BREAKING DOWN THE WALLS

VIOLENCE AGAINST WOMEN AS A HEALTH AND HUMAN RIGHTS ISSUE
JODHPUR, INDIA, MARCH 14-19, 1998

CONTENTS

INTRODUCTION

All over the world, women experience violence right from the time they are born to the time they die. In some countries, foetuses are aborted simply because they are female, and female infanticide is common. In developing countries, girls are typically more malnourished than boys. And in practically every corner of the world, young and adult women experience a high incidence of sexual harassment, rape, domestic violence and other forms of abuse, while widows are abandoned or thrown out of their homes.

Violence has traditionally been considered a women's issue to be addressed through mechanisms such as law, counselling, provision of shelters, and community organizing. More recently, however, violence against women is being recognized as an issue that concerns the health and human rights of women – and one that demands a response both from health-care professionals as well as the human rights system.

What are the health consequences of violence against women? According to a report of the Global Commission on Women's Health, in addition to morbidity and mortality, violence against women leads to psychological trauma, depression, substance abuse, injuries, sexually-transmitted diseases and HIV infection, suicide and murder. Violence during pregnancy is identified as a major reason for miscarriage and low birth-weight children.

The World Bank, in its 1993 World Development Report, assessed the health consequences of gender-based violence for the first time. Based on the limited data available, it estimated that in industrialized countries, rape and domestic violence take away almost one in every five healthy years of life of women aged 15 to 44. On a per capita basis, the health burden of domestic violence is about the same for reproductive-age women in both developed and developing countries.

Violence against women is also a violation of women's human rights. Human rights, which arise from a fundamental notion of people's humanity, are considered inherent and inalienable to the very essence of being human. Not only does violence take away from the right to be human, violence also impedes other fundamental rights. These include the rights to life, to health, to security and bodily integrity, to political participation, and to food, work and shelter.

Despite the overwhelming evidence, however, violence was not explicitly declared a breach of women's human rights until the 1993 United Nations World Conference on Human Rights held in Vienna. Subsequent world conferences reiterated governmental commitment to understanding women's rights as human rights.

THE MEETING

A meeting, which brought together activists from six Asian countries, was held in Jodhpur, India, from March 14-19, 1998 to deepen the analysis and understanding of violence as an issue of both women's health and rights. The meeting, which focused mainly on sexual and domestic violence, in the overall context of violence against women, had three objectives:

- To deepen the conceptual understanding of violence against women as a critical health and rights issue
- To share experiences of addressing violence against women across the region through a range of interventions
- To sharpen strategies to respond to violence more effectively at local, national, and regional levels

The meeting consisted of four key actors working in health or violence from each of the following countries: China, India, Indonesia, the Philippines, Thailand, and Vietnam. These countries were selected on the basis of where the Ford Foundation programmes in Asia on issues of violence against women. Stree Aadhar Kendra, a non-government organization based in Maharashtra, India, collaborated with the Ford Foundation to host the meeting. [1]

Participants, with their rich accumulation of expertise, were the meeting's primary resource. In line with this thinking, only two external resource persons with specialized experience were invited to the meeting. The meeting agenda, which was evolved in consultation with participants, included presentations, small group discussions and country exercises. The agenda was deliberately kept flexible to address the varying needs of participants, including the need to exchange information with one another.

This report summarizes the regional meeting that took place in Jodhpur. It is our hope that the report will contribute in a modest way towards raising awareness of the need to address violence as a critical issue of women's health and rights.

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[1] Stree Aadhar Kendra started its work in the area of violence in 1984 by providing legal aid to women in distress. The organization organizes women around their concerns at the community level, and advocates these concerns to policymakers. Over the years, Stree Aadhar Kendra has taken up several issues including equal property rights for women, rehabilitation of widows and deserted women, and women's political participation. Violence against women continues to be a core work area for the organization.

Strategies typically used to address violence fall into the following broad clusters: prevention, service provision, and broader gender-related interventions. Specific strategies against violence include community organizing, research, documentation, education, training, legal mechanisms, advocacy, counselling, awareness-building, networking. and incorporating gender sensitivity into a wide range of programmes.

However, **countries have adopted strategies that are specific to their context**. In Thailand, where there is a high level of prostitution, an attempt is being made to advocate sex workers' rights as human rights. In Indonesia, initiatives are focusing on re-interpreting religious texts in ways that are more sensitive to women. And in Vietnam, where the movement against violence is in its early stages, initiatives are exploring the linkages between mental health and violence, and sexual harassment at the workplace – issues that have emerged much later in other countries.

Although there is broad awareness of violence as a health and human rights issue, this understanding has yet to translate into concrete strategies against violence across the region. In Indonesia, there is a move to develop a health and human rights network, and a corresponding framework, to address violence. Organizations in the Philippines are using human rights mechanisms such as CEDAW to address violence, and have trained health workers on issues of violence. In this context, discrimination around women's reproductive health has been raised both as health issues, as well as forms of violence against women.

UNDERSTANDING VIOLENCE AS A HUMAN RIGHTS ISSUE

Women – and their rights - have historically been invisible in the discourse of human rights. All over the world, human rights have traditionally been understood as rights that are predominantly civil and political, such as torture, imprisonment, and lack of freedom of expression. Human rights have also been seen as issues of state, acts of commission or omission on the part of governments. Violence against women, which continues to be seen as a private matter, has been considered outside the purview of human rights.

In the late 1980s, women's advocates around the world started challenging the divides between private and public, women's rights and human rights. The movement made significant advances during the 1993 United Nations World Conference on Human Rights held in Vienna, when member states finally conceded that "women's rights are human rights". The conference also specifically recognized violence against women as a human rights issue.

Using the human rights framework to understand and address violence

The concept of human rights provides useful ethical, legal and political frameworks both for understanding violence and for organizing against violence at various levels.

Ethically, human rights arise from a fundamental notion of people's humanity. These rights are considered inherent and inalienable to the very essence of being human. Thus violence is understood as eroding one's sense of being human.

Politically, the notion of human rights is accepted as an international moral standard and can be used to hold states and other actors accountable for actions or omissions that violate these rights.

Legally, human rights usually refer to a set of rights, ranging from civil to economic, that are described and explained in international and regional human rights instruments. Once these instruments – usually treaties or conventions – are ratified by member states of the United Nations, these states are required to report on their compliance with the provisions specified in each instrument.

The usefulness of the human rights framework lies in using it at all three levels – as an ethical basis, as a political tool, and the legal instruments it provides for action.[2]

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[2] Several global conventions and agreements can be used to address violence against women. Foremost among these is the Universal Declaration of Human Rights, which was adopted by the UN General Assembly in 1948. Two subsequent treaties, the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (Economic Covenant), codified the provisions of the Universal Declaration in 1966.

There are several instruments that specifically address the rights of women, including treaties on prostitution, maternity, political rights and nationality. Chief among them is the 1979 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). Declarations from the United Nations conferences held at Vienna, Cairo, and Beijing also contain provisions that can be used to address violence against women.

Using the human rights framework to address violence in the Asian context

The human rights framework can be used creatively in varying ways to address the issue of violence against women. Ratification of a convention or agreement typically leads to discussion, public education and awareness. Documents such as country reports can be used to hold governments accountable. In many countries, women's advocates and non-government organizations have prepared alternate country reports to critique state policies and programmes. And specific provisions of international instruments have been used while fighting cases under local and national laws.

Participants at the meeting shared experiences of using the human rights framework in the Asian context. Participants also discussed common obstacles in using these mechanisms and made recommendations to enable women's advocates to use the human rights framework more effectively to address violence against women.

In the Philippines, the Cordillero Task Force on Violence Against Women started their work by focusing on rape and military abduction of women. Their campaign on violence against women looks at the issue as a human rights violation; it advocates that human rights should not be abused within or outside the home.

EMPOWER in Thailand has been lobbying to get the Thai government to recognize that police rapes of Cambodian women migrant workers is a human rights violation. The organization is also attempting to advocate sex workers' rights as human rights.

The eastern Indonesian women's health network JKPIT has developed a framework to understand the linkages between health and rights. The framework analyzes how health policies and programmes affect human rights and has looked at issues such as coercion in the family planning programme, abortion laws, HIV testing and surveillance, among others. The framework also examines how human rights violations – violations of civil, political, social, economic, and cultural rights - affect women's health status. Issues range from domestic violence to inadequate health budgets. The network also builds capacity, supports participatory research, and does grassroots organizing based on its perspective.

Stree Aadhar Kendra, India, has successfully used provisions from CEDAW in district-level courts to address violence against women. An unexpected factor here is judicial ignorance – judges have no knowledge of CEDAW's existence, provision, or status, and are willing to accept the organization's interpretations of this instrument.

Participants identified the following obstacles in using human rights mechanisms:
- There is a lack of monitoring mechanisms such as regional law courts to translate accountability into practice
- Both mainstream human rights organizations and governments resist recognizing either violence against women or violations of women's health as a human rights issue
- Several Asian countries have not signed international treaties and conventions
- The concept of 'universal human rights' is seen as alien to Asian values

The following needs were identified to make the use of human rights mechanisms more effective in the Asian context:

- The need to build capacity and increase the skills of key actors in this arena
- The need to indigenize the understanding of human rights, which is seen as a western concept
- The need to broaden the understanding of violence against women to include issues of migrant sex workers, military violence, domestic violence, trafficking in women, and child abuse. A deeper understanding of violence also needs to include factors such as unequal division of work, polygamy, psychological and emotional violence, and the concept of reproductive rights as human rights.

UNDERSTANDING VIOLENCE AS A CRITICAL HEALTH ISSUE

Although it is obvious that the violence that women face, particularly physical abuse, must affect their health status, violence has yet to be seen as a critical health issue. Violence against women and their health status are deeply intertwined at many levels.

At the most basic level, violence results in health consequences ranging from unwanted pregnancy to homicide and suicide. At the next level, coercion indirectly puts women's health at risk by limiting their ability to use birth control, or prohibiting them from seeking medical care without their partner's permission. And the health care system – which is often the first point of contact for survivors of violence – itself perpetuates violence against women, both through abusive and humiliating treatment, and practices such as forced sterilization.

The following example shows how an act of violence can affect a woman's health, including her reproductive health, in diverse ways. A woman who has been raped can undergo physical injuries and emotional traumas, both of which erode her health status. She runs the risk of becoming pregnant, or contracting STDs, including HIV, or starting to fear sex. Women living in countries where abortion is illegal must live with the double trauma of being raped and then having to bear the rapist's child. And in some parts of the world, rape can result in more violence due to the stigma surrounding the loss of virginity.

Using the public health framework to understand and address violence
This section is based on a presentation made by Lori Heise of the Centre for Health and Gender Equity, USA, who was a resource person at the Jodhpur meeting.

A public health approach is distinct from a medical approach. While the goal of medicine is to cure, public health aims to prevent. In contrast to medicine, which is dominated by physicians and seeks to treat illness and disease, public health has the following elements.

- Public health is multi-disciplinary, focusing on prevention, and working from a socio-political analysis of health
- A public health approach to violence starts with science (epidemiology and social science) and ends at community mobilization and empowerment.
- Public health involves a range of community actors, not just health services and medical personnel.

A public health approach focuses on prevention at three different levels.

Primary prevention	Secondary prevention	Tertiary prevention
Aim: prevent the problem	Aim: prevent problem from getting worse through early interventions	Aim: Treat problem to the extent possible by mitigating impact

For example, a public health approach might address the issue of HIV/AIDS at these three levels through the following interventions:

Primary prevention	Secondary prevention	Tertiary prevention
Promotion of condom use	Screening women for pre-natal care to reduce the rate of infection	Taking drugs if infected to make it less infectious for others

Similarly, an intervention addressing violence against women – based on a public health approach – might include the following components:

Primary prevention	Secondary prevention	Tertiary prevention
Grassroots human rights education for women	Support groups for survivors of abuse Protection orders for abused women	Treatment, incl therapy for survivors of violence Training physicians to treat violence survivors

A health-system response to address violence in the Asian context: a case study
This section is based on a presentation made by Dr Abu Hassan Asaari bin Abdullah of Hospital Kuala Lumpur, Malaysia, who was a resource person at the meeting.

The One-Stop Crisis Centre was established in 1994 in the emergency department of Hospital Kuala Lumpur to respond to the growing incidence of domestic violence in Malaysia. The Emergency Department, which is usually the first point of contact for survivors of violence in a hospital setting, traditionally provided only medical treatment. The One-Stop Crisis Centre also provides counselling, medical reports, and medico-legal assistance.

The One-Stop Crisis Centre aims to prevent women from experiencing further abuse by the medical system, provides immediate 24-hour shelter in the Emergency Department and comprehensive quality care focusing on the patient's needs, and sensitizes other health providers to address violence more meaningfully.

The centre's management strategy relies on the following components to achieve its objectives:
- Establishing inter-agency networking between government agencies and non-government organizations
- Setting up a network of survivors
- Developing policies, protocols and guidelines at different levels of interventions
- Defining the role of each agency involved in the intervention
- Developing standard operating procedures

Non-government organizations, for instance, are expected to
- provide counselling to survivors of violence
- mediate between the survivor and the medical social worker
- assist in addressing issues that arise in the person's home environment
- provide shelter, emotional support, and a listening ear

9

Consensus meetings on managing violence survivors are held each year. Attended by government and NGO representatives, these meetings are used to discuss problems, share experiences, and raise challenging issues.

The success of the One-Stop Crisis Centre has led to the establishment of similar centres in all general hospitals in Malaysia. The media publicity surrounding the centre's establishment has also contributed towards the passing of the Domestic Violence Act of 1994. The Act covers all forms of violence in family institutions including violence against men – and includes provisions for interim protection orders, counselling, and compensation for medical costs, economic losses, and shelter facilities.

The procedure followed at the One-Stop Crisis Centre consists of three stages of care, which are illustrated in the box below.

Stage 1
The medical assistant meets the survivor of violence, who is then examined by the doctor.
- Physical examination and treatment of life-threatening injuries
- Case referral to relevant medical/surgical/orthopaedic/psychiatric medical officer
- Document interview
- In cases of severe physical trauma, forensic pathology assessment and documentation for legal purposes
- Assessment of probability of serious injury if the woman returns home

Stage 2
- Referral to counsellor (medical social worker and volunteer counsellors from women's organizations)
- Arrangement of emergency shelter or 24-hour admission if needed
- Counselling to bring down emotional trauma, and to inform survivor of all available services
- Encouragement of filing of police report
- Medical report necessary for further police action provided free of charge
- Treatment for drug and alcohol abuse

Stage 3
- Monthly meetings of case management committee - consisting of emergency department members, medical social workers, and volunteer counsellors – to conduct case studies/follow-ups of survivors

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Although the One-Stop Crisis Centre has been successful in achieving its objectives, it continues to face the following challenges: lack of funds, shelter homes, and volunteers willing to make a continuous commitment; high turnover of medical personnel; lack of gender training and sensitization programmes; slow percolation of policies down to persons implementing the programme.

Using the health system to address violence: some issues

Participants identified the following issues in working with the health-care system to address violence against women.

- The health system and medical professionals have not been neutral in addressing violence. There is evidence to show that the health system has often helped offenders.
- Efforts at improving professional competence and efficiency must go hand in hand with system reform and changes in attitude.
- There is a need to directly approach women who are health care providers to enlist their support and participation in addressing violence.
- Efforts must be made to break the sexual division of labour that exists within the health care system itself. This would involve elevating the role and status of nurses in relation to doctors. This would also mean addressing sexist biases that exist in medical curricula, textbooks, and practice.
- Issues of violence need to be included in training of community health workers.
- The health system needs to redefine its focus from "curing" to "caring".

Using the human rights framework and the public health approach to end violence

The human rights framework and the public health approach complement each other and can be powerful tools in the struggle against violence. While the public health approach is useful in preventing violence, human rights mechanisms are effective in combating violence after it has occurred. Both approaches can be used in diverse ways at local, regional, national and global levels to address violence against women.

Lori Heise's brief analysis of the advantages of the two frameworks is summarized here.

Human Rights framework	Public Health approach
Concepts: • Persuasive power of 'rights' language • Appeals to 'bodily integrity' and 'security of person'	*Concepts:* • Focus on prevention • Social analysis of health • Inter-disciplinary approach
Tools: • International law • Human rights machinery • Fact-finding and documentation • Access to sanctions • Experience with international campaigns	*Tools:* • Epidemiology • Opportunity for early intervention • Social science research • Access to health services • Experience with behaviour change

DIRECT SERVICES

The provision of direct services has played a key role in the struggle against violence. In both the industrial and developing world, organized action against violence generally began with isolated groups of concerned middle-class women and professionals – psychologists, activists, lawyers – coming together to provide training, counselling, information, legal services and other support for women.

Participants highlighted the following priorities for action in this area:

- Survivors of violence and abuse urgently need direct services, which must be provided even as prevention work is carried out.

- Intervention work – or the provision of direct services – is part of prevention work. There is a need to see direct services as working hand in hand with advocacy.

- The experiences of women who go to crisis centres, shelters, and health centres is often the basis for advocacy. Both research and legal strategies need to be based on the experiences of abused women and service providers. Data generated from crisis centres needs to be utilized properly for advocacy.

- Donor organizations also need to recognize the value of supporting direct services for women.

- There is a need to share strategies, culture-based interventions, and strategies related to issues of sexuality. There is also a need for capacity-building and exchanges in the areas of counselling and women's mental health.

The experience of the Women's Crisis Centre, which was established in 1989 in the Philippines, provided a framework for much of the discussions. The centre is the first and only crisis centre for women in the Philippines, and the first to have introduced the practice of feminist counselling in the country.

The centre provides a comprehensive intervention programme that includes feminist counselling, stress and tension reduction therapy, temporary shelter, a survivor's support group, medical and legal assistance. Counselling is done via a hotline, face to face with individuals, and in groups. The centre also uses elements of dance therapy and meditation to reduce stress. All workers at the centre undergo paramedical and paralegal training, so that they can explain procedures and play a supportive role in these areas.

Over time, the centre has also entered the sphere of advocacy and public education, research and networking. Research investigates the prevalence of family violence, and the impact of violence on women's health. The centre co-ordinates and supports the implementation of a "Break the Silence" public education initiative, and is a member of networks on migrant women, trafficking, children, and legislative advocacy.

LEGAL STRATEGIES

Although legal strategies have been widely used across the world by women's rights advocates in the struggle against violence, the legal system has not always been responsive to the needs and interests of women.

Participants shared the following experiences of working with the legal system in different countries.

In China, implementation of laws is a major problem, since the laws are often "emptily worded". A special sub-committee of the government's Internal Affairs and Legislation Committee frames all laws related to women and children, such as those involving marriage, prostitution, trafficking, and the rights of women. The marriage law, which has been revised, emphasizes gender equality and provides women more grounds for divorce. However, implementation remains a major obstacle.

In India, despite the presence of laws that are pro-women, women still do not get justice from the legal system. There is a need to lodge written complaints, and to make women aware of the need to use specific words and terms to identify specific offenses. Related to this is the need to devise a mechanism, such as a diary, that enables the survivor to accurately recollect details of violent incidents in court.

In the Philippines, a new law has been passed against rape after a nine-year struggle to change the earlier law, which included notions of chastity. However, there is little knowledge of the provisions of this or other laws related to violence, such as a law against sexual harassment that was passed three years back. There is a need to disseminate such laws more widely to enable people to use them. A positive development in the Philippines is the formation of a network of advocates, activists, researchers, and friendly legislators, who review laws and lobby for reform. The network, which acts a watchdog, is unique in that women themselves develop laws.

In Indonesia, violence against women is considered to be against ethics, and hence is given a different implementation. Women's organizations and lawyers find it difficult to reform laws related to violence. There is also a need to reform customary laws, which relate to indigenous tribes.

In this context, participants emphasized the need for a multi-pronged approach to legal strategies, consisting of the following components:
- Legal reform
- Legal education and awareness
- Gender sensitization of police, lawyers and judges
- Legal enforcement
- Data collection and research
- Monitoring or watchdog groups
- Provision of direct services to help women get legal access
- Differential scales of payment for women's access to legal services
- Ethical codes for lawyers and judges

ORGANIZING THE COMMUNITY

In many parts of the world, the struggle against violence has followed a certain trajectory. The initial response is to provide direct services such as shelters, counselling, helplines and crisis centres to women experiencing violence. As overwhelming numbers of women swamp services, organizations inevitably feel the need to establish linkages with the law. Training police officials leads on to sensitizing lawyers and judges. An insufficient legal response typically leads to the understanding that laws alone will not solve the problem. "You may have the most perfect law in the world, but in the end you need to draw on the resources of the community," said one participant.

Many activists now agree that community organization is an essential component of efforts to stop violence against women. Lori Heise of the Centre for Health and Gender Equity shared one approach of organizing the community to respond to violence. This framework is presented below.

Objectives	High resource, urban setting	Low resource, rural setting
1. Understand nature and extent of problem	• Formal prevalence survey • Situation analysis	• Community diagnostic • Community forum • Interviews with survivors, providers, perpetrators
2. Provide direct support to women experiencing abuse	• Women's crisis centre	• Support groups run by local church or women's groups • Trained community persons
3. Early identification of abused women	• Systematic screening in health-care centres • All-women police stations	• Community awareness campaigns
4. Ensure safety of violence survivors	• Shelters/safe homes • Community patrols	• Safety planning • Network of friends, relatives • Sanctuary churches etc
5. Create supportive community attitudes (intolerance of violence, respecting women's choices, new visions of masculinity)	• Media campaign • Workshops with men, couples and adolescents	• Street theatre • Poster campaign
6. Sanction behaviour of aggressors	• Criminal prosecution • Protection order • Weekend detention • Anti-violence programmes for men	• Community service • Public humiliation
7. Improve institutional response and co-ordination	• Training for health workers, police, judges, clergy etc • Co-ordinating council with inter-institution agreements • Reform of professional curricula for doctors, lawyers, police etc	• Local co-ordinating committee • Accompaniment strategy • Human rights education/legal literacy

Participants shared their experiences of organizing the community. Shramajibee Mahila Samiti in India works with agricultural labourers in 150 villages. The organization creates community awareness about violence through street theatre, village meetings, and marches.

The *salishe* – a traditional system of local justice – is at the centre of the organization's strategy to address violence. This consists of a facilitated public hearing for the woman, the man, and then the family, leading to a public discussion and debate. The facilitator is a woman from the organization who tries to steer the argument in a pro-women direction. The *salishe* is based on other community norms – feeling of community responsibility, a tradition of public discussion and argument, feeling that the woman is not the other, community concepts of privacy and individual rights.

The *salishe* consists of the following steps: public hearing; discussion and argument; breaking tradition by introducing neutrality and new values; moulding public opinion; providing legal background; shaming perpetrator; collective diagnosis of situation and problem; facilitator finds mid-point; written agreement; forming local committee to monitor situation for non-recurrence; case follow-up. If the intervention through *salishe* fails, the case is taken to court. *Salishe* is not used to address cases of rape and sexual abuse, which are taken through the formal process of litigation.

The Women's Union in Vietnam works in a small, impoverished municipal ward in Ho Chi Minh City. Its strategy is to network with other mass organizations, and the community, specially elders. A study has shown that 40% of the women who face violence are very poor, while male alcoholism and gambling are a co-factor in 26% of cases. The union addresses these underlying issues as well: poverty is addressed through the initiation of credit schemes, while the collective force of women is used to deal with alcoholism.

The union's emphasis is on a family-centred reconciliation approach, where working very closely with people means they do not feel the need to "raise noise" on these issues. The union does not try to break the perception of violence as a private matter, but works with this perception, by trying to address violence within the family.

Intra-familial communication is non-existent in families where there is violence – family members do not even eat together. In many cases, the abused women and children group together, while the husband or perpetrator is isolated – this creates triangles of separation within the family. The union tries to promote communication within the family and get the perpetrator to confront his problems. The benefit of this is that family privacy, as well as the dignity of husband and wife is maintained, and a harmonious relationship is sought to be created within the family. Only severe cases of violence, which are well beyond reconciliation, are taken to court.

USING CULTURE AND RELIGION

Women's rights advocates have rarely addressed issues of culture and religion while organizing women around violence. However, culture and religion are societal building blocks – they create, shape and influence the value systems that run through any society. Each society contains cultural elements and ideologies that discriminate against women, and in doing so, ultimately abet violence against women. But like every building block, culture is not static; there are spaces within it which allow for change. Thus it is critical for advocates of women's rights to understand, address and negotiate around issues of culture and religion while strategizing against violence.

Participants identified cultural ideologies in their societies that discriminate against women and contribute to violence against women.

- In Vietnam, Confucian ideology divides society into superior and inferior. Men are considered superior, women inferior, a division that promotes the patriarchal value that men must protect women.
- In China, the culture sees women as untalented and incapable, and therefore 'deserving' of violence. There is a general belief that a woman is like a horse that a man can ride and beat as much as he likes; thus battering is socially and culturally acceptable.
- In Thailand, a belief in *karma* has translated into women being defined as people with lower status; women are encouraged to marry to increase their status. Religion encourages sons but proscribes daughters from becoming monks.

In several Asian countries, the sanctity of the family, which is prized over the individual, and the cultural norm of "keeping peace in the family" has meant keeping silent about issues of violence.

Given that culture and religion are inherently patriarchal forces, how can women's rights advocates find cultural spaces or re-interpret religions to the benefit of women? Equally importantly, how can these avenues, once created, be sustained? Participants shared the following issues and experiences in using culture and religion to liberate women:

- In Marxist countries like Vietnam and China, the new political value of 'gender equality' can be used to challenge feudal notions of inequality. This political value has translated into legal frameworks that can be strategically used. However, the old emphasis on 'family' in feudal society has been replaced by an emphasis on 'state', rather than on 'individual' in the new Communist value system.
- Women can be collectively mobilized to change religious norms. This has been successful in India, when a group of women have demanded access into a mosque.
- In Indonesia, feminist groups are working to re-interpret the Koran.
- Advocates in several countries have built alliances with progressive religious leaders and institutions and have utilized religious festivals and practices for this purpose.
- Studies show that societies with low rates of domestic and sexual violence include protective factors such as: minimal differentiation between gender roles; strong intervention in cases of violent behaviour; and roles for women outside the family that are respected. There is a need to look at the cultural frameworks of such societies, including indigenous communities, where there is little violence against women.

PUBLIC EDUCATION

Public education plays a critical role in preventing violence against women. But although several organizations have attempted to create awareness through media and community education, they face a number of common challenges. These include a denial and rejection of the issue of violence against women; sensationalized media coverage; and the ethics of news reporting, which has an impact on survivors of violence. Since men dominate mainstream media, the media often projects a male point of view.

Participants shared their experiences of educating the public in different contexts. These include using public media (radio, television, print), sensitizing media persons to gender, organizing activities around events such as International Day of Violence Against Women. Organizations also work to change gender stereotypes in textbooks.

Participants also discussed other ways of educating the public. These include: using existing newspaper spaces such as 'Letters to the Editor', training journalists on how to report cases of violence against women, disseminating research findings to media, and using community-based mechanisms such as street drama, songs, theatre, and posters. The need to use existing community structures (like labour unions) to create awareness about violence was also emphasized. A key challenge is to make public education programmes locally and culturally relevant.

While it is critical to promote the perspectives of women, it is also important to involve men who advocate against violence on women. Some participants raised the issue of educating men; the need to focus on men who could be potential offenders was highlighted in this context.

Voices in 2001 – Breaking the Silence
Share your story, stop family violence

The National Family Violence Prevention Programme (NFVPP) in the Philippines was launched in 1997 with a public education campaign called "Voices in 2001 – Breaking the Silence Campaign." This education campaign reaches 8 regions in the Philippines, covering 19 provinces, 19 cities, 16 municipalities, 32 urban and 13 rural *barangays*.

The campaign is the social mobilization component of the NFVPP. People across the country have been invited to send in their stories about family violence such as rape, incest, battering, and forms of sexual, physical, emotional, psychological or economic abuse – to finally break the silence. The stories will be treated with respect and confidentiality.

Once they have been collected, thousands of these stories will be presented to policymakers. "Why write your story?" asks a participant, who is involved in the campaign. "We think these is power in our collective voices...We shall ask these policymakers and people of influence to break their own silence and their voice to ours. We want them to speak out against violence in the family; to provide resources to protect and support us to promote legislation towards ending violence in the family."

RESEARCH

Research has always played a critical tool in the struggle against violence, simply because it has helped make the invisible visible. At the most basic level, research has helped women's rights advocates estimate the prevalence of violence in families, communities, and societies. Qualitative research and case documentation has helped identify the subtler aspects of abuse, and translate the coldness of numbers into the words, emotions and realities of women's voices. Campaigns based on such data have often been used to push for legal reforms and to design effective interventions against violence.

The following issues are critical to consider when researching violence:

- **Ethics:** There is a need for researchers to make an ethical commitment to the issue of researching violence. This would mean addressing issues of informed consent, and the privacy, anonymity, safety and confidentiality of subjects. Mainstream researchers need to involve women's organizations as active partners in the research process. There is a difference between using organizations to get access to research subjects, and engaging in a true partnership with groups where they are involved in helping to set the research agenda as well as carrying it out. Related to this is the need to understand the importance of feeding research findings back to the community.

- **Training:** Researchers need to undergo specialized training on abuse and gender. Researchers may themselves have faced abuse, so it is important to include time for them to come to terms with their own experiences of abuse.

- **Methodology:** There is a need to have a minimum sample size in a research study. Doing interviews in pairs is one way to address issues of privacy – one researcher interviews other family members, while the other interviews the subject. Participatory exercises, including games, are good techniques to make subjects feel at ease, a critical step in the research process.

- **Networking:** Researchers often feel isolated in their work. In the Asian context, there is a clear need to form a network where researchers can share methodologies, experiences, and collectively evolve strategies.

At the regional level, participants highlighted the need to develop a mechanism for sharing and exchanging information on the following areas: common issues; standards of research; ethical issues; methodologies; findings; legal systems; health-care systems; and, violence against women and sexuality.

Two organizations shared their experiences of researching violence in the Asian context. Sakshi, a crisis centre in India, has worked on sexual abuse for more than 10 years. It is currently researching the linkages between mental health and violence against women. The study is being conducted with 1000 women in four areas. A preliminary analysis shows that clinicians rarely ask women questions related to violence, there is often misdiagnosis, and gender issues are rarely considered during treatment.

The Population Studies Centre in Indonesia has conducted research studies on various aspects of violence since 1992. These include studies on sexual harassment in the workplace, marital rape, domestic violence, media coverage of violence. The organization now feels the need for national-level statistics and baseline data on the incidence of violence against women. This research study is currently being designed. Findings will be disseminated to policymakers and to women's rights advocates.

NETWORKING AND BUILDING ALLIANCES

At some time or the other, organizations and individuals engaged in the struggle against violence seek to build alliances with one another, both to strengthen the movement, to increase the scope and reach of the movement, and to advocate the issue more effectively at differing levels and among diverse constituencies.

The process of building and sustaining relationships inevitably raises a host of issues. These include fundamental questions of the relationship between the women's movement and the larger community it seeks to represent. Who are we? Do we represent all women?

Other questions relate to issues of power in relationships. In a network, "who has the net?" asked one participant. Participants agreed that building a network is a creative process that requires effort, commitment, and support. Networks are only successful when there is a common minimum agenda, a shared vision, and a sharing of resources. Typically, problems arise because of the difficulty of sharing power in decision-making, political differences, and disproportionate visibility of some network members. In building a network, it is critical to recognize each organization's skills and strengths, to accept and address internal differences, and to explore issues of professionalism. "There is a need to look within," said one participant.

Negotiating power is a key issue for organizations attempting to build relationships with government. It is important to work with the state both to challenge and redefine its concepts, to hold it more accountable, to push for better laws, policies and programmes, and to introduce concepts of empowerment within government. International conventions such as CEDAW and documents emerging from international conferences are helpful in working with governments: while the state can dismiss local organizations and individuals working on specific issues, it cannot ignore international processes.

In an NGO-government relationship, who defines the relationship? The organization? Or government? Who is the lead actor? There is a danger of the government setting the standards for non-government organizations; related to this is the danger of NGOs catering to the needs of government, rather than the needs of their own constituencies. Relationships with government actors must also be forged against the backdrop of continuous political changes and transfers, which poses its own set of challenges.

Participants shared experiences of building alliances with governments in different political contexts. In Vietnam, for instance, where everything is run by central control, organizations have no choice but to work with the government. However, after discussions with social organizations, the government is formulating a law making it compulsory for those working in ministries to have social work degrees.

In Thailand, the feminist movement has typically worked separately from government. Five years back, organizations started working with government to increase implementation of laws and to bring about a new constitution, which addresses violence against women.

The Regional Meeting concluded with participants identifying follow-up action at the regional level. These include:

- **Information Exchange**

A regional clearing-house, or a mechanism for an exchange of ideas, research and lessons learned, would be useful. The mechanism should allow for information exchange on the following: what has been done, case studies of community-based organizing on violence, lessons learned from the National Family Violence Prevention Programme in the Philippines and the One-Stop Crisis Centre, Malaysia. The clearing-house should also provide information on training in counselling, and inter-regional capacity building.

- **Joint Campaigns**

Participants identified three possible areas for joint regional action:
-influencing governments and their regional bodies (such as ASEAN and SAARC) on violence against women
-educating men
-accessing health services, including reproductive health services, in the context of the economic crisis common to countries in the region.

Saturday, March 14	Sunday, March 15	Monday, March 16	Tuesday, March 17	Wednesday, March 18	Thursday, March 19
Opening	*Understanding Violence Against Women (VAW)*	*Violence as a health and rights issue*	*Organising the community around VAW*	*Sharpening our strategies* *Wrap up & feedback*	*Wrapping Up*
Welcome	*Conference objectives, agenda: Bishakha Datta*	*Locating VAW as a health & rights issue:* Lori Heise, Centre for Health & Gender Equity, USA	*Wrap up & feedback*	*Culture & Religion: Panel Discussion* Facilitator: Kalpana Kannibaran, India	*Recap of conference:* Mallika Dutt, Ford Foundation
Introduction by participants	*Defining Violence: A collective exercise* Facilitator: Jasjit Purewal, India		*Community based organising* Facilitator: Galuh Wandita, Indonesia	*Panelists:* • Le Thi Quy, Vietnam • Chen Mingxia, China • Triningtyasasih, Indonesia • Orawan Sriphim, Thailand	*Human Rights Framework:* Mallika Dutt, Ford Foundation
Introduction to host organisation Stree Aadhar Kendra: Neelam Gorhe and Sulochana Harshe	*Mapping violence: A group exercise by country* Facilitator: Jasjit Purewal, India	*Case Study: One Stop Crisis Centre, Hospital Kuala Lumpur:* Dr. Abu Hassan Abdullah, Malaysia	*Presentations:* • Anuradha Talwar, India • Nguyen Thi Thu Ha, Vietnam • Lyda Canson, Philippines		*Networking and Building Alliances:* Neelam Gorhe, India *Discussion*
	Combatting violence: Models of Intervention Facilitator: Joan Kaufman, Ford Foundation *Presentations:* • Raquel Tiglao, Philippines • Surang Janyam, Thailand • Anne Marie Wattie, Indonesia *Discussion*	*4 Aspects of Violence as a health & human rights issue:* Facilitator: Bishakha Datta *Presentations:* • Purita Sanchez, Philippines • Amar Jesani, India • Jasjit Purewal India • Galuh Wandita Indonesia *Small Group Discussions*	*Small Group Discussions and Report back* *Other Pending matters* *Sightseeing*	*Public Education and Awareness* Facilitator: Purita Sanchez, Philippines *Presentations:* • Supawadee Petrat, Thai. • Lynn Madalang, Phil. • Chen Yiyun, China *Small Group Discussions* *Parallel Group Discussions* *Legal Strategies: Nur, Indon.* *Research: Anna M., Indon.* *Direct Services: Raquel, Phil.*	*Country Recommendations for follow-ups at regional level* Facilitator: Galuh Wandita, Indonesia *Evaluation* *Conference Wrap up*
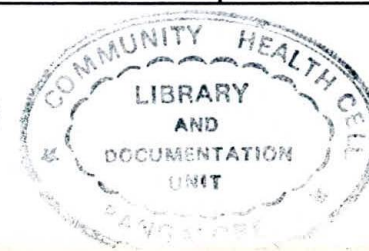
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