

Guest editorial

Domestic violence in Ghana

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On 2 June 2010, the Ghana News Agency (www.ghanaweb.com) reported the Chief Superintendent of Police and National Coordinator of the Domestic Violence and Victims Support Unit (DOVVSU, formerly the Women and Juvenile Unit, WAJU) as saying that Ghana had recorded about 109 784 cases of violence against women and children between 1999 and May 2010. These staggering figures suggest the high levels of violence inflicted on women and children, despite various efforts being made by national and international stakeholders to reduce and if possible eradicate such behaviour. Initiatives taken by groups and individuals committed to curbing this menacing behaviour began as far back as 1997 as a consequence of a national study that assessed the prevalence, patterns and responses to gender violence (Coker-Appiah and Cusack, 1999). The research was undertaken by a partnership of non-government organisations (NGOs) led by the Gender Studies and Human Rights Documentation Centre. One of the key findings of the study was that one in three of the women and girls studied had suffered some form of physical, psychological or emotional abuse. The publication of this evidence sparked civil society advocacy in various forms, leading to the establishment of the Women and Juvenile Unit (WAJU, now DOVVSU) in 1998 within Accra and Kumasi, which was quickly expanded to all regions by 2002 to address cases of this nature.

In 2002, efforts were initiated by the Attorney-General's Office by the drafting of a comprehensive bill that would offer legal backing to the administration of justice in cases of domestic violence. However, it was not until 21 February 2007 that Ghana's Parliament passed the much-awaited Domestic Violence Bill (DVB Act 732, 2007). This act identifies four classes of domestic violence, namely physical, psychological, financial and sexual violence. In each of these categories, women suffer most. Domestic violence within the Ghanaian context is defined as:

sexual abuse, namely the forceful engagement of another person in a sexual contact, whether married or not, which

includes sexual contact that abuses, humiliates or degrades the other person or otherwise violates another person's sexual integrity, whether married or not, or a sexual contact with a human aware of being infected with human immunodeficiency virus (HIV) or any other sexually transmitted infection with another person without the other person being given prior information of the infection.

A similar but more encompassing definition is provided by the Maine Coalition to End Domestic Violence (www.mcedv.org/domviolence/index.htm):

a pattern of coercive behavior that is used by a person against family or household members or dating partners to gain power or control over the other party in a relationship. This behavior may include any of the following: physical violence, sexual abuse, emotional and psychological intimidation, verbal abuse and threats, stalking, isolation from friends and family, economic control, destruction of personal property and animal cruelty. Domestic violence occurs between people of all racial, economic, educational and religious backgrounds. It occurs in heterosexual and same-sex relationships, between married and unmarried partners, between current and former partners and between other family and household members.

Given the above definitions and the passage of the DVB in Ghana, public recognition of the Bill and growing confidence in the ability of DOVVSU to deal with the offences has contributed to the increasing numbers of cases which were previously quietly addressed in communities by chiefs, queen mothers or family heads.

As its name suggests, domestic violence takes place within the domestic setting, and is often hidden from the public eye. A major factor influencing domestic violence in Ghana is the socially perceived and accepted 'power' that is accorded men as disciplinarians of women who flout the 'rules' of the cultural environment within which they live (Ofei-Aboagye, 1994). Men are reported and charged with offences involving human rights abuse ranging from beating and disfigurement of wives and partners, to deprivation of

financial resources, confinement and ultimately murder, as exemplified below.

In a recent article published in the *Daily Graphic*, the leading Ghanaian newspaper, on 14 August 2010, a 28-year-old tailor was reported to have killed his estranged 26-year-old wife, with whom he had had three children, on suspicion of infidelity. In 2007, the same newspaper carried a story in which a man was reported to have disfigured his wife's face with concentrated sulphuric acid, because he suspected that she was having an affair with another man. The victim, who had been a teacher, lost her livelihood, her confidence and her face. In a previous year, another woman, Aya, had been hacked with a machete by her common-law husband when she requested formalisation of their marriage, which had produced six children. Aya lost her arms and the full use of her legs. She can no longer support her children by making palm oil, and her youngest child left school in order to care for her and attend to her daily needs. Seven years after this incident, her husband still walks free.

Although it is clear that individuals suffer the effects of domestic violence, it is not recognised how much entire societies also suffer as a result of it. Victims of physical violence often require medical care, which may be paid for through the National Health Insurance Scheme or by families and sympathisers. Individuals like Aya, described above, lose their livelihoods and become dependent on relatives and friends, as there is no strong welfare system to provide support for the handicapped and disadvantaged. There is a scheme known as the Livelihood Empowerment Against Poverty (LEAP) scheme, but this is currently limited to certain parts of the country ([http://zunia.org/uploads/media/knowledge/news_eng%5B1%5D\(IPC\).PDF](http://zunia.org/uploads/media/knowledge/news_eng%5B1%5D(IPC).PDF)). When domestic violence results in disability, the victim's children may have to abandon their education in order to care for the victim. This affects school enrolment, thereby undermining the national Free Compulsory Universal Basic Education (F-CUBE) (UNICEF, 2007) target, and it keeps the national literacy level low.

Psychological violence also has effects. A woman whose husband refuses to speak to her and instead brings home girlfriends or is absent for days at a time is likely to be traumatised. Unfortunately, there are very few clinical psychologists available to offer counselling to such victims, most of whom turn to their religious leaders, who are able to provide spiritual support in the form of regular prayers and counselling to the best of their ability.

In general the victims of violence experience a loss of confidence, and this affects their work performance and output. Sexual violence is one of the means by which HIV/AIDS and other sexually transmitted diseases are spread, and this is the part of the Domestic Violence Bill that generated the most public and

parliamentary debate. Previously, Section 42 (g) of the Criminal Code considered marriage to be one of the conditions under which one party cannot be punished for exacting violence on the other party (i.e. a wife cedes her physical rights to her husband by virtue of marriage). This meant that sexual violence was not recognised within the context of marriage. Furthermore, tradition recognises polygamy, practically turns a blind eye to men's infidelity, and also requires a married woman to 'give way to her husband's sexual requests' at any time.

Meanwhile, many women present with vaginal bruises, bleeding during pregnancy (sometimes resulting in miscarriage), and sexually transmitted diseases, including HIV. In 2009 it was recognised that more married than unmarried women were presenting with HIV (www.usaid.gov/our_work/global_health/aids/Countries/africa/ghana_profile.pdf). This was attributed to sexual violence within marriage as well as to the expectation that all married women should bear children. The use of condoms is not common practice among married couples, and married women agree to unprotected sexual contact with their husbands out of fear, even when they are aware of their partner's infidelity or polygamous practices. Indeed, some women are battered into submission to their husband's sexual advances. This is a combination of physical, sexual and psychological violence. Many children are also victims of sexual violence in the form of rape, most often by a trusted adult male relative or friend. Such offences are very often settled 'at home', with the perpetrator paying a fee to the victim's family as compensation. What is very rarely considered is the psychological trauma, the risk of acquiring a sexually transmitted disease, and the risk of a pregnancy that could blight the rest of the child's life. Rarely, elderly people are reported as experiencing sexual violence, as in the case of an 85-year-old woman who was reportedly raped until she died by a tenant (the rapist was caught red-handed, arrested, tried and jailed).

Section 30 of the original Domestic Violence Bill sought to repeal Section 42 (g) of the Criminal Code, and many parliamentarians and the public were not in favour of this thereby perpetuating men's abusive tendencies under the cover of marriage. Eventually this section had to be rephrased in another part of the Bill, where it was easily lost from view, and the Bill was passed into an Act.

It is easy to assume that domestic violence is a domestic issue. However, given the international drive to achieve the United Nations Millennium Development Goals (MDGs) (www.un.org/millenniumgoals), especially in developing countries, and given the modest progress in indicators so far (Hogan *et al*, 2010), it is critical that Ghana makes a major effort to address all of the factors that undermine MDGs 3, 4, 5 and 6, in all of which domestic violence is a common

factor. The named MDGs focus on empowerment of women, reducing infant mortality and lowering maternal mortality, as well as reducing the incidence of infections such as HIV/AIDS and tuberculosis.

In our professional capacities as a midwife and a communication specialist, respectively, we are acutely aware of the pain, hopelessness and destruction that domestic violence brings to the women we care for on a daily basis, and the danger that it brings to children of abusive relationships. We support and advocate the saving of lives of mothers, newborns and children by calling for enhanced opportunities for women to assert themselves and seek justice according to the Domestic Violence Bill. Domestic violence is a national problem that burdens the healthcare system, the social security system, human resource capacity, the national economy, national security, and various other facets of national life. As the law is in place now, we call for wider community education about the effects of domestic violence and the need for a change in people's attitudes towards women, children and the elderly. The law needs to be applied as a deterrent to offenders. DOVVSU, civil society groups and other stakeholders have worked hard over the years and should sustain their efforts to ensure that the new clauses of the Bill, such as the establishment of the Victims of Domestic Violence Support Fund, are implemented and accessed in a way that truly benefits

the individuals and families who are affected by these offences, as well as the organisations and private sector that are seeking the interests of victims.

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