

QUINCAILLE

MRC 37098

PRATICAL APPROACH

VIOLENCE AGAINST
WOMEN

>> GENDER,
CULTURES
AND SOCIETIES





VIOLENCE AGAINST WOMEN

>> GENDER, CULTURES ET SOCIÉTÉS

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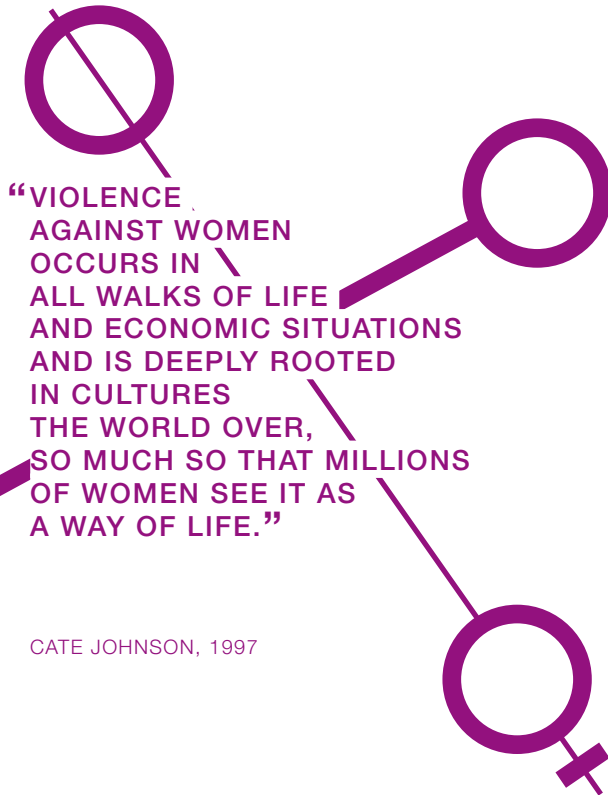
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“VIOLENCE AGAINST WOMEN OCCURS IN ALL WALKS OF LIFE AND ECONOMIC SITUATIONS AND IS DEEPLY ROOTED IN CULTURES THE WORLD OVER, SO MUCH SO THAT MILLIONS OF WOMEN SEE IT AS A WAY OF LIFE.”

CATE JOHNSON, 1997

INTRODUCTION

➤ The result of universal sexism, **violence against women is a major public-health problem throughout the world** and a serious violation of fundamental rights. It is often unnoticed and disregarded, in part because it is a taboo.

At least one in three women worldwide has been beaten, coerced into sex or abused in other ways, usually by her husband or another male family member. In France, one woman is beaten to death by her partner¹ every four days. A survey conducted in Santiago, Chile, indicates that 80% of women admit to having experienced abuse, either by a male family member or their partner.² In a study conducted in Bangladesh, 18% of female deaths result from injuries, intentional or not, and 52% occur during or immediately after pregnancy. The authors conclude that the underlying causes of these deaths are clearly **social**, and can be viewed as the result of men's strict control over women's sexual and reproductive lives.³

1. National census of violent deaths occurring within couples in 2003 and 2004 conducted at the request of the ministry in charge of social cohesion and parity.

2. Heise, 1993.

3. Fauveau and Blanchet, 1989.

In recent years, more and more programmes have been geared toward responding to violence against women and its impact on women's health and community life.

However, progress on women's issues differs from one country to the next, and the act of taking on the violence exerted against them does not follow the same patterns.

There is great diversity in various laws and cultures regarding the perception of and tolerance threshold for such violence. Many obstacles to comparison –

political, scientific and methodological – therefore persist.

In this context, the purpose of this thematic guide is to improve our understanding of this violence and its sociocultural determinants in order to take such information into account in the design and implementation of projects aimed at combating violence against women.

How to use this guide?

The guide is composed of two parts:

The first part is theoretical, aimed at shedding light on the sociocultural context's influence on violence against women. It contains references to concepts and ideas more widely developed in other Médecins du Monde documents.⁴

The second part is practical, offering methods and tools for better analysing context in the diagnostic phase prior to designing a programme to combat violence against women.

⁴. See the numerous references in this paper's notes.

Why is a guide to the sociocultural determinants of violence against women needed?

The sociocultural determinants must be addressed from different angles:

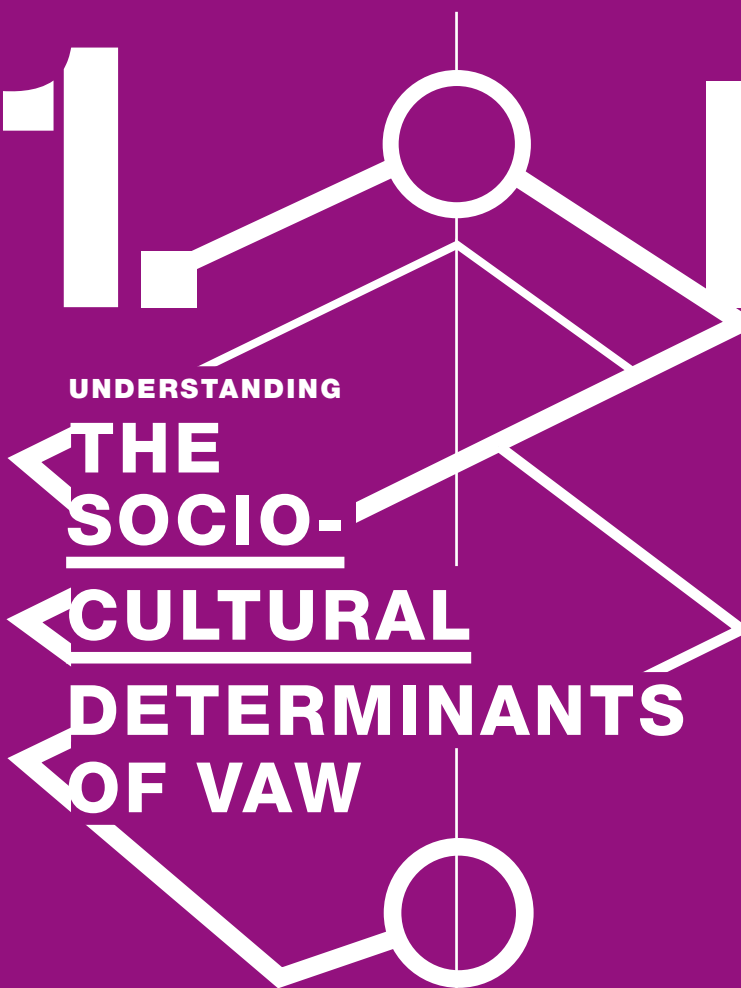
- The sociocultural dimension of the violence and its relation to gender in terms of society, community and family.
- Perceptions and representations of the violence: The question of 'norms' ('normal' and 'abnormal' violence).
- Questions relating to human resources (healthcare, justice, social workers,...).

This guide offers tools to facilitate the identification of and reckoning with these sociocultural determinants. Simple questions will be asked to anticipate any sociocultural discrepancies between programmes and contexts. After detailing the necessary questions to be asked and information to be collected in order to develop a programme, we will present various methods of accumulating data on sociocultural determinants of violence against women.

Who is this guide for?

This guide is intended for current and future stakeholders involved in providing assistance to female victims of violence who are responsive to understanding ways of 'doing' and 'thinking' of their projects' recipient populations.





UNDERSTANDING

THE
SOCIO-

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11A

VIOLENCE AGAINST WOMEN: DEFINITIONS

DEFINITIONS

"[...] **Any act of violence based on belonging to the female sex**, which has or may result in harm or physical, sexual or psychological suffering for women, as well as threats of violence, harassment or arbitrary deprivation of freedom, occurring in both the public and private sphere"
(UN General Assembly, 1993).

"Any act of force or coercion that puts the life, body, psychological integrity or freedom of women in serious danger and **is committed in the name of perpetuating male power and control**"
(Heise, 1993: p. 171).

➤ These definitions are meant to cover diverse types of violence victimising women those affecting female victims among them, ranging from negligence and acts of omission in murders linked to dowry issues to other practices like 'bride burning.'

At the outset and in particularly contingent upon the second definition, the **gender issue** must be addressed. Indeed, this definition puts violence against women in the context of **gender inequality**: The suffering of women is related to their subordinate social position vis-à-vis men.

GENDER-BASED VIOLENCE

The term 'gender' indicates a foundation of social organisation that refers to an individual's specific social characteristics, within their community and culture, in terms of their sex. In fact, in every society there are implicit and explicit rules governing the role and status of each of its member according to gender. These rules determine what is acceptable, suitable and appropriate for everyone, whether female or male. We learn within the community to be a man or a woman, with the rights and duties appropriate to our sex.

Violence is an illustration of these relational constructs, where power and authority are historically determined in unequal measure between men and women in a society. Violence is thus not an isolated phenomenon, since it is closely linked to sociocultural norms and will be reflected in the family or group.

Domestic, community and collective violence are three of the several types of violence possible, which may be categorised according to the nature of the aggression (including physical, psychological, social or economic) and even the relationship between aggressor and victim (intimate partner, family member, the State and so on). The ideal is to know how to cross-reference these types.⁵

While this document concerns itself with all forms of violence against women, **it deals most specifically with domestic violence**, the most common form of violence against women.

Beyond the various typologies of violence, the purpose of this document is primarily **to understand the causes and consequences of this complex phenomenon of violence** in order to provide strategic responses and mitigate its incidence. This involves working on the factors that contribute to violent responses, whether related to a specific attitude or the general social, economic, political or cultural situation. In other words, we must draw upon many disciplines, including anthropology, sociology, psychology, education and economics.

5. For more in-depth information regarding the types of violence against women, see the reference box above on 'Gender-based violence.'

1B

Heise has developed an ecological model of factors associated with partner abuse, in which she identifies four interacting levels: Individual, relationship (parents and friends), community and cultural/societal. This model, which examines the relationship between individual and contextual factors, sees **violence as the product of influences on behaviour operating at many levels.**

ECOLOGICAL MODEL OF FACTORS ASSOCIATED WITH PARTNER ABUSE

Individual

- Low education level.
- Isolation, lack of family and/or friends.
- Low income.
- Exposure to acts of domestic violence during childhood.
- For men, absentee father.
- Denial of paternity.
- Being subjected to abuse during childhood.
- Alcoholism and/or drug addiction.
- Age.
- Membership in a minority, marginalized or excluded community...

Relational

- Marriage of necessity (economic, ethnic, political etc.).
- The man controls the financial resources and decisions within the family.
- Marital conflict.
- Disparities (economic, educational or economic) between partners.
- The woman lives with the husband's family...

THE ECOLOGICAL MODEL⁶ OF VIOLENCE: FOUR LEVELS THAT CONTRIBUTE TO PRODUCING PERPETRATORS AND VICTIMS OF VIOLENCE

➤ No single factor alone explains why some people are violent toward others or why violence is more prevalent in some communities than in others. Violence against women results from **complex interactions of individual, relational, social, cultural and environmental factors.** Today's research is based on the ecological model (developed by Heise) for understanding violence perpetrated by intimate partners.

6. An ecological model can analyse a set of influences that an environment may have on the development and behaviour of individuals.

Community

- Poverty, precarious economic conditions, unemployment.
- Dense populations.
- Isolation of women and the family.
- Community attitudes that tolerate and legitimise male violence.
- Weak institutional support, lack of social support for women.
- Inadequate laws.
- Insufficient sensitisation and awareness on the part of officers of the judiciary, courts...

Cultural/societal

- Norms that grant greater control over women's behaviour.
- Acceptance of violence as a method of conflict resolution.
- Conception of masculinity linked to dominance, honour and/or aggression.
- Gender-based roles...

The individual level of the ecological model seeks to identify the biological, demographic and personal-history factors that increase the risk of a person being a perpetrator or victim of violence.

The second level of the model seeks to determine how the relationship with an intimate partner and other family members increases the risk of being a victim or perpetrator of violence.

Marital conflict or discord within a couple is the most consistent marker of violence against the partner. Almost constant daily interaction and **sharing a home with the abuser** (when the latter is the spouse) contribute to increase the possibility of incidents and exposure to repeated violence. Family members and close friends (neighbours, friends) can influence a person's behaviour and what he/she experiences:

Men are more likely to engage in violent activities when such behaviour is approved of by family (not to mention the in-laws' right to punish.

The third level of the model examines the community context, in order to identify the characteristics of those environments that favour violence against women. The community's response undoubtedly has an effect on overall levels of violence. **A high rate of residential mobility – in other words, a frequent change of neighbours, a population's diversity, a lack of 'social glue' in communities, and high population density** are all examples associated with violence and the ability to exercise it without social interference. Similarly, communities experiencing problems like **high unemployment, minimal institutional support and general isolation** are more likely to experience violence.

In a comparative study of 16 societies with low or high rates of violence against women, Counts, Brown and Campbell⁷ concluded that societies with the lowest rates of violence against partners are those that apply community sanctions against domestic violence and where abused women can take refuge in specialized institutions or receive family support. Community sanctions and prohibitions take the form of formal legal sanctions or moral pressure that encourage neighbours to intervene. This study also shows that, when women have very low status, violence is not 'necessary' to establish male authority. In contrast, when they have high status, the power they collectively hold allows them to change the roles traditionally assigned to each gender. Violence against partners will therefore

7. Counts D., Brown J. and Campbell J., 1999.

fully erupt when women begin to assume non-traditional roles or enter the working world. **This leads to the assumption that violence against partners will be higher in societies where women's status is in a transitional phase.**

The fourth and last level of the model looks at the cultural and societal factors that most affect overall rates of violence. These factors create a climate that makes violence acceptable and reduces the inhibitions usually associated with it. Based on statistical analyses of ethnographic data from 90 societies, Levinson thus observes the cultural patterns of spousal abuse and, more specifically, the constant factors that distinguish those societies where it is common to beat one's wife from those where the practice is rare or nonexistent.⁸ According to the results of this study, spousal abuse occurs more often in societies where **men hold economic and decision-making power in the household** and adults routinely resort to violence to resolve their conflicts. The second predictive factor for a high rate of spousal abuse is the lack of women-only working groups (such as associations of women involved in income-generating activities). In fact, such groups provide women with a stable source of social support in addition to economic independence from their spouses and families. Various researchers suggest other factors that may contribute to high rates of violence against partners. Violence against partners is thus more common in the context of **war, conflict or social upheaval and in regions that have recently experienced such volatility.** Wherever violence becomes commonplace and weapons are easily obtained, social relations – including those involving the roles of men and women – are often disrupted.

8. Levinson D., 1989.

These justifications for violence result from the **sociocultural norms that govern the roles and responsibilities of men and women**, and, above all, the types of relationship between them. In a study conducted in South Africa,⁹ men say that they consume alcohol in order to acquire the courage to beat their partners, since they feel socially obliged to do so. In some parts of the world, such sexist ideologies that glorify men have not only led to physical violence against women. In Miller's¹⁰ demographic and ethnographic analysis of gender, culture and morbidity in North India, a landmark anthropological study on this subject, she shows that the huge imbalances in gender relations favouring men are reflected in the historically shameless practice of female infanticide, which is more subtle, especially as conducted via the **discriminatory allocation of food and medical care.**

The perceptions of men and women regarding violence are thus linked to patterns passed down from generation to generation and influenced by discriminatory social systems.

BEAR IN MIND THAT

The various types of violence have several risk factors in common, including cultural norms, poverty, social isolation, alcohol abuse and access to weapons.

These individual, familial, economic, social, cultural and community risk factors all interact.

Consequently, those at risk may be exposed to more than one type of violence throughout their lives.

9. Butchart A., Brown D., 1991.

10. Miller B., 1981.



1C

VIOLENCE, CULTURE AND SOCIETY

➤ **Certain cultural norms and practices are generally invoked to justify violence** against women, including “prejudicial traditional practices” (like female genital mutilation, child marriage and the privileged status of sons), honour killings, discriminatory penal sanctions and restrictions on women’s rights within marriage. **Most of the time, violence against women occurs out of sight,** within the household, the workplace and even the medical and social institutions established to care for them. Too many victims remain silent under the weight of conventions and social pressures.

1/ CONCERNING ‘NORMAL’ VIOLENCE: IS DOMESTIC VIOLENCE A PRIVATE MATTER?

In a study by the United Nations Development Fund for Women (UNIFEM) and the African Institute for Democracy (IAD)¹¹ on laws and customs regarding violence against

women, it is noted that some forms of domestic violence against women – in this case, in-laws’ and co-wives’ **right to inflict discipline** – are not covered in criminal law. Similarly, men think they have the right to punish their wives when they see fit, within certain limits, for certain transgressions, as indicated by studies in countries as diverse as Bangladesh, Cambodia, India, Mexico, Nigeria, Pakistan, Papua New Guinea, Tanzania and Zimbabwe.¹² Third parties will intervene only if a man exceeds these limits, (by becoming ‘too violent’ or beating a woman for no ‘valid’ reason as sanctioned by society).

Domestic violence appears in a multiplicity of forms, some of which, because of their ordinary, routine, even banal nature, become **almost invisible**. Sexual violence in which men engage is, to a large extent, rooted in **ideologies concerning the rights of men in sexual matters**.

In many cultures, women have very few legitimate reasons to refuse sexual advances. Women, like men, feel that marriage requires them to be sexually available virtually without limit, although the culture sometimes prohibits sex at certain times (after childbirth, while breastfeeding or during menstruation).

Within this standard of tolerance, women feel that physical abuse is justified to some extent: 80% of women surveyed in rural Egypt said that beatings were common and merited, especially if they refused to have sex with their husbands. In Bolivia, Family Health International (FHI) conducted

¹¹. UNIFEM & IAD, 1998.

¹². See bibliography.

a survey involving 131 men and women that showed that one-third of the women surveyed are subjected to forced sex.¹³ In societies where the ideology of male dominance is deeply rooted and great weight is placed on a man's superiority, physical strength and honour, there is a higher prevalence of rape.

THE ISSUE OF RAPE: A QUESTION OF DEFINITIONS

Laws relating to rape and the penalties incurred are quite disparate across countries, and even the very definition of rape that is used can vary widely. There is no consensus among countries on the definition; in some societies, the judicial treatment of rape cases casts strong suspicion against the victim, and often results in a 'not guilty' verdict from the court.

A wife's inability to procreate or complete her chores is sometimes the cause of domestic violence, but at other times violence is simply viewed as **a normal part of married life**. Therein lies another **important parameter: In most cases, women consider domestic abuse a private problem exclusively**, which is why it is so difficult to talk about it or even detect its existence.

A socioanthropological study conducted in Polynesia showed that domestic violence is part of the private lives of both men and women. Polynesian women fear ha'ama ('shame'). According to the authors, this stems from a basic concept of Polynesian life, close to the concept of honour, wherein one never discloses anything relating to private life or that might taint the family honour in any manner whatsoever.

TRADITIONAL CONCEPTS OF MALE HONOUR

In many countries, common ideas of male honour and female chastity put women's lives in danger. In certain eastern Mediterranean areas, for example, a man's honour is often linked to the sexual 'purity' of the women in his family. If a woman is sexually 'defiled', whether as a result of rape or of consensual sexual relations outside marriage, she is felt to have 'sullied' the family's honour. In some societies, regrettably, the only way to cleanse the family honour is to kill the 'guilty' party. A study of female deaths due to murder in the city of Alexandria, Egypt, concludes that 47% were women killed by a parent after they had been the victim of rape.¹⁴ In a review of honour killings committed in Jordan in 1995,¹⁵ researchers found that, more than 60% of the time, the victim was wounded by several bullets, most often shot by a brother. When the victim was a pregnant single woman, the killer was either acquitted or given a reduced sentence.

Throughout the world, no less than 5,000 women and girls are victims of 'honour' crimes every year, many of them due to their 'disgrace' of being raped. The crime's perpetrator is most often a member of the victim's extended family.

Abused women are often unable to discuss family planning, prevention of sexually transmitted infections (STIs) or

¹³. Camacho A., Rueda J., Ordóñez E. et al., 1997.

¹⁴. Mercy J.A. et al., 1993.

¹⁵. Hadidi M., Kulwicki A., Jahshan H., 2001.

even basic health care. In many cultures, condom use is associated with extramarital relationships, and the suspicion often leads to violent acts. **Economic inequality also reduces women's capacity for action and decision-making and increases their vulnerability to violence.**

A Women's Studies Project (WSP) enquiry conducted in the Philippines found that women who used contraception were likely to be abused by their partner, and that the rate of violence increased with the duration of contraception use.¹⁶ Other research conducted in Mexico, Peru and Kenya indicates that women are even afraid to address the mere issue of contraception for fear of a potential aggressive response from their spouses.¹⁷

The roots of gender bias make widespread violence against women appear normal and trivial. It is interesting to note that one study (by Jaspard) points to the fact that, in countries where violence against women has long been denounced, the tolerance threshold and perception of violence may be more sensitive, which partly explains the high rate of reports of violence in these countries. In other words, **women who live in countries where there is strong awareness of the issue and a care system in place will more readily identify the expectation of violence in their marriage/relationship and more easily denounce it.** Such is the case in many Western countries, including Finland, Canada and Sweden.

¹⁶. Cabaraban M.C., Morales B.C., 1998.

¹⁷. Heise; Eby K.K., Campbell J.C., Sullivan C.M. et al., 1995.

BEAR IN MIND THAT

Paying attention to the dimensions of normality and abnormality (violence that is considered 'normal' or 'abnormal') is essential when you are trying to develop a programme to combat violence against women. The issue, in fact, involves working on perceptions and on certain ideas of moral judgment: Some acts may be regarded as violence while others are seen as normal signs of authority (this is especially true for psychological violence). Since these differences in perception and interpretation are defined by the cultural context, some women will be treated as victims of violence while others will not 'benefit' from this status.

The fact that women have family ties to their abusers, on whom they often depend economically, has significant repercussions on the dynamics of violence and the approaches needed to address it.

2/ INSTITUTIONALLY 'NORMALISED' VIOLENCE

Many societies see violence against women not as a crime in the judicial sense of the term, but as 'just' or 'unjust' depending on circumstances and degree. **Countries and their institutions play a key role in the anatomy and perpetuation of violence against women.** Political systems and institutions governing the conditions of women (dealing with procreation, education etc.), with their established rules and court regulation, trivialise violence in its various

aspects by not respecting fundamental principles like women's access to healthcare and freedom to make decisions regarding their own bodies (involving contraception, abortion and so on).

Institutional control of female sexuality and the protection of the institution of marriage continue to be root causes of many practices that perpetuate violence against women. In some societies, a woman's sexual consent is considered a crime by law, while sterilisation, forced pregnancy, abortion, virginity tests and forced marriage are authorised practices. From a sociological standpoint, we must consider **representations of sexuality and the place accorded to it in public, political and media spheres. Just like the practice of forced chastity, commodification of women's sexuality in the media and advertising reflects a society's concerns about its sexuality, and should be questioned by stakeholders.**

Furthermore, women face physical, sexual and psychological abuse on a daily basis in the workplace and at junior primary school, secondary school, university, detention centres, hospitals and other social institutions, especially religious ones.

Violence at school

At school, many young women fall victim to coercion and sexual harassment. A 2002 World Bank study found that **22% of adolescents in Ecuador said they had been victims of sexual abuse in educational settings.**

Research conducted in Africa highlights the complicity of teachers or their direct involvement in sexual coercion. Africa Rights has encountered cases in which teachers

asked students to engage in sexual acts in exchange for good grades or to move up to the next grade in the Democratic Republic of the Congo, Ghana, Nigeria, Somalia, South Africa, Sudan, Zambia and Zimbabwe. A national survey conducted recently in South Africa, which included questions about rape under age 15, concluded that teachers were responsible for 32% of reported rapes of children.¹⁸ In Zimbabwe, a retrospective study of reported cases of child sexual abuse over an eight-year period (1990-1997) found high rates of sexual violence perpetrated by teachers in rural primary schools. Many of the victims were girls aged 11 to 13, and penetrative sex was the most frequent form of sexual violence.¹⁹

Military and police violence

Violence against prisoners in the cells of police stations, prisons, detention centres and immigration services **are common.** Many women are raped while in custody. Other forms of violence against detainees include inappropriate surveillance of shower and undressing, body searches carried out by men or in their presence, and verbal sexual harassment. Because of their power, prison staff may also inflict violence by demanding sex in exchange for privileges and basic necessities. Furthermore, **during armed conflict** women are subjected to all forms of physical, sexual and psychological violence, including murder, unlawful killing, torture and other cruel and degrading treatment, abduction, mutilation, forced recruitment as combatants, sexual slavery, enforced

¹⁸. Jewkes R., Abrahams N., 2006.

¹⁹. Nhundu T.J. Shumba A., 2001.

disappearance, arbitrary detention, prostitution, forced marriage, abortion, pregnancy and forced sterilisation.

The rape of women (and men) can be used as a weapon of war to intimidate and terrorise the enemy population. It has been used in many conflicts, including in Korea during the Second World War, during the Bangladesh war of independence, and in Algeria, India, Indonesia, Liberia, Rwanda, the Congo and Uganda. In some armed conflicts, such as those in Rwanda, Darfur and the states of the former Yugoslavia, rape was a deliberate strategy to subvert community bonds and, by extension, the enemy, and as a means of 'ethnic cleansing.' In countries like Haiti and East Timor, rape was used to punish women who were married to suspected enemies or sympathizers. The general sexual violence perpetrated against women by the Indonesian military has become common knowledge.

In many inter-ethnic conflicts and wars, rape is seen as a means of humiliating the opposing camp by dishonouring their women. Intrinsicly linked to the concept of honour, it is a way of demonstrating their contempt for the men of the opposing side.

Sexual violence among refugees

The majority of refugees and displaced persons are women and children. The socio-economic disturbances that follow armed conflict and natural disasters may force such women into prostitution. Moreover, refugees are often at risk of being raped in their new environment.

According to data from the United Nations High Commissioner for Refugees, 39% of the women among the boat people fleeing Vietnam in the late 1970s and early 1980s

were abducted and raped by sea pirates, a figure that is probably an underestimate.²⁰

In many refugee camps, violence is also a major problem, perpetrated by other refugees and even on-site aid providers. The effects of violence on health are enormous in terms of death, physical illness, disability and mental suffering. In a series of articles, an anthropologist by the name of Jenkins analysed trauma and political violence suffered by Salvadoran women refugees and the effects of such episodes on their mental health. The objective was to examine relationships between the structure of state politics, personal attitudes and the consequences of violence on refugee women's mental health. One analysis attempted to explain why some women exhibit symptoms of post-traumatic stress disorder as a result of experiencing such political violence as war, torture, imprisonment and sexual assault, while others describe these episodes as ordinary events. She hypothesizes that the 'extreme and the ordinary can both be read as different modes of expression in response to the same severe emotional responses.'²¹ An analysis of the life stories of women who have experienced violence, political or otherwise, may be useful in explaining this discrepancy.

Violence in medical settings

Many areas report violence, including sexual abuse, against patients in health-care facilities.²² Documented forms of violence against patients include the participation

20. Mollica R.F., Son L., 1989.

21. Jenkins, 1996.

22. Committee of Latin America and Caribbean for the Defense of the Rights of Women, 1998.

of medical personnel in traditional acts considered prejudicial (female genital cutting, or FGC), forced gynaecological examinations, the threat of forced abortion, examinations to ensure the virginity of young girls, intentionally negligent care, withholding of information, corruption and brutality (assault and battery). Sexual violence against patients by health professionals is reported in many countries, but has been neglected in research until recently.²³

The perception of violence by health service professionals:

Most women come into contact with the health system at some point in their lives in order to request contraception, give birth or care for their children. The medical setting becomes an important place for us to identify abused women, help support them and, if necessary, steer refer them to specialised services. Unfortunately, studies show that, in most countries, doctors and nurses rarely ask women whether they have been abused and do not even look for signs of violence.²⁴ Most of them have never been made aware of this issue, nor trained in the needs of female victims of violence or various aspects of their care. In many countries, victims of rape are not examined by a gynaecologist or an experienced police examiner, and there are no protocols or standardised guidelines on the issue.

It is common for health services to minimise the facts, symptoms and health problems suffered by women in abusive situations. Note also that female professionals are themselves very often victims of violence and hold a trivialized perception of such acts. Similarly, health workers may also be male perpetrators of violence in their own homes.

23. Jewkes R., Abrahams N., Mvo Z., 1998. Jaffre Y., Prual A.M., 1994.

24. Schwartz I.L., 1991.

VIOLENCE AGAINST WOMEN AND MEDICAL ETHICS

Ethical issues do have an impact on the management of violence against women: Few countries have laws requiring mandatory reporting of domestic violence. Nonetheless, the care of female victims of violence remains an ethical duty of the first order. The ethical question concerns the right of a female victim of violence to be treated considered as a victim and be cared for as such, under conditions of confidentiality.²⁵

Physicians and other health personnel bear a heavy ethical responsibility when they admit a female victim of violence and treat only the visible injuries. Caregivers must ask the patient if she has access to counselling, instruct her if necessary, and, especially be able to provide a medical certificate if need be.²⁶

In practice, however, there are many situations that pose ethical problems, as in cases where caregivers confer respect upon prejudicial traditional practices. Can one act against early marriage on behalf of universal principles? Caregiver may feel obliged to respect the local culture while recognizing that such a practice is widely condemned as a violation of human rights (as is FGC). This raises the question of the universality of ethical principles. Medical ethics must find its place within different cultures. Since this is at present difficult to achieve, professionals must consider each situation on a case-by-case basis.

25. 26. For more information, see the upcoming Guide de protection des données sensibles, and Fiche technique de rédaction du certificat médical, MDM/STAO, 2010.

The analysis of national institutions from a gender perspective shows us how professionals working with women reproduce models that keep them in a position of inferiority, and thus run the risk of abuse. In South Africa, for example, women have to deal with verbal aggression on the part of nurses in family planning clinics and their access to these facilities is often restricted.²⁷

Very often, health personnel consider domestic violence a problem outside their field of competence, and justify their behaviour by hiding behind a community's culture: "This is passed on from generation to generation; parents teach their daughters to submit to and obey their husband." "A lack of education means that people do not know it is wrong to beat women." "They tell us, 'Culturally, my dad did it, so I do it, too.'"

The abuse is approached only from a strictly medical perspective: "In principle, we address cases of abuse from the experience we have as doctors, given that we find this type of violence here in the hospital or during internships in rural areas. But we see it from a strictly medical point of view, handling injuries as they come and providing treatment for them."²⁸

It is thus understandable that a fundamental aspect in responding appropriately to violence against women involves **staff awareness and training in the institutions concerned.**

SPACE, TIME AND CONFIDENTIALITY

A **private, confidential approach** is essential in caring for female victims of violence. Women will not disclose their experience if they are not sure that confidentiality is assured: Beyond the feeling of shame or guilt they feel, they may be at risk of further violence if their statements are overheard. Professionals responsible for their care must be able to guarantee their privacy in conversations. When examination rooms are only separated by a curtain, or when initial questions are asked in public, women remain reluctant to disclose the violence they have suffered. Confidentiality may be particularly difficult to achieve in rural areas, where professionals often live in the same communities as victims and sometimes know not only the woman but the perpetrator as well.

In addition, safeguarding the confidentiality that victims require may pose practical difficulties when the latter do not speak the same language as the caregiver.

Time constraints are another problem: **Establishing the necessary relationship built on and fostering trust and providing an adequate response, all this takes time.**

²⁷. Wood K., Maforah F., Jewkes R., 1998.

²⁸. Testimony at the VFF (VAW) workshop, organized by Médecins du Monde in Managua in November 2008.



1D

WOMEN FACING VIOLENT SITUATIONS: VULNERABILITY, RESPONSE AND IMPACT

1/WOMEN'S VULNERABILITY ACCORDING TO THE SOCIOCULTURAL CONTEXT

Various investigations have revealed **recurring vulnerability factors according to the ecological model**. Violence most often affects women between the ages of 20 and 34. This may be due to a generational effect or 'habituation phenomenon' (older people do not have the same perception of the violence they have suffered, in many cases for a long time).

The most vulnerable women are those who do not have **their family's protection**: A lack of family places women at an economic disadvantage (poverty, indigence), and they are even more vulnerable to becoming victims of rape or human trafficking. Similarly, poverty and limited access to resources can drive them into prostitution to support themselves.

Other factors that accompany poverty contribute to increased violence, such as social promiscuity due to high numbers of people living in close quarters. Among Inuit women, as is the case for others, "the virtual absence of alternative housing often forces [them] ... to remain in dangerous and potentially deadly situations."²⁹

Employment status and access to economic resources are important factors, because they demonstrate a **strong link between violence and exclusion**.

If single women are more vulnerable to violence, marriage does not always provide protection, nor does the level of education, although the **unequal levels of education³⁰ for men represents a risk factor for women**.

Different surveys show that a loving marital relationship does not necessarily protect women against violence, but there is a strong **link between violence and the absence of love** and when either spouse has **multiple partners**, both of which are aggravating factors.

²⁹. Pauktuutit Inuit Women's Association, 1995.

³⁰. A spouse's low level of education increases a woman's risk of exposure to violence.

Polygamy: A substantial percentage of domestic violence against women is perpetrated by other women. Woman against woman violence is most often linked to polygamous contexts, with violent acts motivated by a desire to do battle with co-wives raised to the rank of **domestic enemy**.

Those who were victims of violence during childhood and those living with a spouse who was abused during childhood are more affected than others. Being raised in a violent environment with unequal distribution of educational roles is an aggravating factor in the **perception of 'normal' violence**.

Regarding the **concept of consent**, it must be borne in mind that this is quite a modern notion, especially due to religious morality. In many societies, **sex is a duty**. A girl's sex 'education' may be forced and performed by a male member of her family (father, uncle etc.). The creation of a form of rape typology has shown that, in the majority of cases, the abuser is most often older than the victim and is someone in her family circle (friend, spouse, husband, ex-spouse, father, uncle, father-in-law, brother, cousin etc.). It may be that victims are reluctant to talk about violent incidents not only out of shame and taboos but also out of fear. Women who have suffered sexual abuse are generally marginalized, live alone and are unprotected, making them more vulnerable to new attacks. They are generally **stigmatised** or discriminated against by their communities for violating the values and cultural taboos of said community. Women are also shunned when they press charges, since they are seen to be rejecting their gender's traditional role of being submissive. Furthermore, admitting to having

suffered certain kinds of violence, including rape, is in some countries a life-threatening act, since preservation of family honour is enough to justify the murder of women who have been raped (honour killings).

Another vulnerability factor is largely dependent on the **'minority' dimension**: Ethnic, national, political, religious or linguistic minorities are often vulnerable to all kinds of violence and discrimination, and their access to assistance and other services can be limited. Undocumented women and those who do not have legal migrant status are more exposed to violence and have reduced access to protection and means of redress. There is also a problem with culture-centric representations among professionals regarding what is 'the done thing' in minority cultures: "Some women demand that their husbands give them a good dose of daily beating, as they say this is how they can be sure that their husbands love them."³¹

Women from ethnic minorities are also harassed in the street by both the rest of the population and the police.

Vulnerability is linked to health status, including **disability**, which limits the capacity to protect oneself and one's response options (taking shelter, flight, migration and so on). Disease and disability become obstacles that prevent women from accessing necessary assistance due to available services being physically inaccessible, resulting

³¹. Testimonial of a care worker, in Chaoula Y.A., 2008.

³². Josse E., Dubois V., Interventions humanitaires en santé mentale dans les violences de masse, Deboeck Université, 'Crisis' collection, expected publication date: September 2009.

in a lack of treatment and care, especially if women do not enjoy the support of friends and family. In many countries, those suffering from disability and disease (including HIV/AIDS) are shunned by the community (stigma, discrimination), and quite often have no recourse other than begging, which exposes them to fresh abuse.³²

In terms of **violence at the workplace**, the women most affected are young and working in a climate of constant psychological pressure (including performance demands and humiliation) as well as low safety standards. Being single or an immigrant are aggravating factors, as is, in many cases, the belief in unequal gender relations that prevails in certain countries of origin and religions.

Women who hold certain jobs are also more likely to be assaulted. For example, foreign domestic workers who are underpaid and/or isolated in private homes are vulnerable to threats of deportation if they complain of physical or sexual abuse, and are often unaware of their legal rights or the existence of service to which they can turn. It should be noted that **women's isolation in general is a strategy implemented by those responsible for attacking them.**

All women in junior subordinate positions are vulnerable to harassment in the workplace, and women in jobs predominantly held by men may find themselves in work contexts that are hostile to women. In addition, the risk of physical and sexual assault, habitual violence and murder is huge for women working in the sex industry, as they

receive the least support due to prostitution's stigma and the myth that they have made a 'personal choice.' This belief ignores the fact that almost all young women who end up in the sex trade are fleeing violent homes and the economic choices available to young single women are extremely limited.³³ The dichotomy between 'chosen' and 'forced' prostitution fails to tackle the problem's complexity, and addressing the issue of prostitution in terms of sexual consent is a methodological error, since it ignores **the forces and pressure that compel women to 'choose' prostitution. Prostitution also constitutes violence against women.**

2/THE RESPONSE OF FEMALE VICTIMS OF DOMESTIC VIOLENCE

Qualitative studies show that most women abused by their partners are not passive victims, but rather have undertaken **all possible active strategies** for their own safety and that of their children, including flight, resistance and yielding to the husband's demands. The latter strategy involves a victim's calculated assessment of what must be done to survive within the marriage and to protect themselves and their children.

Denial and fear of social rejection often prevent women from seeking help. Only a minority of women contact the police or other agencies; they mainly seek help from family members and friends, despite the risk of stigma and rejection.

³³. Canadian Committee on Violence Against Women, 1993.

Bear in mind that a woman's response to violence is often limited by the options available to her.

Various factors can thus make women stay in abusive relationships, like fear of reprisals and a lack of economic support as well as concern for their children, emotional dependence, lack of support from family and friends, and the hope that the man's behaviour might change. Logistical and emotional support from family and friends plays a vital role in their decision to end a relationship.

Leaving an abusive relationship is a process, not a one-time event. Most women leave and return several times before finally deciding to end a relationship. Only after a process that comprises periods of denial, guilt and suffering will they eventually identify themselves as victims and identify with other women in similar situations.³⁴
In the future support and care of these women, we will need to understand this process to better support them, particularly when they return to abusive situations.

Unfortunately, leaving a violent relationship is not always in itself a guarantee of safety. Very often, the violence continues or increases after a woman has left home. Many homicides are committed by intimate partners when a woman tries to leave them. Homicide is the ultimate way of controlling a woman when she tries to escape his grip.

BEAR IN MIND THAT

Female victims of violence adopt different strategies to overcome their situation.

These strategies are limited by their individual, social and economic contexts.

Extricating oneself from violent situations takes time; it is a slow, non-linear process that involves backtracking.

3/CONSEQUENCES OF VIOLENCE AT INDIVIDUAL AND COLLECTIVE LEVEL

Precarious living conditions and the disruption of one's way of life (i.e. living in an emergency shelter), the risk of suffering new traumatic events and tensions with professionals, and the difficulties experienced by female victims of violence are **many** and **varied**...

The consequences of violence, which are deep, go beyond individual health and happiness to influence the welfare of entire communities. Studies show that abused women have more difficulty in accessing information and services, participating in public life and seeking the support of friends and relatives.

They are also, in many cases, unable to adequately look after themselves or their children, maintain a job or pursue a career.³⁵

Violence is not only a wound to be treated: It entails a total disruption of a person's life, including guilt, loss of self-esteem,

34. 35. E. Josse, op cit.

disintegration of the personal social fabric and insecurity stemming from the loss of couple status. Violence isolates, discriminates and diminishes social support, and the resulting discrimination increases mental suffering.

Violence against partners also has many links to the growing AIDS epidemic. In six African countries surveyed, pregnant women refused to submit to HIV testing and did not return or ask for their results, chiefly for fear of the exclusion and violence that a positive result would expose them to at home.

Finally, when violence rules at home, it is not only the health and well-being of the woman that is at risk, but also that of her children. If violence seen as 'normal' afflicts a woman, it can also affect her children even if it is not systematically applied. An abused woman will be at risk of becoming a perpetrator of violence against her own children, following the spouse's example. Violence may also be the psychological consequence of witnessing violence. Such violence has harmful consequences that continue on into adulthood. A study conducted in Barbados indicates that children from violent homes are more likely to adopt sexual behaviour that exposes them to STIs, like early activity and multiple partners.³⁶

LOOK FOR

The existence of a supportive environment (family and social environment) and its characteristics. Such an environment does not exist in all contexts (refugee camps, immigration, conflict zones and the like). In addition, violence leads to disruption of various types of network and support structure.

However, family and social support constitute the most effective protection factors. This environment can be relied upon, particularly to ensure the sustainability of projects to combat violence against women.

Violence against women indeed demands that long-term courses of action be identified from the very start of the intervention: The question of a project's duration must be addressed immediately, in cooperation with beneficiaries since programmes resemble development projects.

³⁶. Handwerker WP, 1993.

CARE AND SUPPORT FOR FEMALE VICTIMS OF VIOLENCE

1/PROFESSIONAL ASSISTANCE NETWORKS

Women abused by their partners have **multiple needs**. We must provide medical, psychological, social and legal assistance, plus a home to ensure their safety and that of their children.

Moreover, these women also need reproductive health services that meet their specific situations, i.e. offering emergency contraception, screening for STIs and HIV, and an HIV/STI prophylactic treatment in case of rape. To be effective, **solutions must take into account all the problem's dimensions and complexity**.

However, facilities for meeting all these requirements are inappropriate, inadequate or nonexistent in many countries. And even if such facilities do exist, women may not necessarily reach them if they find themselves outside

support networks (isolated status, discrimination, ethnic, linguistic and cultural barriers etc.). Moreover, the negative image attached to the use of such facilities stigmatises them and thus makes accessing them more difficult.

2/THE PROBLEM OF TARGETING: A RISK OF STIGMA

Depending on the society, **a battered woman is not necessarily perceived as a victim**, but victim status as conferred by a given project may prove a social handicap to some degree.

The fact that institutions initiate and defend cases by calling the abuse 'against women' contributes to the systematic categorisation of women, resulting in potential loss of the connection to male-to-female domination and the permanent classification of women as victims. In terms of terminology, **the fight against 'gender-based violence' is thus preferred over 'violence against women.'**

We understand that, in providing assistance, we must pay attention to the possible stigmatisation of women. Moving women (i.e. into shelters) may make them even more vulnerable to community rejection, threats, hostility and difficulty in social reintegration (poverty, disability, trouble in finding jobs and lost custody of children) – just some of the perverse effects.

3/A COMPREHENSIVE, MULTIDISCIPLINARY, INTEGRATED APPROACH

Networked activities as part of a comprehensive approach

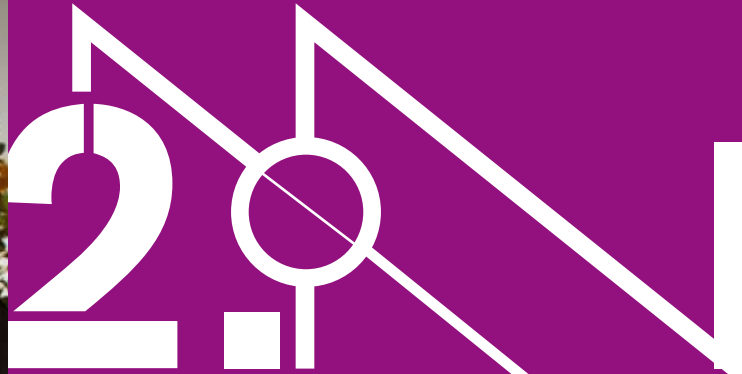
– one that doesn't exclusively handle the issue of violence in caring for women but also integrates mother and child health, for example – is perhaps the preferred approach, because it would be less stigmatising, more accessible to the population, more easily appropriated and thus more likely to endure. Such networked activities could meet immediate needs while providing an entree to combating background violence.

Since violence against women is a multifaceted problem with psychological, social and cultural roots, it must be addressed on several levels at once. **The ecological model plays a dual role in this regard: Each level of the model represents a level of risk as well as an essential point of intervention.**

To combat violence against women at various levels, we must therefore:

- Undertake actions that address individual risk factors.
- Have an affect on interpersonal relationships and provide professional assistance to female and family victims.
- Take action against institutional violence, such as that experienced in the workplace and health facilities, through staff awareness and training.
- Identify prejudicial cultural practices for better prevention.
- Address the larger economic, social and cultural factors that contribute to violence, and take steps to change them by ensuring equitable access to goods, services, opportunities and so on.





**RECOMMENDATIONS
AND METHODOLOGICAL SUPPORT**

**TWO STAGES
OF SOCIO-
CULTURAL
DIAGNOSIS**



20 **1/Compilation of data:
secondary sources**

20 **2/Collection of field
data: primary sources**

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**COMPILATION OF
DOCUMENTARY
DATA**

20 **1/Preparing
a qualitative study:
questions to ask oneself**

- 20 Questions on the various sectors involved
- 20 Questions on vulnerability factors
- 20 Questions on representations and systems of values
- 20 Questions on the notion of confidentiality
- 20 Questions on care
- 20 Questions on consequences

20 **2/Applying qualitative
methodologies**

- 20 Example of an observation grid for a consultation
- 20 Tips for interviews and focus groups
- 20 Example of grid for focus group with women in a community at risk
- 20 Example of a grid for an interview with a person at risk (anonymous)
- 20 Example grid for an interview with a former victim of violence (anonymous)

20 **3/Synthesis**

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B

**FIELD-DATA
COLLECTION**

**RECOMMENDATIONS AND
METHODOLOGICAL SUPPORT:
TWO STAGES OF SOCIOCULTURAL
DIAGNOSIS**

➤ It is important that those involved in fighting violence against women **become aware of representations of the social and value systems** relating to such violence. The method offered in this document aims to facilitate the incorporation of the stakeholders' own voices (including victims, professionals and friends), their expressed needs, a better understanding of intervention areas, popular knowledge and practices already in place. Simple questions can be addressed using qualitative methods to reduce the sociocultural gap between programme and context and to prevent such gaps in future.

This section aims to improve a programme's cultural context and social sustainability by providing a simple diagnosis method.

The approach outlined above shows that the concerted efforts of various sectors, including healthcare, education, social services, justice and policy-making, are necessary to resolve what are generally considered purely 'medical' problems.

Each sector has an important role to play in addressing the problem of violence and the collective steps to be taken in order to considerably reduce it. These various efforts must then be integrated into the study, which should not focus solely on the victims.

AN EXAMPLE OF QUALITATIVE RESEARCH

A study may aim to **record the path** taken by a female victim of domestic violence who decides to seek help. This involves **exploring the series of decisions and successive steps taken by a woman** who becomes aware of her abusive situation and paying attention to the responses of the men and women she asks for help. Each action and decision taken along her path has an impact on what others do, including aid professionals and community members, and what they do has an effect on the next step the woman takes.

We must therefore pay close attention to:

- The consequences of her decision to seek help.
- The sources she approaches.
- Her motivations.
- The attitudes and responses of professionals and others.

This study should be conducted using interviews, focus groups and observation sessions. As we have seen above, female victims of violence face different situations that may trigger their decision to act. We should also be able to identify and understand the factors that prevent them from seeking help. We must also understand the weight of economic factors (Is she able to look after her own needs and those of her children?) and the influence of such issues as corruption and the representation of female and male roles adhered to by the judicial system

and police. We must also study any solutions already implemented by the female victim and ways she may have found of mitigating the violence inflicted upon her.

NOTE

All studies must be anonymous. You must be careful when taking notes not to leave information that could lead to identification of the subject.³⁷

A methodological approach to sociocultural diagnosis of violence must be based on the highest standards in order to aid in understanding and combating violence against women.

Diagnosis is accomplished in two stages:

1 / COMPILATION OF DATA: SECONDARY SOURCES

The goal is to produce as much knowledge as possible on all aspects of violence by collecting data on the extent, scope, consequences, characteristics and responses already made at local, regional and national level, as necessary.

Secondary data sources include:

- Reviews of relevant literature (university research).
- Records of care organisations and institutions.

37. For more information, see the upcoming Guide de protection des données sensibles, and Fiche technique de rédaction du certificat médical, MDM/STAO, 2010.

- Local programmes.
- Community and administrative records.
- The media...

2/ COLLECTION OF FIELD DATA: PRIMARY SOURCES

- a. Prepare studies** (interviews, focus groups, observation sessions) by asking oneself specific questions to determine:
- Causes and correlations of violence.
 - Factors that increase or decrease the risk of violence.
 - Factors that can be affected by intervention...

Primary data are obtained directly from individuals via:

- Qualitative methods
(individual interviews, focus groups, observation sessions).
- Quantitative methods (knowledge, attitudes, practice 'KAP' surveys and other special studies).

- b. Conduct rigorous interviews, focus groups and observation sessions** with respondents, in suitable places (interview grid design and implementation).

- c. Think about ways of preventing violence** by using information from the above studies, disseminating information and capitalising it in the presentation and summarisation workshops.

Steps **1** and **2** will be detailed here. For Parts **b** and **c**, examples of grids are available, but for more details please see the guide, *Data Collection: Qualitative Methods*.

2 A

STAGE 1: COMPILATION OF DOCUMENTARY DATA

A review of literature covering sociocultural studies conducted on violence against women needs to be performed beforehand, and a related **bibliography** made available. In this bibliography, as in subsequent **data collection**, you must be able to ask oneself questions that will shed light on the context of actions involving the following:

- Family organisation (patriarchal/matriarchal, extended or nuclear, hierarchical structure etc.).
- Identification of the various forms of violence.
- Extent and impact of violence.
- Major risk factors found in the cultural and social context.
- Types of intervention already in place, and strategic responses already attempted (summarise what is known of their effectiveness).

If a bibliography cannot provide all the answers, the next job is to collect data from various sources, including official and administrative documentation.

Data on deaths, particularly those resulting from homicide, suicide and war, may indicate the level of lethal violence in a community or country. When compared to statistics related to other deaths, such data provide useful indicators of violence's consequences, and can also be used to monitor fatal violence over time, identify groups and communities at exposed to violence and make comparisons between countries and within countries.

However, mortality figures represent only one type of data for describing the magnitude of the problem. As non-fatal outcomes are much more common than fatal ones, and as some types of violence are not fully represented by data on mortality, **other types of information** are needed to help us understand the circumstances surrounding specific incidents and describe the full effect of violence on women's health.

We will thus focus on data:

- On health, relating to disease, injuries and other health-status elements.
- Reported by the media, on attitudes, perceptions, norms and behaviours, and family- and couple-related cultural practices (this issue will be supplemented in stage 2).
- From communities, on the characteristics of their population, including income levels, education levels, unemployment rates and housing issues.
- On crime, related to the characteristics of violent incidents, i.e. with or without a weapon and whether they included robbery and/or sexual assault.
- On the economic cost of social services and treatment.

- Describing the economic consequences of violence (especially in terms of health systems) and any savings made owing to prevention programmes.
- On policies and regulations (legal context regarding abortion, rape etc.).

PROBLEMS RELATING TO DATA INTERPRETATION

Despite the impression of a certain uniformity of context, significant differences may exist between the populations studied within the same culture, country or even socio-economic class. This **impression of uniformity** may also be linked to the existence (or not) of different data sources and their quality for comparing the types of violence within a society and between societies. The latter vary considerably: Countries at very different stages with regard to their capacity for data collection. This is particularly difficult in cases of population flux in areas in conflict or those are experiencing continuous population movement. It is also difficult to count people in high-density or extremely remote areas. In most countries of the world, there is also no systematic data collection regarding non-fatal violence.

Even when such data are available, the information is sometimes of **insufficient quality** to determine strategies for prevention. Not all studies specify types of abuse, and it is not always possible to distinguish between acts of physical, sexual and psychological violence. In addition, definitions of various forms of violence vary across countries and even within the same country. This is the case with rape for example, for which there is no internationally recognised definition. Similarly, within the same programme, perceptions of sexual violence may vary according to the staff (local or expatriate).

Since institutions keep records for their own needs and following their internal procedures, it is possible that their **data** are **incomplete** or lack the kind of information necessary for an understanding of the abuse. A medical record may contain information on the diagnosis of trauma and its treatment but not on its circumstances or consequences; moreover, the record is often confidential.

DATA TYPES AND POTENTIAL SOURCES OF INFORMATION

Data types	Data sources
Mortality	Death certificates, vital records, coroners' reports
Morbidity and other health-related data	Records from medical facilities
Statement by female victim and public opinion (plus details in the guides for interviews, focus groups and observation sessions, below)	Individual interviews Focus groups, media Institutional records
Community	Observations, interviews, focus groups
Institutional Economic	Programmes, records of institutions and organisations, observation facilities
Political	Governmental or legislative documents

Although the table **above** does not say so, **almost all sources include basic demographic data** like the person's age. Some sources, including medical records and death certificates, may contain specific information on violent acts and trauma. Data from emergency services, for example, can reveal information about the nature of trauma, how it happened and the place and date at which it occurred. Among the data collected by police, it is sometimes possible to find out the nature of the relationship between victim and assailant, whether a weapon was used, and other details of the assault.

Example of information gathered
Characteristics of the deceased (age, status etc.), cause of death, place, time, type of death
Disease, trauma, physical, mental and reproductive health
Family size, housing, number of children, information about the spouse or perpetrator, family social norms, definition of 'normal' and 'abnormal' violence, frequency of violence, attitudes, beliefs, behaviours, social and cultural practices
Population figures and density, income levels and education, unemployment rate, divorce rate
Attitudes of professionals (reception, practices etc.), operation of facilities, networks, expenditure on health, housing and social services, cost of trauma treatment related to violence, use of services
Legal framework, laws, policies, institutional practices



2B

STAGE 2: FIELD-DATA COLLECTION

1/PREPARING A QUALITATIVE STUDY: QUESTIONS TO ASK ONESELF

Surveys and **special studies** may provide detailed information on social environment, knowledge, behaviour and violent situations. These sources can also help in uncovering cases of violence not reported to police or other agencies.

According to a survey of households in South Africa, it was thus seen that 50-80% of victims of violence received medical treatment for injuries related to violence without the incident being reported to police. Another study conducted in the United States noted that 46% of victims presenting themselves to emergency rooms do not file a report with the police.³⁸

Once data is compiled and reviews of the literature on the subject are completed, **go to Stage 2** to begin

preparing studies using qualitative research methods. At this second stage, we will have to gather evidence and descriptions and confront concerns, approaches and various questions.

Studies done using qualitative data-collection methods like interviews, focus groups and observation sessions, which we will detail below, will help us **collect detailed data on perceptions of violence and attitudes toward it**. These methods focus on how women express their suffering and on explaining its causes, determining treatment and understanding the path taken to access such care. They can also look into the violence's dimensions of 'normality' and 'abnormality' and those behaviours that a society deems bad, antisocial, addictive and so on.

Through interviews, it is possible to distinguish the differences between victims' perception of the frequency and severity of violence and those of professionals responsible for their care. From the very start, of course, we must pay attention to the characterization of violence, and agree, especially with local staff, on the definitions to be used.

Focus groups, interviews and observation sessions can also highlight stress and violence in the shelters, as well social stigma and victims' difficulties in finding their social footing, both of which also penalise any children involved.

We must study female victims within a knowledge-sharing network and not as individuals (a more psychological

³⁸. See reference to global report on violence.

approach). We must also take into account the violence's perpetrators, who may have a direct or indirect relationship with the victim, in order to **highlight the structural mechanisms** that allow for and make possible all kinds of violence. In stage 1, we should normally have begun to define the various forms of violence that occur in the everyday life of a woman in the intervention area's future location in order to help assess the scope, identify the stakeholders and determine the mechanisms in the following steps.

Violence is a problem with multiple causes, and the origin of abuse must be understood from the point of view of:

- Those who suffer it.
- Those who use it.
- Those who observe it.
- Employees of government institutions required to identify, denounce and bring legal professionals to bear on it.

Question types:

Questions on the various sectors involved:

- What human resources are available and identified by people as being adapted to the care and management of violence? Who are the people working in social services, health and other relevant services (police, courts, associations etc.)?
- What ways do women have of accessing existing aid? What kinds of attitudes and answers does a woman get from the various sectors? What is the level of victim information? The degree of assistance accessibility? The degree of stigmatisation in the area?
- What mechanisms does the community have for social reintegration, and what are the various organisational levels?

- What activities are already up and running in the community?
- What is the role of community leaders? Are there any organized groups, women's networks or other stakeholders at local level (such as representatives of associations, traditional healers, traditional birth attendants and spiritual advisors)?...

Questions on vulnerability factors

At all levels of the ecological model, we must ask ourselves questions about vulnerability.

Bear in mind: vulnerability is a system of interrelationships between characteristics of the individual or group (physical, biological, psychological etc.) and variables inherent to the environment (including physical, familial, cultural, technological, political, social, economic, organisational and religious environments).

- What is the society's level of poverty? The community's? The family's? The individual's?
- What are the socioeconomic problems (like housing)? The group's family and social resources? The family's? The individual's?
- What are the levels of exposure?
Is the nature of the violence acute or chronic?
- Is there a context that promotes abuse, like war, conflict or immigration?
- What is the community's level of female social integration?
- What is the status of family ties?...

At the individual level, we will have **to assess the accumulation of various variables** such as social isolation, disability, distance from a support facility and so on.

Questions on representations and systems of values

We focus on:

- The expression of emotion, speech, discussions and behaviour related to violence, individually and collectively: What is the concept of serious violence to women? What is considered serious violence? Very serious?
- About justifications of violence: What kind(s) of violence are seen as 'normal'? As 'abnormal'? Fair? Unfair?
- On the imagination and symbolism influenced by the culture justifying violent practices: What is the image of women in the media? In religious practice?...

Questions on the notion of confidentiality

we need to focus on the issue of **confidentiality**, an essential dimension in some political contexts where any complaint can be considered a subversive act. Sometimes this means rethinking the concept of confidentiality and expanding the confidential circle to include the family level. Questioning the perception of confidentiality amounts to asking oneself:

- **What things do we talk about and not talk with strangers?**
- What arrangements exist to protect anonymity?
- Is there such a thing as professional confidentiality?
- How is information shared within the group? Within the family?
- Can women and girls go to the doctor unaccompanied?...

Questions on care

- What care facilities are there?
- What factors drive a victim to act or dissuade a victim from acting?
- What are professionals' perceptions of violence?
Do professionals and victims make a distinction in their perception of violence's frequency and severity?
- Can one voice one's views? How can one voice views in

- a medical, social or police setting?
- Are shelters places of stress and violence?
Is the health situation precarious?
- Are there emergency shelter resources?...

Questions on consequences

- What are the repercussions of violence on social, economic and family life? Physical disability, lack of social role or loss of working capacity?
- Is it possible for the victim to return to work? To school? To take part in economic life? To reinvest themselves in familial, social and community life?
- Is there a social stigma involved? A difficulty in finding one's social footing? Do these factors also penalise any children involved?
- Can a female victim be reintroduced into the community and resume her social activities? Are there means of facilitating mutual support (community groups, training for local staff, establishment of referral and counter-referral systems)?...

2/APPLYING QUALITATIVE METHODOLOGIES: INTERVIEWS, FOCUS GROUPS AND OBSERVATION SESSIONS

For the precise methodology, see the guide *Data collection > qualitative methods*. In stage B.1, we reviewed questions we needed to ask ourselves. We will now determine who should be asked and how to ask them.

Who?

You must determine beforehand the levels of a society's social organisation on which to focus. Generally, as shown by the ecological model, we must consider four levels of social organisation: Society as a whole, as a community (e.g. at village level), the family and the individual. The questions you need to ask yourself (and the data to be thus collected) will be different, depending on the level studied:

- **For an analysis of the society as a whole**, the documentary studies or a study of the media done in stage 1 might be a good way to start.
- **For the community**, we must include populations and health stakeholders while also considering incorporating the whole of civil society (including justice, education, economics and politics). Focus groups, interviews and observation sessions may be applicable.
- **At family and individual level**, the three methodologies above can also be used.

In the last two levels of social organisation, we must try to reach all social stakeholders (female victims of violence or not, aggressors, teachers etc.). Selection of people for the study is based on relevance to the topic – not at random.

The entire study must be anonymous. We must remain vigilant regarding note-taking and access to notes and reports. Finally, you set aside peaceful locations that allow respondents to speak in confidence (not passageways, for example).

How?

This involves choosing the most appropriate methodology and/or the order of methodologies chosen for use. Given the subject's sensitivity, time should be spent gaining respondents' trust before beginning any interview or observation. When the context is considered highly sensitive, we must sometimes know when to hold off making an observation or asking certain questions, and return to them later once trust has been established. For each method, there is a methodological sheet that details the various steps in the procedure.

EXAMPLE OF AN OBSERVATION GRID FOR A CONSULTATION

Location:	Date:	Those present:
Length of the observation:	Status:	
Sex:		
Age:		
Observer's role (in the case of a participatory observation):		

1. How long did the person wait in the waiting room? How long did the consultation last?
2. Do the premises ensure confidentiality (i.e. via closed door and/or opaque glass)?
3. Are there any female medical personnel?
4. How did the caregiver greet the woman? What is the nature of the interaction (i.e. empathetic, attentive or indifferent)? Does the medical staff member speak the patient's language?
5. Are other people present, accompanying the victim? Are there other people in the treatment room (nurses, care workers, labourers etc.)?
6. What is the victim's attitude (i.e. anxious, patient, upset or crying)?

Tips for interviews and focus groups:

Focus groups and interviews on this sensitive subject face the following problem: How can you get people to speak frankly about intimate and difficult aspects of their lives? The wording of questions and how they are raised will greatly influence the success of interviews and focus groups. It is also important that people feel at ease during the interview. This last point depends on factors like interviewer gender, interview length, presence of third parties, and the interviewer's degree of interest and attitude. **One method tip of putting a subject at ease involves not making people talk about themselves at the start of an interview, but instead having them talk about what they observe of others: Do not ask them immediately if they have been victims of violence, but rather talk about victims of violence in general.**

Also bear in mind that respondent and interviewer safety is absolutely critical; they must be protected from partner, family and group retaliation.

**EXAMPLE OF GRID FOR FOCUS GROUP WITH WOMEN
IN A COMMUNITY AT RISK**

Date: ../../. Time: ../. Location:	Keywords and sémantics:
Participants: Initials only Name and contact information:	
Q 1. Can you tell me about the different types of violence that occur in your community? General information (IF): ... Attitudes, degree of interest and participation (A/P): ... Moderator follow-up: ... (IF): ... (A/P): ...	(KW):

Q 2. What are the most serious types of violence? Why? General information (IF): ... Attitudes, degree of interest and participation (A/P): ... Moderator follow-up: ... (IF): ... (A/P): ...	Keywords and sémantics (KW):
Q 3. Are there acts of violence that are 'normal' or just? Similarly, are there any that are 'abnormal' or unjust? Why? General information (IF): ... Attitudes, degree of interest and participation (A/P): ... Moderator follow-up: ... (IF): ... (A/P): ...	(KW):
Q 4. Regarding unjust violence, where can victims go to protect themselves? Who can they talk to about it? General information (IF): ... Attitudes, degree of interest and participation (A/P): ... Moderator follow-up: ... (IF): ... (A/P): ...	(KW):
Q 5. In your opinion, how can we help victims of violence? What do they need? General information (IF): ... Attitudes, degree of interest and participation (A/P): ... Moderator follow-up: ... (IF): ... (A/P): ...	(KW):
Questions not addressed:	

**EXAMPLE OF A GRID FOR AN INTERVIEW
WITH A PERSON AT RISK (ANONYMOUS):**

Date: ../../. Time: ../. Location: Sex and age:	Follow-up questions:
Q 1. Who do you live with? (Context question) Keywords and semantics:	
Q 2. What are the main everyday problems in the family? Can you rank them in order of seriousness? (Questions for assessing the position of violence in the person's concerns) Keywords and semantics:	
Q 3. What does violence mean to you? What kinds of violent acts might be encoun- tered here? Rank them in order of severity. (Questions for assessing concepts of severity, 'normal' and 'abnormal' violence) Keywords and semantics:	
Q 4. If you have a problem related to violence, to whom do you speak about it first? (Question on options) Keywords and semantics:	
Q 6. How can we talk about violence in society? In the family? (Questions about taboos, confidentiality) Keywords and semantics:	

**EXAMPLE GRID FOR AN INTERVIEW
WITH A FORMER VICTIM OF VIOLENCE (ANONYMOUS):**

Date: ../../. Time: ../. Location: Sex and age:	Follow-up questions:
Q 1. What types of violence were you a victim of? By whose hand? (Questions for assessing perceptions of violence) Keywords and semantics:	
Q 2. What was it that caused the violence? (Questions for assessing justification, 'normal' and 'abnormal' violence) Keywords and semantics:	
Q 3. After how long did you seek help for the first time? Why? (Question on options) Keywords and semantics:	
Q 4. How was it? How were you greeted? (Question for evaluating care) Keywords and semantics:	
Q 5. What were the responses of your family and friends? (Question on the intimate circle) Keywords and semantics:	
Q 6. What were the consequences for you right after this step? Were there other consequences much later? (Questions about consequences) Keywords and semantics:	

You must be as specific as possible regarding terminology in order to know exactly what you're talking about, assess people's knowledge and perception, and judge what people consider serious or normal. We must also focus on frequency (i.e. normal or abnormal frequency).

We must not be content to describe violent acts, as that might overshadow the atmosphere of terror that sometimes prevails in abusive relationships: For example, you can ask questions about the fact that, at some point in her relationship, she feared for her life.

Bear in mind that qualitative studies are all the more indispensable since they address psychological violence, which is more difficult to conceptualise and evaluate.

3/SYNTHESIS

This step of analysing the data will allow the team to quickly target key elements for consideration, such as perceptions of the population regarding violence (representations of women, men and healthcare providers), their lifestyles and social organisation, the resources available and so forth.

It comes down to understanding, from the perspective of sociocultural determinants, how a situation of violence can exist at a given time and what form prevention must take to be effective.

This is an indispensable step in and the presentation and capitalisation on the findings that should allow us to better adapt any future activities.

NOTE ON THE INTERPRETATION OF DATA

The value of qualitative data lies in obtaining more detailed information about the person, their history, representations of male-female roles and attitudes toward violence. A well conducted interview will reveal what the person recognises or does not recognise as violence.

Here again, however, we must understand that there are **difficulties** and **biases related** to these kinds of tools (i.e. the way questions are asked, the questions, place and context of the interview). We know, for example, that the rates of recorded violence vary depending on various factors, including the definition of the term 'abuse,' the questions chosen, how these questions are raised, the time of the interview, the skill and training of the interviewer, the level of confidentiality promised and the choice of respondents.

These factors are related to the relationship between researcher and respondent: People may have fears and be suspicious of the researcher. People may have a tendency to try to meet what they see as the researcher's expectations rather than asserting their own concerns, expectations and demands.

We must also consider various ethical elements involved in research on violence. It is difficult to define protocols that protect the confidentiality of victims and ensure their safety.

Particular attention must be paid to research. Diagnostic criteria can only be reliable if we are all speaking of the same thing, so attention must be paid to translation, terminology and the characteristics of the individuals selected (i.e. cultural reliability).

NOTE

It is essential during data retrieval to consider data confidentiality and respect respondents' anonymity. Retrieval should only be conducted within the project team.

For data analysis, we must have a **roundtable reading** of the notes drawn up so as to deliver the first results to the entire team. **The task is to select the most important information out of the mass of data.** To make this selection, we need to answer the following question: What questions will my results answer? Indeed, these data must be classified and ordered in the light of questions that we asked in advance. In addition, these data should be written up as subject sheets that will shed light on the population's perceptions, the needs perceived as priorities, the fundamental opinions and attitudes expressed and more. These data will complement the summary report and allow the team to make decisions for the next working stages.





3.

CONCLUSION

A white graphic on a purple background. It features a large number '3' with a small square to its right. Below this, the word 'CONCLUSION' is written in a bold, sans-serif font. The entire graphic is overlaid on a network diagram consisting of several circles (nodes) connected by lines (edges). The nodes are arranged in a roughly triangular shape, with one at the top and two at the bottom. The lines connect these nodes in a complex, overlapping pattern.

CONCLUSION

➤ Violence against women **persists** in every country in the world, whether perpetrated by states and institutions or within groups, families and communities. This violence exists everywhere, in private and in public, and is deeply rooted in the victims' sociocultural systems. The role of society and culture as determinants in violence against women must be studied, given the many justifications developed on behalf of such violence.

We must not forget that **culture is a loose collection** of discourses, norms and social, economic and political processes rather than a fixed set of beliefs and practices. Nor can culture be reduced to a homogeneous whole, as it incorporates competing and contradictory values. The criteria determining what should be preserved develop over time.

To take action and prevent violence, we therefore must try to conceive of the problems of violence in relation to **their cultural and social dimension** (i.e. through interpretation of the problem and support by the community), which is in perpetual flux. The phenomenon of violence requires complex responses (i.e. full of uncertainty), but it is anchored in the reality of the context of populations and not in

the ethnocentric representations of aid stakeholders. **Qualitative methods are thus needed to complement quantitative surveys** in order to capture the complexities and nuances of the experience as seen through the eyes of respondents. Such methods are particularly well suited to prospective studies, or when an aspect of the problem is studied for the first time. In addition, they can be well utilized within an evaluation framework. Qualitative research is indeed useful for assessing the needs of women (and communities) and the obstacles they face, and in developing prevention campaigns, planning and evaluating interventions and involving local stakeholders via participatory research.

The difficulties are many, and we are beginning to see that violence against women is a complex problem whose solution must be sought on several fronts. It is important for professionals to better understand these perceptions of violence and to identify a number of causes and consequences in order to develop programmes that ensure protection and effective care for all the world's women.





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