

RESEARCH PAPER SERIES

ELLA Area: Governance

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ELLA

Evidence and lessons
from Latin America

REGIONAL EVIDENCE PAPERS

Beyond Domestic Violence Laws: Women's Experiences and Perceptions of Protection Services in Ghana



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Ghana

ELLA REGIONAL EVIDENCE PAPERS

Regional Evidence Papers are an output of the ELLA Programme. They contain an overview of regional evidence, as well as original data collection and analysis, on a particular research topic. A pair of Regional Evidence Papers are produced on each topic, one focused on Latin America and one on Africa, using a common research question and design. This Regional Evidence Paper is paired with a sister paper whose title is Beyond Domestic Violence Laws in Latin America: Challenges for Protection Services for Survivors, authored by Fundar in Mexico. Based on this two [regional papers](#), a Comparative Evidence Paper is constructed, comparing the experiences of the two regions, in order to support inter-regional lesson-learning. All [publications](#) can be found in the ELLA programme [website](#).

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ABOUT THE ELLA PROGRAMME

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SUMMARY

Since the early 1990s, there has been increasing recognition across the world that states should put in place effective mechanisms to address the violation of women's human rights. A number of countries have passed legislation designed to prevent domestic violence, punish perpetrators and protect survivors. There is a limited body of work that explores survivors' experiences of domestic violence and their perceptions of the services provided under the new legislation. Based on a small number of cases, the studies suggest that the effect of legislation has been generally positive in Rwanda, Zambia, and South Africa. This study is designed to contribute to that literature by providing a context-specific analysis of the protective services available to survivors of domestic violence in Ghana. The article focuses on the existing shelter services in Ghana and assesses women's experiences and perceptions of these services to draw out a number of policy implications.

Ghana is one of seven West African countries and twenty sub-Saharan countries to have passed a domestic violence bill. In an analysis of ten of these countries, Ortiz-Barreda and Vives-Cases (2013) point out that the legislation in none of these countries provides a sufficiently comprehensive approach. Botswana, Mauritius, Rwanda, Seychelles, and South Africa only include police sector interventions; Ghana, Mozambique and Namibia do a little better, with police and justice sector interventions; while Sierra Leone and Zimbabwe do better still, with police sector, justice sector and education sector interventions. Ghana is a special case in that it recognizes a diversity of domestic relationships, including kinship. It considers both men and women as survivors and perpetrators and also includes mediation as one of the ways to deal with domestic violence. However, the decrees for ensuring the full implementation of the Domestic Violence Act in Ghana are yet to be put in place. Ghana has only one shelter¹, so the research focused on that shelter. We used a qualitative approach and interviewed six survivors, three staff members and one former staff member of the shelter. We found that the survivors first turned to family and/or friends who then pointed them in the direction of the police. Experiences with the police service were generally negative. Survivors' encounters with the police left them feeling revictimised. On the other hand, the survivors generally perceived their experiences at the shelter as positive. This particular finding resonates with similar studies in Rwanda (Bernath and Gahongayire 2013) and South Africa (Wright, Kiguwa and Potter 2007). The shelter provided them with a refuge from the abuse they had suffered and offered them an opportunity to prepare for living economically independent lives once outside the shelter. For many survivors, however, the process they underwent which led to their placement in the shelter resulted in estrangement from their families. It would appear then that the shelter model does not take the communitarian nature of African societies sufficiently into consideration, and there is a need for existing protection models to be reassessed. Based on these findings, we make the following recommendations to improve the provision of protection services in Ghana.

First, a network of shelters funded by both public and private sources should be set up across major cities in the country to address the needs of survivors of domestic violence. Sensitisation programs should also be set up to address the negative attitudes that are common towards survivors of domestic violence, especially sexual abuse survivors. Frontline staff require training to eliminate this secondary victimization of survivors. Information should also be disseminated about the existing shelter in the country so that survivors can take advantage of the services it provides. Shelter inhabitants require effective exit plans to enable them to successfully transition back into the real world. Finally, activism around domestic violence should continue in earnest to ensure that the correct legislative instruments are put in place in Ghana and other African countries where domestic violence bills have been passed into law.

¹ Since conducting the research in 2015, the Government has set up a shelter in the capital city which has already received a few clients.

TABLE OF CONTENTS

3

Summary

8

Introduction

9

Central Question

9

Theoretical Underpinnings

10

Methodology

11

Regional Overview

18

Shelters in the Context of Ghana's Domestic Violence Bill

19

The Helpers' Foundation: Staff and Funding Sources

19

Services offered at the shelter

19

Staff at the shelter

20

Funding of the shelter

20

Protection-Seeking Trajectories of the Clients

20

Exposure to various forms of abuse within the domestic or school setting

20

Low levels of cooperation from family members in clients' attempts to seek help

22

Mixed reactions from officials in state institutions

23

Women at the Shelter and their Experiences of Violence

25

Daily routine at the shelter

25

Clients' experiences at the shelter

27

Clients' misgivings about the shelter

27

Loss of family ties

27

Economic dependence

28

Post-shelter preparations

- 28 Individual Dispositions towards post-shelter life
- 28 Preparation towards Economic independence

30

Main Findings

- 30 Pre-shelter experiences
- 31 Experiences with protective services broadly defined
- 31 Experiences at shelters
- 32 Preparations towards life after the shelter

32

Conclusion

33

Recommendations

- 33 Scaling up services
- 33 Sensitisation programs
- 33 Education of frontline staff
- 33 Information dissemination about the shelter
- 33 Exit plans at the shelter
- 34 Activism around domestic violence

35

References

38

Annexes

INTRODUCTION

In the last twenty-five years, there has been a growing recognition both from the academic and activist community that domestic violence is a public issue that needs urgent attention from policy-makers and society. The response at policy-level across the world, especially in Latin America and Africa, has been the enactment of domestic violence laws that draw on international and regional agreements to combat violence against women. There are 19 countries in sub-Saharan Africa that have domestic violence legislation (Giridhar 2012)². In Latin America, 32 countries have adopted the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Belem do Para) and 29 of these countries have harmonized their domestic frameworks with women's human rights standards, resulting in the passing of bills, national plans or programmes to address domestic violence.

Overall, the African continent has been slow to respond to violence against women as a human rights issue. Currently, only about one third of the countries on the continent have enacted domestic violence laws and as Adomako Ampofo (2008) has shown in the case of Ghana, this was a long and arduous process fraught with contestations over the place of domestic violence legislation in an African context.

Each country on the continent tends to address domestic violence quite differently. Whereas some countries define domestic violence as a crime and limit their policy responses to sanctioning the aggressor, other countries focus more on attending the survivor. Some offer a one stop service with the human rights of the survivors as central to the approach while others offer a more adhoc approach.

Ghana has an ecological³ focus in its approach; it recognises kinship relations, and does not focus only on the individual. In addition, the law considers both men and women as survivors and perpetrators, allows mediation as a response to domestic violence but has a much more narrow protection model, solely focused on legal and medical attention.

These differences in institutional models provide an interesting point of departure for our analysis. A major limitation for analysing the impact of the domestic violence bills that have been enacted recently in the global south is the lack of serious advancements in data collection. The few efforts to measure the impact of these Acts therefore remain largely anecdotal. This makes it difficult to develop and/or improve upon measures designed to implement the legislation, leading ultimately to an eradication of violence. One of the essential aims of the new legislation is to improve the protection of survivors of domestic violence. A useful exercise to measure the impact of these laws would therefore be to analyse the experiences of women that have been survivors of domestic violence thanks to the law and the protective services that accompany it. Examples of this type of analysis with groups of beneficiaries, are few and far between. The comparative research proposed here therefore contributes to filling this gap.

² On 25th May 2015, Nigeria passed a Violence against Persons (Prohibition) Act which aims at eliminating violence in both public and private spheres of life (www.refworld.org/docid/556d5eb14.html), making it the twentieth country on the continent to pass a Domestic Violence Law.

³ An ecological approach in this context denotes a holistic approach to resolving domestic violence issues; it takes into account the individual, social, cultural, political and economic dimensions of domestic violence.

CENTRAL QUESTION

The central question guiding this research is: 'What are women's experiences and perceptions of protection services provided to survivors of domestic violence in Ghana?' The research focuses on women that have had experience with the protective services as outlined in the law.

In the first part of the paper, particular attention is given to the different ways in which the institutional model has been developed in Africa in general and in Ghana in particular. We first focus on the national context in which the violence takes place and the specific economic, political and cultural factors that influence the nature of domestic violence in each country. We analyse the particular process through which domestic violence appeared on the public agenda in each individual country. In all these processes, particular phenomena and relevant societal actors of political relevance play a key role. In Ghana, we discuss the set of factors that led to the creation of a domestic violence coalition. We also pay attention to the various evidence-based research studies available on the impact of various preventive, punitive and protective components of domestic violence legislation on the two continents.

In the respective case studies, attention will shift to focus on the ways in which the model of protection is designed in each country and the range of protection services that are offered to survivors of domestic violence. We will then explore the concrete experiences of women who are survivors of domestic violence. Being one of the central institutions to provide protection to survivors, the shelter is the main unit of analysis in the research. By examining the entire trajectory that survivors of domestic violence have followed - from the nature of the violence they experienced, the moment they decided to seek help from the institutions, to the period spent at the shelter itself, and finally their life aspirations after they leave the shelter - we are able to assess whether the protection model is responding sufficiently to the needs of victimized women.

THEORETICAL UNDERPINNINGS

This study is based on an understanding that both the decision to seek the services of a shelter and the nature of the services provided at a shelter are determined by survivors and providers' perspectives on the causes of domestic violence. In the literature, there are five broad theoretical perspectives on these causes. While rights-based theories (Tsikata, 1993) are rooted in an individualistic perspective, other theories point to the systemic and structural bases of domestic violence. These include culture of violence theorists such as Mama (1997) who point to the role of colonialism contributing to domestic violence; and more recently the society in transition theorists who point to structural economic transformations and its attendant poverty (Osirim, 2003); feminist theorists who highlight institutionalised gender inequality (Ofei-Aboagye, 1994); and cultural theorists (Amoakohene, 2004) who emphasise the cultural context to explain why domestic violence is often considered acceptable. These five theoretical perspectives have each been criticised by Heise (1998) and Jewkes (2002) who have developed the so-called critical social ecology approach which combines individualistic and structural perspectives. This study draws on Heise (1998) and Jewkes (2002) to understand more fully how survivors perceive the extent to which the shelter offers them services that adequately address the individual and structural constraints they face.



Photo: [From shadow into light: victims of violence](#)

Credit: Vincent Tremeau/Oxfam

METHODOLOGY

The data for this paper comes from both secondary and primary sources. For our secondary sources, we looked at peer reviewed articles in academic journals, unpublished dissertations and grey literature from civil society organisations and international donor agencies that work on domestic violence as well as reports from state agencies responsible for addressing domestic violence. Our primary data source came from shelter staff and survivors.

Our research site was Ghana. Ghana is one of sixteen countries in the West Africa sub-region, six of which, Ghana included, have passed Domestic Violence Laws. The majority of countries in the West African sub-region still have no legislation dealing with domestic violence. In the absence of state intervention, it is non-state actors who are primarily responsible for addressing domestic violence in these contexts. Although Ghana has passed a Law, like its counterpart Chad, the modalities for ensuring the full implementation of the Law have yet to be passed. Therefore, non-state actors in Ghana play a major role in addressing domestic violence issues much like the ten countries without a Law. The findings of this study thus have policy implications for twelve of the sixteen countries in the sub-region.

In Ghana, there is only one shelter⁴ known as the Helpers' Foundation and it is run by a non-governmental organisation. We interviewed the core shelter staff (social workers, programme managers, and nanny) as well as all the survivors resident at that shelter during the month of July 2015. Our focus in doing this study was on what Simons, Lin, and Gordon (1998) have described as the 'science of the singular', where our goal was to explore commonalities across the small number of individuals with a shelter experience during a one month period in Ghana (Lucas, 1974a; 1974b). Our small sample size allowed us to adopt a fine-grained approach to our analysis (Crouch and McKenzie 2006). We adopted a phenomenological approach because this approach allowed us to uncover the concealed meanings embedded in the narratives of the participants (Maggs-Rapport 2000). Given that our research question sought to explore the experiences and perceptions of protection services, we were of the opinion that this approach was the best one to allow for an in depth understanding of the participants' experiences.

⁴ Since conducting the research in 2015, the Government has set up a shelter in the capital city which has already received a few clients.

In interviewing shelter staff, we were interested in the way in which the shelter was managed and the services provided. We also looked at the socio-demographic characteristics of the clients, trends over time in the type of domestic violence experienced by them, as well as staff perceptions on what protection is, how it can be improved and what it means for survivors (see annex I). We pre-tested the tool for the shelter staff with a former employee to ensure the clarity of the questions. Our interviews with survivors of domestic violence sought to understand the nature of the violence they had experienced, their help-seeking trajectories, their perceptions of the services received at the shelter in terms of both quality and relevance for their lives, as well as their post-shelter aspirations (see annex II). This instrument was discussed several times with our Mexican colleagues to ensure that we worked with a common set of tools that were clear and addressed our research questions⁵. We interviewed each of the six individuals currently living at the shelter and arranged with them to alert us to changes in their circumstances such as an appearance in court or their partners locating them at the shelter and so on. Over the four-week period when we were collecting data, there were no changes in the circumstances of the survivors. In addition to survivors at the shelter, we interviewed one woman who had been able to leave the shelter and lived in relatively close proximity to it.

In undertaking primary data collection, we observed the highest ethical standards. First, we sought clearance from the Ethics Committee of the Humanities of the University of Ghana (see annex III). In speaking with both shelter staff and survivors of domestic violence, we observed the ethical principles of informed consent, right to withdraw, confidentiality as well as anonymity. The principle of anonymity is extremely important in this particular study because of the implications for the safety of our participants. In describing the shelter, for example, we do not discuss its location. We also refrained from interviewing their family members as an additional safety measure. Finally, all the names used in this report (of the shelter, the staff and the survivors) are pseudonyms. Given also that the participants could experience some psychological distress recounting their experiences of domestic violence, we ensured that each participant understood the risks and benefits of participation as well as the fact that they could withdraw from participation in the study if they felt uncomfortable.

To analyse the material, we first translated and transcribed the interviews verbatim after which we employed a systematic thematic analysis approach (Attride-Stirling, 2001) to make sense of the data. In undertaking a systematic thematic analysis, we focused on identifying themes within the data and selecting the appropriate quotes that best exemplified the themes.

REGIONAL OVERVIEW

In 1993, at a general assembly meeting of the United Nations, the Declaration on the Elimination of Violence against Women was passed. This was the very first time that violence against women was defined officially (Ilika, 2005). Later that year, at a meeting held in Vienna, the UN World Conference on Human Rights recognised violence against women as a severe violation of human rights. The meeting went on to call on international, regional and national programmes to develop interventions to address this type of violence. This call was reiterated a year later at the International Conference on Population and Development held in Cairo, and then two years later in Beijing at the Fourth World Conference on Women. At each of these global meetings, the point was made that violence against women prevented women from enjoying their human rights and thus called on national governments to pass legislation to address this issue. On the African continent, in July 2003, governments signalled their concern for women's rights with the Protocol on the Rights of Women in Africa as part

⁵ ELLA programme's note: As mentioned earlier, this Regional Evidence Paper is paired with a sister paper whose title is "Beyond Domestic Violence Laws in Latin America: Challenges for Protection Services for Survivors". Authored by Fundar in Mexico.

of the African Charter on Human and Peoples' Rights, otherwise known as the Maputo Protocol. This protocol indicates that "state parties shall prohibit and condemn all forms of harmful practices which negatively affect the human rights of women and which are contrary to recognised international standards". Since the early 1990s, domestic violence legislation has become almost universal with at least 130 countries having passed a law as at 2013 (WHO, 2014).

Giridhar (2012) argues that richer, democratic states are more likely to have domestic violence legislation than poorer, authoritarian states. In Africa, by 2013, twenty-one countries, two in North Africa and the rest in sub-Saharan Africa, had domestic violence legislation (Giridhar, 2012; Ortiz-Barreda & Vives-Cases, 2013) (see Annex IV for the full list) but they are not necessarily the richer or more democratic ones. South Africa which is one of the richer and more democratic states on the continent has a law and so does Zimbabwe which has had an autocratic leader since the 1980s and is relatively poorer. On the African continent, other factors, in particular conflict, also seem to play a role in the passage of domestic violence legislation. The end of a conflict provides an opportunity to rewrite the rules regarding women's rights and a fair number of countries in the continent have taken the opportunity to do exactly that. International organisations have also helped in this regard with pronouncements on the need to uphold women's rights even in the context of conflict. For example, in 2008, with Kivu in the Democratic Republic of the Congo having been declared the rape capital of the world, the United Nations passed Resolution 1820 which recognised rape as a weapon of war. The post-conflict countries which have instituted domestic violence legislation as one of the many efforts designed to chart a new path towards a fuller democracy include Sierra Leone, the Central African Republic and Rwanda.

In the West Africa sub-region, only seven out of sixteen countries have passed domestic violence legislation. Of these seven, three, including Ghana, have not yet put in place legal mechanisms to ensure that the law can be rolled out fully. The state supports domestic violence programming in only four countries in the West Africa sub-region (Cape Verde, Sao Tome and Principe, Senegal, Sierra Leone. The rest, including Ghana, rely on civil society organisations to run domestic violence programmes.

Getting a law passed is a long and arduous process that requires dedication on the part of both the state actors directly involved in the process of writing the law and pushing it through parliament, as well as civil society actors whose close monitoring of the process keeps the state actors on their toes. Adomako Ampofo (2008) notes that in Ghana, the process began in 1998 with recognition on the part of a civil society organisation, the Leadership and Advocacy for Women in Africa (LAWA) for the need to push for a bill on the issue. Other civil society actors, such as the International Federation for Women Lawyers (FIDA), weighed in on this in the following year, as did the Gender Studies and Human Rights Documentation Centre which conducted a nationwide study of domestic violence in the country, the first of its kind to provide evidence-based research justifying the need for such a

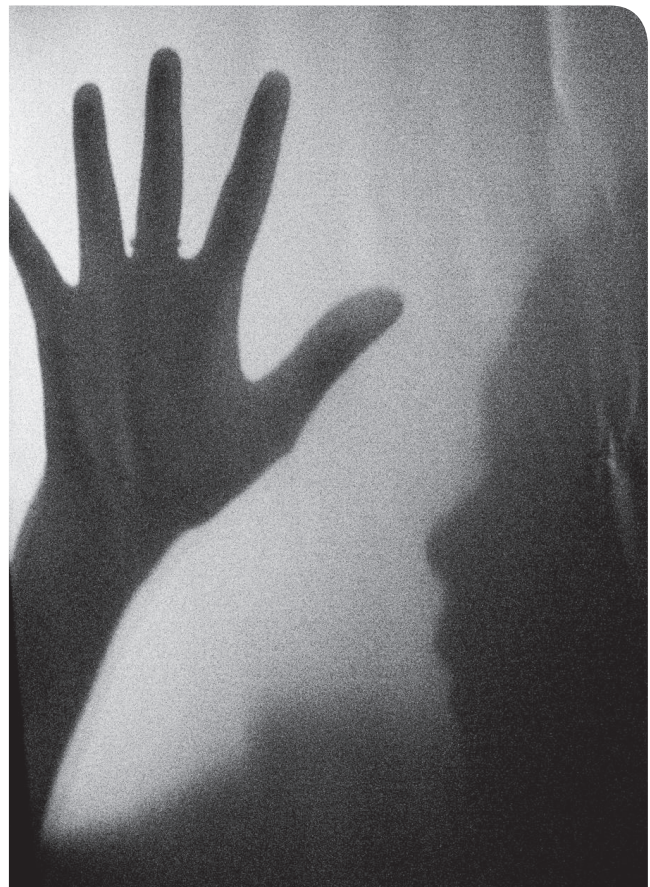


Photo: [Woman's hand](#)
Credit: Martine Perret

law. A number of serial murders of women in 2000 drew nationwide attention to violence against women just before an election took place. The new government changed the Inspector General of Police and a first draft of the bill was submitted to the Attorney General's office for consideration in 2001. A National Domestic Violence Coalition was set up in 2003 which worked closely with the Ministry of Women and Children's Affairs to undertake nationwide consultations on the bill. In 2004, with agitation from civil society actors, the Minister of Women and Children's Affairs who was perceived as having a lukewarm attitude towards the bill was changed. Hon. Hajia Alima Mahama, a lawyer and gender expert, was appointed. The bill was finally passed into law on 21 February 2007, six years after the first draft was written and nine years after initial discussions on the subject.

The laws have not necessarily been passed without contestation. The Ghanaian case is a good example of the numerous contentious issues that calls for domestic violence legislation throw up. Both Adomako Ampofo (2008) and Hodzic (2009) document the many ways in which the Ghanaian state opposed women's rights activists' demands by drawing on four major propositions to undercut the validity of the Bill: it was a foreign imposition; it posed dangers to the Ghanaian family and culture at large; domestic violence was best adjudicated outside the system of civil law; and traditional authorities should mediate and adjudicate domestic violence problems. Activists had to counter these claims by undertaking a nationwide dissemination of the content of the bill prior to its passage into law to ascertain the extent to which the Ghanaian public agreed with its contents. In spite of objections from civil society actors, the bill was passed without the section calling for the repeal of section 42 (g) of the 1960 criminal code (Act 29), the section which states:

"The use of force against a person may be justified on the ground of his consent, but a person may revoke any consent which he has given to the use of force against him, and his consent when so revoked shall have no effect for justifying force; save that the consent given by a husband or wife at marriage for the purposes of marriage cannot be revoked until the parties are divorced or separated by a judgement or decree of a competent Court (Adomako Ampofo 2008:404)."

This controversial section of the criminal code was eventually repealed rather quietly by the Commissioner of the Statute Law Revision project, Justice Vincent C.R.A.C. Crabbe, who had been tasked with the responsibility of simplifying, revising or deleting laws that did not conform to the 1992 Constitution. Having attended one of the consultations organized by the Domestic Violence Coalition, he had concluded that this section of the criminal code, a remnant of the British criminal code Ghana had adopted, was not appropriate in twenty-first century Ghana.

In Zimbabwe as in Ghana, Christiansen (2010) documents opposition to the law based on similar arguments; conservative Christian perspectives on inequality between men and women; the idea that the state should not intrude in matters of the domestic sphere and the idea that domestic violence legislation was premised on Western cultural values in dissonance with African cultural values. The only difference between the two countries was that while in Zimbabwe, the opposition to the domestic violence legislation was spearheaded by the opposition political party, in the Ghanaian case, the government in power, in particular the then Minister for Women and Children's Affairs, was keenly involved in the discussions questioning the importance of such a bill in this part of the world. While it is laudable that a third of sub-Saharan African countries now have domestic violence legislation, it is important to keep in mind that the contestations surrounding its passage could also manifest in the content of the legislation.

The content of domestic violence legislation varies quite a bit among the various African countries that have them. Ortiz-Barreda and Vives-Cases (2013) evaluated the content and application of laws enacted in almost 100 countries including 10 from Africa of which Ghana is one. They evaluated whether the components of the law were inspired by human rights standards such as: definitions of the main forms of violence against women, identification of women as beneficiaries, and the promotion of the participation of multiple sectors in

violence against women interventions. They found that the majority of legal texts did not incorporate these key components, thus limiting the scope for a more comprehensive treatment and protection of women. More than 60% of countries' legislation referred to the concept of domestic violence in general terms instead of detailing its different forms, and the main beneficiary of legal protection was determined to be the family instead of women, which in turn affected the type of interventions designed. Finally, they found that the legislation did not promote a comprehensive approach, defined as the involvement of multiple sectors - education, health, judicial system, mass media, police and social services - working together to create an efficient social programme that prioritizes the care and protection of women. In their analysis of the legislation in ten African countries, they pointed out that none of them had a comprehensive approach to addressing domestic violence. Botswana, Mauritius, Rwanda, the Seychelles and South Africa had only police sector interventions. Ghana, Mozambique and Namibia had police and justice sector interventions, while Sierra Leone and Zimbabwe had police sector, justice sector and education sector interventions. Research on the quality of the police sector interventions in Sierra Leone, however, suggests that it is poor because of the weak police force, limited reach of judicial infrastructure outside of the main cities and hefty legal fees (International Rescue Committee 2012: 13).

Although one can debate the usefulness of domestic violence legislation on the continent based on the assessment of Ortiz-Barreda and Vives Cases (2013), Giridhar (2012) points out that the very fact of legislation is useful. She argues that legislation in and of itself signals a government's disapproval of what was once conceptualized as a private problem. As Adomako Ampofo (2008:396) puts it, domestic violence legislation

"provide[s] unequivocal statements on what a nation considers as violence against its citizens, even in the so-called private sphere; they highlight that the state considers these infractions in the private sphere as worthy of intervention; and, most importantly, they point out that even in the most private of spaces – the home – all are equal citizens before the law (Adomako Ampofo, 2008:396)."

The singular act of passing a domestic violence law changes societal attitudes for the better even if implementation is weak. Using a statistical regression of data from Malawi, Giridhar (2012) shows that passing the law affects people's opinions. Once the law was passed, women were 30.77% less likely to be accepting of domestic violence and men were 6.7% less likely to approve of domestic violence (Giridhar, 2012: 37). She does acknowledge, however, that she was unable to separate the possible impact of other factors such as women's empowerment campaigns on these figures.

While there are 20 countries that have passed domestic violence laws on the continent, it is important to note that not all of them have gone ahead to put in place the modalities that would make it possible to implement these laws fully. In the West Africa sub-region, Chad and Ghana are good examples of countries that have passed the laws but not the decrees that would make the laws fully operational. Nonetheless, with the passage of laws across the continent over the last decade and a half, an increasing body of work seeks to assess not just the impact of the passage of the law, but also the nature of the services the laws make possible. Sardenberg (2011) makes the point that effective domestic legislation focuses on the three P's; the preventive, protective and punitive components of legislation. In the rest of this section, therefore, we focus on the assessment of these different dimensions of domestic violence legislation drawn from evidence-based research of a largely qualitative nature, the quality of which we assess in Annex V. Our goal is to analyse the effectiveness or otherwise of these laws both with respect to service implementation and the impact of these services on survivors. Preventive measures focus on potential perpetrators and are aimed at reducing the likelihood that potential perpetrators will act in a violent manner. These include educational campaigns that can be about the content of the domestic violence law and/or about alternative ways of resolving conflict in domestic situations. The campaigns can be developed for

use in communities or in schools. On the African continent, such programmes have been developed in Rwanda (Odhiambo & Omollo-Odhiambo, 2011) and Ghana (Ackatia-Armah & Darkwah, 2013).

The Gender Studies and Human Rights Documentation Centre developed the Ghanaian programme, known as the Nkyinkyim project. This programme had three components. The first was a community sensitization programme which discussed issues such as what constitutes violence against women, the causes and consequences of such behaviour, alternative ways of behaving to ensure harmonious families and communities at large, as well as the content of various laws enacted in Ghana to protect the rights of women. The second component of the programme was a gender-balanced Community-Based Anti-Violence Team (COMBAT) comprising traditional authority figures, religious leaders and members of the community who were provided with the requisite training to be able to intervene in potentially violent situations and to direct individuals in distress to the appropriate state agencies for redress. Finally, the relevant state agents such as officials working at the Domestic Violence Victims Support Unit (DOVVSU) and the Department of Social Welfare and the School Health Education Programme were provided with training to ensure that they fully understood the provisions contained in each law that protects women's rights in the country and could in turn sensitise others to avail themselves of the provisions of the law. After three years of implementation, Ackatia-Armah and Darkwah (2013), based on interviews in the communities and content analysis of quarterly reports of the project, noted that the number of violent incidents reported to authority figures had decreased and that couples described their relationships as much better than before.

The punitive components of domestic violence legislation are designed to discourage perpetrators from continuing with their violent behaviours. They focus on criminalising domestic violence. These include specialised courts or police units. Specialised courts are designed to fast track domestic violence cases. The aim is to reduce delays in prosecution and ultimately improve the conviction rates for perpetrators of domestic violence. Ghana has a specialised domestic violence court, but there are as yet no evaluations of its impact. Specialised police units are designed to serve mostly women and are staffed with mostly female police staff who provide specialised services to survivors of domestic violence, most of whom are women. The police personnel in these units receive complaints, provide support in accessing other services such as healthcare or financial and housing assistance, as well as assistance with initiating legal action. This approach has been adopted in Ghana, Sierra Leone, South Africa and Uganda.

Mitchell (2011) conducted a study of the specialised police unit set up in Ghana to address domestic violence issues, the Domestic Violence Victims Support Unit (DOVVSU). She interviewed 99 women and men who reported there and found that drop out rates were high; 70% of those who needed a medical report to proceed with their cases dropped the case. The lack of sufficient finances was a major reason for dropping the case. A second important finding was that the unit operated in an environment with major institutional constraints that made it impossible for officers to deliver impeccable services to survivors of domestic violence. Nonetheless, service users had a very positive perspective on both the process and the outcome. The majority concluded that they would advise their friends to take the same course of action they had if they also experienced domestic violence. This contradictory finding can be explained by the fact that both service providers and users had a different view of the goals of the specialised court. Contrary to international human rights principles and in keeping with the social ecological model of Heise (1998) and Jewkes (2002), the officials in this unit, working within the Ghanaian cultural context, often operated with a family values bias, seeking to provide the protection of the women and not the prosecution of the offenders. Service users also tended to be more comfortable with protection than prosecution. Mitchell (2011) notes that survivors of domestic violence were not particularly interested in their partners being punished; their interest was in the peace in their homes being restored. Respondents' expectations from officials at the specialised police unit as outlined in Box 1 are illustrative of this sentiment.

Box 1. Quotes from respondents on expectations of the specialized police unit

"Resolve the misunderstanding between my husband and I"

"Seriously warn the boy to stop harassing me"

"Convince my husband to stop beating me"

"Talk to my husband to stop abusing me"

"Settle the case so that we can live peacefully in the house"

"Influence my husband to pay to look after my children"

(Mitchell 2011: 26)

This helps to explain why service users had a positive outlook regarding the services in spite of the haphazard manner in which they were often delivered. They were not looking for police reports to be filed and passed on to judges to penalise their partners; they wanted an intervention that put the brakes on the violence in their homes and the DOVVSU officials played that role effectively even if it was only temporary.

Protective components of domestic violence legislation focus largely on survivors. The nature of the services available to survivors of domestic violence on the continent are quite varied. It ranges from one stop centres that offer a well coordinated multi-sectoral set of services in psycho-social and physical health services, legal services, accommodation as well as social support to ad hoc services such as health post interventions, hotlines and shelters in other parts of the continent. One stop centres are available in both countries that have domestic violence legislation such as South Africa, Malawi and Rwanda, and those that do not such as Morocco and Zambia. One stop centres are viewed as the most ideal system for dealing with domestic violence survivors because they prevent secondary victimisation and decrease rates of attrition.

One of the most well known of the one stop centres on the continent is the Isange one stop centre located in Rwanda which won the UN Public Service Award in June 2012. The centre was established in 2009 by the United Nations and the Rwandan government at the Kacyiru police hospital in Kigali on a pilot basis. The aim of the project was to offer survivors of gender based violence access to psychosocial, medical, police and legal services in one place on a 24/7 basis free of charge. Psycho-social support focuses on counselling to move from a place of victimhood to a survivor mentality. Medical services include access to emergency contraception, HIV prophylaxis and medication for the prevention of sexually transmitted infections. Police services include offering protection to survivors as well as collecting evidence in a professional manner for prosecution purposes, while legal services include pro-bono help with prosecuting perpetrators of domestic violence. Various government ministries including the Ministry of Family and Gender Promotion, the Ministry of Health and the Ministry of Justice are involved in this effort. This coordinated approach was adopted to prevent secondary victimisation of survivors as they go from place to place recounting their stories in search of support services. Another advantage to the one stop service model is that it reduces the number of steps one has to take to access justice and in so doing decreases the rate of attrition. In Bernath and Gahongayire's (2013) evaluation of the project, it was clear that users of the service were very appreciative of this approach. One mother noted:

"First the doctor examined her to ensure that she did not need urgent medical care. Then the social worker, doctor, and psychologist met with my daughter and me. They spent time playing with her so she would open up. After several sessions, I noticed a huge change in my daughter as she stopped talking about what happened to her and just became more quiet and calm. I have already told my neighbors and friends about the IOSC [the Isange One Stop Centre] and recommended that they come here in the event that something happens to them or their children (Bernath & Gahongayire, 2013: 25)."

The eight coordinated response centres in Zambia have also been evaluated quite positively. A staff worker in one of the centres noted:

"We are seeing a tremendous change in the people we have assisted. Talk to these survivors, you will see. They really are survivors. They are not victims anymore (Morel-Seytoux, 2010:29)."

While the research evidence available on one stop centres in Africa are largely positive, the research on the ad hoc services such as the legal, medical or psychosocial ones are not always so positive. Tumbewaze et al (2009) in writing about health services provided for survivors in one district in Western Uganda identified a litany of factors that made the experiences of survivors in these facilities largely negative. Due to a lack of staff devoted solely to the provision of care for survivors, these women had to join the long queues at the health facility to receive care. In receiving care, they also could not be guaranteed either privacy or the availability of the medicines they needed to safeguard their health. Similar work in Malawi assessing the relevance of health sector activities for survivors of domestic violence found that most potential users perceived the health sector as playing a very narrow role in supporting survivors of domestic violence. The health sector focused on attending to the physical health of survivors – providing treatment for wounds sustained in a violent encounter with an intimate partner, treatment of sexually transmitted infections, provision of prophylaxis to prevent HIV – and not the psychological health of survivors (Chepuka, 2013).

Another category of ad hoc protective service provision that has been the subject of scholarly interest on the continent is shelters. Shelters are designed to offer protection from the abuser which in turn prevents future abuse as well as an opportunity for rehabilitation. South Africa which has had a Domestic Violence Act since 1998 operates both one stop centres and shelters. While the Act requires the police to refer survivors to shelters, the Act is silent on whose statutory responsibility it is to establish these shelters. Civil society organisations have stepped in and contributed to the provision of shelters for survivors of domestic violence. Bhana et al (2012) in a study of the case files of five such shelters in one province in the country note that these shelters are poorly funded and are therefore unable to provide the women and children in their care with the required services. The women had a range of health needs including chronic ailments such as hypertension, and psychiatric ailments such as depression due to sexually transmitted infections, especially HIV, which were inadequately addressed. In addition, half of the women at the shelter had only high school diplomas and two-thirds were unemployed prior to entering the shelter. To be able to leave the shelter and survive on their own required help with accessing the labour market, a service that the shelters were also ill-equipped to provide. This study is based on an assessment of case files and therefore does not provide us with a sense of the extent to which the survivors themselves assessed the services offered to them as inadequate and/or whether for them the services were as important as the safety they felt at the shelters.

Other more qualitative work in South Africa allows researchers to gain greater insight into the views, perspectives and voices of survivors of domestic violence in the South African context. Wright et al (2007), who conducted in-depth interviews with four survivors of domestic violence, point out that the shelter provided women with

accommodation, food and especially social support. This they found crucial to help them move from a place of being victims to one of being survivors. For these four women, being at the shelter was positive because it offered them the opportunity to heal psychologically even if it did not equip them with the skills to lead economically independent lives outside the shelter.

As is evident in the analysis above, African states, in their efforts to respond to the pervasiveness of domestic violence on the continent, have adopted a range of institutional approaches including one stop centres, specialised police units, specialised courts, hospital services and shelters. Although there is a growing body of work that seeks to question the extent to which survivors find the various institutional programmes designed for them useful, much of this work has been done in the eastern and southern parts of the continent. Given that the programmes instituted across the continent are quite different in approach and scope, it is important to assess all the programmes that exist across the length and breadth of the continent to gain a more comprehensive understanding of their impact on survivors. The existing evidence-based research on shelters focuses on shelters in South Africa. In the review conducted by Ortiz-Barreda and Vives-Cases (2013), it is clear that South Africa's domestic violence legislation is less comprehensive than that of Ghana's, as it focuses primarily on the legal component of dealing with domestic violence and less on other aspects. Ghana in contrast has a law that focuses on both the legal and the medical components of dealing with domestic violence and thus should have better outcomes.

Therefore in this project we seek to contribute to the growing body of work that evaluates programming for survivors of domestic violence by investigating the extent to which Ghana, which has a more comprehensive domestic violence law than South Africa, provides a more positive experience for survivors.



Photo: [Mural of Women](#)
Credit: Elvert Barnes

SHELTERS IN THE CONTEXT OF GHANA'S DOMESTIC VIOLENCE BILL

Ghana's Domestic Violence Act covers legal and medical interventions (see also Ortiz-Barreda and Vives-Cases 2013, who have classified the Ghanaian Act as one which focuses on the justice sector as well as on social interventions). This features in eight out of the nineteen pages of the Act. In the domestic violence protection and support model in Ghana, the concept of shelters for domestic violence survivors does not occupy a central place. Shelters for survivors of domestic violence are specifically mentioned in one paragraph excerpted below,⁵ (Domestic Violence Act 2007:14), which gives details about a fund to be established by the Domestic Violence Act and administered by a Board known as the Victims of Domestic Violence Management Board. Funding for the shelters is expected to come from voluntary contributions as well as money approved by Parliament or the Minister of Finance. Since the passing of the Act in 2007, however, the fund has not been established and this explains the absence of state-run shelters in Ghana.

In the sections that follow, a description of the private-run shelter and the experiences and perceptions of the women domiciled there will be presented. First, based on the interviews with the shelter staff, we present general information about the shelter, its staff and funding sources; second, the clients'⁶ pre-shelter experiences will be presented and briefly discussed. This will be followed by an analysis of the clients' current experiences as well as post-shelter preparations and, finally, conclusions drawn and policy implications presented.

THE HELPERS' FOUNDATION: STAFF AND FUNDING SOURCES

The existing shelter for abused women constitutes a section of a non-governmental organization known as the Helpers' Foundation. It plays an important role in the current system, since it is the sole provider of shelter in Ghana for abused women. The organization provides general counselling services and other psycho-social support as well as skills training to clients. The shelter is available to those who may need it.

⁵ Quoted here is the section in the Act that concerns the fund:

There is established by this Act a Victims of Domestic Violence Support Fund.

The moneys of the Fund shall be applied:

- a. Towards the basic material support of victims of domestic violence
- b. For training the families of victims of domestic violence
- c. For any matter connected with the rescue, rehabilitation and reintegration of victims of domestic violence
- d. Towards the construction of reception shelters for victims of domestic violence in regions and districts, and
- e. For the training and capacity building of persons connected with the provision of shelter, rehabilitation and reintegration.

Services offered at the shelter

The Helpers' Foundation's shelter has a capacity to house up to 30 persons, including children. It provides clients with lodging, food, clothing, legal services, psychological counselling and therapy as well as medical care. It also assists its clients to access vocational and other educational training and covers all the costs associated with it. Children are placed in schools in its vicinity and the shelter offers day care services to clients' children who have not attained school-going age. The clients are encouraged to worship, mainly within the Christian religion. Psycho-social services are provided by a resident social worker who is also the caretaker of the shelter.

The shelter is located in a small town in one of Ghana's ten regions⁷. The facility is kept clean, and has a pleasant ambiance. It is housed in an old villa situated in a large walled and gated compound with rooms overlooking a grassed courtyard with a few flowering shrubs and shady trees in it. The children of the shelter use the courtyard as a playground, although a separate room that serves as a playroom also exists. Apart from the private rooms occupied by the clients, it has a dining room, a kitchen, a storeroom, an office, a library and washrooms.

Staff at the shelter

The shelter currently has five on-site staff. The caretaker is a 29-year-old trained social worker who holds a diploma in social work. There is also a 25-year-old housekeeper who holds a Senior High School Certificate and also has training in gender and advocacy. The nanny for the children who have not attained school-going age is 60-years-old. The services of these three key staff members are complemented with the work of two security staff who alternate in the provision of security services. The sixth staff member associated with the shelter is the manager who is located in the offices of the Helpers' Foundation in Accra and oversees the shelter's activities. She holds a professional certificate in social work and a diploma in public administration.

Funding of the shelter

The shelter receives funding from various sources. In the past its main funding was from international NGOs. During its first ten years of existence, it was run mainly through funding from the Dutch NGO Cordaid. The World Bank's reclassification of Ghana as a lower middle income country in 2010 resulted in a reduction in levels of development assistance to the country. As most gender-related development projects in Ghana are funded by international donors (Manuh 2007, and Sardenberg 2011), funding to the Helpers' Foundation was adversely affected. International funding to the shelter has now dwindled drastically. In fact in 2012 it almost closed down. Currently it depends on donations from individuals and groups in-country and the proceeds from a charity shop located in the foundation's offices in Accra. The diminished financial base of the shelter limits its supportive capacity; however, in the words of one of its clients, "the shelter does its best" (Afua, shelter client).

⁶ We are using clients instead of survivors because that is the term the Helper's Foundation uses.

⁷ The rules of the shelter as well as the ethical principle of anonymity do not allow us to divulge information about its exact location. The name of the foundation given is a pseudonym.

PROTECTION-SEEKING TRAJECTORIES OF THE CLIENTS

From the data, three main factors clearly characterize the pre-shelter experience of clients: their exposure to various forms of abuse, low levels of cooperation from family in their efforts to seek help and mixed reactions from the institutions charged with the responsibility of providing services to victims of domestic violence. These factors are examined more closely in the section that follows.

Exposure to various forms of abuse within the domestic or school setting

The clients' pre-shelter experiences follow similar trajectories. First is their regular exposure either at home or at school to various forms of abuse such as sexual abuse, verbal and psychological abuse including threats, insults, general cruelty and lack of financial support. Four out of six clients had been subjected to rape by close relatives such as fathers or stepfathers, and one had been regularly raped by her teacher. The two other clients at the shelter were there because their partners had raped their daughters.

Low levels of cooperation from family members in clients' attempts to seek help

Secondly, a common factor in all the narratives of the clients is the low level of cooperation from family members when they sought to resolve their problems. As theorised by Heise (1998) and Jewkes (2002), culture has implications for responses to domestic violence. In the context of Ghana, families were largely reticent in addressing domestic violence. In some cases, the clients perceived their predicament as part of larger structural family conflicts. Adwoa notes:

"I was staying with my mother and my stepfather, but the case seems to me to be one that was already an unresolved matter between my mother and my real father, and also between me and my stepfather. The fact is when I was with my mother, my stepfather said that if he pays for my upkeep and plays a father role with regard to me, I will not take care of him when I grow up. Besides that, he sometimes has sex with me even while I am sleeping. When I wake up I will be wet and when I tell my mother she will tell me not to let anyone know about it. She also said that I have no family and my stepfather is the only person who caters for me so I should not tell anyone else what is happening."

In Adwoa's case there was an unsuccessful attempt to resolve the matter within the family which worsened her situation.

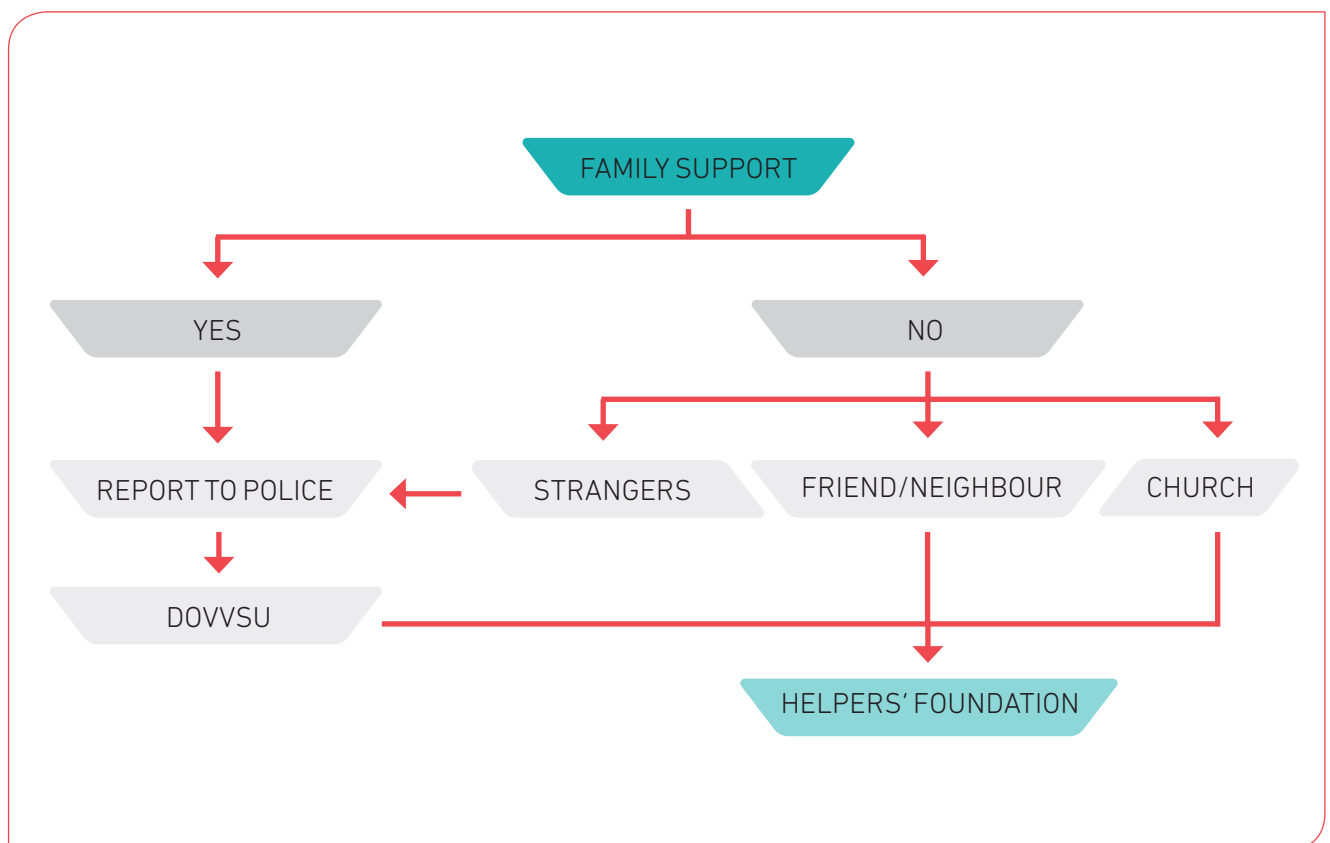
"It became a big case and my mother cursed me, saying I had let her down and so many other things. All the adult women in the family were mad at me. So they even abandoned me; my mother threw me out of the house and my father came to pick me up to go and stay with one of my aunts. My father never bothered about my welfare after he sent me there. There was not even a day when he paid me a visit to see how I was faring."

She eventually returned to her mother and became pregnant by her stepfather. During this time she was subjected to stigmatization and extreme cruelty. She practically lived under an orange tree. Out of desperation and anger at her situation, she attempted to burn down her mother and stepfather's home. Her parents then sent her to a prayer camp in a community far from her village. An acquaintance advised her to talk to a pastor in her church who had links with the Helpers Foundation and eventually she was sent there.

The stepmother of Yaa, another client, moved out of her marital home due to constant conflicts with her husband. Yaa was left to stay with her father and her stepbrother and was subjected to sexual abuse by her father. In Yaa's case her grandmother and stepmother were helpful. They referred the case to the police and her father was arrested. Her uncles pressurised her to withdraw the case and have threatened to kill her if she does not attempt to have her father released. She was referred to the shelter by the police.

As outlined above, clients did not seek redress from the police directly. As shown in figure 2, they needed intermediaries to make this possible. The first port of call for clients who faced abuse was family. If family were supportive of clients, they would assist them to seek redress from the police. If not, the clients had to rely on non-family members such as friends, neighbours, church members or sometimes complete strangers for assistance.

Figure 1. Steps to seeking redress from the Police.



Mixed reactions from officials in state institutions

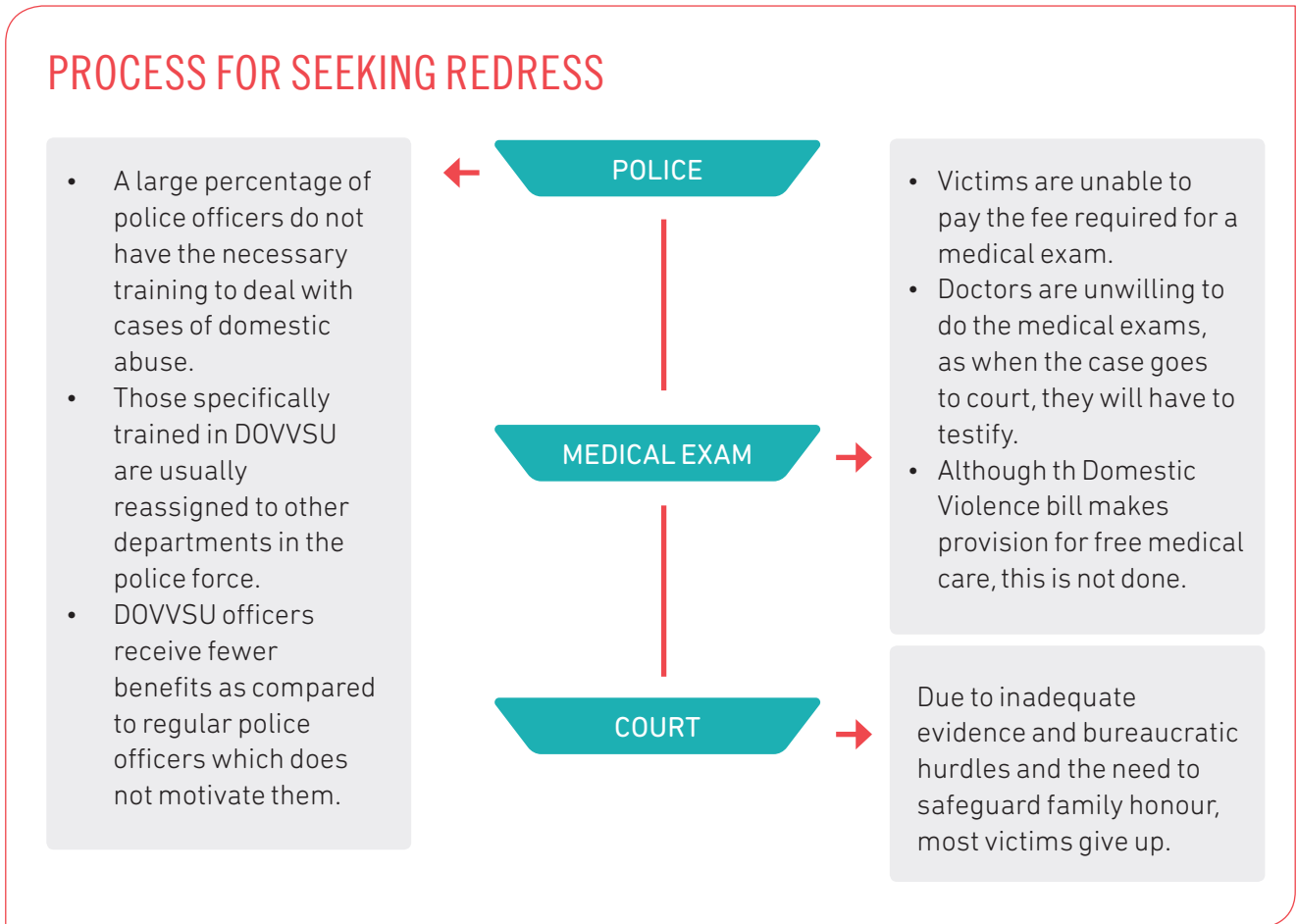
Third, not all clients experience cooperation and support from the various state institutions they approach for redress. Under the Act, a survivor of domestic violence who reports to the police should be assisted to obtain medical treatment, which will be given free of charge. In reality survivors who seek medical treatment through the police have to pay the medical bills, and the police are not always supportive. Abena's experience is a case in point. Abena was subjected to physical and verbal abuse from her partner, who also regularly abused his daughters sexually. Several attempts to resolve the problem within the family failed. Even her parents sent her back to the abusive partner whenever she attempted to leave. When she reported her partner's sexual abuse of his daughters to the police, she was repeatedly told to 'exercise patience' because she would have to be away from home before a thorough investigation could be done. She had to pay all her daughters' medical expenses that resulted from the sexual abuse by their father. Eventually the conflict escalated when she confronted her partner about his actions. He threatened her with a knife and a hammer and she fled to a neighbour with her children. With the neighbour, she returned to the police station. She could not be helped, and it was the neighbour who gave her a telephone number for the Helpers' Foundation. Abena insists that she wants her partner to face the law. In spite of the fact that the Shelter is currently supporting her to follow up on the case, police cooperation on her case is poor.

"When we went to arrest the man, they granted him bail. They told us that incest was bailable so they had to grant him bail for us to go to court. Even with the court, they did not want us to go there. And the police personnel were as well now confusing me. They would ask me if I really am sure the man did such a thing ...After the third hearing of the case in court, the prosecutor did not call back ...When I went to the police station to follow up on the case, I was directed to the prosecutor who in turn directed me to a different person with an excuse that she had forwarded the case to another person."

Abena suspects that her partner might have bribed the police and she is not in the financial position to do the same. Her only option is to wait until the right prosecutor is found. There have been three prosecutors on her case so far. Staff at the shelter also alluded to the poor services rendered by the officials mandated to implement the Act. Adjeley notes, "Some of the people who are mandated to execute the various components of the Domestic Violence Act do not even know about the content of the Act." In response, one civil society organisation, Women in Law and Development in Africa (WILDAF) produced a simplified version of the Act. Nonetheless, problems persist.

The various impediments that clients face at the various state institutions they approach for help with their cases is depicted in Figure 3. With particular reference to the police, part of the reason for their behaviour might also be the fact that they are more interested in protecting the victim than in prosecuting the perpetrator (Mitchell, 2011).

Figure 2. Figure showing the impediments in the of clients at various state institutions charged with the duty of serving victims of domestic violence

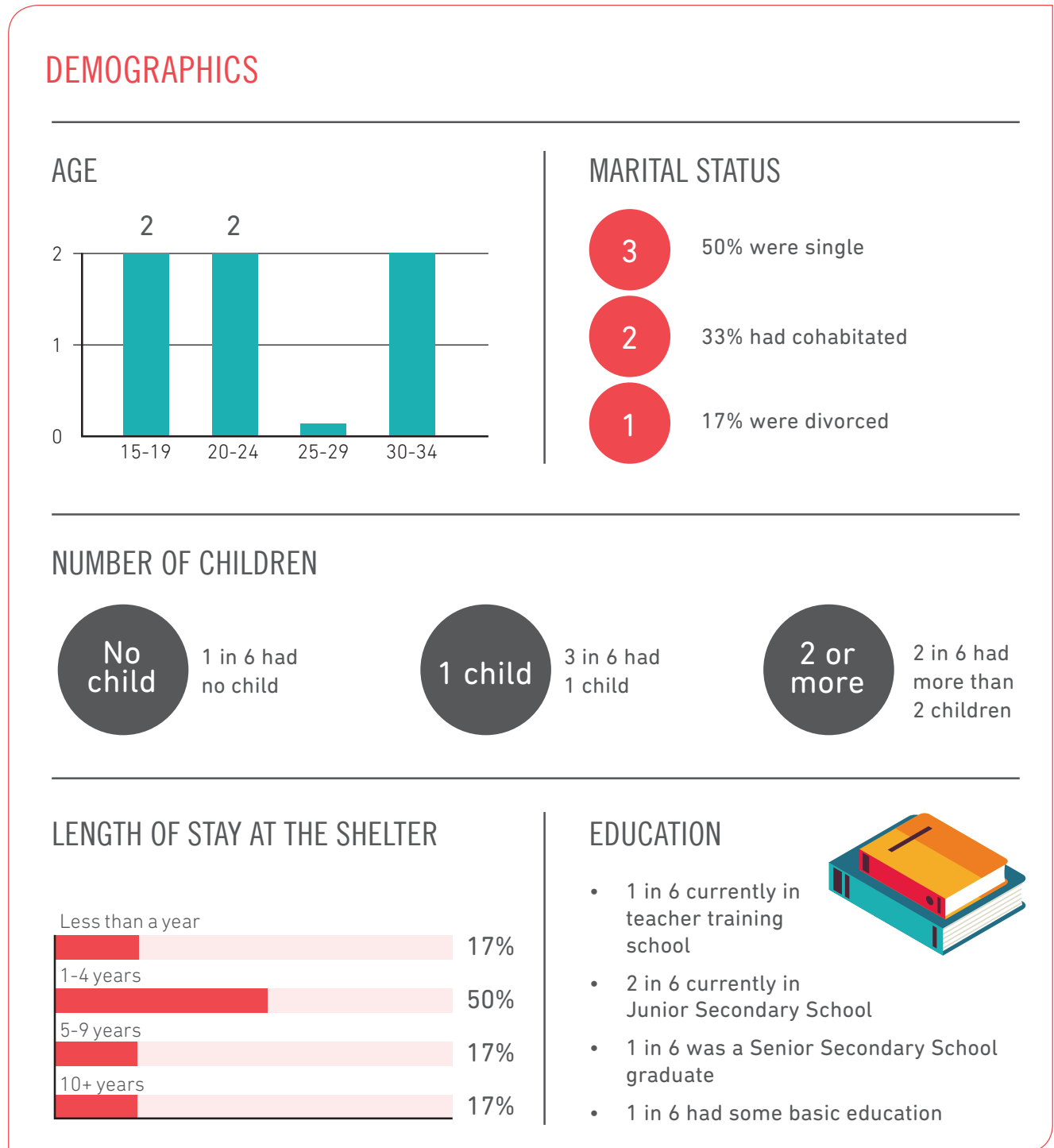


WOMEN AT THE SHELTER AND THEIR EXPERIENCES OF VIOLENCE

As shown in Figure 4, the ages of clients at the shelter ranged from 17 to 32, although three out of the six clients interviewed entered the shelter while they were still teenagers. Most clients had experienced a combination of different forms of abuse: sexual, physical, emotional, with threats of violence; and psychological with the threat of withdrawal of financial and material support. For one client, the partner abused her emotionally and abused their children sexually. At the time the research was conducted, all the women in the shelter were there due to incest cases. Consistent with the literature (Green, 2012; Lempert, 1996), many women in abusive relationships would often not seek help but would rather develop adaptive strategies of resistance and acquiescence to the abusers’ controls until they are unable to bear the situation any longer. In the context of the shelter in Ghana, it

seems to be that the point at which women are no longer willing to tolerate abuse is when the abuse is sexual and the perpetrator is a family member. None of the clients interviewed was married. Two of them were cohabiting with their partners before they went into the shelter. The clients had lived in the shelter for a period ranging from ten months to more than ten years.

Figure 3: Socio-demographic characteristics of clients



Daily routine at the shelter

There is a daily routine that clients at the shelter follow. They wake up at 6am, do a Bible study for 30 minutes and have breakfast after which those who attend school will get ready for school while the others do some chores at the shelter. Clients rotate to cook and do other chores in the shelter so whoever's turn it was to do a chore would do it while the others would go to their rooms and rest for a while. Then they prepare and have lunch, watch some TV, prepare and have dinner together. The nanny bathes and prepares the children for bed and the rest either watch some TV or retire to their rooms to study. There is a compulsory "lights out" time at 9pm, when everybody has to go to bed.

Clients' experiences at the shelter

Clients' experiences at the shelter are quite similar, although each one interprets their experiences based on their protection-seeking trajectories and the activity they are engaged in at the shelter.

For those clients who felt rejected by family, they were grateful for every service the shelter provided and thought of the shelter as a place of refuge where they and their children found safety and peace, could heal and ultimately make decisions about a violence free future (Few, 2005). In Ghana, the extended family system continues to serve the primary responsibility of providing for the welfare of its members. It is a self-sufficient unit that caters for the requirements of its members in food, shelter, social education and insurance against sickness, including protecting them from domestic violence (Nukunya, 2003). When this system fails to provide the needed protection, the members are left with very few options in terms of social safety nets. As has been noted for shelter interviewees in the South African context (Wright et al 2007), the shelter becomes the main support system without which the clients would not have hope of surviving the abuse. In the words of Abena who had left the shelter, they were "one big family" in the shelter. As she put it:

"I will say that this place was very good. Aunty [social worker] was like a sister or a mother to me. I could go to her any time I had a difficulty and she would listen to me and also advise me. With the other clients too, we all lived here in peace. Did you see how excited everybody got when I arrived? We are all like one big family here."

Other clients expressed similar sentiments about both shelter staff and residents of the shelter, referring to one another as aunty, grandma or sister. Residents are not allowed to share their personal experiences with one another, but they have a general sense that they share a common experience which is what binds them together at the shelter. Like any family, petty quarrels and misunderstandings arise from time to time, usually over chores or something of the sort, but they are able to resolve them amongst themselves without the intervention of the shelter manager or social worker. At other times too, the social worker steps in to resolve issues and encourages them to live cordially.

The clients reported a sense of safety and protection at the shelter, knowing that their abusers had no way of locating them. Ama said:

"Before I came here, I always lived in fear because different people had sexually abused me, but over here, I don't have any of those fears. I know that I am safe here, nobody can do any of those things to me anymore."



Photo: [Woman with daughter in a hospital](#)

Credit: Dominic Chavez/World Bank

Clients at the shelter are provided with all their needs – food, clothing and healthcare – as well as counselling services. Most clients find the shelter far more comfortable than where they lived prior to coming to the shelter. Ekuia lived in a wooden shack with her partner and children, while another was made to sleep under an orange tree. She had this to say:

“Coming here has been more than a relief. I can do everything. At my mum’s place when I needed something and I went to her, she would drive me away, and insult me. She would shout at me, so when I needed something, I didn’t go to her. I also slept under an orange tree in the compound. Even when it rained, I stayed outside in the rain. But ever since I came here when I need something, I just ask for it and they give it to me; besides I sleep in a room and on a mattress too.”

On days that a client has to go to court, staff at the shelter, primarily the social worker, goes with her to provide moral support and also to ensure that the women are able to go through the process successfully. The clients find this extremely useful because in their interactions with the police and courts prior to the shelter, they generally find that their low socio-economic status makes them prone to patronising remarks and bullying on the part of the staff of these institutions. Wealthier clients tend to be more empowered to navigate their way through their abuse cases.

In an interview with the Manager of the Helpers’ Foundation, Naa Koshie, who has worked there for ten years and seen about 600 cases through, she confirmed that the shelter has had only about two or three women from high-income groups. She stated:

"For most of them they are able to find friends or families. Sometimes they even rent a new place and move in. But only a few have had to move into shelter because they needed to work. We've had two or three who had to take their annual leave so they could move into shelter."

The poorer clients were therefore quite appreciative of the services they were receiving from the shelter, especially being escorted to the courts and to the hospital.

Clients' misgivings about the shelter

Although clients were generally appreciative of the services the shelter offered, they had two major misgivings about the shelter's operations; the loss of family ties and the inability to work.

Loss of family ties

Some clients expressed worry that their family members did not know of their whereabouts. They felt their stay at the shelter broke their ties with family and further alienated them from the few family members who still cared about their wellbeing and would have wanted to stay in touch with them. The shelter has a policy of not allowing residents to contact anybody outside the shelter in order not to divulge the location of the shelter. Ekuia indicated:

"None of my family members know where I am. Sometimes when I think about the fact that some of my family members are wondering about my whereabouts, I feel sad, but I also know that it's for my own safety so I use that to console myself."

This disconnect between clients and their extended families stems from the nature of the Ghana Domestic Violence Act. This Act has broad definitions of both i) the types of domestic violence (including economic violence for example) and ii) those who experience domestic violence (including domestic workers and men). However, the approaches used to address domestic violence are not as broad. Once an individual reports having experienced domestic violence, the Act uses a human rights/individualistic approach to dealing with the client that ignores the implications for a client's relationship with her extended family. When a family member sexually abuses another, perpetrators and survivors come from the same family which in a communitarian context puts family members in the conflictive position of having to side with one family member. In addition, they have to contend with their inability to safeguard the honour of their family name. As Boakye (2009) has noted, there is a 'collective shame' problem associated with disclosure of child sexual abuse, especially by a relative. The individualistic approach adopted in the Domestic Violence bill makes families particularly defensive because it publicizes the dishonour of families. As Afua put it, "my family said I have committed an abomination." Her crime was to have reported her father for having sexually abused her.

Economic dependence

For Ghanaian women, work is a crucial part of their identity (Darkwah, 2007) and few women would choose not to work. Ekuia therefore was quite unhappy that the shelter prohibited the women from working. She wanted to work while at the shelter so that she could be economically independent. She was not comfortable with the idea of having to rely on others for all her needs. As she put it:

"The only thing I don't like about this place is that I am unable to work. They don't allow us to go out, and that makes me very uncomfortable, because it makes me feel as if somebody else is living my life for me. I don't like the fact that every time I need something I have to ask for it. If I was working, I could buy the things I need for myself and the children. Now I feel like I'm burdening them too much. They are already providing accommodation and food, then I also have to go to them and ask for everything else, it's just too much."

While Ekuia's concerns are legitimate, particularly in a Ghanaian context, her complaint does not consider the role of a shelter which is to provide the space to work out one's future strategies for living while ensuring one's safety. In effect then, a shelter really has to keep tabs on the movement of its clients. In the Ghanaian context though we concede that this is a conundrum heightened by the fact that clients stay at the shelter for very long periods at a time. Given this situation, it is important that the shelter considers ways of marrying the features of a shelter with the cultural expectations of work for women.

There were no reports from the clients about dissatisfaction with the attitudes of the shelter staff. Clients indicated that shelter staff were respectful, friendly and receptive at all times. Abena had this to say about the social worker at the shelter:

"To tell you the truth, the social worker is like a sister and a mother to me. She was everything I needed at the time. I used to be troubled by the case a lot but she was always there for me. She would advise me to pray and even introduced me to a pastor to also pray with me."

POST-SHELTER PREPARATIONS

As the critical social ecological approach makes clear, being able to live an economically independent life free of abuse after leaving the shelter depends on both individual and structural factors. The individual in question needs to have a certain attitude towards her post-shelter preparations; she needs to be pro-active in determining her next steps. In addition, she requires the support of others in the community, in this case the shelter. In the section that follows, we discuss the preparations that clients and shelter staff made towards the successful re-entry of clients into the larger society.

Individual Dispositions towards post-shelter life

Interacting with the clients and observing them at the shelter, it was evident that the ability to project when one would be able to leave shelter was dependent on the age at which one entered the shelter and also on whether one was enrolled in school or not. The clients who were enrolled in school had higher aspirations than those who were not in school. Although the shelter was a good refuge for them, long stays at the shelter without outside contact produced a sort of cabin fever where residents became withdrawn and more dependent on direction from the shelter staff in terms of preparation for life beyond the shelter. Ekuia for example could not tell when she would be able to leave the shelter. She said she would leave "whenever the shelter staff ask me to go". Those who had contact with the outside world were quite different. Afua, Adwoa and Ama are in school, while Yaa has learned a trade. When asked about preparations to leave the shelter, they were positive that they would be able to leave when they start earning an income. They believed at that point that they would be able to provide for themselves and their children, if they had any, and live independent lives without fear of abuse.

Preparation towards Economic independence

As has been discussed above, the clients had neither much of an education nor basic vocational skills. The shelter staff, apart from seeing to their psychosocial needs, therefore had to provide the clients with the requisite skills that would ensure that they could live independently economic lives. This is reflective of Jewkes' (2002) critical social ecology approach which takes into account structural factors such as economic inequalities which often underlie domestic violence. Providing clients with training opportunities empowers them to alter their economic circumstances. Yaa indicated:

"Whenever anyone comes to stay here, the shelter staff first ask her what she wants to do; either she wants to continue her education or learn a trade."

Those who are still of school-going age are encouraged to go back to school, while those above school-going age are assisted to learn a trade as illustrated in Box 2.

We must note, however, that there did not seem to be much of an urgency in ensuring that clients left the shelter. The exit plan that existed was flexible and executed loosely. There were no hard and fast rules as to how long a client could stay in a shelter. This probably had to do largely with the fact as already mentioned that clients had basically lost all extended family support and therefore had to fend for themselves alone in a context where communalism is pervasive. To exit the shelter meant losing the only social support system available to them. Clients' dependence on the shelter was evident in the words of Yaa who noted, "I will leave when they say I should leave." Clearly, Yaa was not going to take the first step in getting herself out of the shelter. To get out of the shelter required both economic and psycho-social support. However, the exit plans at the shelter focused on ensuring the economic survival of clients; it could not guarantee their psycho-social survival.

Box 2. Case studies of post-shelter preparations

When Ama arrived at the shelter age 15, she was six months pregnant and had nowhere to go. Her mother had attempted to abort the baby by giving her some medications to take and when that did not work, she threw Ama out of the house. At the shelter Ama received ante-natal care until she gave birth. The needs of both mother and child were taken care of until the child was 18 months old. The shelter manager then asked her what she wanted to do with herself and she indicated that she wanted to go back to school. To free her up from caring for the child, the services of a resident nanny were employed and Ama was enrolled in school when the baby turned two-years-old. She is quite happy to be in school and has been enjoying her classes. Ama aspires to become a social worker or a lawyer in future. A poignant question she asked during interviewing was:

"Sometimes I ask myself, how I will get to do the kind of work you do? That's the question I ask myself sometimes, like social work and what the shelter manager does."

Adwoa was also enrolled in school after her baby turned two-years-old. She is in the same class as Ama and wants to become a policewoman in future. Yaa had learnt hairdressing as well as baking. The shelter was going to help her find a place as well as provide seed money for her business. Abena also learned how to make soap and she has been given seed money to sell processed fish at a market close to the shelter.

In the case of Ekua, she has ambitions of becoming a singer and was pursuing the dream of having her songs recorded before she arrived at the shelter. She intimated that she had lost her inspiration to sing while she was living with her partner but after arriving at the shelter, she is getting re-inspired. The shelter social worker has therefore introduced her to a singer in the region who she assists as a back-up singer. They have hopes of releasing an album soon.



Photo: [Women walking in the street \(Mali\)](#)
Credit: Vincent Tremeau/Oxfam

MAIN FINDINGS

There are four main sets of findings in this report. The first set focuses on the experiences of survivors before they entered the shelter, the second discusses experiences with protective services in general, the third summarises the literature on experiences at shelters while the last set of findings focuses on preparations for post-shelter life.

Pre-shelter experiences

The experiences of clients before they entered the shelter are comparable. They all had experienced different types of abuse which they tried to resolve at the family level. When their families were unable to resolve the problem, they moved up one level to consult friends, neighbours, churches or the police. Reporting to the police and seeking redress through the courts are often the least popular options because they are likely to be tedious and expensive as well as a public affirmation of a family's dishonour. In all cases the clients were driven to reporting to these institutions when they felt that the violence meted out to them or their children was unacceptable. This was often when they experienced sexual violence. Disclosing incest in particular was considered unacceptable

and shameful, and clients who did so experienced rejection from their families and stigmatisation by the larger community. All the clients we interviewed had been rejected in some way by their relatives. In a communalistic society such as ours, such rejection is a heavy psychological burden to bear. Traumatic rejection by their families - which all clients had to face - is an ironic effect of the protection and support that the Domestic Violence Act is supposed to give victims and survivors. In giving focus to the rights of the individual, the Act's protection and support process alienates the survivor from her family network if she ends up in shelter.

A second key point about pre-shelter experiences is the generally poor manner in which clients who reported to the police and/or courts were treated. The internalization of cultural values about the preservation of family honour influences the protection-seeking behaviour of the clients as well as service providers such as the police and court staff, who in the Domestic Violence Act are assigned a key role in giving protection and support to victims and survivors. It took clients a very long time to make the decision to report to the police and courts. When they did, however, they were generally of the opinion that duty bearers were unsupportive and difficult.

The ambivalent attitude of the police towards the clients could also be linked to their low economic status. Clients with little money and low levels of education were more likely to be bullied and disrespected by service providers who do not understand the special needs of domestic violence clients.

Clearly then, the factors that underlie the protection-seeking trajectory of clients prior to their entry into the shelter are complex. They are based on individual factors, economic and social vulnerability as well as socio-cultural norms that permeate the environment and affect the manner in which the Domestic Violence Act is interpreted.

Experiences with protective services broadly defined

In general, the literature that exists on protective services on the continent presents a mixed bag of experiences. There are a number of qualitative evaluations of various programmes on the continent. This includes a one stop centre in Rwanda (Bernath and Gahongayire 2013), eight coordinated response centres in Zambia (Morel-Seytroux 2010), health service provision for survivors in Western Uganda (Tumbewaze et al 2009) as well as in Malawi (Chepuka 2013). The evaluations of the one stop centre and the coordinated response centres were largely positive. Clients at these centres were satisfied with the quality of the care they received both in terms of the services as well as the staff interactions with them. There was not a sense that clients were re-victimised in their interactions with service providers. Health service provision was largely described in a negative fashion. There was a sense that service provision was limited to addressing physical health needs only and in addition, the health care centres did not have priority services for survivors of domestic violence.

Experiences at the shelters

Very little work exists on experiences at shelters on the African continent. Based on what does exist, it is difficult to determine whether or not women who visit shelters find it to be a positive experience. While Bhana et al (2012) who worked in South Africa argued that the lack of funding made it difficult for the shelter staff to provide all the needs of the clients, the work of Wright et al (2007) in the same context suggests that the clients find the experience to be positive. Our findings mirror both studies to a large degree. While the shelter lacked the funding to provide the clients with all their needs, especially the financial packages to start their lives independent of the centre, the clients nonetheless had a very positive experience at the shelter. First, it served as a place of refuge free of judgment which was liberating given how much opprobrium they had endured at the hands of family and the larger community. At the shelter, clients were also given an opportunity to reinvent themselves by either going to school or learning a trade that would make it possible for them to live an economically independent life free of abuse.

Preparations towards life after the shelter

Both the clients and the shelter staff had to work together to ensure that the clients made adequate preparations towards life after the shelter. The clients had to take the first step of deciding exactly what it was that they wanted to do with their lives. The first option they were offered was education if they were of school-going age or skills training if otherwise. Once the clients had made the decision, the shelter provided adequate support to ensure that their dreams came true; child care services were provided for all mothers and funding provided to those who required seed capital to set up their businesses.

CONCLUSION

The Helpers' Foundation, in addition to being the only shelter in the country is also grossly under-funded. Despite the challenges, however, the shelter ensures that those who come into their care have a positive experience that helps turn them into survivors able to go out and live economically independent lives free of abuse.

The shelter mediates between clients and the various state institutions mandated to provide services to survivors of domestic violence such as the police, the courts and the health care centres. In a country where there is no one stop option as exists elsewhere in Africa such as Rwanda (Bernath and Gahongayire 2013) and where service providers are not always careful not to revictimise survivors of domestic violence, this is an essential service for survivors.

The shelter process also aims at empowering clients to take control of their lives. Soon after their arrival at the shelter, post-shelter plans are put in motion. The shelter gives each client the right to determine what course of action they would like to take in terms of what courses or trades to pursue. Clients of schoolgoing age are strongly encouraged to pursue an education and those past school going age take on vocations of their choice. Once the clients make their choices with respect to what kind of education they want, the shelter staff provide them with child care services as well as the finances to make it possible for them to be educated.

Finally, the shelter replaces family networks for some clients. In a communitarian context such as ours, this is a complicated issue because families serve as a social safety net and a strong source of emotional support for the most part. Clients who are able to get into regular employment may be in a better position to handle this because of their lower need for financial support from family members. The emotional ties, nonetheless, are not easily broken.

This analysis of Ghana provides insight into the nature of protective service models on the African continent and adds to the limited body of work which hitherto was heavily focused on the Southern African context. Rwanda has a one stop centre (Bernath and Gahongayire 2013) and South Africa (Wright et al. 2007) utilises both the one stop centres and shelters. Our study, like those conducted in both Rwanda and South Africa, points out that women generally have a very positive experience at these sites. However, our study raises the issue of the significance of the socio-cultural context and its importance in developing culturally appropriate protection models.

In the Ghanaian context for example, it is crucial to address the contradiction between the need for privacy in shelters as currently constructed and the need for access to the public for employment purposes in order for shelters to fully address the needs of women for whom work is a crucial part of their identity. Given our largely communitarian environments, this suggests the need for a questioning of existing protection models across the continent to assess their cultural appropriateness in order to improve service provision.

RECOMMENDATIONS

Given these findings, we recommend the following:

Scaling up services. The lack of a network of shelters in the country that can scale up services makes it difficult to meet the real needs of survivors of domestic violence. The study shows that shelters like the Helpers' Foundation have an important role to play, and that creating more of such shelters (with both public and private funding) would be a significant step towards improving services for survivors.

Sensitisation Programs. The heavy burden of disapproval that clients endure for having reported cases of incest needs to be broken. To this end, there should be several educational programmes implemented at different levels such as in schools, workplaces, places of worship, markets, via both radio and television, that seek to change attitudes towards the responses to domestic violence, especially sexual abuse. The damaging effects of abuse should be reiterated and the general public made to appreciate the importance of punishing perpetrators without stigmatising survivors of abuse. In addition, these sensitisation efforts should highlight the nature of services available to survivors of incest to help in their healing.

Education of frontline staff. Given the secondary victimisation that survivors endured at the hands of police personnel, all duty bearers who are likely to come into contact with survivors of domestic violence, especially staff at health posts, police stations and courts, need to undergo continuous training. The training should include the contents of the domestic violence law, the special needs of domestic violence survivors and the importance of ensuring that they do not experience secondary victimisation at the hands of staff of the various institutions that they approach for redress.

Information dissemination about the shelter. Considering the fact that none of the clients at the shelter knew about the shelter prior to accessing its services, it is important that the shelter embark on a media campaign to publicise its services, hotline numbers, as well as provide contact information for the general public. Private radio stations in particular could be approached to offer this information for free as a public service announcement.

Exit plans at the shelter. The relatively long periods of time that clients spend at the shelter produces a dependence of clients on the shelter which contravenes the shelter's desire to empower the clients to be independent of them. Breaking this cycle requires that the shelter develop a more rigid exit plan for each client that is time-bound. The shelter staff would then work systematically with each client on a regular basis to ensure that she could exit the shelter at the stipulated time. There should be a two-pronged approach to this; one that focuses on the economic survival of the client and another that focuses on the psycho-social survival of the client. To ensure the latter, we recommend that the Helpers' Foundation institute a mechanism for ensuring that shelter clients maintain a relationship with each other as well as the Foundation even after they physically depart the shelter. This would provide the clients with the much needed psycho-social support that they lack having lost ties with their extended families.

Activism around domestic violence. In November each year, civil society organisations across the sub-region participate in global events to mark 16 days of activism against gender violence. We recommend that for the upcoming year, the theme for the African continent should focus on the provision of shelters and the accompanying policy directives that would make it possible for these shelters to provide women with the requisite services that they need. Each country would then take up this theme to focus on nationwide efforts to make the continental objective a reality.

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ANNEX I: INTERVIEW GUIDE FOR SHELTER STAFF

General Background

- Age
- Sex
- Training
- Position and role in the shelter

Role and position

- How long have you been involved in domestic violence work?
- What is the training that you have?
- What is your assessment of the domestic violence law? (Probe negative, positive, and shortcomings)
- What do you think is protection? Why do women need to be protected? What kind of support? What do you think the future should look like?

Process of seeking protection services

- What process does a victim/survivor go through in order to get protection when facing an event of domestic violence?
- From your experience, do you know/are you aware of any obstacles that victims have faced when seeking for protection?

Shelter management and challenges

- Kindly mention some challenges you have faced in your day to day work?
- From your experience, what impact does the shelter have in addressing domestic violence? Probe personal role, and satisfaction with the impact.
- What are the protocols that you follow in your work?

Trends

- Have you observed any particular trends in the use of the shelter by women?
(Probe particular time when women are coming)
- (Probe particular types of violence suffered by women)
- (Probe social, economic characteristics)

Shelter and characteristics of women who are there

- Number of staff? Capacity to receive women? Time of existence? Type of violence most detected? Age of women? Status of women?
- Has the running of the shelter changed in any way since the time it is established? If yes, could you explain?
- How is it funded? Is it adequate? Can it be improved?
- What services are provided in the shelter for victims?
- How do you think the women in the shelter perceive the services provided?
- How do you think the work can be improved?
- Is there anything else you want to share with/ask us?

ANNEX II: INTERVIEW GUIDE FOR SURVIVORS OF DOMESTIC VIOLENCE

Demographics

- Age:
- Marital Status:
- Length of time in relationship:
- Religion:
- Number of children if any:
- Ages of children:
- Location of children:

1. How long have you been here?
2. What brought you here? (Probe types of violence)
3. Did you go somewhere else before (probe family, friends, church/mosque, the police, UAVI, the Justice Centre for Women etc)? For each, probe
 - when was it
 - why they went there
 - what was the response
 - how satisfied they were with the type of response they got from there
 - time lag between first place of recourse and second/third/fourth
 - why the move to the next place (probe personal decision: counselling from others and who, escalation of problem etc)
4. Why did you eventually come to the shelter?
 - probe if they knew of it before and how they found out about the shelter. If they knew, why they didn't choose it as first option. If it was because of dissatisfaction with other options
5. What do you do during the day at this shelter?
 - probe group versus individual activities,
 - probe how much choice/freedom they have in what they do during the day,
 - probe what they do with their free time if they have any)?
6. Describe the attitude of staff towards you
 - probe negative or positive

7. What kinds of services have you been provided here?
 - probe differences between you and other women, and why
8. To what extent have you found each of these services useful? (then versus now for ex shelter respondents)
9. What other kinds of services would you like?
10. What is the impact of living in the shelter for you as a person?
 - Probe physical, emotional, sexual feelings
 - Probe changes in visions and aspirations
11. What is the impact of your decision of coming to the shelter on your relationships?
 - probe friends and family's reactions (hostility versus support)?
 - children for those who have them
12. What do you think will happen when you leave the shelter?
13. When do you hope to get out of the shelter?
14. What kinds of things do you think need to be in place for you to feel ready to leave?
 - probe sense of control or otherwise about these
15. If anybody else was in your situation, what would you tell her to do and why?
16. Thank you very much for time, is there anything you want to ask us?

ANNEX III: ETHICAL CLEARANCE FORM



UNIVERSITY OF GHANA ETHICS COMMITTEE FOR THE HUMANITIES (ECH)

P. O. Box LG 74, Legon, Accra, Ghana

My Ref. No.....

17th March, 2015

Dr. Akosua Darkwah
Centre for Gender Studies
University of Ghana
Legon

Dear Dr. Darkwah,

ECH 047/14-15: BEYOND DOMESTIC VIOLENCE BILLS: WHAT ELSE MAKES RESPONSES TO DOMESTIC VIOLENCE EFFECTIVE

This is to advise you that the above reference study has been presented to the Ethics Committee for the Humanities for a full board review and the following actions taken subject to the conditions and explanation provided below:

Expiry Date:	3/03/16
On Agenda for:	Initial Submission
Date of Submission::	18/02/15
ECH Action:	Approved
Reporting:	Bi-Annually



Please accept my congratulations.

Yours Sincerely,

A handwritten signature in blue ink, appearing to be "J. O. Y. Mante".

Rev. Prof. J. O. Y. Mante
ECH Chair

ANNEX IV: LIST OF AFRICAN COUNTRIES WITH DOMESTIC VIOLENCE LEGISLATION AND THE YEAR OF ENACTMENT

XC

• Angola	2011
• Botswana	2008
• Cape Verde	2004
• Central African Republic	2006
• Chad	2002
• Egypt, Arab Rep.	1998
• Ghana	2007
• Madagascar	2000
• Malawi	2006
• Mauritius	1997 with amendments in 2004 and 2007
• Mozambique	2009
• Namibia	2003
• Rwanda	2008
• Sao Tome & Principe	2008
• Senegal	1999
• Seychelles	2000
• Sierra Leone	2007
• South Africa	1998
• Tunisia	1993
• Uganda	2009
• Zimbabwe	2006

Sources: Giridhar 2012; Ortiz-Barreda and Vives Cases 2013

ANNEX V: ASSESSMENT OF THE QUALITY OF RESEARCH EVIDENCE

Authors	Type of Research	Methods	Quality
Ackatia-Armah and Darkwah 2013	Primary research	Observational, qualitative	High
Bernath and Gahongayire 2013	Primary research	Observational, mixed but largely qualitative	High
Bhana et al 2012	Primary research	Observational, content analysis of case files	Medium
Chepaka 2013	Primary research	Observational, multiple qualitative methods	High
Mitchell 2012	Primary research	Observational, qualitative	High
Morel-Seytoux 2010	Primary research	Observational, qualitative	High
Tumbewaze et al 2009	Primary research	Observational, qualitative	High
Wright et al 2007	Primary research	Observational, qualitative	Medium