



ELLA
Evidence and lessons
from Latin America

PROVIDING BETTER PROTECTION FOR VICTIMS OF DOMESTIC VIOLENCE IN GHANA

SUMMARY

Although Ghana passed the domestic violence act in 2007, the absence of a legal instrument backing the law has left the provision and coordination of services needed by domestic violence survivors in the hands of non-state actors. Protective measures such as shelters are almost non-existent. Currently, Ghana has only one shelter, owned and run by an NGO – the Helpers Foundation. As evidenced in a study conducted by the Centre for Gender Studies and Advocacy (CEGENSA) on clients and staff at the Helpers Foundation shelter, shelters offer a chance for survivors to escape their abusers while providing them a safe space for rehabilitation. In this policy brief CEGENSA makes a number of recommendations directed at encouraging the establishment of more shelters and involving stakeholders across multiple sectors in the creation of a social programme that prioritises the care and protection of survivors of domestic violence.



Executive Summary

Since the 1990s, over one hundred countries have passed domestic violence legislation in response to calls from the international community to that effect. Mexico and Ghana are two such countries. Having passed these laws, however, Mexico and Ghana have taken quite divergent paths in their implementation of the law. Mexico's protective services for survivors of domestic violence are far more comprehensive than that of Ghana. They have 72 shelters where survivors get coordinated legal, medical, psychological and training/funding support. In addition, both state and non-state actors work together to deliver these services with funding from state and international sources. Ghana, on the other hand, has only 2 shelters and while services are provided, this is not always available. Furthermore, Ghana relies very heavily on international donor agencies for funding to execute its programmes. This paper explores the factors that shaped the divergent implementation outcomes in the Ghanaian and Mexican cases.

We argue that differing levels of gender institutionalization in the two countries explain these divergent outcomes. We explain gender

institutionalization as the as the ability of female parliamentarians to fully operationalize women's human rights. Countries that have high levels of gender institutionalization go beyond the passage of bills to ensure implementation. Such states have the political commitment to social legislation to put in place the requisite institutional and financial frameworks that make the implementation of these bills possible. Mexico, we argue, has higher levels of gender institutionalization than Ghana does. The Mexican government has set up a number of institutions with a specific focus on domestic violence issues which incorporate a human rights perspective. Ghana on the other hand fewer institutions. Beyond the institutions which both countries have established, Mexico has the added advantage of providing state funds to these institutions to enable them implement the bill. Ghana, on the other hand, relies heavily on donor funding for implementation purposes which presents a conundrum because donor agencies focus more heavily on advocacy work than on service provision.

The levels of gender

institutionalization, we argue, lie primarily in the nature of female parliamentary representation in both countries. Mexico has a much higher level of symbolic and substantive female representation in Parliament than Ghana does. In 2007, when the domestic violence law was passed, 23.2% of Parliamentarians in Mexico were women. Beyond this symbolic representation, the female parliamentarians have ensured substantive representation of women's interests in legislative processes as well by making a pact to address women's issues.

This is evident in two ways. First, these women entered into a pact where they agreed to vote in favour of laws that benefited women regardless of their political persuasions. Secondly, they worked in collaboration with the Gender Equality Commission to push for gender budgeting which ensured that state funds were allocated to the various institutions mandated

to ensure the implementation of the domestic violence law. Ghana, on the other hand, has far fewer female representatives in Parliament. In percentage terms, the number has hovered around 10% since the return to Constitutional rule in 1992. These women have also been unable to translate their presence in Parliament into substantive gains for Ghanaian women so far as domestic violence issues are concerned.

Based on the findings about the Mexican experience, we make three recommendations for Ghana. First, we argue for the development of policies and programmes to ensure increased representation of women in Parliament. Second, we advocate for civil society organisations to work with women parliamentarians to improve their substantive representation of women's issues in Parliament. Finally, we recommend the need for gender budgeting at national and regional levels.

Ghana is only one of six countries in West Africa and 20 in sub-Saharan Africa to have enacted legislation to combat domestic violence. Although the Act was passed in 2007, there are still no decrees for ensuring its full implementation; consequently the law is not yet fully operationalized.

The law also lacks a comprehensive approach to dealing with domestic violence and leaves it up to non-state actors to play key roles in addressing some of the essential elements necessary in tackling domestic violence, such as shelters for survivors.

Ideally effective domestic legislation must focus on the three P's – the Preventive, the Protective and the Punitive – components of legislation. Ghana's Act however focuses primarily on legal interventions and medical attention. Legal interventions available to survivors of domestic violence in Ghana consist of police and justice sector responses such as specialised courts designed to fast track domestic violence cases and a specialised police unit – the Domestic Violence Victim Support Unit (DOVVSU). Medical services are limited to examination and the provision of reports and do not include access to emergency contraception, HIV prophylaxis and

medication for the prevention of sexually transmitted infections.

Ghana needs to adopt an integrated, more comprehensive approach to improve protection for survivors of domestic violence. Improved protection for DV survivors requires strengthening links among the multiple sectors – education, health, judicial system, mass media, police and social services – who must work together to create an efficient social programme that prioritises the care and protection of women and children.

The Case for Shelters

Shelters are a protective measure designed to offer protection from the abuser which in turn prevents future abuse, as well as an opportunity for rehabilitation. Often when survivors find violence unacceptable they seek the services of a shelter, especially when the abuse is sexual and the perpetrator is a family member. Unfortunately shelters do not occupy a central position in Ghana's interventions even though they are specifically mentioned in the Act, which advocates the establishment of a fund to be administered by a board to be known as the victims of domestic violence management board.

The Act anticipates funding for shelters to come from voluntary

contributions and money approved by Parliament or the Minister of Finance. But no such fund has been established as yet. Consequently there are no publicly-funded or state shelters in the country. The only existing shelter is run by a non-governmental organization (NGO).

The purpose of this policy brief is to highlight the general need for better protection services and the specific need for public and private investment in shelters as part of measures aimed at improving protection for DV survivors in Ghana. Studies have shown that what survivors want are interventions that put the brakes on violence in their homes and shelters are one of the ways this can be achieved.

Research conducted by the Centre for Gender Studies and Advocacy (CEGENSA) of the University of Ghana at the Helpers Foundation, which provides the only shelter currently operating in the country, reveals the inadequacy of protection services in Ghana and illuminates the important role shelters can play

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in improving protection for DV survivors. Conducted in July 2015 the research sought to document the experiences and perceptions of protection services by survivors of domestic violence. Through interviews with staff (social workers, program managers, nanny) and survivors at the shelter, it ascertained the socio-demographic characteristics of clients, how the shelter was managed and services provided. The study interviewed survivors of domestic violence on the nature of violence they had experienced, their help seeking trajectories, their perception of the services received at the shelter and their aspirations post shelter. It also determined staff perceptions on what protection is, how it can be improved and what it means for survivors.

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Facilities at the Shelter

The Helpers Foundation shelter is located in a small undisclosed town in Ghana. It has the capacity to house up to 30 persons, including children. The

shelter has five on-site staff including a caretaker who is a trained social worker; a housekeeper who holds a Senior High School Certificate and with training in gender and advocacy; a 60-year old nanny and two security staff. There is also a manager who is located in the offices of the Helpers Foundation in Accra who oversees activities at the Shelter.

Profile of Survivors at Shelter

Clients at the shelter range from 17 to 32 years and have lived in the shelter for varying periods, of ten months to more than ten years. Most are from a low socioeconomic status; the shelter has had very few women from high income groups.

Out of six clients interviewed three were single, two had co-habited and one was divorced. Two clients had more than two children, three had one child each, and one had no children. In terms of education, one client is currently in teacher training, another is a senior high school graduate, two are in junior high school, and one has had some basic education.

Services Available at Shelter

The shelter aims at empowering survivors to take control of their lives, thus it provides psycho-social support and skills training to its clients. Specifically it offers clients shelter, psychological counselling

and therapy, food and clothing, as well as medical care. It also assists clients to access vocational and other educational training and covers all costs associated with it. Children are placed in schools in the vicinity and the shelter provides day-care services to those who have not attained school-going age. The shelter also mediates between clients and the various state institutions mandated to provide services to survivors such as the police, courts and healthcare centres.

Funding

The Shelter is mainly financed through support from international NGO's and donations from individuals and groups. However it is perpetually underfunded.

Although the Act maintains that the state will build shelters no state funding is currently available

Experiences of Shelter Survivors

Clients reported that before arriving at the shelter they had experienced a combination of different forms of abuse such as sexual (including incest), physical and emotional (threats of violence, threats of withdrawal of financial and material support) abuse. They also experienced low levels of cooperation

from their families in their efforts to receive help and mixed reactions from institutions charged with the responsibility of providing services to victims of domestic abuse. Survivors' experiences with legal interventions are generally negative with most clients feeling poorly treated by the police and the courts. Clients also face obstacles in receiving medical care. Under the Act, a survivor of domestic violence who reports to the police should be assisted to obtain medical treatment, which will be given free of charge. In reality because the legislative instrument mandating the creation of the Fund is not yet in place, survivors who seek medical treatment through the police have to pay the medical bills, and the police are not always supportive. Abena, one of the DV survivors interviewed said she had to pay all her daughters' medical expenses related to the sexual abuse they suffered from their father because the police were largely uncooperative.

In-shelter experiences however are generally positive. The shelter is the main support system for victims when the extended family system fails. Those who felt rejected by family were grateful for all the services provided and saw the shelter as a place of refuge where they and their children found safety and peace and could heal and

ultimately make decisions.

Still clients have some major misgivings about the shelter, including the loss of family ties and their inability to work. They worry that family members do not know about their whereabouts and that their stay at the shelter has alienated them from family because shelter policy does not allow residents to contact anybody outside of the shelter in order not to divulge the location of the shelter. Also although the shelter encourages clients to pursue education or take on vocations of their choice it prohibits them from working while at the shelter. Clients are therefore unhappy about the loss of economic independence and uncomfortable with the idea of having to rely on others for all their needs.

Although the shelter encourages clients to pursue education or take on vocations of their choice it prohibits them from working while at the shelter.

The lack of a firm exit plan for clients is another challenge. As the study found there did not seem to be much urgency that clients left the shelter and the exit plan that exists for them to do so is flexible and executed loosely

Policy Recommendations

There is need for Ghana to provide integrated treatment and protection of women who are survivors of domestic violence. This necessitates taking a comprehensive approach involving stronger links among multiple sectors such as education, health, judicial system, mass media, police and social services. These stakeholders must work together to create an efficient social programme that prioritises the care and protection of women. Improving protection services will require the following actions by both state and non-state actors:

- Educational programmes at different levels such as schools, workplaces, places of worship, markets and through media, aimed at changing attitudes towards the responses to DV; especially sexual abuse.
- Frontline staff and all duty bearers likely to come into contact with survivors, especially staff at health posts, police services and courts, must undergo continuous training.
- Training of Frontline staff to include knowledge about the domestic violence law, special needs of domestic violence survivors and the importance of ensuring that they do not experience secondary victimization at the hands of staff of the various institutions they approach for redress.
- Information dissemination on the services of the shelter, hotline numbers as well as contact information for the general public.
- A more rigid exit plan for each client that is time bound in order to reduce dependence of clients on the shelter and bolster their independence.
- Combining the features of a shelter with the cultural expectations of work for women by adopting a two-pronged approach; one that focuses on economic survival and one that focuses on the psycho-social survival of the client.
- Activism around domestic violence and the need for the provision of shelters with requisite services to support survivors.

Further reading

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