GBV, and identify organizations and people that help women address their situation.
3. Community organizations and leaders are mobilized to form support and service networks.
4. Networks meet to plan, implement and monitor activities that address GBV
5. Replications of the community networks at the regional and national levels advocate for policies (training, norms, and information systems), legislation and resources that address GBV at the national, regional and local levels.

<http://www.paho.org/english/hdp/hdw/integratedmodel.pdf>

- ❑ **Working with Perpetrators** - Working with the perpetrators of violence (batterer-intervention programs) has been a controversial and occasionally successful response. While victim assistance services are a useful band-aid to address an existing problem, this approach targets efforts at the source of the problem, attempting to change violent men's behaviour. <http://www.mincava.umn.edu/vaw.asp#A101090200>
- ❑ **Exploring Masculinities** - Programs which address masculinities attempt to explore what "makes a man". The central idea is to educate boys from the earliest age that violence (against anyone) is wrong, that the prevailing definition of masculinity in any society is not the only alternative, and that even though they are physically different, girls are entitled to the same rights and opportunities as men. <http://www.un-instraw.org/mensroles> and <http://www.puntos.org.ni> and <http://www.oneworld.org/cantera/>
- ❑ **Media Information and Awareness Campaigns** - The media is a key conduit for making GBV visible, advertising solutions, informing policy-makers and educating the public about legal rights and how to recognize and address GBV. Newspapers, magazines, newsletters, radio, television, the music industry, film, theatre, advertising, the internet, posters, leaflets, community notice boards, libraries and direct mail are all channels for providing information to victims and the general public about GBV prevention and available services. <http://www.mencanstoprape.org/info-url2698/info-url.htm>
- ❑ **Education** - School systems are instrumental to stopping GBV before it starts. Regular curricula, sexuality education, school counselling programs and school health services can all convey the message that violence is wrong and can be prevented, suggest alternative models of masculinity, teach conflict-resolution skills and provide assistance to children/adolescents who may be victims or perpetrators of violence. Integrating GBV as a subject into psychology, sociology, medicine, nursing, law, women's studies, social work and other programs enables providers to identify and tend to this problem. <http://www.mincava.umn.edu/courses.asp> and <http://www.mincava.umn.edu/educ.asp>
- ❑ **Faith-Based Programs and Services** - Religious counselling, support groups, education programs, study groups and assistance programs can address GBV with their participants/worshippers. Most religions emphasize the importance of peace and tolerance. Framing a discussion of GBV in the context of religious tenets is one way to foster awareness and discussion of the problem. It may also be a way to identify and assist victims who do not feel comfortable talking to a health care provider or police officer. <http://www.mincava.umn.edu/rel.asp>
- ❑ **Legal Responses** - The criminalization of all forms of GBV - domestic violence, rape, sexual harassment, psychological violence etc. has been an important step in eliminating it. What remains is the consistent application of these laws, the implementation of penalties, and a greater focus on rehabilitating convicted perpetrators. Other legal responses to GBV have included: legal aid services; training of police and judicial personnel; women's police stations; legal advocacy and lobbying; training of family, criminal, immigration and juvenile court lawyers and bar association advocacy. <http://www.ijl.org/dv/>
- ❑ **International Conferences and Conventions** - The international community has come together to address gender-based violence through a variety of conferences, conventions and agreements. Though these do not have the same binding force as domestic law, international conventions such as the Declaration on the Elimination of Violence Against Women and the Convention of Belém do Pará (see links) can be demonstrative of a state's willingness to acknowledge the problem of GBV and seek solutions. International conventions also hold states accountable to an international and externally monitored standard. International conferences on GBV bring together groups and actors from all over the world, giving them the opportunity to share their own experiences, and learn from others. (DEVAW) [http://www.unhcr.ch/huridocda/huridoca.nsf/\(Symbol\)/A.RES.48.104.En?Opendocument](http://www.unhcr.ch/huridocda/huridoca.nsf/(Symbol)/A.RES.48.104.En?Opendocument) (Belém do Pará) <http://www.undp.org/rblac/gender/osavio.htm>
- ❑ **Community Networks and Interventions** - A number of studies have shown that involving entire communities in recognizing, addressing and working to prevent GBV is one of the surest ways of eliminating it. To be optimally effective, community networks must bring together all of the responses outlined above, integrating members from all sectors of the community: families; businesses; advocacy groups/civil society; public services such as police, fire fighters and medical examiners; social services such as welfare, unemployment, public housing and health; education; the media and officials from national, state/provincial and local/municipal governments. Community interventions must send a clear message about what gender-based violence is, the different forms it can take, why it is wrong and how to prevent it. <http://www.ncadv.org/community/profile.htm>

## Useful Links

1. American Bar Association Commission on Domestic Violence <http://www.abanet.org/domviol/mrdv/home.html>
2. Gender-Based Violence: An Impediment to Sexual and Reproductive Health (IPPF - July 1999) <http://www.ippf.org/resource/gbv/ma98/>
3. Men Can Stop Rape <http://www.mencanstoprape.org>
4. Minnesota Centre Against Violence and Abuse <http://www.mincava.umn.edu/index.asp>
5. Puntos de Encuentro <http://www.puntos.org.ni/>

