Chapter B: Gender Violence – Naming & Owning the Problem

**Introduction**

This chapter looks at the problem of GENDER VIOLENCE. It helps participants see that:

- Gender violence exists;
- It is harmful to women, families and communities; and
- It fuels the HIV epidemic.

The aim of this chapter is to get health care providers to:

- Recognize gender violence as a problem;
- Become committed to stopping gender violence;
- Agree on a protocol to prevent gender violence;
- Develop new skills and approaches for treating abused women;
- Learn the skills for counseling abused women; and
- Stop gender violence in their own homes.

Many health care providers do not recognize gender violence as a problem. They view it as a norm – something that is acceptable. They believe that a husband has a right to beat his wife. During the baseline study for this program, roughly one-quarter of the rural medical practitioners (RMPs) said that violence is justified if the husband suspects his wife is unfaithful; if the wife refuses to have sex or asks him to use a condom; or if she burns food. RMPs and other health workers may not realize that beating affects a woman’s health, both physically and psychologically.
One RMP, when asked about gender violence, responded by saying, “Why are you wasting my time asking these questions? Men beating their wives is normal, an everyday occurrence. Why are you worried about it?”

It will not be easy to change the behavior of RMPs and other health workers on this issue. In our initial workshops, we found that the RMPs were discussing the issue of violence, but not internalizing the learning. They talked about violence as if it were an academic topic, rather than something with which they had direct experience. Listening to the traditional birth attendants’ (TBA) stories about their own experiences of violence, however, made a difference. The TBAs talked from the heart, and this helped to change the RMPs’ views and behavior.

“I used to hit my wife, but now I know this is wrong and talk to my wife rather than hitting her. I have learned to control my temper – my own way of thinking has changed, I now tell myself that beating is wrong.” (RMP)

“I have changed the way I treat women who have been beaten by their husbands. Now if I see gender-based violence I feel responsible, and talk to husbands who have been violent and counsel them.” (RMP)

“In my street one widow had a relationship with one neighbor. Another neighbor forced her to stand in the road, and insulted her. I went out and said, ‘Why are you insulting her like this in public. This is wrong.’ She understood that I was supporting her.” (RMP)

“If women do not speak out about being beaten, violence will continue to grow. Women cannot simply ‘live with it.’ To bring change, women have to speak out – and support each other in challenging violence. To bring a change, women should be brave and bold!” (TBA)

Step-by-Step Approach for Looking at Violence

This chapter will introduce violence on a gradual, step-by-step basis. The sequence will be:

- Step 1: Violence in the community
- Step 2: Violence in the health workers’ practice
- Step 3: Violence at home (personal level)

This approach will familiarize participants with gender violence in a gradual, non-threatening way. The first step will introduce gender violence impersonally. Health workers will name violence as something that happens in their communities, without focusing on their own records as possible perpetrators. Next, health workers will look at how they deal with cases of battered women in their practice – with the aim of changing how they deal with these cases. Finally, once they are more open and committed to changing community norms around violence, they might be willing to talk about and change their own behavior in their families, for instance agreeing to stop beating their wives.

Special Note

Talking about gender violence can be very upsetting for some people who have been directly affected by abuse. Read the notes on handling feelings in the Introduction. When discussing this issue, make sure participants are as comfortable as possible. Some sessions may need to be done in groups separated by gender.
Introduce two ground rules:

a) Everyone has the right to participate at his or her own level of comfort. Everyone has the right to pass at any time.

b) Everyone should honor confidentiality within the group.

One additional resource for this chapter is Fact Sheet No. 12, which deals with gender violence and HIV.

Modules

B1. Naming Gender Violence Through Pictures
B2. Forms, Effects and Causes of Violence – Problem Tree
B3. How It Feels to Be Abused – Reflection Exercise
B4. Violence in the Workplace – How We Respond to Cases of Battered Women
B5. Gender, Violence, and HIV and AIDS
B6. How to Mobilize the Community to Stop Gender-Based Violence
B7. Sexual Rights and Responsibilities

Also see the following modules, which deal with gender violence:

A5. Stigma and Violence in Different Contexts
A10. Effects of Stigma and Gender Violence
A12. When HIV Enters the Home – Stigma and Violence
A13. Women’s and Men’s Life Cycles – Stigma and Violence
B1. Naming Gender Violence Through Pictures

Facilitator’s Note: This exercise is designed to introduce the issue of gender violence and start exploring its effects and causes.

Don’t waste a lot of time making long lists of forms of violence. It is more important to focus on the effects of violence and the “why?” behind it.

The one who gives birth is the mother.
The one who gives love and affection is the sister.
The one who cares for others is the wife.
Why so much violence against women?
If there are no women – all is darkness.
(Poem written by one of the TBAs – translated from Telugu)

Objectives: By the end of this session, participants will be able to:

a) Identify different forms of gender violence; and
b) Describe how violence affects women, their families and the HIV epidemic.

Time: 1 hour

Materials and preparation: Display VIOLENCE PICTURES (B1 to B14) on the wall.

Steps:

1. NAMING GENDER VIOLENCE (Picture-Discussion): Divide into groups and assign each group four pictures, one from each of the four categories of violence (physical, emotional, economic, and sexual). Ask each group to discuss:

a) What forms of violence do you see in your pictures?
b) How would it make the woman in each situation feel?
c) What effect would the violence have on the women and their families?

2. REPORT BACK (Round Robin): Put a card for each category – PHYSICAL, EMOTIONAL, ECONOMIC and SEXUAL – along the top of the wall. Ask each group to tape their pictures under the appropriate categories, and then talk about one picture at a time. Record discussion points on a flipchart. For each picture, have the group explain: What is the impact? How does the person abused feel?
Sample Responses:

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1</td>
<td>Husband beating his wife with a stick. (Physical)</td>
</tr>
<tr>
<td>B2</td>
<td>Drunken man threatening wife with bottle in front of children, who are crying. (Physical)</td>
</tr>
<tr>
<td>B3</td>
<td>Family throwing oil over daughter in law – dowry killing. (Physical)</td>
</tr>
<tr>
<td>B4</td>
<td>Landlord beating laborer with stick. Laborer has to accept this humiliation. (Physical)</td>
</tr>
<tr>
<td>B5</td>
<td>Abortion – killing an unborn female child. (Physical)</td>
</tr>
<tr>
<td>B6</td>
<td>Woman belittled by husband in front of her parents. (Emotional)</td>
</tr>
<tr>
<td>B7</td>
<td>Woman shamed/stigmatized for not having children. (Emotional)</td>
</tr>
<tr>
<td>B8</td>
<td>Eve teasing – youth on motorbike harass a young woman. (Sexual)</td>
</tr>
<tr>
<td>B9</td>
<td>Man takes money away from wife by force. (Economic)</td>
</tr>
<tr>
<td>B10</td>
<td>Husband wastes family money on card playing. (Economic)</td>
</tr>
<tr>
<td>B11</td>
<td>Property grabbing – woman forced to put thumb print (i.e., give up legal title to land or property). (Economic)</td>
</tr>
<tr>
<td>B12</td>
<td>Incest – father/uncle forcing daughter to sleep with him. (Sexual)</td>
</tr>
<tr>
<td>B13</td>
<td>Man raping woman – hand covering mouth. (Sexual)</td>
</tr>
<tr>
<td>B14</td>
<td>Marital rape – the husband is forcing his wife to have sex. (Sexual)</td>
</tr>
</tbody>
</table>

3. PROCESSING: Discuss–

a) *How does violence make women feel?*

b) *What would be the effect of the violence on women and the family?*

c) *Who faces more violence – men or women?*

d) *What are the causes of violence against women?*

e) *How does violence against women put women and men at risk of getting HIV?*

f) *What can we do as health workers to reduce violence against women?*
Sample Responses:


**Who faces more violence?** Women.

**Causes:**
- Gender inequality – unequal power relations between husbands and wives.
- Men want to dominate women and use force to maintain their control.
- Women are taught to be submissive to their fathers, husbands and their sons.
- Women are taught to accept and not question their husbands’ word or behavior.
- This inequality allows men to treat their wives with contempt – leads to violence.
- Women treated as inferior/subservient to men – makes them vulnerable to abuse.
- Men think it is acceptable to express anger through physical and emotional violence.
- Common view that husbands beating wives is acceptable – a form of “discipline.”
- Poverty makes men insecure and more susceptible to the use of violence.

**How does violence increase vulnerability to HIV?**
- Fear of violence stops a woman from protecting herself from HIV and sexually transmitted infections (STIs). She is afraid she will be beaten if she refuses to have sex or asks her husband to use a condom.
- Fear of violence stops a woman telling her husband she has an STI or HIV. This fear stops her getting treatment for the STI, because she cannot do this without her husband’s consent. And she continues having unprotected sex with her husband, who may then become infected with the STI or HIV.
- Sexual violence, which results in bleeding in the vagina and small internal cuts or sores, makes it easier for HIV to be transferred.
- A man having unprotected sex with his wife when he has an STI or HIV is a form of sexual violence. It means he is exposing her to the STI or HIV too.
- Women are vulnerable to getting HIV because of their vulnerability to rape in the workplace or in the community.

**Solutions:**
- Start with ourselves – change our own attitudes/behavior. Set a good example.
- Talk with family, friends, and clients and get community leaders to speak out against gender violence. Get people talking openly and make this problem visible.
- Help everyone – men, women and children – understand that gender violence is wrong.
- Stand up and challenge others when they “blame and shame” women.
- Raise men’s awareness and encourage them to stop violence.
- Stop the stigma toward women and girls. Women should be respected.
- Reach out to abused women and support them. Once they feel accepted, they will be more open to discussing their situation with others and getting help.
- Educate women about their rights and how to get support when they are abused.
- Get women to work together and support each other.
- Build up women’s solidarity and courage to challenge gender violence when it occurs.
- Encourage women to report violence to police and get police to treat them seriously.
- Get police to enforce the Domestic Violence Bill.
- Address problems of excessive drinking.
- Treat all children equally and educate girls.
4. SUMMARY:

- **Gender violence occurs at all stages in a woman’s life** – pre-birth, childhood, marriage, workplace and old age.

  “If one is born a woman, one definitely goes into a life of violence. A girl child undergoes violence at an early age and it never stops until the day she dies.” (TBA)

- Gender violence takes **several forms** – physical, emotional, economic and sexual.

- Gender violence involves **abuse of power** – the man takes advantage of the woman because he is stronger.

- **Gender violence has a devastating impact on women.** Women get badly hurt **physically** – injuries, disfigurement, miscarriage, sexually transmitted infections (STIs), trauma and death. They also get hurt **emotionally** – they feel belittled and worthless, become fearful and anxious, and lose self-esteem and sense of control over their lives. They lose out **economically** – their income and property is grabbed, they are overworked in the house and in the fields.

- Gender violence **destroys relationships, women’s productivity and health**, and the health of the family and community.

- Gender violence often occurs along a continuum, with men starting off by abusing their wives verbally, then starting to slap them, and moving to severe forms of battering. Evidence shows that many women suffer through a long-term, violent relationship and in spite of severe, regular beatings are often reluctant to get out of the relationship.

  “Men are not born violent. They learn to be violent, so we can help them unlearn violence.” (TBA)

- **Gender violence makes women and men more vulnerable to HIV infection.** Fear of violence prevents women from negotiating safe sex (asking husbands to wear a condom), and this fear also prevents them from disclosing to their husbands if they think they are HIV-positive. They also are subject to coercive sex which makes them vulnerable to HIV infection.

- At present, **gender violence is viewed by society as something normal** – as something **not to be taken seriously**. It is viewed as a “domestic affair” – a husband simply disciplining his wife. Consequently, it is rarely reported to the police. When violence cases are taken to doctors, they are reported as “accidents” rather than as a form of violence.

- **Gender violence is WRONG** – it is **against the law**! There is no acceptable form of violence. Even a slap is violence!

- **Women have the right to be safe from violence**, including forced sex and economic violence.

- **Gender violence must be challenged**. If women accept or adjust to the violence, it will never stop. To bring about change, they need to speak out and support each other in challenging violence. To bring change, they need to be brave and bold.
Special Note: Some participants may not at first accept that gender violence is a problem. For example, in one of our workshops a TBA said that violence is justified – that women provoke violence by spending lots of money or making their husbands angry by disobeying them. We challenged her, not by saying she was wrong, but by asking her to reflect on her own experience as a woman and as a wife. This approach worked. Eventually she started to talk about her own experience and admitted that all women faced unjustified violence in their homes from their husbands.

Other tips for the facilitator:

- Provide statistics on the amount of violence in your area.
- Hand out copies of the Domestic Violence Act (see Annex 4) and explain the main points.
- Prepare a wall display of stories and photographs on gender violence taken from local newspapers.
B2. Forms, Effects and Causes of Violence – Problem Tree

Facilitator’s Note: This exercise is similar to the Problem Tree analysis on stigma in Chapter A (module A9). The aim is to get participants to analyze the forms, effects and causes of gender violence.

In this exercise, participants write points on cards and tape them on the wall diagram to make a “problem tree,” showing forms of violence (main trunk), effects (branches), and causes (roots). Then points are reviewed and more analysis is done on the effects and causes.

Objectives: By the end of this session, participants will be able to:
a) Identify different forms of gender violence and how violence affects people; and
b) Identify some of the root causes of gender violence.

Time: 1–2 hours

Materials and preparation: Draw a large tree diagram on flipchart paper, with the “Effects,” “Forms” and “Causes” labeled at appropriate levels (see below). Write one example of the type of response expected at each level on a card and tape the cards at their respective levels.

<table>
<thead>
<tr>
<th>Location</th>
<th>Part of Tree</th>
<th>Feature</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top</td>
<td>Branches</td>
<td>EFFECTS</td>
<td>loss of self-esteem</td>
</tr>
<tr>
<td>Middle</td>
<td>Trunk</td>
<td>FORMS</td>
<td>physical violence (e.g., beating)</td>
</tr>
<tr>
<td>Bottom</td>
<td>Roots</td>
<td>CAUSES</td>
<td>male domination</td>
</tr>
</tbody>
</table>
Problem tree drawn by participants in pilot workshop.
### Steps:

1. **CARD-STORMING**: Divide into pairs. Hand out cards and markers. Ask pairs to write individual points on forms, effects and causes of violence – one point per card – and then tape them at the appropriate level of the tree.

   **Debriefing**: Review one level at a time. Cluster common points and eliminate repetition. Give each set of common points a category title, e.g. “PERSONAL,” “FAMILY,” “COMMUNITY,” etc. When reviewing “Effects,” help participants see two levels of effects – immediate impact on women (e.g. injuries, fear), and spin-off effects (e.g. reduced productivity).

2. **PROCESSING – Causes and Solutions**: Ask the following questions to probe deeper into the root causes of gender violence and elicit possible solutions:

   a) *What are the root causes of gender violence?*

   b) *Why are women not reporting cases of violence to the police?*

   c) *How can we solve this problem and reduce the incidence of gender violence?*
Sample Responses:

**Forms of violence**


**ECONOMIC VIOLENCE** – Women and girls overworked. Husbands grabbing wives’ income. Dowry harassment. Forcing wife to do work against her will. Husband wasting family money (e.g. drinking, playing cards).

**SEXUAL VIOLENCE** – Rape. Forced sex within marriage. Sexual teasing and coercion at work places or schools. Incest.

**Effects**


**COMMUNITY** – Neighbors talk about the family – this affects family’s social standing within the village. Disruption of community life.

**HIV EPIDEMIC** – Wife cannot negotiate safe sex. More vulnerable to getting HIV. Fear of disclosure if she gets HIV. Avoids getting tested and using AIDS services. Spread of infection.

**Causes**

- Gender inequality – unequal power relations between husbands and wives.
- Men want to dominate women and use force to maintain their control.
- Inequality allows men to treat their wives with contempt – leads to violence.
- Women are not respected and recognized by society – they are stigmatized.
- Men think it is acceptable to express anger through physical & emotional violence.
- Women treated as inferior/subservient to men – makes them vulnerable to abuse.
- Women are taught to be submissive to their fathers, husbands and sons.
- Common view that husbands beating wives is acceptable – a form of “discipline.”
- Women lack decision-making and financial power and do not control property.
- Poverty makes men insecure and more susceptible to the use of violence.

**Why are women not reporting cases of violence?**

- They fear that if they report the violence, it will continue or get worse.
- They fear they will lose economic support and be kicked out of the home.
- They fear that reporting the violence will bring shame/dishonor on the family.
- They fear that if they report the violence, no one will listen.
- They have been taught to stay silent – to protect the family secrets at all costs.
- They are not aware of their rights and accept gender violence as a norm.

**What can we do individually and collectively to reduce violence?**

- Educate men, women and children that gender violence is wrong.
- Help them understand the effects of violence on the family.
- Educate women on how to get support when abused.
- Help women develop the courage to tell others when they have been beaten.
- Encourage women to report cases of violence to the police.
- Get the police to enforce the Domestic Violence Law.
- Get the community to name violence as a problem and to stop it.
- Educate the community that the sex of a child is determined biologically, by chromosomes.
- Empower women with assertiveness skills.
- Provide legal services for women.
- Educate children on violence so they don’t become violent when they grow up.
- Provide counseling for couples and address problems of excessive drinking.
- Discourage early marriages.
3. SUMMARY:

- The main CAUSE of gender violence is that men use violence to exert control over their wives or partners.
- The main SOLUTION is to empower women to stand up to this violence (in appropriate ways) and to get community support for their empowerment.
- Women, when beaten, often refuse to report the violence. They are worried about triggering further violence or shaming their family, so they remain silent.
- Women have been socialized to be submissive to their husbands and not to question the husbands’ behavior. They have been taught to bottle up the problems of the family and protect the family secrets at all costs. This is why they remain silent after being beaten.
- Men have been socialized to be domineering – to be “laws unto themselves” and to treat women with contempt, rather than respect. They treat their wives as their property: they feel they own their wives, so they have a right to do anything to them without being questioned.
- Men feel that it is acceptable to express their anger through intimidating, verbally abusing or beating their wives. They think this is their right.
- All forms of gender violence – physical, emotional, economic or sexual – are wrong and need to be stopped, rather than hidden or condoned.
- The violence may be triggered by jealousy, alcohol, “talking back” or arguments over money, but these are not valid reasons for violence. Violence is wrong.
- Unless something is done, the men will continue to batter their wives, knowing that no action will be taken.
- If women are seriously injured, we (health workers) need to do more than patch them up and send them home.
B3. How It Feels to Be Abused – Reflection Exercise

Facilitator’s Note: This session will help participants understand violence on a feelings basis, rather than on a theoretical basis. It may trigger strong emotions. You should be ready to deal with these emotions. Read the note in the introductory chapter about how to manage feelings.

“During this exercise TBAs reflected on very painful experiences in their lives. They talked about being beaten or emotionally abused by their husbands without reason. They felt very bad and some cried. But they supported each other and we helped them to cope with the pain and learn from these experiences. We explained that our aim was not to remind them of painful moments in their lives, but to bring about awareness and look for ways to change things.” (Trainer in the Reducing Stigma and Violence Toolkit for Health [SVTH] pilot workshop)

Some trainers have combined this exercise with the reflection on stigma (module A3) – thinking of experiences of being stigmatized. The choice of combining these exercises or treating them separately is up to you.

Objectives: By the end of this session, participants will be able to:

a) Describe some of their own personal experiences of being subjected to violence; and

b) Identify some of the feelings of having been beaten or verbally abused.

Time: 1–2 hours

Steps:

1. OUR OWN EXPERIENCE OF BEING SUBJECTED TO VIOLENCE (Individual Reflection): Ask participants to sit on their own at a distance from other participants. Ask participants to close their eyes, and then say: Think about a time in your life when you were beaten up or subjected to continuing verbal abuse. What happened? How did it feel? What impact did it have on you?

2. SHARING IN PAIRS: Share with someone with whom you feel comfortable. If you prefer to remain silent, this is okay too. There is no pressure on anyone to share. Help participants pair off if they are having difficulties.

3. REPORT BACK: Invite participants to share their stories in the large group. This is not compulsory – people will share if they feel comfortable. As the stories are presented, ask – How did you feel? How did this affect your life?
Sample Responses:

Experiences of Being Subjected to Violence

Beaten by parents for doing something wrong. Beaten by husbands. Verbal abuse and teasing. Men controlling the family income.

How did you feel when you were subjected to violence?

Hurt and confused – didn’t understand why I was being beaten. Feeling afraid. I couldn’t defend myself. How could he do this? It made me feel so small. Sad. Inferior. Useless. Rejected. Shame – my children were watching. Wanting to be understood, listened to. Hatred.

4. PROCESSING: Ask – What did you learn from this exercise about your own experience of being subjected to violence? If the experiences are very painful, get participants to share in pairs.

5. SUMMARIZE:

- This exercise helps us see how it feels to be beaten or emotionally abused.

- Violence is humiliating, painful and terrifying. People get badly hurt and the feelings last a long time. The feelings are so powerful that some of us can even remember how it felt being beaten more than 30 years ago!

- Violence destroys people’s self-esteem. People begin to doubt themselves. They feel belittled and worthless.

Action Ideas:

Talk with friends or family members about what you have learned about violence.
Chapter B: Gender Violence – Naming & Owning the Problem

B4. Violence in the Workplace – How We Respond to Cases of Battered Women

Facilitator’s Note: This exercise is designed to get health workers to look at how they deal with cases of battered women who come to them for help. Before the training, some health workers may treat a case of battering as an accident. This module is designed to show them practically how they should respond to this kind of case.

Objectives: By the end of this session, health workers will be able to:

a) Describe how they currently deal with cases of battered women;
b) Recognize that gender violence is a health problem and a human rights problem;
c) Agree that the current response of some health workers – treating violence as a domestic matter to be settled at home – is wrong;
d) Work out a new approach for dealing with these cases; and
e) Understand the protections offered to women by the Domestic Violence Law.

Materials and preparation: Copies of the Domestic Violence Law, (Annex 4) to be distributed to participants.
Time: 2 hours

Steps:

1. INTRODUCTION: Facilitate a discussion on the following questions:

a) What do your patients seek treatment for? [Possible responses: fever, headache, diarrhea, vomiting, stomachache, injuries, fractures]
b) When you say “injury,” do women or men come with the most injuries? [Women]
c) What kind of injuries? [Injuries caused by beatings by husbands, e.g. head injuries, internal pains, cuts, bruises, broken bones, damaged teeth, etc.]
d) When women who have been beaten ask for help, how do you deal with them?

Use this as the starting point to introduce the role play.

2. CURRENT SITUATION (Role Play): Organize a role play to show the current situation.

A health worker is treating a woman who has been beaten badly by her husband. The health worker is very cold, disbelieves the woman and questions her about her behavior (implying that she is responsible for provoking the violence). He refers to the violence as an “accident,” and provides no counseling or legal advice. At the end, he sends her home, saying she “should go home and be a good wife.”

At the end of the role play, discuss the following questions:

a) What happened in the role play?
b) Do you agree with how the health worker treated the woman? If not, why?
c) How did the woman feel? (question to the “battered woman” in the role play)
d) How should health workers deal with cases of battered/abused women?
Sample Responses:

**What happened?**
- The health worker was very cold, unwelcoming and disbelieving.
- He was judgmental. He blamed the woman, saying she had done something to make her husband beat her.
- He kept using the word “accident” – he does not view violence as a problem.
- He told her that it was her duty to obey her husband.
- He sent her home, telling her to “be a good wife.”
- He does not see that beating affects a woman’s health – physical and psychological.
- He did not probe the source of the violence or offer counseling/support to the woman. He made no effort to help find a long-term solution.

**How should health workers deal with cases of battered women?**
- Don’t overreact or look shocked. Show her you believe what she is telling you.
- Let the woman talk about her feelings and listen to her.
- Give the woman your full attention and stay calm, reassuring and non-judgmental.
- Tell her that:
  - a) You will treat her information in confidence – you will not tell other people.
  - b) She is brave to talk about her problem. It is sometimes difficult to talk about these things – sometimes it feels easier to stay silent and suffer.
  - c) The violence by her husband is wrong. No one has the right to beat another person, no matter how angry he is.
  - d) Getting beaten is not her fault. She is not to blame. She did not ask to be beaten.
- After she has explained her situation, get her to talk about what to do next. Be realistic and do not frighten her.
- Don’t tell her what to do. Help her consider her options, but empower her to make her own decision.
- DO NOT question her about her behavior (which “may have triggered the abuse”).
- DO NOT tell her to “go home and be a good wife.”
- DO NOT call the husband to hear his side or try to counsel them as a couple.

3. COUNSELING PRACTICE (Paired role playing and stop start drama): Divide into pairs. Ask one person in each pair to play the health worker, the other person to play the battered woman. Ask pairs to play for 4–5 minutes. Then shout “Stop!” and ask one pair to show their play at the center. At the end of the play ask the group, “What happened? How did the health worker deal with the woman? How did it make the woman feel? What other approaches might be used?” Invite the person who suggests a new approach to take over the health workers’ role and replay the scene – and then debrief at the end. Continue this process, with new approaches being tried out in each subsequent role play.
Sample Responses: Possible approaches used by the health worker

- Comfort the woman and assure her she is in good hands. Get her to sit down.
- Talk to her in a way that builds her confidence to explain what has happened.
- Ask simple, open questions and get her talking.
- Check symptoms while at the same time asking questions, e.g. ask about her children.
- Get her to talk about her family first, and then ask, “And how did this happen?”
- Ask – “Why did he do it? How often has he done this? After beating you, what does he do? Does he repent? Did he come with you? Do you have a support system – do you talk about this with any family member? Do you talk to your husband?”
- Tell her husband that this was a criminal act and that he could be thrown into jail.

4. CURRENT SITUATION AND COUNSELING PRACTICE (group role play option):

As an alternative to steps 2 and 3, divide participants into two groups. Ask one group to prepare a “negative” role play showing a health worker who is not supportive of a battered woman, and ask the second group to develop a “positive” role play of a health worker who counsels the woman and takes up the issue of battering.

Once the two plays have been performed, ask participants to compare the approaches used in the two plays and discuss best practices for counseling a woman.

5. SUMMARY: Review the recommended approaches to caring for battered women:

- Welcome the woman and make her feel comfortable. Treat her with respect.
- Meet with her on her own without her husband and help her decide what she wants to do. Don’t try to counsel the couple together and “negotiate violence.” This is totally inappropriate when one partner dominates the other.
- Give her time to tell her story and express her feelings. Let her do the talking.
- Give her your full attention and listen attentively. Remember – a good counselor has big ears, big eyes, and a small mouth.
- Listen to and believe what she has to say. She needs a friendly, supportive ear, not a challenging or accusing response. She needs help, not disbelief or hostility.
- Build on her strengths. Compliment her on what she has achieved so far, her coping strategies and survival skills, e.g., coming to see you.
- Don’t question her behavior. Focusing on her behavior will not solve the problem – the problem is the husband’s controlling behavior.
- Tell her that:
  - You will treat her information in confidence – you will not tell other people.
  - She is brave to talk about her problem. It is sometimes difficult to talk about these things – sometimes it feels easier to stay silent and suffer.
  - The violence is wrong. No one has the right to beat another person.
  - Getting beaten is not her fault. She did not ask to be beaten.
  - Her feelings of love, anger, betrayal, hope, fear, sadness are all normal.
After she has explained her situation, get her to talk about what to do next. Be realistic and do not frighten her.

Help her plan for her safety. Discuss options to prevent violence, including:

- Leaving her husband;
- Getting support from others (e.g. community leaders, relatives, friends) to change the husband's behavior;
- Addressing triggers that result in violence, such as alcohol abuse; and
- Going to the police to take legal action.

The woman herself will decide if she wants to press charges. Many women want to end the violence, but maintain the relationship. If she leaves her husband, she might lose her home, economic support and children. This is a difficult choice.

Some health providers may refuse to take responsibility for this type of case, saying “It is not a health issue.” Gender violence, however, is a health issue – it results in injury, chronic health problems and even death. If a woman reports her case and you see her injuries, you are legally obliged to help get it reported to the police.
B5. Gender, Violence, and HIV and AIDS

Objectives: By the end of this session, participants will be able to:

a) Explain why gender violence increases women’s vulnerability to HIV; and
b) Identify strategies for countering gender violence.

Time: 1 hour

Steps:

1. VIOLENCE AND HIV (Story-Discussion): Divide into two groups. Give each group one of the stories below and ask them to:

   a) Read the story.
   b) Discuss the violence and how it affects vulnerability to HIV.
   c) Change the story so that the women are less vulnerable to HIV.

   **Story A:** The husband is alcoholic, goes out every night and has many other sexual partners. He beats his wife regularly and sometimes forces her to have sex. If the wife complains to her husband about his girlfriends or asks him to use condoms, he responds with more beating.

   **Story B:** A young man is influenced by his friends to take up excessive drinking and sex with many women. Even though he knows the risks of getting HIV, he does not use condoms. After some time he tests positive for HIV but does not disclose his status to anyone, nor tell his partners. He continues to have unprotected sex.

Sample Responses:

**Story A:**

The husband drinks lots of alcohol and has sex with many other women. He beats his wife regularly. Out of the fear of being beaten, his wife agrees to have sex with him, even though she knows he has been sleeping with other women. This puts her at risk of getting HIV.

**How to change the story so she is less vulnerable?**

- The main solution is to empower women to stand up to violence.
- Educate the woman about HIV and how she is at risk.
- Encourage her to join a group and get support from other women.
- If she shares her problems and gets support from others, her husband may listen.

2. PROCESSING: Ask – How does gender violence increase a woman’s risk of getting HIV?

3. SUMMARY:

- **Men having sex with their wives when the men have STIs or HIV is a form of sexual violence.** If a man who has STI symptoms has unprotected sex with his wife, he knows he is probably giving her the STI too. He may also be HIV-positive, since STIs and HIV go closely together. If he is HIV-positive and has sex while he has open sores or a discharge on his penis, the risk of giving HIV to his wife is greatly increased.
Fear of violence can prevent a woman from protecting herself from HIV or STIs. She is afraid she will be beaten if she refuses to have sex or asks her husband to use a condom, even if she knows he has been having sex with other women or that he has HIV or STIs.

Fear of violence can stop a woman from telling her husband she has a STI or HIV. As a result, she does not get treatment for the STI, because she cannot see a health provider without her husband's consent. She will also continue to have unprotected sex with her husband, and is likely to give him the STI or HIV.

Sexual violence, which involves forced sex, increases the risk of HIV transmission. Sexual violence results in bleeding in the vagina and small internal cuts or sores that make it easier for the virus to be transferred.

Women are vulnerable to getting HIV because of their vulnerability to rape in the workplace or in the community.

Women’s fear of violence, which limits their control over their sexual lives, is a major factor in the growing spread of HIV in India.

Women face severe violence when HIV or STIs enter the home. They are the first to be blamed for getting HIV, even if the husband is the carrier. They are beaten, chased from their homes and dumped with relatives. Their property is taken from them. When they become sick, they are abandoned and left on their own. (For more detail on the effects on women of HIV entering the home, see module A12).

See Factsheet #12 for more information on gender violence.
B6. How to Mobilize the Community to Stop Gender-Based Violence

Facilitator’s Note: This module provides practical ideas on how to mobilize the community to act against gender violence. It grew out of the ideas and experience of the health workers during the trial workshops. They said, “It is not enough for us to be more aware of gender violence. We can’t act alone; we need to involve others. Gender violence is a societal problem and we need to wake up the community to see it and take action. Right now it is hidden – so it is our job to break the silence.”

Objectives: By the end of this session, participants will be able to:

a) Raise the awareness of the community about gender violence; and

b) Encourage community leaders to name gender violence as a problem and lobby to stop it.

Time: 1 hour

Steps:

1. INTRODUCTION (Stories or Role Play): Read and discuss with participants, or perform as role plays, the following real stories described by health workers:

   Story 1. One woman came to my clinic for help. She reported that she had been beaten by her husband. I treated and counseled her, and the next day I went to her house to counsel her husband. When I arrived, he got angry and accused me of having a sexual relationship with his wife. (RMP)

   Story 2. One woman was beaten badly in front of her house, and everyone knew about it. But the other women did nothing. They were too scared to do anything. I was the only one to go and talk to her. (TBA)

Discuss:

a) What happened in the two stories? Why?

b) What can we do as health workers to get the whole community to address the problem of gender violence?
Sample Responses:

**What happened?**

**Story 1:** If the RMP acts alone on the issue, he will be accused of having an affair. The only solution is for him to work together with other health workers and build the support of the whole community for change.

**Story 2:** The TBA on her own could console the woman but not bring about change. To address gender violence effectively she needs to get all the women involved in challenging it and calling for change.

**How to mobilize the community for change?**

- Start with ourselves – change our own attitudes and behavior first. Then we can be good role models for other people.
- Help everyone (men, women and children) understand that gender violence is wrong.
- Get people to recognize the impact of gender violence on the family, including both women and children.
- Talk with family, friends and clients about gender violence.
- Encourage community leaders to speak out against gender violence. Get people talking openly and make this problem visible.
- Stand up and challenge others when they “blame and shame” women. Stop the stigma toward women and girls. Teach respect for women.
- Educate women about their rights and how to get support when they are abused.
- Reach out to and support abused women. Once they feel accepted, they will be more open to discussing their situation and getting help.
- Get women to work together and support each other. Teach them assertiveness skills and build up their courage to speak out against gender violence.
- Encourage women to report violence cases to the police and get the police to treat these cases seriously. Provide legal services for women.
- Get the police to enforce the Domestic Violence Bill.
- Raise men’s awareness and encourage them to stop violence.
- Provide counseling for couples.
- Address problems of excessive drinking.
- Discourage early marriages.
- Educate the community that having baby girls should not be stigmatized. Neither parent controls the sex of the child; this is determined by chromosomes.
- Treat all children equally and educate girls.
- Educate children on violence so they don’t become violent when they grow up.
Facilitator’s Note: This exercise helps women understand that they have sexual rights, and helps men understand that it is their responsibility to value women’s sexual rights. Improving the understanding of sexual rights and responsibilities will give women more control over sex and reduce the risk of getting HIV.

Objective: By the end of this session, participants will be able to describe their sexual rights and responsibilities and how exercising these will affect their lives.

Time: 1 hour

Steps:

1. GENERAL AND SEXUAL/FAMILY RIGHTS (Brainstorming): Explain that we all have a) rights, e.g. the right not to be controlled by others, the right to be treated fairly; and b) responsibilities, e.g. to provide for the family, obey laws, etc.

Ask participants to brainstorm:

a) What are our general rights – and responsibilities?

b) What are our sexual/family rights – and sexual/family responsibilities?

Sample Responses:


**Responsibilities:** Support the family. Work for the family. Protect own and family’s health. Educate the children. Avoid infecting others with STIs. Avoid bad habits.

**Sexual or family rights:**
- Choose one’s marriage partner. Decide when (at what age) to get married.
- Control one’s own body. Decide when and how to have sex.
- Say no to sex.
- Say no to certain forms of sex. Woman can say no to sex when partner has had alcohol.
- Say no to sex when the partner has an STI.
- Have a say in family planning method, and in number of children to have and how spaced.
- Ask one’s partners to use condoms and to go for an HIV test.
- Question a husband if he has a sexual relationship with other women.

**Sexual or family responsibilities:**
- To be understanding, live together and take care of each other.
- Listen to the partner about family/sexual matters (e.g. using condoms).
- If partner says “No,” partner should respect and understand the other’s decision.
- If one partner is infected with an STI, he or she is responsible to go for treatment.
- Responsibility to tell the other partner if she or he has an STI or HIV.
- Listen to the partner if she or he wants to delay having another child.
- Look after the other partner when she or he is sick.
Processing: Ask – Do women have these sexual rights? In practice, are women able to exercise these rights?

Sample Responses: (Taken from a pilot TBA workshop)

Our husbands have the power to veto everything. They decide, and we have to follow.
I disagree – culture is changing, women now are more educated and making decisions. They have the right to decide things – and some men are listening.
A girl who is being forced into marriage has the right to talk to her parents and refuse.
Some children are now marrying on their own, without their families interfering.

2. VIOLATION OF SEXUAL RIGHTS (Case Studies)*: Divide into two groups and give each group one of the case studies on the following page. Ask each group to discuss the questions at end of each case study and write up the answers on flipchart paper.

3. PROCESSING: Ask–

a) What did we learn from these two stories?
b) Why are women denied their sexual rights?
c) Why are men not practicing their sexual responsibilities?
d) What happens if women are denied their sexual rights?
e) What happens if men do not practice their sexual responsibilities?
f) How can we ensure that women exercise their sexual rights and men live up to their sexual responsibilities?

Sample Responses:

Why are women not exercising their sexual rights?
■ Women are not aware of their sexual rights.
■ Many women have been socialized to believe they have to obey what men tell them. For example, if their husbands ask for sex, they cannot say “No.”
■ Because sex is taboo, there is very little education for women about their sexuality.
■ Fear of violence prevents women from exerting their sexual rights.

Why are men not practicing their sexual responsibilities?
■ Men have been socialized to dominate women and treat them with contempt, rather than respect. They treat their wives as their property: they feel they own them so they have a right to have sex with them any time they want, without being questioned.
■ Men are not aware of their sexual responsibilities and women’s sexual rights.
■ Alcohol is an excuse for men to abuse their power over women.

What happens if women do not exercise their sexual rights?

What happens if men do not practice their sexual responsibilities?
They are more likely to get infected with HIV/STIs, and pass HIV and/or STIs to their wives. They are more likely to destroy their families.

How to ensure women exercise rights and men practice their responsibilities?
■ Educate men and women about their sexual rights and responsibilities.
■ Help men see they are enjoying sexual rights but not practicing sexual responsibilities.
■ Help women realize that they have sexual rights and need to demand them.

*This exercise was adapted from Men as Partners: Training of Life Skills Educators (Engender Health)
CASE STUDY 1: GENDER VIOLENCE

Chandramma is very nervous. Today it is her husband’s pay day. It is very dark outside. Her husband should have been home by now. He had been paid that day, and she had hoped he would return with his salary so they could buy food for the children. She knew he was wasting the money with his friends, but there was nothing she could do.

She remembered what happened last month at this time. He came home late and woke her up and pulled off her sari. He smelled of alcohol. She did not want to have sex with him, she was afraid of getting pregnant again, and she did not feel well. When she tried to tell him to stop, he yelled at her and began to beat her, and forced her to have sex. He told her that he was her husband and she could not say no to him.

Discussion Questions:

1) What do you think about this situation? Whose rights were violated?
2) Does a man have the right to have sex with his wife whenever he wants?
3) Does a woman have the right to refuse to have sex with her husband?
4) What can a wife do if she does not want to have sex?
5) How can a wife protect herself from physical violence?

CASE STUDY 2: HIV

Sharat works at the mines a long way from his village, but today he is coming home. He comes home to see his wife every six months. While at the mines he stays with his friends and whenever he wants sex, he goes to sex workers.

Sharat is feeling worried. He has developed a skin rash and thinks he got it from a sex worker. Before leaving the mines he saw that she was very sick. His friend who also visited the sex worker had died after becoming sick and losing a lot of weight.

Discussion Questions:

1) What, if anything, should Sharat tell his wife before he has sex with her?
2) When he has sex with her, should he wear a condom?
3) Does his wife have a right to know that he has sex with sex workers?
4) Does Sharat have a right to have sex with his wife if she does not want to?