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INTRODUCTION

Violence against women has slowly emerged as a global pandemic. This is not to say that the incidents of violence are rising, but there has been a slow but definite recognition of Violence Against Women (VAW) as a major concern. Even though the UN treaty concerning women's rights CEDAW was formulated in 1979, a consensus on VAW took place in 1993. In India, the need to address discrimination against women was recognized right from the time of framing the Constitution. However specific legal remedies to address these started only in the 1980's as a response to the demands of the women's movement.

Violence is usually associated with physically aggressive acts which cause harm to the person on whom they are committed. However the definition of violence has been broadened to include its psychological, and sexual dimensions and the intent to harm as well. One of the most obvious impacts of violence is trauma – physical wounds, mental stress and thus violence and health have a very close relationship with each other. However those entrusted with health care have never considered violence against women a health related issue. Health care providers usually deal with the immediate problem – burns, contusions or fractures, and rarely investigate the cause. However this is not a uniform response to all cases of trauma. Trauma related road traffic accidents have led to preventive health measures being widely promoted and adopted.

Research from around the world, and from India as well, has sharply outlined the enormity of this issue. While dealing with statistics on this issue one has to remember that there may be significant under reporting as it is such a sensitive topic and voluntary disclosures to the researchers may be less than the actual burden faced by women. Even though the evidence is overwhelming there is a tendency to either downplay the problem or label it as a private and personal issue. This is where women's groups around the world including those from India have been relentless in their campaigns in getting greater official recognition of the issue. This has led to framing of new laws, amendment of older ones as well as the formulation of new policies and programmes. The health care delivery system as mentioned earlier, has not yet incorporated violence against women as an area of concern. The relationship remains limited to the area of medico-legal certification. However there is an increasing awareness that health care systems play a crucial role in addressing the issue of violence against women. The World Health Organisation (WHO) , the United Nations Population Fund (UNFPA), and other organisations concerned with women's health have already initiated a process aimed at an integration of these two issues.

This booklet aims to introduce the reader to different aspects of the relationship between VAW and health as well as provide instances of how organisations have started integrating these two issues in their work.

SECTION ONE

Violence against women – A silent epidemic

"Violence against women is perhaps the most shameful human rights violation. And it is perhaps the most pervasive. It knows no boundaries of geography, culture or wealth. As long as it continues, we cannot claim to be making real progress towards equality, development and peace."

Kofi Annan
Secretary-General of the United Nations

Introduction

Incidence of Violence Against Women[1] (VAW) is very high in South Asia. This region is well known for its patriarchal social systems and there is a very high degree of culturally prescribed power and prestige associated with having a male child. On the other hand, female children are subjected to neglect and apathy from the foetal stage. Violence against women is accepted as an intrinsic part of this social system. The patriarchal systems not only condone but also contribute to discrimination against women and denial of many of their fundamental rights, through various culturally prescribed practices and norms.

Women grow up in a climate of violence at home as well as outside including the educational institution, community, workplace as well as in state institutions. Women are taught to accept and abide by violence. Violence is not only confined to the physical acts but includes the whole continuum of behaviour in which invoke men's abuse of power over women such as threats, insults, restrictions and deprivation. The acts of violence that women have to put up with includes domestic violence, sexual abuse of girl children, torture for dowry, rape (including marital rape), communal violence, kidnapping and trafficking, female foeticide and infanticide and so on. Inaction of the state machinery in cases violence and the lack of adequate redressal also adds to the violence women face.

Violence against women in India

Violence against women is slowly emerging as a major issue of concern globally. Unfortunately information of violence against women is hard to come by because most of it remains unreported. This is not only because much of it takes place within the home but also because the women who survive violence of different kinds are also held responsible for provoking it, and so keep silent. The situation with regard to violence against women in India is being slowly revealed by a growing number of studies. The second round of the National Family Health Survey (1998-99) a nation-wide

[1] The term Violence Against Women (VAW) is being used here instead of Gender Based Violence (GBV) because GBV could also include violence against other disadvantaged gender groups like trans-gendered persons.

representative survey included violence against women as an issue on which data was collected. The table below shows women's experience with beating as reported in this study.

VAW in India : Findings from the NFHS 2

Background characteristics		*% beaten or physically mistreated since age 15*	*% beaten or mistreated since age 15 by*			*% beaten or physically mistreated in last 12 months*
			Husband	*In-laws*	*Others*	
Age Group	15-19	15.4	12.8	1.3	3.1	11.5
	20-29	21.1	18.8	1.8	3.2	12.4
	30-39	23.0	20.9	1.9	3.0	11.3
	40-49	20.3	18.3	1.7	2.9	7.6
Married for	<5 years	14.4	11.5`	1.0	3.9	9.6
	5-9	21.2	19.0	1.5	3.1	12.8
	10 or more	2.9	21.1	1.9	2.6	11.5
	Not currently Married	27.4	24.2	4.2	4.1	6.8
Resid-ence	Urban	16.8	14.3	1.5	3.6	7.7
	Rural	22.5	20.4	1.9	2.9	12.2

Data from some other studies reveal that violence against women is indeed very common in India.

- *Mahajan (1990) reported that in Jullander district of Punjab 75% S.C. women were beaten by their husbands.*
- *According to a study conducted by Rao(1993) in Karnataka,22% women reported physical assault by their husbands.*
- *Siram and Bashi(1998) studied 617 battered women out of which 50% were beaten by husbands.*
- *Visaria(1998) reports from a study conducted in Gujarat that 66% women reported both verbal and physical assault and 42% reported physical assault only.*
- *A study by Sandra Martin (1999) of the University of North Carolina, reports that in Uttar Pradesh which interviewed more than 6000 men, it was found that 50% of the men physically abuse their wives.*
- *In a study by Jejeebhoy and Cook (1997) it was found that out of a sample is of 983 women in Uttar Pradesh 45% of the women in the age group of 15-39 years reported physical assault by an intimate partner.*
- *A three year multi centre study conducted by International Clinical Epidemiologists Network reported in 2000 that of the nearly 10000 women interviewed about 50 percent of women reported experiencing threats and insults or slaps, beating or kicks at least once in their married life; 43.5 percent reported at least one psychologically abusive behavior and 40.3 percent reported experiencing at least one form of violent physical behavior.*

- *According to a study on the sex of aborted foetus conducted by Jaising (1995) of the 8000-aborted foetus in a Mumbai clinic, 7997 were female.*

Women are victims of various kinds of crimes and the National Crime Records Bureau specifically reports two broad kinds of crimes against women in its annual reports. The first broad category is the crimes which come under the Indian Penal Code and the second is those which relate to special laws. The crimes reported in the last few years and collated by NCRB are shown in the table below.

Crimes Against Women : NCRB data

Sl.No.	Crime Head	Year					
		1996	1997	1998	1999	2000	2001
1.	Rape	14846	15330	15151	15468	16496	16075
2.	Kidnapping & Abduction	114877	15617	16351	15962	15023	14645
3.	Dowry Death	5513	6006	6975	6699	6995	6851
4.	Torture	35246	36592	41376	43823	45778	49170
5.	Molestation	28939	30764	30959	32311	32940	34124
6.	Sexual Harassment	5671	5796	8054	8858	11024	9746
7.	Importation of Girls	182	78	146	1	64	114
8.	Sati Prevention Act	0	1	0	0	0	0
9.	Immoral Traffic (P) Act	7706	8323	8695	9363	9515	8796
10.	Indecent Rep. of Women (P) Act	96	73	190	222	662	1052
11.	Dowry Prohibition Act	2647	2685	3578	3064	2876	3222
	Total	**115723**	**121265**	**131475**	**135771**	**141373**	**143795**

Violence against women and culture

Throughout the world, there are many practices which are embedded in the local culture and which manifest themselves through the family and society at large, which are violent towards women and harmful to their health. For example, in many parts of Africa young girls are circumcised; in many communities in the middle-east women are forced to live under severe dress codes. Acid throwing has emerged as a typical South Asian male response to

women who refuse their amorous advances. In India women are given away to temples where they are forced into prostitution, and the practice of sex pre-selection and elimination of the female fetus is emerging as an epidemic. Women in India are denied property rights even if laws exist to the contrary. These practices, which are culturally prescribed and enforced not only violate women's human rights to bodily integrity but are also contrary to the universal values of equality and dignity.

Cultural relativism is often used as an argument against the universal nature of human rights. However the argument of human rights being specific to cultures cannot be used as an excuse to permit inhumane and discriminatory practices against women in the community. Despite clear provisions in many human rights treaties women continue to be violated, beaten, and abused with little help from the state in providing, relief, justice or enabling conditions. The key human rights treaty which spells out the state responsibilities to safeguard women's rights is the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) , according to which States parties shall take all appropriate measures to modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women.

The Special Rapporteur (a specially appointed person) on women's human rights of the United Nations recommends that women from the various communities should be listened to and assisted to transform harmful practices without destroying the rich cultural tapestry of their societies which makes up their identity. She urges States not to invoke any custom, tradition or religious consideration to avoid their obligation to eradicate violence against women and the girl child in the family. Instead, she suggests, States should develop penal, civil and administrative sanctions in domestic legislation to punish violence in the family and provide redress to women victims, even if the violence is associated with a cultural practice. The penal sanction should be strong and effective and not merely on paper. Furthermore, States should develop national plans of action to eradicate violence in the family, particularly violence relating to cultural practices, through health and education programmes at the grass-roots level. Finally, States should adopt all appropriate measures in the field of education to modify the social and cultural patterns of conduct that foster cultural practices in the family that are violent towards women.

Domestic Violence - Domestic violence, often called intimate partner abuse has emerged as a distinct class of violence. The home, it is often assumed is a safe place for women, but it is increasingly becoming evident that this safe haven is perhaps the most riskiest place for women to be in – no matter which state in their lives they are in. While many consider abuse by the "intimate partner" – in most cases the husband as being the most important, the spectrum of violence within the confines of the home includes sexual abuse of children and adolescents, physical abuse of children, adolescents and the elderly, desertion, deprivation of food, severe restriction on mobility

and so on. These could be meted out to children, sisters, daughters, wives, sisters-in-law, that is to almost any female relative living in the household.

Kinds of Domestic Violence faced by women

Type of violence	%age	**Type of violence**	%age
Pours kerosene/acid	11	Threats	24
Poison/forced consumption	3	Verbal abuse and harassment	64
Violence during pregnancy	2	Confinement and deprivation	12
Use of weapon	9	Humiliation	7
Assault and beating	92	Dowry demands	1
Sexual violence	4	Threat to pour acid/kerosene	4
Beats children	8	Throw out of house	9
Abuse from in-laws	5	Desertion	3
Attempts to kill	6	Physical abuse of family	2

(Based on a narrative analysis of 208 cases.)
From: Rao S, et al (2000), Domestic Violence – A study of Organisational Data , from Domenstic Violence in India A Summary Report of Four Records Studies ICRW (Washington, DC)

Dowry related abuses - Domestic violence in the context of dowry disputes is a serious problem in India. In the typical dowry dispute, a groom's family will harass a bride they believe has not provided sufficient dowry. This harassment sometimes ends in the woman's death, which family members often try to portray as a suicide or kitchen accident. This phenomenon crosses class, caste and religious lines. Under a 1986 amendment to the dowry laws, the court must presume the husband or the wife's in-laws are responsible for every unnatural death of a woman in the first 7 years of marriage, provided that harassment is proven. Studies estimate that in one year, more than 7,000 women in India will be murdered by their families and in-laws in disputes over dowries.

Prebirth Elimination of the Female Foetus – Son preference coupled along with the acceptance of a small family norm has led to widespread prevalence of sex pre-selection and pre-birth elimination of the female foetus in India . All over the country and especially in the more economically progressive states the number of girl children has gone down in the last ten years. The Pre Natal Diagnostic Test Act 1996 which had been formulated to prevent the use of advanced technology for selectively eliminating the female foetus was not being implemented properly and it needed a special petition in the Supreme Court for the court to instruct states to implement the law.

Sex ratio
(female per 1,000 males)

State	1991	2001	Change	0-6 years 1991	0-6years 2001	Change
INDIA	**927**	**933**	**6**	**945**	**927**	**-28**
Himachal Pradesh	976	970	-6	951	897	-54
Punjab	882	874	-8	875	793	-82
Uttaranchal	936	964	28	948	906	-42
Haryana	865	861	-4	879	820	-59
Gujarat	934	921	-13	928	878	-50
Maharashtra	934	922	-12	946	917	-29

Violence against women around marriage – Girls are married off early in many communities in order to protect them from being sexually assaulted or defiled. However the process of marriage itself has emerged as a focus for violence against women. Studies in India have shown how women are either forced to marry against their will or prevented from marrying according their will. Women are subject to forced confinement, physical abuse, desertion and in some cases rape and murder when they opt to exercise their 'right to marry', a right which is enshrined in human rights law. In some cases girls are also sold off in marriage.

Honour Killings - In many societies, women are often looked upon as representatives of the honor of the family. When women are suspected of extra-marital sexual relations, even in cases of rape, they are often subjected to the cruelest forms of indignity and violence, often by their own fathers or brothers. Assuming an accused woman's guilt, male family members believe that they have no other means of undoing a perceived infringement of "honour" other than to kill the woman. Some experts argue that killing daughters over their desire to marry someone of their choice is a form of honour killing in India.

Devadasi system or pledging of girls - The Devadasi system in India, where young girls are pledged for life to temples at an early age by their parents, is prevalent even today as a profession that has the sanction of religion and culture. These girls become temple prostitutes. Frequent pregnancies, abortions and deliveries render the majority of the Devadasi women

physically weak and anaemic. Having multiple sexual partners they suffer from reproductive tract infections and sexually transmitted diseases.

Witch-hunts - In parts of eastern India, like Jharkhand and West Bengal when people suffer from illnesses, or if there is a lack of drinking water, or if there is a death in the family, or cattle die, or if there is a crop failure, or even if there is a natural calamity, the local magic doctor is approached. He usually declares a woman or women to be witches or "dayans" and suggests that their elimination is necessary to be rid of the evil spirit that is causing the problems. In many cases this practice is an excuse to appropriate the property of the "witch".

Rape - Rape is extremely common in India; hardly a day passes without a case of rape being reported in the newspapers. Women belonging to low castes, and tribal women are especially at risk. What is particularly worrying about rape in India is the lack of seriousness with which the crime is often treated, and the degrading treatment to which alleged rape victims are often subjected by law courts and by their own communities. This problem is exacerbated by the fact that rape laws are inadequate and definitions so narrow that prosecution is made difficult. Forced sex in marriage is considered 'marital rape' though this is not yet accepted by Indian law.

Marital Rape or Right

Indian rape laws specifically exclude marital rape. This allows husbands complete sexual rights over their wives. Only those married women who are separated from their husbands are covered by the rape laws. The National Commission of Women though its report "Rape: a legal study," recommends that marital rape should be recognised as a criminal offence. All over the world however steps are being taken to ensure that marital rape is regarded as an offence. Nepal recognizes marital rape as an offence.

Caste based violence - Exploitation and violence based on caste are found in many parts of the world but the most talked-about community are the Dalits or so-called untouchables of India. Lower-caste women often suffer double and triple discrimination because of their caste, class and gender. These women are gang raped, forced into prostitution, stripped, paraded around naked, made to eat excrement or even murdered for no crime of theirs. The women also face discrimination through the payment of unequal wages, or work in slave-like conditions in bonded labour. They also face sexual discrimination in the workplace.

Other kinds of violence against women – Cases of child sex abuse and incest are slowly being reported and according to current evidence these are not as rare as one might imagine. Sexual harassment of women is also a very common Indian phenomenon,

commonly known as eve-teasing. Starting with whistling, catcalling, passing insalubrious comments to throwing acid on the face of women (especially if an amorous advance is rejected) is commonplace. The Supreme Court has recently passed a law (Vishakha case) aimed at protecting women from such harassment in the workplace.

Understanding why violence occurs

A Gender Based Understanding of Violence Against Women - Violence against women including exploitation, discrimination, upholding of unequal economic and social structures, and the creation of an atmosphere of fear, threat or reprisal and all form of religious, cultural and political violence has its roots in the unequal power relations between women and men. This gender-power hierarchy is also responsible for structural violence and forms of control and coercion exercised through the hierarchical and patriarchal gender relationship in the family and in society. Women are considered the property the male and their labour, fertility and sexuality strictly controlled through an elaborate system of societal rules, norms and traditions.

The family is however not the only place where a women face violence. Women's bodies are often the battle ground for communities to settle scores with each other. The increased reporting of gang-rape of women across the country is alarming. Sexual violence is used as an instrument to send messages and punish a community and this was painfully evident during the Gujarat genocide of 2002. Humiliating women (especially dalit women) by raping them and stripping them naked publicly is common enough in India and is used by economically and socially powerful persons to teach a lesson to the dalit community.

Violence and masculinity - Being violent towards each other and towards women is taken as a 'normal' part of being a man. Starting with child hood fights and teasing, this behaviour progresses to adolescent gang/group based showdowns and sexual harassment of women to full blown aggressive and violent behaviour in adult males. This progression continues under the indulgent patronage of society and is justified by statements like 'boys will be boys'. However all men are not violent and even though there may be some biological differences in temperament between boys and girls, aggression in males is clearly a culturally promoted and socially sanctioned trait. Boys are not born violent - society and the environment turn them into violent beings. The construction of an aggressive masculinity starts in early childhood even in the most non-violent homes by providing boys with guns as toys and through TV wrestling shows and games which involve fighting among each other.

The ideal "masculinity" also called 'mardagni' or 'paurush' in Indian parlance has close links with both accepting and committing violence. The ideal of heroic masculinity includes the use of violence for furthering justice and social good and conquering the evil. It also includes the protection of honour of women and control and regulation of their sexuality. In this process the use of violence is justified to ensure that women behave and are subordinate to their will. It will not be out of place to mention here that this

form of masculinity not only aims at dominating women, but is equally concerned with establishing its superiority (hegemony) and power over disadvantaged men's groups as well (lower castes, minority religions, sexual minorities etc.) through the use or threat of violence.

The Ecological Model - The relationship between women and men, and the attitude of men and women towards each other, is governed by a gender-power hierarchy within society. This gender power hierarchy leads to behavioural stereotypes where men adopt aggressive behaviours and women submissive ones. It is often believed that these masculine aggressive behavioural attributes along with consumption of drugs and alcohol is the most important reason for male violence against women. However, male dominance and gender power hierarchy at the individual level are inadequate in explaining why some men indulge in violence and others don't, even though all men are exposed to social and cultural values and attitudes that vest men with the right to control women's behaviour. Heise (1998) proposed an ecological framework, consisting of four levels of causative factors, as a useful tool for understanding the issue of gender violence in all its complexities.

The four levels in this model include:

Individual - The innermost circle represents the personal history factors which each woman and man bring into their relationships, and include, for example, childhood experiences of witnessing marital violence or of themselves being abused. This also includes alcohol abuse.

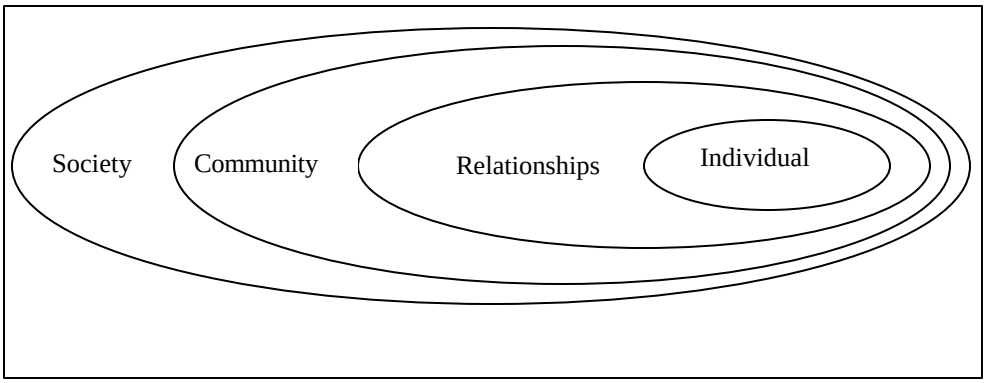
Relationships – This circle relates to the immediate context within which abuse takes place, such as male dominance and control in the family and marital conflict.

Community - The third circle represents the institutions and structures and community influences, such as poverty and unemployment, association with peers, women's isolation within a family and so on.

Society - The outermost circle in which the other three are embedded represents societal norms regarding gender roles, acceptance of power hierarchies in general, acceptance of interpersonal violence, and so on

Sometimes a fifth and outermost circle representing the state is added to this model representing the legal norms and legislation which promote or ignore violence against women.

This framework not only provides a basis for understanding why violence takes place but can also be applied for developing interventions to address violence against women.



Addressing Violence against Women

Defining Violence Against Women - The United Nations has defined violence against women in the Beijing Platform for Action as follows: *The term "violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.*

This includes:

- Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non- spousal violence and violence related to exploitation;
- Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.
- Other acts of violence against women include violation of the human rights of women in situations of armed conflict, in particular murder, systematic rape, sexual slavery and forced pregnancy.
- Acts of violence against women also include forced sterilization and forced abortion, coercive/forced use of contraceptives, female infanticide and prenatal sex selection.
- Harmful effects of certain traditional or customary practices and all acts of extremism linked to race, sex, language or religion that perpetuate the lower status accorded to women in the family, the workplace, the community and society.

This document further goes on to note that violence against women is exacerbated by social pressures, notably the shame of denouncing certain acts that have been perpetrated against women; women's lack of access to legal information, aid or protection; the lack of laws that effectively prohibit violence against women; failure to reform existing laws; inadequate efforts on the part of public authorities to promote awareness of and enforce existing laws; and the absence of educational and other means to address the causes and consequences of violence.

Others define violence against women as including exploitation, discrimination, upholding of unequal economic and social structures, the creation of an atmosphere of terror, threat or reprisal and all form of religio-cultural and political violence. It also underlies aspects of structural violence and form of control and coercion exercised through an hierarchical and patriarchal gender relationship in the family and society.

Violence Against Women: A Violation of Human Rights- VAW in all forms violates women's fundamental human rights. It violates their right to self -preservation, development, right over their own body and sexuality and of course right to equality. The international women's human rights movements have been very vocal on the question of violence and there are number of international laws safeguarding women's rights. There has been a global concern against VAW for some years and this led to the UN Convention for Eliminations of Discrimination against Women (CEDAW 1979). As part of this convention The International Bill of Rights for Women was framed and the Government of India signed and ratified the Convention for Eliminations of Discrimination Against Women in 1993. The first country report from India to CEDAW Committee was submitted in 2000.

Violence against women has been recognized in the CEDAW (General Comments) as an important violation of human rights of women. The human rights that it impairs include:

(a) The right to life;

(b) The right not to be subject to torture or to cruel, inhuman or degrading treatment or punishment;

(c) The right to equal protection according to humanitarian norms in time of international or internal armed conflict;

(d) The right to liberty and security of person;

(e) The right to equal protection under the law;

(f) The right to equality in the family;

(g) The right to the highest standard attainable of physical and mental health;

(h) The right to just and favorable conditions of work.

VAW – International Consensus - The international concern for women's position in society and women's human rights has its roots in the Universal Declaration of Human Rights (1948) and the subsequent International Convention for Economic Social and Cultural Rights (1966). In 1975 an International Women's Conference was organized at Mexico City and subsequently the Convention for Elimination of All Forms of Discrimination (CEDAW) was passed by the United Nations in 1979. Initially violence against women was not specifically included in the CEDAW. However it was incorporated under General Recommendations 12 and 19 in 1989 and an UN Declaration on the Elimination of Violence against Women was adopted in 1993. The Commission on Status of Women, the CEDAW Committee and the Commission of Human Rights (through its special rapporteur on Violence against Women) are the agencies of the UN concerned with Violence Against Women.

Selected treaties, declarations and human rights mechanisms addressing VAW

Declaration on the Elimination of Discrimination against Women, 1967: Proclaimed by the UN General Assembly, it recognizes that "discrimination against women, denying or limiting as it does their equality of rights with

men, is fundamentally unjust and constitutes an offence against human dignity."

Convention on the Elimination of All Forms of Discrimination against Women (the Women's Convention or CEDAW), 1979: To date the Women's Convention has been ratified by 174 states and is recognized as one of the six major international human rights treaties. Its implementation is supervized by the Committee on the Elimination of Discrimination against Women (the CEDAW Committee), composed of 23 independent experts.

General Recommendation 19 on Violence against Women, 1992: Adopted by the CEDAW Committee, it defines violence against women as "a form of discrimination that seriously inhibits women's ability to enjoy rights and freedoms on a basis of equality with men", and makes clear that ending gender-based violence is an obligation states take on when they ratify the Convention.

Declaration on the Elimination of Violence against Women, 1993: A major victory for activists struggling to focus international attention on women's rights, this was adopted unanimously by the UN General Assembly, and makes clear governments' obligation to address violence against women.

Special Rapporteur on violence against women, its causes and consequences, 1994: Established by the UN Commission on Human Rights to examine, report on and make recommendations concerning the ways in which women's rights are violated.

Platform for Action of the Fourth World Conference on Women in Beijing, 1995: Reiterates the responsibility of all governments to "take integrated measures to prevent and eliminate violence against women." The 189 nations that adopted the Platform for Action committed themselves to developing comprehensive programmes to end gender-based violence.

General Assembly Resolution 52/86 on Crime Prevention and Criminal Justice Measures to Eliminate Violence against Women, 1997: Urges Member States to take measures to ensure that women are treated fairly by the criminal justice system, calls for research on the causes and consequences of violence against women, and outlines preventive measures and includes model strategies for eradicating violence against women.

Statute of the the International Criminal Court (Rome Statute), 1998: Recognizes rape, sexual slavery, forced prostitution, pregnancy and sterilization and other forms of sexual violence of comparable gravity in its definitions of 'crimes against humanity' and 'war crimes'.

Optional Protocol to CEDAW, 1999: Allows individuals and groups to bring petitions to the CEDAW Committee concerning alleged violations of the Women's Convention. Also allows the Committee to conduct inquiries into grave or systematic violations of the rights of women as spelled out in the Convention. The Optional Protocol entered into force in 2003.

General Comment 28 on Equality of Rights Between Men and Women (Article 3, International Covenant on Civil and Political Rights), 2000: Adopted by the Human Rights Committee (HRC), asserts the responsibility of States to provide for the equal enjoyment of rights and to put an end to discriminatory practices in the public and private spheres. State parties are to ensure that "traditional, historical, religious or cultural attitudes are not used to justify violations of women's right to equality before the law and to equal enjoyment of all Covenant rights." States are urged to report to the HRC on measures to protect women from gender-based violence.

UN Security Council Resolution 1325 on Women, Peace and Security, 2000: Provides a framework for addressing women's need for and right to protection during conflict and acknowledges the importance of their role in peace building.

UN Convention on Transnational Organized Crime, 2000: Includes a Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children.

(from - Not a Minute More – UNIFEM 2003)

Violence and the State

The United Nations frameworks hold the State responsible for addressing violence against women. The state is not only responsible for making laws to punish perpetrators but is also responsible for creating enabling conditions for women to enjoy all their rights. However the state has historically been an agency in perpetuating gender inequality and violence against women through unequal laws and entitlements. The police in India is known to abuse its power and abuse and rape women in custody.

VAW - Indian Legal Framework - The Indian Constitution guarantees the equality and non discrimination between women and men through Articles 14, 15 and 16. The Directive Principles State Policy provide specific instances in Articles 39 and 42 of what the state should do to ensure equity and promote equality. There are also some laws which are aimed about gender equity and equality, however these do not cover the entire range of experiences and there are some specific drawbacks as well. It may be recalled that a substantial part of Indian jurisprudence predates Independence and the Indian Penal Code includes many laws which were framed in the nineteenth century. One major drawback in the Indian legal system is that a large portion of laws which relate to the 'personal sphere', eg. marriage are guided by customary law.

The Supreme Court however has taken initiatives in cases against violence against women through judicial pronouncements, using the India's commitment to CEDAW as it principle. A recent example being the Visakha vs State of Rajasthan, where it formulated the Sexual Harassment at Workplace Law.

Some of the legal provisions for dealing with different forms of violence against women are presented below:

Domestic Violence **-** There is no specific law against domestic violence though a draft bill is a bill pending before the Parliament for some time. It was moved by the Government of India. Women's groups have some reservations against it and have drafted an alternative bill as well. At present domestic violence can only be prosecuted against using laws pertaining to grievous injury or harm.

Dowry Death and Harassment – The main legal instrument against dowry is the Dowry Prohibtion Act of 1961 which was subsequently amended in 1984 and 1986. This act prohibits the giving and taking of dowry in India. Some of the other laws which are used in the case of dowry related death and harassment also include Sections 302, 304B, 306 and 498 A of the India Penal Code, and Section 113 of the Indian Evidence Act and 174 of the Criminal Procedure Code. Taken together these relate to dowry related harassment, abetment of suicide, mental torture, and murder. A person can be convicted simultaneously or alternatively under Section 304-B, 306(abetment to suicide, 302 (murder), 498-A (cruelty) of I.P.C and section 4 of D.P.A.

Sexual Abuse and Rape – The relevant provisions governing the offence of rape are- Sections 375 and 376 of the Indian Penal Code, 1860, Section 228 – A of the I.P.C , Sections 114-A and 155 of The Indian evidence Act, 1872. The rape laws in India do not recognize marital sexual abuse. However, sexual intercourse with any woman below the age of 16 and with one's wife below the age of 15 constitutes rape. There being no separate laws for child sex abuse, these cases are also dealt with under rape laws.

Section 354 and 509 of the IPC are related to cases of sexual abuse. Section 354 deals with assault or use of criminal force which leads to outraging her modesty, while section 509 is applied to cases where insults, words, sounds or gestures which intrudes on the privacy of women. Section 294 deals with obscene acts, including songs. Sexual harassment in the workplace is dealt with through the judgement of the Supreme Court in the State of Rajasthan vs Visakha case.

Other laws – Some other laws concerning VAW include follwing

- The Commission of Sati Prevention Act, 1987 (Act 3 of 1988) - punishes the attempt to commit Sati, the abetment of sati and the glorification of Sati.
- The Indecent Representation of Women (Prohibition) Act, 1987 - prohibits indecent representation of women through advertisements or in publications, writings, paintings, and figures or in any other manner.

- The Immoral Traffic (Prevention) Act 1956 (Amended 1986) – deals with trafficking of women and children.
- The Child Marriage Restraint Act 1929 (Amended 1978) – prohibits child marriage, and prescribes a minimum age for boys and girls. However it is primarily concerned with raising the age rather than ensuring consent.

National Commission of Women - The National Commission for Women was set up as statutory body in January 1992 under the National Commission for Women Act, 1990 to review the Constitutional and Legal safeguards for women ; recommend remedial legislative measures ; facilitate redressal of grievances and to advise the Government on all policy matters affecting women. The activities of the Commission include

- Generation of legal awareness among women
- Assisting women in redressal of their grievances through Prelitigation services.
- Facilitating speedy delivery of justice to women by organising Parivarik Mahila Lok Adalats in different parts of the country.
- Review of the existing provisions of the Constitution and other laws affecting women and recommending amendments thereto, any lacunae, inadequacies or shortcomings in such legislations.

The Commission is headed by the Chairperson and includes five Members.

SECTION TWO

Health and Violence – An intimate relationship

Health consequences of Violence against Women

Physical and mental trauma are the most immediate and obvious effects of violence on the health of a woman. However the health effects of violence against women are extensive and not limited to obvious trauma related symptoms alone In addition to possible acute injuries sustained during sexual assault or domestic violence, physical, sexual, and psychological abuse are linked to numerous adverse chronic health conditions. These include arthritis, chronic neck or back pain, frequent migraines or other types of headaches, visual problems, sexually transmitted infections, chronic pelvic pain, increased gynecological symptoms, peptic ulcers, and functional or irritable bowel disease. Victims of both sexual assault and domestic violence experience symptoms consistent with posttraumatic stress disorder. The health consequences of two very common violent situations faced by women are given in the table below.

Health effects of violence against women

Types of Violence	Health Effects
Rape (including marital rape)	Unwanted pregnancy, abortion, RTI/STIs/HIV, chronic pain, gastrointestinal (GI) disorders, headaches, HIV, attempted or completed suicide.
Intimate partner violence	Malnutrition, injuries including cuts, sprains, burns, fractures and head injury, visual problems, headaches and migraine, depression, chronic pain, unprotected sex and unwanted pregnancy, gynaecological problems, pregnancy complications like abortions, premature labour, low birth weight baby and maternal death, attempted or completed suicide.

Reproductive Health consequences of violence – While cuts, bruises, fractures or burns are common features of violence faced by both women and men, the reproductive health consequences are perhaps unique to women. From the list of health effects in the table above it is quite clear that there are many reproductive health consequences of violence faced by women. And these are mostly very serious consequences. Pregnant women are often subjected to violence and this leads to abortions which could be life threatening.

Violence against women and reproductive rights and sexuality - The international community has recognized that sexual violence against women constitutes a violation of their human rights and fundamental freedoms. Sexual violence also constitutes a violation of a woman's reproductive rights,

particularly her right to bodily integrity and to control her sexuality and reproductive capacity. Rape, female circumcision/female genital mutilation (FC/FGM), forced abortion and forced sterilization are among the types of VAW that violate women's reproductive rights. It is interesting to note that in conflict situations sexual violence is a very common occurrence. On the other hand control of women's sexuality through restrictive dress codes, restricted mobility/ deprivation of liberty, can also be construed as acts of VAW.

Health consequences of VAW

Kind of Violence	***Manifest-ations of VAW***	***Physical and Reproductive Health Implications***	***Mental Health Implications***
Dowry related abuses Domestic Violence Rape and Sexual abuse	Slapping, Beating, Burning, Kicking, Verbal abuse Threats Forced sex etc. *(often repeated episodes)*	Laceration Contusion Blunt Injury Sprains Fractures – simple and compound Impaired vision Impaired hearing RTIs, STIs, HIV/AIDS Unwanted pregnancy Spontaneous abortion Premature labour Death etc.	Anxiety Depression Hysterical Conversion Post Traumatic Stress Disorder Attempted Suicide etc.

Violence against women committed by the health system

All medical interventions have the potential to harm the individual on whom it is applied. Realising this harmful potential of medicine the ancient Greeks had formulated the Hippocratic oath through which all medical practitioners are bound to work only in the best interests of their patients. The second world war provided ghastly evidence of how German doctors conducted in-human experiments on prisoners of concentration camps. After the World War, the Nuremburg code was established to guide medical research, and the International Code of Medical Ethics drawn up to guide practice. In India too laws exist to prevent medical malpractice but their implementation is however lax. While the laws and ethical codes are equally applicable to both male and female patients, health providers often discriminate against women patients because of their own socialization. Examples of these are blaming women who want an abortion because of unwanted pregnancy, blaming women who suffer violence, scolding women for screaming during delivery, not providing proper medical certification in cases of injury and rape and so on.

At the level of health program there can also be systematic violence perpetrated on women. It is well known that the Indian Family Planning programme was implemented very aggressively in the 1980's. During this period women were forced to undergo sterilization with very little attention

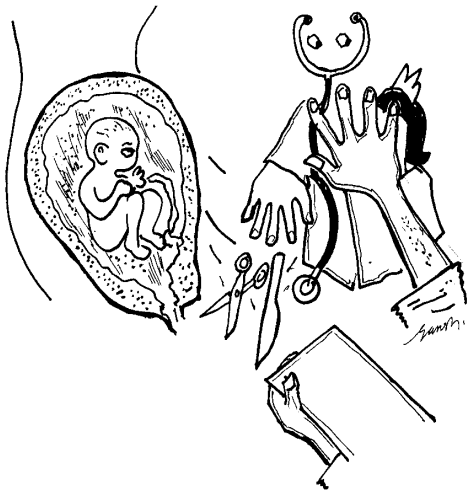
paid to quality of the services being provided. There have been reports of neglect and apathy in conducting sterilization operations on women even today. This is a form of systematic violence inflicted through health system. Every year over one and quarter lakh women die in India due to maternal mortality. Many of these die due to absence of adequate health care service even though the country promised women special care through Article 42 of the Constitution over 55 years ago.

VAW and Health : An Multi-dimensional Relationship

- Medico – legal certification is necessary for the justice system.
- Acts of violence have many health implications
- Women patients and clients can face violence from health care providers
- Medical interventions have the potential for harming the patient if administered without due care and caution
- Exposure to violence is an important determinant of health status and it should be addressed in preventive and promotive health programmes.
- Health policies and programmes have the potential for causing eg. Family Planning programme.
- A large number of women work in the health system and they can face violence in their workplace.

Tradition, VAW and Health – The inferior status of women in society has led to a number of cultural beliefs and traditions which are harmful to women. We may have heard of the tradition of Female Genital Cutting/ Mutilation which is prevalent in large parts of Africa. Similarly in South and Southeast Asia, the tradition of son preference plays havoc on women. At a superficial level it leads to deprivation of the girl child leading far higher mortality and morbidity among girl children. A more sinister practice which has been increasing in India is the practice and sex pre-selection and this has been revealed by the Census 2001. This concerns the health sector in more ways than one. The ill health of girl children is a concern related to the Immunisation and Nutrition programmes; the act of sex pre-selection affects radiological practice and regulation; and subsequent abortion is related to obstetric practice. It has been clearly demonstrated that doctors are intimately related in this issue and Pre Conception and Pre Natal Diagnostic Techniques Act 2004 is aimed at regulating medical practice.

VAW and Medico-legal response - The legal redressal that women can get under law in cases of VAW often hinges on the medical evidence of injury. Medical evidence is also important in cases of rape. However it is often necessary to obtain police authorization for a medical examination. Societal attitudes are often reflected in the attitudes of the police and doctors. In many cases doctors refuse to conduct medical examination and often medical records are non-specific making prosecution difficult. In cases where the doctors are willing the lack of proper equipment and tests often make the process of medical examination difficult.



The 1992 gang rape of Bhanwari Devi is an interesting example of how the police and medical establishment act which results in the loss of evidence and finally to the obstruction of justice. Bhanwari Devi a 'Sathin' or worker of a Government Women's Development Project was gang-raped by five men in the fields of Rajasthan

- The police delayed the completion of the FIR because they did not believe her when she said she was raped. After being called a liar by the police, Devi eventually received the police authorization for a medicolegal examination.
- Upon arrival at the government clinic, the health care provider refused to conduct the examination because a female was not present. Instead of calling a female clinician to perform the examination, they sent her to a hospital in Jaipur that was several hours away.
- The next day in Jaipur, Devi was refused a rape examination because the police authorization was for an age-determination test and not a rape examination.
- Devi went to a local police station for a rape-examination authorization, but police refused to give her one for hours. The next morning, the police magistrate gave Bhanwari Devi an authorization for a rape examination.
- Bhanwari Devi was examined at 7 p.m. on September 24,1992, 52 hours after the gang rape. Although recovery of semen is unlikely after 48 hours, the physicians on duty did not take fluid samples from the uterine cavity, which is the only method that can recover semen after a 48-hour period. Instead, they took fluid samples from the vagina, an area from which semen had already disappeared.

(From Prasad S (1999) *Medicolegal response to violence against women in India*, **Violence Against Women** 5 (5) 478 – 506)

Healthcare support to survivors[2] of violence

Virtually every clinical health and mental health care provider treats victims of sexual assault and domestic violence, although most are unaware that their

[2] The terms survivor and victim have been used interchangeably.

patients have formerly or recently been abused. Historically, health care providers have viewed violence against women as a social/legal issue or even as a private family problem, outside their purview and inappropriate to address in a clinical setting. As a group, healthcare providers may have even more contact with victims of violence than they realize because these women tend to have more health problems than women who are not victims of violence. Unfortunately, many health and mental health care providers still do not view sexual assault or domestic violence as health issues and lack the knowledge, skills, and motivation to intervene appropriately. This inability reduces the effectiveness of clinical therapy and thus should be addressed by all healthcare providers.

Almost all health care providers have been faced with women who have chronic symptoms which often does not find clinical correlation, or with women who keep coming back with the same complaints over and over again despite having followed the prescribed treatment regimen. Violence could be an unidentified underlying issue in many of these cases. Identifying violence against women is critical in not only supporting the survivors but in ensuring appropriate therapy. Additionally if undiagnosed, victims are at risk of facing escalating abuse, suicide, homicide, brain injury, and other serious and chronic health conditions. As mentioned earlier victims of violence are also depressed or listless and can be dealt with harshly by others as well. This can compound the violence faced by the woman.

When violence against a woman goes undetected and untreated, health programs and health interventions too are undermined. Thus, these patients who go untreated are often the women who "fail" in the medical system - fail to use the family planning method offered to them, fail to return for follow-up visits, and fail to get better. Their failure is linked to their failure to get the kind of help that they needed in the first place.

Thus identifying and dealing with violence not only helps the patient to recover her over health status but also improves treatment compliance and effectiveness.

Signs and symptoms of Domestic Violence	
Signs of violence	***Symptoms of violence***
• Minor or severe trauma that produces noticeable bruises on the body, especially around the eyes and face • Injuries produced by blows or by sharp objects • Loss of teeth , often associated with maternity or malnutrition, can also be caused by kicks or blows to the mouth • Deformation of the nose produced by fractures of the bridge, even when the result of earlier injuries ,	• Sensations and /or pains that women manifest that can often be attributed to violence • Women who are anxious , fearful sad and dispirited • Women who are aggressive without apparent cause • Prematurely aged women • Dejected, humble women who express worthlessness or refer to themselves as stupid or incapable • Women who complain of unspecified pains, muscle

when the result of earlier injuries , often permits diagnosis of current violence • Frequent nose-bleeds for which women seek treatment, can in fact be produced by aggression • Leucorrhoea , or vaginal secretions, caused by trichomoniasis or other STDs , can frequently be signs of sexual violence • Vaginal haemorrhage produced by mistreatment of women whether or not pregnant	contractions, numbness, intestinal or pelvic pain • Women with frequent headaches or insomnia • Women who complain of pain or experience no pleasure during sex or consider it a sacrifice Expressions such as the following are typical of women subjected to frequent violence • He uses me • He relieves himself with me • This is the cross you bear in marriage • It's a woman's martyrdom

From: Women of South-east Asia: A Health Profile WHO 2000

Violence against women a Public Health Issue - As is abundantly evident violence against women leads to a vast range of health problems. In order to deal with these health consequences it is necessary to adopt a broad public health approach, i.e. a strategy that incorporates curative interventions with comprehensive prevention promotion and rehabilitation strategies as well as a commitment to ongoing monitoring and evaluation of the whole approach. In this way not only is the health of the individuals facing violence restored and the long term adverse impact on a patient's health (including mental health) minimized but the overall prevalence of violence can be reduced as well. In addition the health care system has a crucial role to play in also securing justice for the survivor through careful documentation and providing evidence when needed.

Unfortunately, the health care system has addressed violence against women predominantly through curative interventions. In most cases health care professionals treat the presenting problem (suturing lacerations, setting broken bones, treating burns and prescribing antidepressants) usually without exploring the underlying problem. If violence against women is to be adequately addressed both reactive and proactive strategies have to be in place. Survivors of violence should not just be treated routinely but more cases identified through screening as well. These interventions in the health care setting must be supplemented with interventions at the community level through the front line healthcare workers. Training of health care workers should aim to inform and address their deep-seated attitudes, as well as equip them with tools for working on this issue with the communities which they serve. In addition it is also necessary to integrate health care interventions with the police and judicial initiatives and mechanisms to provide psychosocial support to the survivor.

VAW and Health : Policy Priorities

- Acknowledge VAW as a public health issue
- Incorporate VAW related aspects into medical education and training, service delivery, IEC, research, documentation and so on.
- Ensure free and accessible medical examination system
- Ensure greater coordination with law enforcement and judicial system
- Review all public health programmes from the point of view of gender discrimination and potential for causing VAW.
- Rescind all laws and policies promoting coercive population control
- Institute personnel policies which provide safe working environment for women workers.
- Institute a grievance redressal system for personnel and clients.

Dealing with VAW in the Healthcare system

Integrating VAW into Public Health care – Policy Issues

- The public healthcare system must ensure free and accessible medical examination system which will provide medical reports on demand to women
- There must be coordination between the healthcare system and the law enforcement agencies and with judicial system
- VAW as a public health issue must be incorporated health related IEC
- There must be training of health care managers and providers in VAW as a health issue
- VAW should be integrated into the curriculum for training of medical students and practitioners

Addressing VAW in a health care setting – Improving quality of care

- Screening for VAW for all women clients
- Appropriate treatment, referrals and follow-up at the Primary health care level
- Coordination and integration of services from different specialities in the hospital which may be visited by a VAW survivor (eg. orthopaedics, general medicine, surgery etc.) and developing appropriate referral systems.
- Counseling of all survivors
- Protect the confidentiality of client including confidentiality of medical records
- Integration with social support systems, eg. shelter home, social workers, women's organization etc.

Addressing VAW at the level of the individual practitioner

At the individual level health care providers can start addressing the issue of violence against women in their work if they learn how to

- Ask clients about violence
- Become aware of the signs and symptoms of violence
- Help women protect themselves by developing a safety plan for avoiding violence and protecting herself and her children
- Provide appropriate treatment and referral
- Ensure careful documentation of injuries
- Ensure strict confidentiality of all records and information

Screening

Screening of all female patients

Many programmes addressing violence against women promote obligatory screening for violence with all female patients. Screening is an essential first step to determine whether a client is a victim of violence. Screening is not really an additional step but is an extension of history taking which is mandatory. It includes detailed history taking and asking about violence and abuse in a sensitive manner. A major obstacle to helping victims is that survivors often do not volunteer that they are or were the victims of violence because of feelings of shame, fear, and guilt. Added to this equation, many healthcare providers have not been given the opportunity to receive training that would help them to inquire about violence. Healthcare providers not asking, combined with cultural prohibitions about this topic, reinforces to survivors that their experiences are not important and/or virtually off-limits as a topic of discussion.

Although screening for violence only takes a few minutes, it can have an enormous positive effect. Since some studies have shown that women who have been victims of violence return repeatedly to their healthcare providers, the disclosure of violence can stop that cycle. It can also:

- Enhance the provider/patient relationship;
- Assist the victim in acknowledging what has happened to her and help her deal with, for instance, her guilt or shame;
- Educate the patient about the connection between the violence and her present-day symptoms;
- Assist the provider and patient in determining what kind of sensitized medical care is needed; and
- Offer the victim referrals (if she is ready) so she can then get the help she needs.

Adapted from: Improving Screening of Women for Violence - Basic Guidelines for Physicians CME
Author: Lynne Stevens, MSW , downloaded from http://www.medscape.com/viewprogram/2777

Addressing VAW through community based health interventions

Discussing the issue with women's groups – Women facing violence need urgent support which can be provided by community based women's groups. These could be mahila mandals, Self-Help Groups, Mahila Swasthya Sanghs and so on. If the issue of violence against women is discussed by the community based health worker with these groups they can provide an informal support and shelter mechanism for victims to turn to when they are facing violence.

Building partnerships with other community level groups – The health workers can discuss the issue with other community groups like the Panchayat, Yuvak Mandals, sports clubs and so on. These groups can not only support women's groups in their action but also create peer pressure on the perpetrator.

Providing services – Survivors need a variety of health care services as has been discussed earlier. The health workers should arrange for prompt referral to the appropriate health facility and ensure follow-up.

Assisting in the psychosocial support of survivors – Frontline healthcare workers with the support of community groups can refer the survivors to NGOs and women's groups which may be competent in providing psychosocial support to the survivor.

Referrals to other district level support systems - At present a number of district level support systems have either been established or are being put in place to support survivors of violence. The healthcare worker may refer the survivors to these which includes the Women's Cell in the Office of the Superintendent of Police, the Family Counseling centre, the District Legal Aid Cell and so on. It is necessary for the Health care providers to build linkages with these systems so that their referrals are addressed immediately.

Developing new leadership – The development of new leadership is crucial to addressing violence in the community. The health workers can identify and support new leadership among women especially from the underserved and marginalized populations to increase their participation in efforts to end violence against women.

Supportive supervision – The efforts of the frontline health workers should be supported by providing them with district level linkages and ensuring that their referrals are being promptly addressed in the district hospital.

Documentation - Case-studies must be made of successful interventions and these can be shared with others. It is necessary to document successful interventions not only to build up a new body of knowledge but inform and

educate policymakers about the impact of proposed policies and legislation on women who have been survivors of violence and involve survivors in these efforts.

Protecting privacy and confidentiality- All healthcare personnel must be careful and take all necessary steps to protect the confidentiality and privacy of their communications with, and information about survivors.

Addressing Violence survivors

What women consider supportive behaviour from the health service provider

Medical Support

Taking complete history
Detailed assessment of current and past violence
Gentle physical examination
Treatment of all injuries

Emotional Support

Confidentiality
Directing partners to leave examination room
Listening carefully
Reassuring the woman that abuse is not her fault and validating her feelings of shame, anger, fear and depression

Practical Support

Telling the patient that violence is illegal
Providing information and telephone numbers for other local resources
Asking about the safety of children
Helping the patient begin safety planning
Scheduling follow-up

From : *Women of South-east Asia : A Health Profile* WHO 2000

SECTION THREE

Addressing VAW

History of action against VAW in India

The history of modern India is replete with examples of individuals and groups taking a stand – individually or collectively to protest against the widespread violence against women which receives social sanction and legal connivance. Early protests like that against Sati (banned in 1829) was conducted by men but later on women took the lead. Some of the earliest women leaders who struggled for improving the status of women include Pandita Ramabai, Sarala Debi Chaudhurani, Madame Cama and others.

Some of the movements and miles stones in contemporary times which were specifically aimed at addressing violence against women were.

- In 1979, the anti-dowry movement started in New Delhi, This movement gathered force through the formation of the Dahej Virodhi Chetna Manch and in 1984, the Dowry Prohibition (Amendment) Act was passed.
- In 1979, the Mathura rape case proved to be a curtain raiser on sexual violence against women and feminists all over the country took up the agenda strongly. In this case the Supreme Court acquitted two policemen accused of raping a 16 year old tribal girl named Mathura because there was "no reasonable evidence of guilt on the part of the policemen"and there were reasons to doubt Mathura's character. There were more cases like the Rameezabai case and the Maya Tyagi case which highlighted the role of the police as perpetrators. A Forum Against Rape was formed in Mumbai. In 1982, specific amendments were made in the rape laws to make them more in the interests of women.
- In the 1980's groups in western India started mobilising against wife beating. It is not that this was not happening before that, but now women were no longer willing to remain quiet and accepting. The Forum Against the Oppression of Women, in Mumbai took a lead in this issue. However, till date no effective legislation against domestic violence has been passed, though a draft bill, over which there are many reservations has been drafted.
- In 1987 Roop Kanwar an eighteen year old Rajput girl was forced to sit on her husband's funeral pyre. This murder led women's groups in Rajasthan and all over the country to raise a huge protest on the practice of 'sati' which had been banned in 1829. The issue is still alive with the eleven accused for glorifying the incident being acquitted in 2004. Earlier the 45 persons accused of murdering her had been acquitted.
- In 1986, women of Kesaragaw village, Jahanabad, Bihar; protested against domestic violence collectively by stopping all household work.
- Civil society groups which included women's organisations launched a strong movement against foetal sex-determination tests leading to

legislation against sex-determination, first in Maharastra and then to the enactment of the national PNDT Act (1996)

- Women groups throughout the country protested against the rape of Bhawari Bai, a Sathin of Rajasthan in 1991. This protest was taken up again when the upper caste perpetrators were acquitted free by the court.
- There were protests across the country by women's groups against the rape, murders, disemboweling of women during the Gujarat genocide in 2002.

Addressing VAW – A holistic response

Violence against women is a complex issue involving a diverse range of actors and processes. Addressing violence against women requires equally complex and inter-related processes. However the acknowledgement of Violence against Women as a major issue of concern is a recently recent phenomenon, and number of efforts to address it are relatively few, but promising. India is at the forefront among nations where action against violence against women is being taken at multiple levels. In India at the level of the state there has been some action – albeit after prodding by the civil society notably the women's groups. These have led to amendment to existing laws and legal procedures, setting up of the National Commission of Women, formulation of the National Policy on Empowerment of Women as well as programme initiatives.

The European Women's Lobby has prepared a comprehensive framework for action on the issue. This eleven point framework includes the following points and is a useful guide for action in other places as well.

Legislative measures – These should address all forms of VAW, clearly specify criminal and civil liability and prosecute the perpetrator.

Policy Initiatives – There should be a clear anti-violence policy which should include processes to deal with VAW as well as guidelines for strategies and budget allocations. It should also include clear indicators for change.

Budget – Budget allocation for addressing VAW should be measured as a proportion of the GDP and should be in line with a specific action framework.

Criminal and Civil Justice System – Indicators should be used to evaluate the outcome of prosecution in terms of outcomes eg. conviction, sentences, compensation etc..

Remedies for Redress – There should be protocols for police action in all cases of VAW.

Training of Professionals – Various professionals dealing with VAW cases like the police, judiciary, health service providers, social workers, should be trained in gender and VAW.

Services – These should include shelters, free or low cost legal assistance, job training, employment assistance. These services should be geographically spread and available to all survivors.

Prevention – Prevention should include awareness raising on gender and human rights through media and communications campaign. Gender sensitive curricula should be developed for primary and secondary educational institutions.

Women's diversity – All services and programs should be sensitive to women's diversity from ethnic and racial differences to sexual minorities.

Civil Society – Women's NGOs – Should be involved in the programs.

Data Collection – Information should be collected in partnership with NGOs and should form the basis for intervention and for measuring progress,

Campaigns against VAW

> The vibrancy of the Indian women's movement is evident in the campaigns it has launched since the early 1980's on violence against women. Beginning with legislative reforms of rape laws and dowry deaths, women's groups have campaigned against bride price and domestic violence, among other issues. Practically every campaign in the 1980's resulted in a legislative reform in favor of women.
>
> *UNIFEM Regional Scan*
> *South Asia*

Some contemporary campaigns on violence against women are described below.

Railway Campaign: This campaign was conducted in March 1998, at the New Delhi Railway station. It was a joint effort of Jagori, a documentation and resource center on women's issues and other women's groups in Delhi. The campaign was against sexual harassment in public places, notably commuter trains. In the course of the campaign, it was discovered that a number of cases were never reported and that no action had been taken for the few that had been reported. The campaign included posters and pamphlets that urged women to break their silence and highlighted how they

could fight for their right to safe travel. During the campaign the women's activists sang songs, shouted slogans and spoke to commuters.

Common India Campaign – This campaign was launched in 2003, and included over 50 partners from 11 states all over the country. The main objectives of the campaign were to breaking the silence around violence against women and girls and get people to start discussing it openly in every state, city, town, in the media. It also aimed at drawing men into the struggle for women and girls rights and encourage people, especially men to take action to stop violence against women and girls. Events included cultural performances, exhibitions, workshops, and seminars, poster exhibitions, theatre shows, film festivals, pubic meetings, radio / T.V programmes, press conferences and media advocacy.

Puri Nagrik, Purey Haq - "Complete Citizen, Total Rights" - This is a state wide campaign in Uttar Pradesh aimed at monitoring state accountability to ensure equal rights for women. The first phase of the campaign 'Truth and Nothing But the Truth' started on 25th November 2003 the International day of Action Against Violence Against Women and concluded on 18th December 2003, the anniversary of CEDAW. It incorporated the use of film shows, cultural programmes and discussion groups, demonstrations and rallies, public events, a signature campaign addressed to the Chief Minster as well as representations to different state officials.

Sixteen days of Activism against Violence Against Women

25th November marks the International Day Against Violence Against Women commemorating the murder of the Mirabel Sisters by the dictator of the Dominican Republic in 1960s. The 10th of December is commemorated as the Human Rights Day because the Universal Declaration of Human Rights was signed on that day in 1948. The period in between these two days, is used by women's groups all over the world to draw attention to the widespread violence against women in society.

Men and VAW

MAVA - Established in 1993, Mumbai-based MAVA (Men Against Violence and Abuse) is the first men's organisation which started with the aim of bringing about a change in 'traditional, male-dominated' attitudes of men which have been systematically perpetuated by media and all other subsystems in society. Focusing on domestic violence and abuse in India, the organisation tries to help stop or prevent violence and abuse of women in Indian society. MAVA deals with other gender issues like misuse of sex-determination tests, sexuality education and sexual harassment at the workplace and seeks to provide a platform for men to express their views and difficulties in facing gender-related issues, including marital conflicts.

MASVAW - MASVAW (Men's Action for Stopping Violence Against Women) is a network of organizations and individuals in UP and

Uttaranchal. MASVAW believes that violence against women is not just a women's issue but a men's issue as well. MASVAW was started in 2002 and in the last two years it has been working with men, helping them examine their own long-held beliefs. Holding a mirror up to men, MASVAW is challenging them to understand their own actions and to speak out against violence as well as help survivors. MASVAW is now active in over 25 districts and has members in over 200 villages and towns of U.P and Uttaranchal. Through lively interactive sessions with men and youth in towns and villages, in colleges and universities, traditional assumptions of masculinity are being examined. Concrete experiments have been started in adopting new gender roles.

White Ribbon Campaign

The White Ribbon Campaign (WRC) was the first global effort of men to address the issue of VAW. It was started in Canada in 1991, after the massacre of 14 women engineering students in Montreal on December 6, 1989. The WRC draws on men from across the social and political spectrum. It is a campaign of men, aimed at men. The men participating in the WRC have taken as their only common goal the following three personal pledges:

- never to commit violence against women,
- never to condone violence against women, and
- never to remain silent about violence against women.

The White Ribbon Campaign is now an international campaign for men who want to stop men's violence against women.

Supporting Survivors

Government provisions for supporting survivors of violence include the following institutions.

Women's Police Stations and Women's cells –Women's police stations have been put up in many places in the country to investigate crimes related to women. Special Women Cells have also been set up which are being manned by lady investigation officers. The underlying assumption is that the women victims of crimes can articulate their problems without hesitation to women officers.

Legal Aid Cells - Article 39-a of the Directive Principle of State Policy, directs the Government to enact laws and policies to provide free legal aid. The Legal Services Authority (LSA) was established in 1987. At district level, legal aid councils/ sub-councils under District Legal Services Authority are supposed to provide free legal aid to persons whose gross annual income is not less than Rs. 25,000. However, this income restriction is not applicable to women and children, members of Scheduled Castes and Tribes, physically and mentally disabled persons.

Short Stay Homes - The Government of India runs a program for supporting Short Stay Homes for Women and Girls to protect and rehabilitate women

and girls facing violence. The services provided by these include medical care; casework services; occupational therapy; education- cum- vocational training and recreational facilities. At present there are around 275 such Short Stay Homes, which are being run by voluntary organizations with the support of the Department of Women and Child Development.

Family Counseling Centres – Family Counseling Centres, meant for providing counseling and referrals to women survivors, are supported by the Central Social Welfare board and run by non-government organizations. These Centres are supposed to work in close collaboration with the Police and with Short Stay Homes.

Non-governmental efforts to address violence against women include the following.

Mahila Salah Evam Suraksha Kendra is a collaborative venture of nine women's organization and the Rajasthan police. It comprises of a survivor support centre in Jaipur, which assists women facing violence. The different kinds of cases addressed by MSESK include child sexual abuse, property related violence, natal family violence, sexual harassment at work place, caste based violence, prostitution related matters, blackmailing, third party violence and mental health issue etc. The centre uses multiple approaches including mobilization of women's groups, employer and community involvement, police, legal and quasi-legal interventions, intervention of government officials as well as negotiations, emotional and economic support.

Vimochana - Vimochana a non-governmental organization based in Bangalore has been at the forefront of supporting survivors of violence. Vimochana is working towards changing the ugly phenomenon of VAW amongst women in and around Karnataka. The NGO encourages women to report cases of domestic violence at the earliest so that the case can be suitably assessed and taken care of. Women are encouraged to work and meet people so that they can be economically independent and thereby feel more confident to face the world.

IFSHA - IFSHA is an NGO based in New Delhi. It runs a Healing Center, which provides a range of services to people seeking support after violent, traumatic experiences. They offer innovative, therapeutic support using healing techniques, which address physical, emotional, sexual and psychological traumas. Some of the issues addressed include Child Sex Abuse, and Domestic Violence. IFSHA also provides counseling legal support and is engaged in research and advocacy on issues related to violence and sexuality.

Community based interventions

MASUM - MASUM was founded in 1987 when the women of Malshiras, (Pune district, Maharastra) decided to create a space for themselves and address the issues that affected their lives. They initiated the *SAMVAAD* Counseling Centre in August 1996. The SCC continues to reach out to women who are victims of violence, abuse and exploitation, by providing the support to right for justice. A professional social worker, psychologists and lawyer visits the centre time to time and provide various services, which include emotional support, family counseling and legal advice.

Mahila Samakhya U.P. - The Mahila Samakhaya Programme was launched in 1988 in Uttar Pradesh in pursuance of the goals of the new education policy 1986 The issue of violence against women is a major thrust area of Mahila Samakhaya, it organises *'Nari Adalat's* at the villages and block levels in these rural women handle and resolve cases related to harassment, physical violence, rape, and separation. In ten districts of Uttar Pradesh, there were 1,435 village-level women's collectives (called *sanghas*) involving 30,000 women (in 2000). Additionally, women in the villages are also given legal awareness to better handle the cases being brought forth, and, MS also provides paralegal training.

Shramajibee Mahila Samity - Founded in 1995, SMS is a union of female agricultural workers in West Bengal. SMS members' concerns about violence against women have resulted in a series of strategies to counter ineffectual laws, apathetic and understaffed police, and an overworked judiciary. SMS receives complaints of violence each month at its 11 centers. In order to resolve domestic disputes effectively, a *salishe* is organised where large numbers of stakeholders in a conflict gather to air private grievances and engage in spirited argument. The process relies on the community's right to enter the sphere of private family matters in order to restore collective peace. It operates under the assumption that community pressure can indeed act as an effective deterrent to further violence.

Vanangana - Vanangana was one of the first women's groups in the state of Uttar Pradesh. It was started in the Chitrakoot district to further the interests of dalit and tribal women with a feminist perspective. Violence and exploitation - social and economic, public and domestic - are some of the key issues on which Vanangana is working. It also has a women's human rights

program under which it is engaged in community awareness generation and casework on violence against women. Vanangana, played a crucial role in a highlighting the issues of incest and child sexual abuse.

Addressing VAW in the Health system

Dilaasa Project - The Dilaasa Project runs a crisis center for treatment and counseling of women victims of violence in a public hospital. The NGO CEHAT and the Public Health Department of the Brihanmumbai Municipal Corporation have established Dilaasa at K B Bhabha Hospital, Bandra West, in Mumbai. The main objective behind this effort is to sensitise the public health system to gender and violence issues. The centre provides social and psychological support to women who are referred to it from various out patient departments. The project is also involved in training, research, documentation and networking.

Aarohi - Aarohi is a women's crisis cell and counseling centre within the Thane Municipal Corporation's Chhatrapati Shivaji Hospital, at Thane. The centre is collaboration between the Tata Institute of Social Sciences, Mumbai and the Thane Municipal Corporation. It is located in the hospital because these are the first place where women facing violence often visit. In addition to providing counseling services to women in crisis Aarohi also has a help-line for youth.

VAW legal support

Sakshi Violence Intervention Centre - Sakshi an NGO based in Delhi, counsels women who are victims of physical or mental abuse, provides training methodologies for addressing violence and conducts legal research on womens' rights. Violence Intervention Centre was formalized in October 1992. One of its focus areas has been to create processes that help develop ways to pre empts and possibly prevent violence against women. Sakshi has also been working in rural and urban areas of Bihar, Rajasthan, Tamil Nadu, Kerala, Uttar Pradesh, Maharashtra, Assam and Arunachal Pradesh. Research, documentation and organizational capacity building are some of its ongoing activities.

Association for Advocacy and Legal Initiatives (AALI) - AALI, is an NGO based in Lucknow and works primarily as an advocacy group with a vision of addressing women's issues within a rights perspective. Responding to violation of rights from the principles of Human Rights has become the focal point of AALI's work. The two main issues around which its work can be broadly categorized are - rights in the private sphere and human rights violation Apart from its mainstream work, AALI also provides support services to groups and organisations in crisis, at times serving as a refuge, counsellor, media manager, and lobbyist with concerned authorities. AALI works closely with **Humsafar**, a support centre for women, also based in Lucknow.

Majlis – Majlis, Mumbai is an organization that supports women's access to the legal system (including marital disputes, domestic violence, economic

rights and property settlements), directs campaigns against the inadequacies of the courts, conducts paralegal training for grassroots activists and engages in research and publication of women's issues in Indian law. Through its Legal Centre it seeks to create a social and legal environment for securing women's rights. The center also conducts cultural literacy workshops and conferences to foster efforts of cultural awareness.

Women's Rights Initiative - The WRI is a programme of Lawyers Collective based in Delhi, and is involved in providing a pro bono legal aid cell for domestic violence cases . It is also associated with the drafting of alternative bill on domestic violence. It has been playing a key role in advocating and training in the context of the Pre Conception and Pre Natal Diagnostic Techniques Act. The WRI is also working on Reproductive Rights and has been a partner in the preparation of the book Women of the World: Laws and Policies Affecting Their Reproductive Lives - South Asia.

SECTION FOUR

Resource Section

Books and Reports

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Resource organizations

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Adithi	Viji Srinivasan	2/30 State Bank Colony II, Bailey Road, Patna- 80014 Phone- 91-612-283018
Asmita Resource Centre for Women	Volga	Plot 283, 4th floor, Street b, Teachers Colony, St. 6, East Marredpalli, Secundederabad, Andra Pradesh- 26 Email: asmita@hd 1.vsnl.net.in Phone- 40-27733251, 2773329
Central Social Welfare Board	Smita Nagaraj	Samaj Kalyan Bhawan, B-12,Qutab Tara Crescent, Qutab Institutional Area, New Delhi-110016, India Tel No: 91-011-26960059/ 60 Web: http://www.cswb.org Email: Info_cswb@cswb.org
Dilaasa Project	Seema Malik Padma Deosthali	Dilaasa, K B Bhabha Hospital, Bandra(W), Mumbai-50 email- dilaasa@vsnl.net
Forum Against Oppression of Women		29 Bhatia Bhawan, Babrekar Marg, Gokhale Road (North), Dadar (West),Bombay 400028 India Email: inforum@inbb.gn.apc.org

Humsafar – Support Centre for Women	Renu, Mamta	27, New Berry Lane, Near Times of India , Gulzar Colony, Lucknow. Phone- 522- 3096242 Email- humsafar25nov@yahoo.com
IFSHA	Jasjit Purewal	C-52, Second Floor, South Extension Part - II, New Delhi - 110049. Tel. : 11-26253289 / 98 email: ifsha@vsnl.com
Jagori	Kalyani Menon-Sen	C – 54, South Extension Part II, New Delhi-110049 Tel.-11- 26257015/2625-7140 Email- jagori@spectranet.com Web site- http://www.jagori.org/
Mahila Samakhya , Uttar Pradesh	Manju Agarwal	Mahila Samakhya 5/21- Vishal khand Gomti Nagar, Lucknow 226 010, Uttar Pradesh, India Phone:-522-391 394/397 062/395 151 Email: msup@rediffmail.com Website- http//samakhyaup.org
Majlis	Flavia Agnes	Bldg No 4, Block A/2, Golden Valley, Kalina Kurla Road, Kalina, Mumbai 400 098, Maharashtra, India Phone- 22-2666 2394, 26180394 Email: majlis@vsnl.com
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Vimochana	Ms. Donna Fernandes, Madhu Bhushan	2124 16th B Main 1-A Cross, HAL IInd Stage, Bangalore 560038. Phone: (80), 526 9307.
Women's Rights Initiative	Indira Jaising	63 / 2, First floor, Masjid road, Jungpura, New Delhi. Ph: 11-24316925 / 24313904 / 2432101. Email: wri@vsnl.net.
Swayam	Ms. Anuradha Kapoor	11 Balu Hakkak Lane, Kolkata 70017. Phone: 2803429; 2803688. Email- swayam@cal.vsnl.net.in.
Vanagana	Madavi Kukreja	Purani Bazar Near Mahindra Tractor, Karvi, Chitrakoot. UP. Phone- 05198-236985 Email- Vanangana@rediffmail.com

Useful Websites

Websites relating to India

http://gendwaar.gen.in/- The Gendwaar is a gateway which seeks to enhance access to gender studies information for the South Asian region. It covers a wide range of issues relating to women and the family, including but not restricted to, women's movement, status and role, sex differences, women and environment, education, health, work and employment of women, feminism, feminist literature and criticism, history, psychology, political participation etc.

http://www.hsph.harvard.edu/Organizations/healthnet/SAsia/ - The Global Reproductive Health Forum South Asia Site seeks to bring together discourses on reproductive health and women's rights that are of particular interest and concern in the South Asian region. Includes articles on Violence and Health as well

http://www.indiatogether.org/women/violence/violence.htm - Homepage on Violence of the web based journal India Together.

http://www.lawyerscollective.org – Lawyers Collective has a special programme called the Women's Rights Initiative working on women's rights and violence against women.

http://www.ncw-india.org - The website of The National Commission for Women, the apex national level organisation of India with the mandate of protecting and promoting the interests of women.

http://www.unifem.org.in - UNIFEM as a bridge between global policy-makers and grassroots women in the developing world and is a key institution for forming linkages and bridging micro-voices to macro-policies.

http://www.wcd.nic.in/- This is the website of the Department of Women and Child, Government of India and contains important information regarding government schemes aimed at women.

http://w3.whosea.org/women/index.htm - Women's Health in South East Asia – This book presents evidence-based analytical information on how gender inequities have adversely affected women's health through their life span in counties of the South-East Asia Region. It includes useful information on Violence and Health

International Websites

http://www.amnesty.org.uk/svaw/ - The Stop Violence Against Women campaign of Amnesty Internation, UK focusses on ending violence against women in the family and in conflict/post conflict situations: two of the most dangerous sites for millions of women throughout the world.

http://www.cedaw.org – Website containing information on CEDAW the International treaty concerning rights of women.

http://www.hrw.org/women/ - The women's rights webpage of Human Rights Watch, the New York based human rights organisation. Includes information from different countries about rights violations and these are also categorized into broad themes.

http://www.isiswomen.org/ - ISIS is a feminist NGO dedicated to women's information and communication needs focusing on advancing women's rights, leadership and empowerment in Asia and the Pacific through information sharing and networking.

http://www.nlm.nih.gov/medlineplus/domesticviolence.html- Medline is a database of health related information. This is the section of the Medline database dealing with resources on domestic violence.

http://www.rho.org/html/gendersexualhealth.htm - This is the section of the Reproductive Health Outlook website devoted to issues gender discrimination and violence against women.

http://www.un.org/womenwatch/news/index.html - Women Watch contains information and resources relating to gender equality and the empowerment of women.

http://www.who.int/gender/violence/en/ - This is section of the WHO website devoted to the issue of violence against women. It includes various resources like kits and posters.

Booklet prepared by -

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Illustrations – Ganesh

UNDERSTANDING REPRODUCTIVE HEALTH

A Resource Pack

This Resource Pack is an introduction for those who wish to learn about different facets of Reproductive Health. Reproductive Health as a concept is relatively new and , despite the name, is not exclusively a 'health' subject. In its ambit it involves social sciences, medical sciences, women's issues, human rights, population sciences, demography and so on. Thus it could be of relevance to individuals with a wide range of interests. Reproductive Health is an issue of interest to Government planners and managers because of the overwhelming concern for population. Reproductive Health is also a matter of great interest to the NGO sector, because of their concern for the health of women. Concern for women, their rights, well being and health is the underlying theme for the entire Resource Pack.

This Resource Pack has been designed as a series of booklets so that the interested reader may straight-away refer to the issue of her/his interest. The matter and presentation of the material in the different booklets has been kept simple as well as provocative as it is meant for the first-time user. Each booklet has been divided into four sections - the first dealing with theory and concepts, the second with issues of relevance, the third on best practices in the field. Keeping the interest of the practitioner in mind there is also a small resource section at the end of each booklet.

The booklets in this pack are as follows -

Booklet 1	**An Introduction to Reproductive Health**
Booklet 2	**Understanding Numbers** : Population and Demography
Booklet 3	**Changing Paradigms** : RH Policy and Advocacy
Booklet 4	**Exploring New Frontiers** : Reproductive and Sexual Rights
Booklet 5	**Maternal health is still important**
Booklet 6	**The Promise of better health** : Women's Health
Booklet 7	**Beyond Family Planning** : Contraception
Booklet 8	**The Emerging Agenda** : Adolescents
Booklet 9	**Forging new partnerships** : Men's Health and Responsibility
Booklet 10	**Coming to terms with reality** : HIV/AIDS and STDs
Booklet 11	**Acknowledging ourselves** : Sex and Sexuality
Booklet 12	**Women have Minds Too!** : Exploring the interface between Reproductive Health and Mental health
Booklet 13	**Taking a stand** : Violence, Women and Health
Booklet 14	**Data Digest**

KRITI Resource Centre
for
Women's Health , Gender and Empowerment

The KRITI Resource Centre, is involved in providing training support, production and distribution of material, and engaging in creative partnerships with other instituions to strengthen their work of empowering women at the grassroots level, enabling women to lead healthier lives.The primary activities of the KRITI Resource Centre for Women's Health, Gender and Empowerment are as follows

TRAINING - KRITI has considerable experience and expertise in trainings related to Women's Health and Gender and has provided training support to over 100 organisation as well as Government projects and departments in the states of UP, Uttaranchal, Bihar, Jharkhand, Madhya Pradesh, Delhi, Rajasthan, Haryana and Himachal Pradesh. The Resource centre has been involved in partnerships with other gender training organizations like JAGORI, IWID, and the South Asian Network of Gender Trainers (SANGT).

PRODUCTION AND DISTRIBUTION OF LEARNING AND COMMUNICATION MATERIAL - *KRITI is also involved in designing and producing appropriate material for the special needs of those involved in working with communities on these issues. Much of the material is in Hindi. Copiously illustrated material has also been produced keeping grassroots needs in mind. For the practitioners KRITI has produced newsletters, field manuals, training manuals and kits, briefing kits and information sheets on various relevant issues.*

RESEARCH AND DOCUMENTATION - *KRITI Resource Centre engages in field level documentation, to get a more holistic understanding of women's health and the socio-economic conditions that influence it. Some of the studies it has conducted and participated in include a study of traditional birthing practices, Abortion and women's health in rural areas of Uttarakhand, customs and practices around menstruation, the possibility of HIV/AIDS, implementing the Target Free Approach in Family welfare programmes in UP, quality of care of health care service is UP, violence against women and so on.*

ADVOCACY - ***The resource centre is also actively involved with advocacy on the issues of Women's Health and Population Policies and Violence against Women. It is closely working with other networks and organisations working on these issues.***

SERVICES PROVIDED BY KRITI RESOURCE CENTRE

- Library and documentation centre
- Books, posters and other materials
- Training and internship
- Support for developing gender sensitive community based interventions/training programmes