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**SOCIAL PREVENTION OF DOMESTIC VIOLENCE USING
INSTITUTIONAL AND ORGANIZATIONAL MODELS**

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INTRODUCTION

Research rationale. Domestic violence cuts in all age groups, social classes and travels beyond the level of physical violence. It includes emotional violence, including threats, isolation, extreme jealousy and humiliation, and sexual abuse, as well. Whenever an individual is in a situation involving physical danger, or when someone is under control or threatened with the use of physical force, it is considered domestic violence. Domestic violence usually occurs in cycles requiring a social worker to be able to recognize it so that he / she can intervene appropriately. There are many barriers to detecting domestic violence. Many victims either do not want or cannot get help for themselves and their children. Some of them may be in captivity, while others may be absent from transportation or financial means to purchase assistance.

Women of cultural, ethnic or religious affiliation may also influence her response to abuse, as well as her awareness of viable resources and opportunities. In this profession, we all know about the immediate consequences of domestic violence, such as bodily harm. Further studies also showed me that abusing a spouse may experience chronic psychosomatic pains or pain due to a diffuse injury without visible signs. Abuse of the spouse and / or the child may develop chronic post-traumatic stress, other anxiety disorders or depression. These conditions can be recognized by various symptoms, including sleep and appetite disorders, fatigue, decreased concentration, chronic headaches etc. Destroyed women experiencing Post Traumatic Stress Disorder can become entangled in a myriad of symptoms such as avoidance, stupor, fear and retrospective staff; interrupting normal functioning and interfering with the adaptation of response mechanisms. Psychosomatic complaints also found frequent visits to the doctor's office without evidence of any physiological problems. Domestic violence includes serious and persistent depression, panic disorder, suicidal tendencies and substance abuse that can hinder the victim's ability to properly assess

their situation and take the necessary measures. Family members of the victims, as well as the offender, can insist that the abuse of alcohol or drugs is a problem and refuse to blame where it belongs.

Over the years, governments all over the world, Non-governmental Organizations and many other actors had continuously worked towards mitigating the occurrence of the violence. But the violence is still posing a threat all over the world. Women and children especially in Africa are still greatly affected and more effort should be done in order to reduce the violence.

Literature review. Domestic violence is one of the major public health and human right problems in the world today that affects the health and well-being of millions of women and families throughout the world. While the risk factors vary across cultures, similar consequences have been observed globally, ranging from physical to psychological health problems. Domestic Violence against women is not new throughout history for thousands of years in patriarchal societies. Wives were considered the property of husbands, subject to their wishes and demands and the husband had the right to beat her, from this perspective, the silence surrounded this problem. Domestic violence is a form of oppression that occurs within a social context that makes violence against an oppressed group possible and even acceptable. Women are considered an oppressed group. As the women's movement gained momentum during the 1960s and 1970s, an augmented awareness of domestic violence issues emerged within the United States. Among all the theories, feminist theory is influential in raising the public consciousness about gender role conditioning and bringing about the egalitarianism between man and woman in the society. The horrors of domestic violence are now all too well known and are regularly addressed and criticized in the mass media. It is a grave and far-reaching social crisis which is deep rooted in the society, across all economic and age groups, difficult to uproot it completely. Any culture or custom that considers and places women in subordinate

positions within society or in the family has the potential to turn violent and aggressive. Women are devalued, subordinated, and harassed daily. Some have considered domestic violence as fate, some fight for justice but some remain as silent receivers of pain and injustice till the last breath of life.

Family is a social institution which arises from marriage between a man and a woman and depends on one another for emotional, physical, and financial support. The most important elements of the family are the husband, wife, and children. The family is often equated with sanctuary – a place where individuals seek love, safety, security, affection, affiliation companionship, socialization, controls and shelter. But it is also a place that imperils lives, and breeds some of the most drastic forms of violence perpetrated against women and their children. The woman holds a key position in the shaping of the next generation, and in the life of their husband. Woman is so valuable to the success of the family; in which giving birth to children, putting up with the daily pressures of life, dealing with the demands of children, maintaining a good relationship with her husband, and raising great children to function well in society. Therefore woman must have a healthy mind, body, and humane ethics.

There is no denying of the naked fact that, domestic violence is a universal problem and debating on it will be a complete farrago of sheer waste of time because it is undisputable. Series of theories have been propagated as the problem of domestic violence. Interestingly, no single approach appears in covering all cases as with many phenomena regarding human experience. Before moving on to a consideration of the domestic violence policy adopted in Sierra Leone, it is necessary first to set the scene regarding recent developments of institutional and organizational approaches to domestic violence. My aim in this literature is to provide a backcloth to my research by considering some of the various theoretical approaches of tackling this issue. As a result of cultural practices, silence culture and weak implementation of domestic

violence laws, resulted in the high level of domestic violence never being officially recognized.

However, in recent times a more positive and encouraging series of strategies has been tested. Perhaps the most important of these has been the recognition of the poor institutional interaction to curtail the violence. Government working jointly with other institutions whilst promoting improved arrest performance and recording practices. Inter-institutional interaction sought to provide a better and safer service for the victims of this type of crime. In this section I will consider some of these processes.

A co-ordinated institutional approach entailed a number of agencies working together with an agreed, or joint, strategy, objective and tasks. The goal was usually a common one with each agency approaching the problem from its own standpoint. Family violence involves a number of complex issues which often require professional help from various agencies such as law enforcement, health and social services in addition to the support available from the voluntary sector. In Sierra Leone the need for co-ordination of these agencies has been recognized both at a national and local level. The government regarded itself as providing a leadership role in identifying the emerging social issues and problems whilst encouraging innovative ways of responding to the concerns of family violence.

In 2007 the government established the Family Support Unit (FSU) with all necessary support to help address the problem. The unit works with the Sierra Leone Police and Welfare Ministry to look for more than a single answer to this problem. Step by step they have to move towards a comprehensive solution", Co-ordination was also organized on a local basis.

The involvement of the law enforcement agencies (police), criminal justice (courts) and human services (victim and offender support) and their joint purpose was to adopt a common set of policies and procedures aimed at providing a uniformed

response to prevent the violence and from occurring and deal with the perpetrators. The intention was to make police and the criminal justice system responsible for controlling and regulating the offender's conduct, offering educational and support services to change the assailant's behavior, whilst increasing options for women victims. The whole process, in the first instance, depended on the arrest of the offender. Women in Sierra Leone still lack access to the police, exorbitant fees charged by medical officers and pressure to make out-of-court settlements all contributed to impunity and state inaction. There is still very little is known about the actual number of men who are in a domestic relationship in which they are abused or treated violently their female partners. Only few incidences are reported to the police and so data is limited. There are many reasons why there isn't more information about domestic abuse and violence against men. A major reason accordingly is the reluctance of men to report incidence to the police, unless they sustain substantial injuries. The government of Sierra Leone in partnership with other international organization still working tirelessly to ensuring that they meet the international conventions they have signed to. In summary, it can easily be fathomed from the perspective that, "The World Conference on Human Rights", held in (Vienna in 1993, and the Declaration on the Elimination of Violence against Women (CEDAW) in the same year, concluded that civil society and governments have acknowledged that violence against women is a public health and human rights concern. Works in these areas had resulted in the establishment of the international standards, but the task of documenting the magnitude of violence women and producing reliable comparative data to guide policy and monitor implementation has been exceedingly difficult.

Research Object: social prevention of domestic violence.

Research Subject: social management practices in Domestic violence prevention.

Aim of the Research: the overall aim is to establish social prevention of domestic violence by using organizational and institutional models.

Key objectives are:

- to analyze various theoretical approaches and legislative base of domestic violence;
- to reveal the causes and consequences of domestic violence;
- to analyze practices of Domestic Violence prevention;
- develop Institutional and Organizational models used by Government and Non-governmental bodies to tackle Domestic Violence challenges.

Research Hypothesis: the introduction of government, non-governmental bodies and other actors will continuously work towards mitigating the occurrence of the violence. The institutional and organizational models if applied in different communities will help to produce some positive results. There is still a high occurrence of the violence all over the world and more organizational interaction needed to improve on the following:

There are weak ties between governmental and non-governmental bodies to effectively solve domestic violence issues. These weaknesses could be addressed and proffer solutions that could be useful to eradicating the various factors preventing these organizations to address the violence.

My Domestic Violence models that will be appropriate and suitable to be used by Government and Non-governmental bodies in achieving their results

Research Methodology. Research work takes the form of a theoretical basis for research on domestic violence and their preventive strategies, using both institutional and organizational models. The research work contains difference theoretical approaches developed by various philosophers and sociologists and purposefully helps in understanding the causes of domestic violence. The research explains feminists, power and control, Marxist approach (economic theory), gender,

psychological, and judicial theories of domestic violence. It analyzes Karl Marx views domestic violence as physical, sexual, psychological, emotional and financial abuse in a relationship, in which partner uses such an abuse to either intimidate or maintain control over another. Karl Marx theory addresses domestic violence from class struggle and gender inequality view. It further explains the gender theory as a gender gap focus on structural differences in individual resource endowments, often viewing female employment as the critical factor, and on cultural diversity.

The study further analyzes various forms of domestic violence, and their side effects on women and children, because they are the most vulnerable segments of the population who suffer from domestic violence. It further looks into the existing institutional and non-institutional arrangements for addressing domestic violence and its effectiveness in dealing with the cases.

Empirical Basis: the prevalence of domestic violence in all societies is empirically shown in every part of the world and it is becoming increasingly acknowledged. Regardless of region, race, color or creed, violence that occurs between people categorized as being in “domestic relationship “is something that societies have recognized cannot be ignored. In order to address this issue the legislature in Sierra Leone has enacted the Domestic Violence Act 2007 a progressive piece of legislation which states that it is an “Act to suppress domestic violence and to provide protection for victims of domestic violence”.

The study consults various online materials, magazines, journals, books, news briefs, press releases posted on the websites of the social welfare ministry of Sierra Leone, as well as other international websites. Articles and government websites, along with statements released by NGO’s, been critically important to the understanding of the programs and practices that were implemented in efforts to solve the daily occurrence of the violence.

The study explains preventive strategies and their problems, using a description of international experience. In addition, I also explore a reference list of extracted reports, articles and a journal for potential relevant documents that contribute to my research topic. For this search, there are relevant magazines in some areas and a Google consultant, legislative documents, public opinion, and experts on domestic violence.

Besides I conducted a poll that targeted 100 respondents that are dealing with domestic violence issues in Sierra Leone.

Scientific Novelty: the scientific novelty of the study is to develop institutional and organizational models that could be useful to organizations working on domestic violence issues in Sierra Leone for effective preventive practices.

Thesis: the domestic violence models are essential for effective programs, practice, and policy. They will help to show what kinds of intervention and preventive measures work, for whom, how, and under what conditions. The models will also promote a strong body of evidence to advocate for better laws and policies and for more funding for domestic violence responses. They are very useful in improving the management technology of social service organizations working on domestic violence issues. Most importantly, the thesis has the potential to give voice to the real experiences of survivors and advocates.

Practical significance of my research. Domestic violence is widespread, which becomes practice in the world. It is on this note that the results of this study will benefit all categories of people.

- research is significant because it will serve as a guide for social prevention of domestic violence in Sierra Leone;
- the study will also eliminate the gap that other researchers could have left on the issue of domestic violence;
- my domestic violence models will be ready for practical implementation;

- the research can be used by Government and Non-governmental bodies in their daily practices;

- to families, leaders, parents and spouses, the study will allow them to implement any mistakes that they have made, and then it will act as corrective measures for the continuers of domestic violence;

- politicians will benefit from this research while formulating national rules of violence and politics, borrowing some ideas based on the results of this study.

Work Structure. My dissertation is made up of two main chapters with each chapter divided into sub sections at 111 pages to enable major issues of domestic violence are dealt with comprehensively. It presents findings, practical recommendations and conclusion of the study. The bibliography list includes 66 sources.

1. METHODOLOGICAL BACKGROUND TO SOCIAL WORK

1.1. Theoretical Approaches to Domestic Violence: Forms, Causes and Consequences.

The definition of domestic violence varies depending on the context in which the term is used. A clinical or behavioral definition is “a pattern of assaultive and/ or coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners.”² The U.S. Department of Justice defines domestic violence as “A pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone [8].

Domestic violence takes place within a marriage or partnership and is overwhelmingly perpetrated by men against women (although there are reported incidents of women beating their husbands; in these cases, there is significant social stigma for the male victim). Domestic violence usually occurs through beating, punching, pushing or wounding. It is frequently considered acceptable in Sierra Leone, and even part of a healthy marriage (as long as it is not too severe), because it exists within the context of entrenched social norms and gender inequities and weak law enforcement efforts. Women have even suggested that domestic violence can be an indication of a husband’s love for his wife. These attitudes are changing with awareness-raising efforts around women’s rights and new legislation that criminalizes domestic violence. Nonetheless, rates are said to be endemic across the country.

The forms of domestic violence women in Sierra Leone subjected differ but also interrelated. Let's examine the most prevalent domestic violence forms (physical, economic and emotional/psychological, communal/cultural violence, sexual violence and structural violence), which arose in fieldwork. All of these, except for structural violence, are criminalized in Sierra Leone in the Domestic Violence Act (2007) and the Sexual Offences Act (2012). Domestic violence and customary practices (such as female circumcision and child marriage) are considered the most common forms of violence [13].

Domestic violence can also be emotional and economic in nature. Emotional violence involves the destruction of the victim's self-worth, and is brought about by persistent insult, humiliation, or criticism. Emotional abuse can be a difficult type of domestic violence for many people to understand, since, on the surface, it appears to be quite common in unhealthy relationships. Different studies have shown that, in Sierra Leone emotional abuse is not enough on its own to bring a domestic violence action unless the abuse is so persistent and so significant that the relationship can be labeled extremely coercive. Most commonly, evidence of emotional abuse is combined with other abuse (physical, financial, sexual, or psychological) to bring a domestic violence action [2].

Psychological violence against women includes routine denigration that harms the victim's mental state. Because this form of violence does not necessarily result in physical evidence of harm, it frequently goes unacknowledged. It includes anything from verbal criticism to more subtle tactics, such as name calling, yelling, insulting the person, bullying, manipulation and refusal to ever be pleased [53].

Economic violence is especially challenging in the Sierra Leone context because of the low socioeconomic situation of so many citizens. Economic violence refers to situations in which women are harmed by the denial of economic resources or means. Even though women often constitute the primary labor force in the family,

working on farms or in the market, men usually control household finances. Women thus turn over their income to their husbands, who then determine how much money to give back to them for their own maintenance and that of their children. Many women in Sierra Leone get into a large numbers of disputes regarding maintenance, with women denied sufficient resources to support themselves and their children. Women can also suffer economic violence through dispossession of land in the event of their husband's death or divorce [UNFPA 2007]. This is particularly so if the marriage was not registered (unregistered informal marriages are the norm in Sierra Leone, despite legislation in 2007 encouraging registration so women can access other rights) and the woman therefore has no contractual proof of the relationship that could afford her rights to property or inheritance (although, in practice, even registered customary marriages still often result in the denial of women's rights in the event of a husband's death or divorce). In some instances, women are denied rights to property if they refuse to marry their deceased husband's brother or close relative, which is a traditional practice that allows both the wife and the husband's property to remain within the family.

In relation to cultural or communal violence, it is estimated that approximately 80-90% of women in provincial Sierra Leone undergo circumcision as part of secret society initiation practices around the time of puberty (in reality between the ages of approximately 6 and 16) [AfDB, 2011: 34; Fanthorpe, 2007]. While it is difficult to get accurate statistics, this prevalence appears to now be changing. As awareness of women's rights and health concerns around circumcision increases, there are moves by civil society groups. A vast literature exists on categories of domestic violence. Cultural/communal violence in Sierra Leone gives women the levity the practice of not going into circumcision until 18 years of age, when a woman can choose for herself whether to go through with it. Indeed, in some areas, communities and the soweis (the women who conduct circumcision) have signed memoranda of

understanding to wait until women are 18. While some soweis are adhering to these agreements, they are not widespread and in many places initiation continues to happen when girls are underage. Furthermore, as girls stay in school longer and even carry on tertiary education in urban centers, they are less likely to undergo initiation. This is in part because initiation is seen to be required prior to marriage, and girls who stay in school are less likely to get married at an early age; as a result, initiation is delayed and women increasingly choose not to undergo the procedure at a later time. This also reflects that women who pursue education and employment in urban areas become less attached to what were referred to in interviews as ‘traditional way [27].

Traditionally, particularly poorer families might betroth their daughters at a young age (even birth) to wealthier families within the community [UNFPA, 2007]. Girls are often assumed to be ready for marriage once they reach puberty and this can lead to child marriages. Child marriage is also closely connected to initiation of girls, wherein an older man financially supports the initiation costs of a young girl and in return is allowed to marry her after the ceremony. Such marriages have negative implications for the health and welfare of girls and young women, particularly in relation to early childbirth and limitations on their educational opportunity.

Cases of sexual violence have also seen an increase in Sierra Leone, although it is likely that this owes to greater reporting of crimes rather than an increase in incidents. Sexual violence, as set out in the Sexual Offences Act [2012], includes rape and sexual assault. While the Act sets out definitions of these crimes, they are often understood differently within communities, where legal definitions do not always carry the weight they are presumed to. For instance, a recurrent theme in interviews was the fact that rape is rarely considered a crime within marriage or partnership, as consent is not deemed necessary, with wives often viewed as the property of their husbands – despite the fact that the Sexual Offences Act stipulates that marriage is not a defense for rape. In fact, most women indicated that rape was also rarely considered

to have occurred among adults. 'Rape' in many communities in Sierra Leone is considered to refer only to the rape of a young girl by an older man, despite statutes defining it in a significantly more expansive sense. This suggests that a wide range of sexual violence, while technically criminalized in legislation, is not necessarily considered criminal within society. This is reinforced by reporting statistics that suggest sexual violence occurs at significantly higher levels among girls than it does among women. Researchers and practitioners working on Violence against Women in Sierra Leone, however, suspect that, rather than violence decreasing substantially when girls turn 18, crimes against adult women are simply not reported as frequently as they are not considered as serious as crimes against girls. Sexual violence against schoolgirls is a particular problem, with numerous reports of teachers taking advantage of female students, often resulting in early pregnancy and girls dropping out of school. The prevalence of this specific form of sexual violence was reported in interviews as relating to the abuse of power by teachers, or as 'transactional sex' by girls, in order, for instance, to pass exams or get out of paying school fees[27].

Structural violence finally, women continue to face structural violence in Sierra Leone, which emerges from a discriminatory or exclusionary political settlement in which women are denied equal opportunities [Swaine, 2012]. For instance, there is a discriminatory clause in the country's Constitution that makes it impossible for women in the north to stand for election as paramount chiefs on the basis of their sex, and few women can afford to run for election because men continue to be the political gatekeepers of the process and/or they are not in control of their own finances; these represent structural impediments to women's free and equal participation in society [27].

A vital part of understanding a social problem, and a precursor to preventing it, is an understanding of what causes it. Research on the causes of violence against women has consisted of two lines of inquiry: Examination of the characteristics that

influence the behavior of offenders and consideration of whether some women have a heightened vulnerability to victimization. Research has sought causal factors at various levels of analysis, including individual, dyadic, institutional, and social. Studies of offending and victimization remain conceptually distinct except in sociocultural analysis in which joint consideration is often given to two complementary processes: those that influence men to be aggressive and channel their expressions of violence toward women and those that position women for receipt of violence and operate to silence them afterwards.

Many theorists and researchers have sought to answer the question, "Why does this particular man batter or sexually assault?" by looking at single classes of influences. Among them have been biologic factors such as androgenic hormonal influences; intra-psychic explanations focused on mental disorder or personality traits and profiles; social learning models that highlight the socialization experiences that shape individual men to be violent; social information processing theory concerning the cognitive processes that offenders engage in before, during, and after violence; sociocultural analyses aimed at understanding the structural features of society at the level of the dyad, family, peer group, school, religion, media, and state that encourage male violence and maintain women as a vulnerable class of potential victims; and feminist explanations stressing the gendered nature of violence against women and its roots in patriarchal social systems.

Although current understanding suggests that violent behavior is not caused by any single factor, much of the research has focused on single causes. Therefore, in the following sections several salient findings emerging from each single-factor domain are highlighted to illustrate how each contributes something to the causal nexus of perpetration of violence. They are followed by a brief review of efforts to build multifactor models [36].

Determinants of violence behaviors

Evolution: From an evolutionary perspective, the goal of sexual behavior is to maximize the likelihood of passing on one's genes. This goal involves maximizing the chances that one will have offspring who themselves will survive to reproduce. In ancestral environments, optimum male and female strategies for successfully passing on one's genes often did not coincide because the amount of parental investment required by males is smaller than that required by females. Males were best served by mating with as many fertile females as possible to increase their chance of impregnating one of them; females, who have the tasks of pregnancy and nurturing the young, are often better served by pair bonding. Sex differences in current human mating strategies may be explained as having been shaped by the strategies that created reproductive success among human ancestors. A number of studies have shown that young adult males are more interested in partner variety, less interested in committed long-term relationships, and more willing to engage in impersonal sex than are young adult females [21].

Limit to Women's rights in public and political life: Historically, women have been excluded from political life and decision making processes. Women's campaigns for participation in the public and political arena date back to the nineteenth and twentieth centuries and continue today. At the time of the First World War, few parliamentary democracies recognized women's right to vote. In 1945, when the United Nations was established, more than half of the 51 nations that ratified the Charter still did not allow women to vote or gave them only restricted voting rights. According to the Universal Declaration of Human Rights, everyone has the right to take part in the government of his or her country. Article 7 guarantees the right of women to partake in public life and decision making and to be eligible for election to all publicly elected bodies, the right to participate in the formulation of government policy and its implementation, to hold public office and perform all public functions at all levels of government, and the right to participate in non-governmental

organizations [NGOs] or associations concerned with the public and political life of the country. States are required to “take all appropriate measures to ensure to women, on equal terms with men and without any discrimination, the opportunity to represent their Governments at the international level and to participate in the work of international organizations.”. Other obstacles such as stereotyping and traditional perceptions of men’s and women’s roles in society, as well as lack of access to relevant information and resources also inhibit women’s possibilities or willingness to exercise their right to public life. Traditional working patterns of many government structures continue to be barriers to women’s participation in public life, and women may be discouraged from seeking political office because of their double burden of work and the high cost of seeking and holding public office, in addition to discriminatory attitudes and practices [52].

Attitudes and Gender Schemas: Cultural myths about violence, gender scripts and roles, sexual scripts and roles, and male entitlements are represented at the individual level as attitudes and gender schemas. These hypothetical entities are expectancies that give meaning to and may even bias interpretation of ongoing experience, as well as provide a structure for the range of possible responses. Aggressive men more strongly endorse a set of attitudes that are supportive of rape than do nonaggressive men, including myths about rape and the use of interpersonal violence as a strategy for resolving conflict. For example, incarcerated rapists often rationalize that their victim either desired or deserved to experience forced sexual acts. Similarly, culturally sanctioned beliefs about the rights and privileges of husbands have historically legitimized a man's domination over his wife and warranted his use of violence to control her. Men, in general, are more accepting of men abusing women, and the most culturally traditional men are the most accepting [Greenblatt, 1985]. Batterers' often excuse their violence by pointing to their wives' "unwisely" behavior as their justification [21].

Sex and Power Motives: Violence against women is widely believed to be motivated by needs to dominate women. This view conjures the image of a powerful man who uses violence against women as a tool to maintain his superiority, but research suggests that the relationship is more complex. Power and control frequently underlie intimate partner violence, but the purpose of the violence may also be in response to a man's feelings of powerlessness and inability to accept rejection [Browne and Dutton, 1990]. It also has been argued that rape, in particular, represents fulfillment of sexual needs through violence [Ellis, 1989], but research has found that motives of power and anger are more prominent in the rationalizations for sexual aggression than sexual desires. Attempts to resolve the debate about sex versus power have involved laboratory studies of men's sexual arousal to stimuli of depictions of pure violence, pure consensual sex, and nonconsensual sex plus violence. These studies have consistently shown that some "normal" males with no known history of rape may be aroused by rape stimuli involving Bottom of Forming adult women, especially if the women are portrayed as enjoying the experience [Hall, 1990].

The consequences of violence against women are far broader than the impact on the women victims. Their families and friends may be affected. In the case of intimate partner violence, there is increasing evidence of the negative impact on children of exposure to violence in the family. Society suffers economically, both in the use of resources and in the loss of productivity due to fear and injury. Understanding the consequences of violence is necessary for planning and implementing interventions to deal with those consequences. This section examines research findings about the consequences violence against women has on the individual victim, those closest to her, and on society as a whole.

The effects of domestic violence on women go beyond the immediate physical injuries they suffer at the hands of their abusers. Frequently, domestic violence survivors suffer from an array of psychosomatic illnesses, eating disorders, insomnia,

gastrointestinal disturbances, generalized chronic pain, and devastating mental health problems like Post-Traumatic Stress Disorder.

Many abused women find it difficult to function in their daily lives because of the effects of domestic violence. Absences from work, due to injuries or visits to the doctor, often cause them to lose their jobs, making them less able to leave their abusive situations. They may feel ashamed that their partners abuse them, see themselves as unworthy of love, and suffer from a significantly diminished self-perception. Because of their feelings of low self-worth, these women become isolated from friends and family and do not participate in social activities common to others in their demographic [21].

When most people hear or see the phrase, domestic violence and children, they see images of bruised, beaten, burned children in their mind's eye. Certainly, these physical injuries represent immediately visible effects of domestic abuse. But children who only witness domestic violence suffer consequences just as far reaching and devastating as those seen in physically battered children. Studies indicate that children from violent homes, who witness the abuse of their mothers at the hands of their fathers, experience mental health issues similar in intensity and magnitude to those experienced by physically battered children. Similar research shows children, who both witness their fathers abusing their mothers and are themselves battered, suffer the most profound behavioral and emotional distress. Children who grow up in violent households may exhibit a host of adverse behaviors and emotions, including (21):

- become violent themselves in response to threats (in school or at home);
- attempt suicide;
- use drugs and abuse alcohol;
- develop eating disorders;
- abuse them (i.e. cutting);
- anxiety and depression;

- poor social skills;
- enter into an abusive relationship later on;
- consequences of domestic violence on women.

An abused woman lives in fear, unable to predict when the next attack will come. She may become isolated from friends and family, and increasingly dependent on her abuser. In these circumstances it can be very hard to make sense of what is really happening. Over time her self-esteem may be worn down, like water dripping on a stone. She may start to believe her abuser's insults. She may blame herself for the abuse, or deny that it is taking place. She may ignore it, hoping that her partner – the man she loves – will change.

Abused women often experience conflicting emotions such as fear, anger, shame, resentment, sadness and powerlessness. They are not weak, submissive victims – quite the opposite, they are courageous and resourceful. It takes huge strength to live with an abusive partner. Women have to adopt all kinds of coping strategies to survive each day.

The enormous courage it takes for a woman to escape domestic violence. We support her and her children every step of the way and empower them to rebuild their lives – free from fear.

Victims of intimate partner violence and rape exhibit a variety of psychological symptoms that are similar to those of victims of other types of trauma, such as war and natural disaster. Following a trauma, many victims experience shock, denial, disbelief, fear, confusion, and withdrawal. Assaulted women may become dependent and suggestible and have difficulty undertaking long-range planning or decision making (Bard and Sangrey, 1986). Although a single victimization may lead to permanent emotional scars, ongoing and repetitive violence is clearly highly deleterious to psychological adjustment [31].

Various social theories and rules have been proposed to assist in understanding the reasons behind domestic abuse. Domestic violence is currently on the rise and is normally associated with intimate relations between husband and wife. Different sociologists and researchers have developed different theories that explain the causes of domestic violence. In many societies womanhood is shaped by the view that women are physically weaker and intellectually inferior to men, as well as spiritually underendowed. In some societies women's issue must take account of the fact that women are viewed as naturally lecherous and wanton. Rape, wife abuse, and even murder are viewed as justifiable responses to these female tendencies [54]. Domestic violence generally occurs in cycles, requiring the social worker to be able to recognize it so that he/she can intervene appropriately. Many barriers exist to identifying Domestic violence and many of the victims are either reluctant or unable to get help for themselves and their children. Some may be held captive, while others may be lacking transportation or the financial means to acquire help. A woman's cultural, ethnic, or religious background may also influence her response to the abuse as well as her awareness of viable resources and options. In this profession, we are all aware of the immediate effects of Domestic violence such as physical injuries. Further research has also shown me that the abused spouse may experience chronic psychosomatic pain or pain due to diffuse trauma without visible evidence. The abused spouse and/or child may develop chronic post-traumatic stress disorder, other anxiety disorders, or depression. The domestic violence theories explain the reasons behind domestic violence practices and propose solutions to domestic violence. Theories are important, not only because they offer different explanations for the phenomenon of domestic abuse, but because each approach has clear implications for responses and interventions by practitioners and policy-makers. If there is no common understanding of a problem, responses will not be consistent, and are likely to conflict. Most researchers believed that domestic violence occurs as a result of control

and power issues, whereby the perpetrators felt the need to have control over their partners. Understanding the proposed theories of domestic violence theories will assist in minimizing the domestic violence cases. Some of these theories are: power and control theory, feminist theory, Gender theory, economic theory, social conflict theory and psychological theory.

The power and control theory explains the power men over exercise on women to control resources in society theory. It is based on the concept that many family conflicts result from an individual's need to obtain and maintain power and control within a relationship(s). The Power & Control theory is a particularly helpful tool in understanding the overall pattern of abusive and violent behaviors, which are used by a batterer to establish and maintain control over his partner. According to the theory, single-mother households are considered less patriarchal, and this has generated quite some controversy. Even Hagan and his colleagues remarked that their theory needed improvement in addressing female-headed households, "which are proved to be more complicated than we have expected" [1990, 1035]. In terms of deviance and delinquency, it was believed that, in most of the patriarchal households, female more so than male children were objects of parental control. Further, it was mothers more so than fathers who were the instruments of that control. Females were socialized into more feminine roles, while males were socialized to take risks, recreating the power dynamics of that particular household. This in turn resulted in gender differences in risk taking and risk perception [7]. These gender differences produced the gender discrepancy in criminality and deviance, since males had higher levels of risk taking, had lower levels of risk perception, and was more likely to engage in delinquent and deviant acts. Studies that have tried to emulate Hagan and his collaborators' findings have produced mixed results. Diversity in gender roles and behaviors often create inequalities, whereby one gender becomes empowered to the disadvantage of the other. Thus, in many societies, women are viewed as subordinate to men and have a

lower social status, allowing men exercise control over them, and greater decision-making power than, women. The motivation underlying the abuser's behavior is the power and control that he/she is able to exert control over other members of the family. The more powerful members of families (e.g., fathers, husbands) often use the threat or use of force or the threat or use of violence to ensure compliance from less powerful family members (e.g., children, wives). Threats, force, and violent behaviors are intended to forbid the less powerful members of the family from engaging in behavior that the controlling individual does not want, while establishing a demand for "desirable" behaviors to occur. Additionally, the abuser may feel the need to gain control over how other family members think and feel. Abusers, in an effort to maintain control over other members of the family, may use many forms of intimidation, such as coercion, isolation, economic abuse, and denial of personal blame. Hagan says that the main issue in the power-control theory is the mother's occupational authority versus the father's occupational authority [29]. This power balance is exemplified through two main types of family: patriarchal and egalitarian. In a patriarchal family the father's job puts him in a "command" role. This means that he will give orders to others. In this type of family a mother does not work outside of the home, but if she does, she assumes an "obey" role where she takes orders from others. In patriarchal families the parents try to socialize their children to reproduce gender relations. Thus daughters are taught to be feminine and prepare to be homemakers. Sons on the other hand are taught to be breadwinners and are allowed to experience the world. The other type of family Hagan mentions is the egalitarian household. This means that both the mother and the father have a job in which they assume either the "obey" or "command" positions. Or an egalitarian family might be a single parent household where the father is absent. In egalitarian families gender differences between sons and daughters are not as pronounced. Patriarchal and egalitarian families show the difference of controls placed on sons versus daughters,

mainly in regard to maternal controls over children. Power-control theory also gives the assumption that mothers constitute the primary agents of socialization in the family [4]. It further assumes that households in which mothers and fathers have dissimilar levels of power in the work place, so-called "unbalanced households," are more "patriarchal" in their attitudes regarding gender roles. In such households parents will place greater levels of control upon daughters than upon sons. Therefore, daughters will develop attitudes unfavorable towards deviance higher levels of perceived risk and fewer perceived benefits for engaging in deviant acts. Thus, in unbalanced households the theory predicts significant gender differences in deviant behavior, with male children being more likely than females to engage in deviant acts [30].

The victims typically learn how to respond to the various forms of intimidation, although the struggle to challenge the abuse/abuser may become too overwhelming or dangerous for the victim(s). As a result, the victims may begin to modify his/her/their own behavior, slowly giving up control in order to survive and avoid continued abuse. In addition to seeking to explain why some family members are violent, control theory also seeks to explain why other people are not violent. Whereas some individuals are desperate to obtain power, others are controlled by the fear of punishment, as well as their bonds to other people and institutions [40].

The economic approach stresses the concept of scarcity and the need to consider the costs and benefits of alternatives, since choices must always be made. However, the work by economists has focused on families that exhibit cooperation and altruism. Initial studies of the family treated marriage as a cooperative institution in which both spouses behave as if they are altruistic, allocating goods and time to satisfy a common set of family preferences. In contrast, the bargaining models developed by Manser, Brown, McElroy and Homey treat each spouse as an independent party with distinct preferences. In doing so, they arrive at a cooperative

family utility function which incorporates the preferences of both individuals [17]. Although the optimization is over a cooperative utility function, the solution must provide each spouse with a level of utility at least as great as could be achieved outside of the marriage. This constitutes the individual's threat point in the bargaining relationship. This cooperative bargaining model provides the initial framework for a model of marriage that is not entirely altruistic in nature. In considering marriage in these terms, it becomes possible to consider the threat points available to both spouses and the impact of differing incomes within and outside of marriage. Studies of families, which do not fit into the cooperative framework, have been relatively ignored in the literature even though they are not uncommon. Households characterized by domestic violence are examples of families, which do not fit the cooperative mold. Studies on the incidence of domestic violence indicate that between three and four million women in the US are beaten by their partners each year. These beatings take place at extreme cost to both the victims and society. Non-cooperative models of the family are necessary to characterize adequately the behavior of households where violence occurs. Although there has been little study by economists on the incidence of violence model the determinants of violence within the family. In their model, the man punishes the woman with violence for behavior of which he does not approve and the woman adjusts her behavior in an attempt to minimize this violence. Both spouses have the ability to make transfers to the other, and each has a threat point level of utility that must be maintained. The empirical work analyzes the impact of income on the level of violence. In all but the highest income households in which the woman is the primary source of earnings, a rise in her income diminishes the violence while a rise in the husband's income increases the level of violence [17].

Most research on domestic violence has been conducted by criminologists and sociologists who have examined domestic violence largely through a socio-cultural lens. Criminologists have developed a theory of exposure reduction that posits that the

increase in employment among either men or women will reduce domestic violence by reducing the time partners spend together. The theory of “male backlash” prominent in the sociological literature predicts that as women’s financial independence increases, violence against them may increase. According to certain experts, a wife’s independence “shows a challenge to a culturally prescribed norm of male dominance and female dependence. Where a man most times lacks this sign of dominance, violence may be a channel of reinstall his control over his wife [1]. A theory of male backlash that speculates that an increase in the wages of a woman leads to an increase in violence is paradoxical because it disregards the individual rationality restraints women face in abusive relationships. That is, as their income increases, women may likely have the tendency to end the partnership if transfers lessen and abuse continues. Economic theories of household bargaining incorporate rationality restraints of an individual but generally do not incorporate violence. In the present, a Nash bargaining model in which utility is a function of consumption, violence with the man’s utility increasing in violence, and the woman is decreasing in violence. The main result is that increasing a woman’s relative wage increases her bargaining power and lowers the level of violence by affecting her outside option. This is inconsistent with the model of male backlash. Two additional implications of the household bargaining model are worth highlighting as they inform the empirical analysis. First, relative wages matter. Second, it is the probable wage that determines one’s outside option, not the actual absolute wage. This suggests that one should concentrate on relative labor market conditions for women, not women’s real absolute wages in the analysis. This also implies that improving labor market conditions for women will decrease violence even in households where women do not work [55].

Karl Marx views domestic violence as physical, sexual, psychological, emotional and financial abuse in a relationship. A partner uses such an abuse to either intimidate or maintain control over another. Marx addresses domestic violence from

class struggle and gender inequality view. According to Karl Marx, partners or family relationship exhibits as similar characteristics as proletarian and bourgeois dependence relationship. The woman just like the proletarian has no ownership over resources while the man and the bourgeois have the power and control. Thus a man views the wife as an instrument of production. However, he depends on the woman to care for the household as the woman looks upon the man to provide [14].

Feminism is described as political, cultural or economic movement aimed at establishing equal rights and legal protection for women. Feminism involves sociological, political and philosophical theories concerned with issues of gender difference, as well as a movement that speaks on gender equality for women and advocates for women's rights and interests [9].

Feminist inquiry is subject to numerous attacks, but most, if not all, who launch them have an inadequate knowledge of feminism. For example, some religious groups, academics, fathers' rights organizations, and right-wing politicians' experts equate feminism with hating men or view it as a movement aimed at helping women gain more power than men in economic, political and social spheres. Some feminists may fit into one or both of these categories; but, many men and women are feminists and they are united by a deep desire to produce scholarship that meets the highest disciplinary standards and to eliminate gender inequality, as well as homophobia, racism, and other means of oppression. As Renzetti points out, the goal of feminist scholars is "not to push men out so as to pull women in, but rather to gender the study" of violence against women and other social problems" [9]. Feminism is referred to here as "a set of theories about women's oppression and a set of strategies for change". It is, though, erroneous to view feminism as uniform enterprise, which is frequently done in attacks on feminist research and theories. For example, other researchers incorrectly argue that: The gender paradigm has, as its basis, a Marxist view of the sexes. In short, all interactions between genders are reduced to power and

control and are viewed from the perspective that the oppression to women is tantamount to the power of the bourgeoisie in suppressing the proletariat [16].

Most feminists also agree that the U.S., the United Kingdom, Canada, and many other countries are patriarchal. The ideology of patriarchy provides a social and political rationale for itself. Both men and women come to believe that it is “natural” and “right” that women be in inferior positions. Men feel completely supported in excluding women and up to a point, some women feel their marginalization is incorrect. To someone (male or female) who believes completely in the ideology of patriarchy, the entire concept of equal rights or women's liberation is a pretty complex topic, sounding not only wrong, but inhuman and unnatural. Feminism has altered predominant perspectives in broad areas within Western society, ranging from culture to law. They also conclude that in non-capitalist societies, male–female relations are egalitarian, and therefore rape does not exist. There are at least twelve variants of feminist theory and except for Marxist feminism and socialist feminism; they do not have roots in the writings of Marx or Engels. Scholars familiar with the literature on the relationship between gender and violence are fully aware that there is more than one feminist perspective on abuse male perpetrate against women. Most of the theoretical developments on violence and gender postdate the early work cited by Dutton to support his claim. In sum, the contributions that feminism mostly takes “a Marxist view of the sexes” is both wrong and a fallacy. Not all feminists agree with each other. Although some feminist claims that patriarchy is the root cause of women's victimization, as noted above, the bulk of recent feminist research on woman abuse does not view patriarchy as the only determinant. Many feminists are part of the most critical of single-factor explanations of female victimization, and some of the most important critiques of feminist work have derived from debates among feminists. Yet still, all feminists make gender a priority, which should not be confused with sex even though the terms are often incorrectly used interchangeably [16].

Gender is the “psychological and sociocultural shaping, patterning, and assessing of female and male behavior”. Sex is the biologically based aspect of “female” and “male,” which are stable across several societies. For example, violent crimes of all sorts are perpetrated mainly by men, but many societies have much lower rates of violence than those of the U.S., the Russian Federation, or Colombia. So, if “boys will be boys,” they “will be so differently”, depending on where they live, their peer groups, social class position, race/ethnicity, and a host of other factors. Additionally, woman abuse also varies across social class categories, intimate relationship status, etc.

In other words, violence most look to power imbalances exists in patriarchy societies where structural factors prevent equal participation of women in the economic, social and political system. Imbalances at the societal level are reproduced within the family when men exercise power and control over women, are form of which is violence. Feminism contends that equality between men and women is possible but that any such equality will need substantive changes through social and legal reform. According to Hedges, this type of feminism “attempts to reform or use already existing political structures to advance women’s interests along a civil rights model” and “argues that women deserve the same privileges, protections, care, pay, and opportunities that men do. Essentially, this type of feminist thought contends that the social system can incorporate the appropriate social change without the need to resort to an entire social revolution. This form of feminism is a bit more conservative than many other subcategories, since it does hold that men and women can coexist on equal terms and contends that the needed changes can be staged within the current social system. One key challenge associated with this theoretical outlook revolves around achieving a balance, where women are afforded equality with men while not forsaking their identity as women. Finding such a balance has been touted as tedious, forcing women to act as if they must play the role of a man in the workforce rather

than being free to have freedom of feminine expression in conjunction with equal access to opportunity there [22]. Most feminist and non-feminist scholars teaming up to advocate for improved services for women victims of violence and rape survivors and indeed, feminism is less “celebratory,” much more “self-critical,” and more open to imploring traditional scientific approaches than in its earliest days.

Gender describes inequality and the process of politics and employment opportunities be interpreted by individual observable characteristics, such as women being less educated and not having enough knowledge about the political process, or is it attributable to gender differences in participatory norms and unequal access to political networks? Given that gender differences in participation could reproduce gender inequalities in other realm, understanding this participatory inequality is pivotal [18]. Considering the millennium development goal to promote gender equality and empower women, the issue is arguably particularly relevant in the emerging democracies in Africa, where resources are limited and women often suffer from inequalities in important dimensions such as health and education. Gender approach to domestic violence. This is incredibly complex, perhaps more so than any of the others, given the tendency of such theorists to employ the strategies of other critical schools in their analysis of gender and sex. As a result sex and gender theorists can further be extended into various theories that bring together the insight of disparate approaches (e.g. Materialist feminists, poststructuralist theorists of gender, psychoanalytical feminists etc.) What was often referred to in the nineteenth century as the "woman question" was in the modern period driven from theoretical debate to an insistent demand for political change, particularly when it comes to the issue of enfranchisement. The next generation of New Women in the modern period, then, was the suffragettes of the first two decades and then the flappers of the twenties. This was a period when women finally considered the political implementation of a number of equal-rights issues, particularly the vote, which was not extended to

women in England until 1918 and was not extended to women in the United States until the 1920 ratification of the Nineteenth Amendment. In Western societies, the traditional gender gap in political participation – with women being less likely to participate politically – is in the process of closing. Most theories of gender gap focus on structural differences in individual resource endowments, often viewing female employment as the critical factor, and on cultural diversity, often with religion as main focus. The sparse justification available for developing countries, on the other hand, indicates that there are still significant gender differences in mass political participation. A number of recent studies exploring the patterns of political participation in Africa note that women tend to vote and participate politically in between elections to a lesser extent than men, yet they have little knowledge about what factors underlie this important inequality. To understand the gender theory in African political participation there is first of all reason to go beyond individual determinants of participation and consider the contribution of contextual influences. Taking into account peer effects and participatory norms, they anticipate that not only, say, the individual's level of education matters for participation, but also the average educational level of men and women in the surrounding area [54].

Although critics of feminist theory often claim that there is no relationship between attitudes towards women and domestic violence, the research that has addressed this question in fact clearly supports the position that individual men's behavior toward women affects the likelihood that they will be involved in intimate violence.

On a more positive note, there have been major changes in all of these systems as a result of the women's movement in general, and the battered women's movement in particular. These changes are probably an important source of the recent dramatic decline in non-fatal intimate partner violence against women and fatal intimate partner violence against men. The application of gender theory to the unlawful use of

violence and intimidation that follows will start with individual sex differences and work up to the gender structure of the economy, the family, and the criminal justice system. Gender theory on domestic violence depicts that one of the strongest correlations within incidents of domestic violence or intimate partner violence is gender. Men are more considered as the primary committers of such acts of violence whilst women are associated with being primarily the victims. Studies have showed that cases of domestic violence have an explicit gendered aspect to them due to the much higher numbers of women suffering from such issues in comparison to men. However, this assumption is debatable since many men do not willing to reports cases of domestic violence against them which means that data is not always an accurate representation. With this in consideration, discovering issues of domestic violence with a gendered point of view will prove to be very appropriate within this thesis. As the phenomenon of domestic violence is understood as being caused by constructed gender differences between men and women, studying such cases will help to show how constructed gender roles are enshrined within these incidents and what impact they might bring. Additionally, as the issue of domestic violence is so persistent and the gendered nature of the issue has already been highlighted, it is a social issue which should be explored in consideration to gender. The assignment the society in caregiving responsibilities primarily to women further leads to this economic dependency, putting women in a subordinate position within the family, and creating a situation in which institutions such as the church that could be a source of help for abused women instead encourage them to involve in abusive relationships—for the purpose of the children or because of the marriage

Psychological theories of domestic violence perpetration analyze more individual factors including personality disorders, neurobiological/neuroanatomical factors, disordered or insecure attachment, cognitive distortions, and post-traumatic symptoms as previously stated. Evidence suggests that violent husbands show more

psychological distress, more tendencies to personality disorders, more attachment/dependency issues, a higher tendency towards anger and hostility and more alcohol problems than non-violent men do. Psychological theory largely attributes the causes of aggression, especially extreme or chronic criminal violence, to individual and familial dysfunction or pathology. The pathways to violence are considered at an individual level that includes internal characteristics of perpetrators, their immediate circumstances, and the type of violence committed. This provides an overview of larger theoretical models for understanding domestic violence, which can facilitate the integration of multiple psychological constructs from varying schools of thought [28]. From that general overview, theories of violence were separated into two major categories: violence as a condition of human nature (including psychobiological and temperamental vulnerabilities and violence as an instinct) and violence as the consequence of a damaged psyche (including five interrelated processes: self-regulation; attachment and relationships; the role of shame; self-concept and self-esteem; and learning and cognitive theories). The theorists and researchers who constitute this general category of thought would argue that the capacity to commit violence is innate, that people who commit violence are reacting to either instinctual drives or biological vulnerabilities [5]. All acknowledge that violent behavior is not solely determined by these internal characteristics and that the process of development and environmental circumstances mitigate the growth of aggression and the inhibitory functions that can prevent violence. The theoretical constructs examined in this section will cover the psychobiological determinants of domestic violence and the concept of violence as an instinct, either for survival (as elucidated by evolutionary psychology) or toward death and destruction (as postulated by classic psychoanalytic thought). Some researchers within the field of psychobiological theories of domestic violence take a very limited view on the etiology of violence [5]. For example, some insist that although there may be

environmental factors that mitigate the development of aggressive behavior, aggression is the product of brain functioning through a complex and interdependent interaction of anatomical, chemical and physiological causes. Most modern psychological theories of violence, regardless of their orientation or framework, acknowledge that research has demonstrated that there are biological factors that play a significant role in increasing an individual's vulnerability to other critical experiences in the development of violence. Psychobiological theories of violence include brain dysfunction, autonomic functioning, hormones, neuropsychology, and temperament. When considering biological impact, most theorists consider the stability of aggressive traits that emerge early in the child's development indicate the presence of biological or inherent vulnerability. Much of the research has not produced definitive results over time or across populations (i.e., research using samples from the prison population versus the general population), however, for the purposes of this exploration, concepts that have been generally well established will be presented. An important aspect in the psychological theory is power and control. In some relationships, violence arises out of a perceived need for power and control. This is where the abuser may use violence as a strategy to gain or maintain power and control over the victim. Abusers may feel the need to control their partner because of difficulties in regulating anger and other strong emotions, or when they feel inferior to the other partner in education and socioeconomic background. For instance, in our society today, women have moved away from being just a "housewife" and taken up the role as a "career woman". No longer are women staying home and tending to the house while men go out and work. In fact, a lot of women have taken over jobs that were previously held by men (women politicians). This has brought about a power struggle in the family, which often leads to domestic disputes and abuse: some men with very traditional beliefs still think they have the right to control women, and that

women are not equal to men, while women on the other hand, are vying for power and control [15].

Summary

Domestic violence” includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction

Violence in Sierra Leone is shaped by a number of factors, related to cultural attitudes, the history of conflict, the political environment and donor intervention. Domestic violence takes in the form of (physical, economic and emotional/psychological), communal/cultural violence, sexual violence and structural violence. Women’s experiences of violence, however, often do not fit neatly into one category, but rather span a number of interrelated forms.

All the theoretical approaches to domestic violence showed the nature of violence that exists within the society and explain the root causes, especially violence against women. Marxist approach indicates that the wife’s household role produces no value with any surplus gain. She is likened to a slave who is subordinate to relation of capital and labor power. Women are the reserve army of labor that get hired with the increase demand of goods but dismiss during an economic recession. The economic aspect surround the female gender makes them vulnerable to abuse, especially at a family level. Their male counterparts experience high level of economic stability and independence. Most women remain in abusive relations due to their dependence especially on financial issues on their male partners. Females were

socialized into more feminine roles, while males were socialized to take risks, recreating the power dynamics of that particular household. This in turn resulted in gender differences in risk taking and risk perception. These gender differences produced the gender discrepancy in criminality and deviance, since males had higher levels of risk taking, had lower levels of risk perception, and was more likely to engage in delinquent and deviant acts. Studies that have tried to emulate Hagan and his collaborators' findings have produced mixed results. Diversity in gender roles and behaviors often create inequalities, whereby one gender becomes empowered to the disadvantage of the other.

1.2. International and National Legislative Acts in Domestic Violence: Comparative Analysis of Implementation Practices.

Over the years, violence against women had been a topic of public discussion and various educations had been made in order to curb the occurrence of the violence. The continual sensitization has greatly helped to promote gender issues and attracted the attention world organization to consider domestic violence relevant. The development of international and national legal frameworks that improve gender equality can play an important role in preventing violence against women [22]. Internationally, a number of human rights agreements require states to take measures to eliminate gender-based violence against women. Improving the response of police and other criminal justice officials towards cases of violence against women; and improving women's rights in marriage, divorce, property ownership and inheritance and child support, the response that feminists have offered is liberation from the oppressive practices of patriarchy and women's second-class social status that have been a part of the structure of traditional and modern societies. The promotion of gender equality is an essential part of violence prevention. A range of school,

community and media interventions aim to promote gender equality and non-violent relationships by addressing gender stereotypes that allow men more power and control over women [22].

The Declaration on the Elimination of Violence against Women defines “violence against women” as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.” Since the beginning of the 1990s, violence against women has gained much attention in the human rights discourse. However, it took a long and persistent struggle by the women’s rights movement to persuade the international community to discuss violence against women as a human. Women’s rights are human rights concern and recognize that gender-based violence is a serious violation of human rights of global importance which poses a threat to human development as well as international peace and security. The agenda for the 1993 World Conference on Human Rights held in Vienna did not originally mention women or any gender aspects of human rights. It was the women’s rights movement that brought attention to the issue of violence against women during the Conference, leading inter alia to the recognition, in the Vienna Declaration, of the elimination of violence against women in public and private life as a human rights obligation. Subsequently, the General Assembly adopted the Declaration on the Elimination of Violence against Women in December 1993. This was the first international instrument to specifically address this issue. It recognizes that violence against women constitutes a violation of the rights and fundamental freedoms of women and a manifestation of historically unequal power relations between men and women. The Declaration calls on States to condemn violence against women and work towards its eradication. The Commission on Human Rights appointed a Special Rapporteur on violence against women, its causes and consequences in 1994. The creation of this

mandate has enabled a dynamic development of human rights standards to respond to contemporary challenges and emerging issues with respect to violence against women. The Special Rapporteur has, through her research, significantly developed concepts and legal frameworks pertaining to women's human rights and violence against women. The Fourth World Conference on Women reaffirmed the conclusions of the Vienna World Conference, listing violence against women as one of twelve critical areas of concern [18].

However, pursuant to clause 21 of the Russian Constitution, human dignity must be protected by the State and nothing may serve as a basis for its derogation. Furthermore, no one shall be subjected to torture, violence or other cruel or humiliating treatment or punishment.

However, Russia is a party to the following international treaties which are relevant when considering domestic violence: The Committee on the Elimination of Discrimination against Women; The Vienna Declaration and Program of Action, as adopted by the World conference on Human Rights in 1993; and The Beijing Declaration, as adopted by the United Nations Fourth World conference on Women in 1995. These treaties and Recommendations are not currently reflected in or supported by specific domestic violence legislation in Russia as there are no specific laws on domestic violence in Russia and it makes it very difficult to analyze and monitor the occurrence and prevention of domestic violence [49].

In Russia, any violent will fall within the provisions in the Criminal Code of the Russian Federation regarding violent offences such as murder, infliction of death by negligence, incitement to suicide, battery, torture, intentional infliction of a grave injury, etc. It is therefore irrelevant what relationship exists between the offender and the victim, as the Criminal Code prohibits violent acts between any two parties. The Criminal Code does provide for protective measures to be put in place at the request of the victim to prevent further violence against them (24).

ANNA National Centre for the Prevention of Violence, one of the largest charitable organizations in Russia providing support to victims of domestic violence. In Russia 97% of cases, victims do not seek judicial redress and, in 60–70% of the cases, victims do not seek any help whatsoever [24]. This is likely to be largely attributable to the ineffectiveness of the legal system, e.g. no legal intervention is possible unless a crime has been committed. Another key factor is the additional Russian approach to privacy and the desire to keep family matters strictly within the family. Victims of domestic violence will often refuse to seek help as they consider family relations to be private matters, which are not to be shared outside the family. The most problematic area to be considered when drafting the new legislation is the interaction between the new legislation and the current Criminal Code. Another question to be considered is whether a separate governmental body or court needs to be created to deal exclusively with domestic violence cases. Moreover, a perpetrator repeated acts of violence against the same person are not specifically criminalized under Russian law. Article 18 of the Russian Criminal Code excludes "records of convictions for intentional crimes of small gravity" or of conditional sentences to be taken into account when considering recidivism of crimes. Only Article 117 of the Russian Criminal Code (torture, the causing of physical or mental suffering by means of the systematic infliction of beatings or other forcible actions) takes into consideration the following aggravating circumstances: the victim is a minor, apparently helpless "or materially or otherwise dependent on the guilty person". However, this article is rarely invoked. The Russian justice system considers violence committed in a public place against a stranger, to be a much greater social danger than the same actions committed within a family against relatives. Domestic violence is not considered to be a crime against society, but continues to be treated as a private family matter. A further obstacle to obtaining justice for victims is that most cases of domestic violence are brought as private prosecutions [2].

In order to address domestic violence issues in Sierra Leone a lot of regulatory framework is being put in place. It is on that premises the government of Sierra Leone legislates three laws that are purely dealing with issues that will address domestic violence. These are; child right act of 2007, Domestic Violence Act of 2007 and sexual violence act of 2012. They have helped to suppress domestic violence and to provide protection for victims. The legislatures made a clear statement that domestic violence will not be tolerated and the perpetrators will be brought to justice. Statutory obligations are imposed upon the police regarding the implementation and enforcement of the law.

In 2007 the Domestic Violence Act was passed making domestic violence a criminal offence. The definition of domestic violence includes physical or sexual abuse, as well as economic, emotional, verbal or psychological abuse and is punishable by fines and up to two years imprisonment. Despite this measure, violent acts against women are reportedly common, and police intervention and reaction has been criticized. Government established Family Support Units (FSUs – set up in 2003 to handle cases of rape, sexual abuse, and domestic violence) reported thousands of domestic abuse cases, of which a lot of them resulted in convictions. Many women withdraw complaints of violence due to social stigma, fear of retaliation, or offers of payment in lieu of pressing charges. While awareness of the law has reportedly increased, domestic violence continues to be prevalent and underreported [10].

The Sexual Offences Act requires free medical treatment and examination for victims. Domestic violence is also often viewed as an accepted part of relationships. The Family Support Units, the Guidelines on Sexual and Gender Based Violence Case Management and the National Referral Protocol have all contributed to improvements in this area, as have trainings of police and Family Support Units by Civil Society Organizations, government and development partners. There is still a problem with out of court settlement. The Sexual Offences Act of 2012 establishes the

age of consent at 18 and specifically prohibits spousal rape, punishing the latter with fines and up to 15 years imprisonment. Since the establishment of Family Support Units and new legislation, there has been a steady increase in the number of rape cases reported, particularly those involving children. However, a continued reluctance to use the judicial system – on the part of both victims and law enforcement – has meant that cases of rape continue to be underreported and indictments are rare [37]. Women’s lack of income, economic dependence, and view of rape as a ‘societal norm’ also perpetuate impunity for offenders, as do inefficiencies and corruption in the judicial system. Previously, victims were required to obtain a medical report in order to file charges, the fees for which were prohibitively expensive. However, the Sexual Offenses Act now provides that victims be entitled to both free medical treatment and report, and courts are under the obligation to provide adequate protection and support to vulnerable victims and witnesses (e.g. protecting their identities, using video recordings as evidence-in-chief, etc.). Although a decade has passed since the end of the civil war, its many effects – including rape and forced abortion as a weapon of war - continue to be felt in Sierra Leone. Many women remain traumatized by their ordeal, and are shunned by their families and communities, particularly if they gave birth as a result of being raped. Prior to 2012, there was no specific law that addressed sexual harassment [23]. The recent Sexual Offenses Act [August 2012] now makes unwanted sexual advances, repeatedly following or pursuing another against their will, initiating repeated and unwanted communications with another, or engaging in any other “menacing” behavior, unlawful. The law punishes sexual harassment with fines and imprisonment up to three years. The child right act provides for the promotion of the right of the child compatible with the convention of the rights of the child, adopted by the general assembly of the United Nation. Government of Sierra Leone through the Ministry of social welfare Gender and Children created National Commission for Children

responsible to keep under review legislation and customary law practices relating to children and to undertake a progressive study and review of the principle of the best interests of the child.

According to the Child right act, the child has the right to life and to survival and development to the maximum extent possible. It shall be the primary responsibility of parents to provide support to their children in the enjoyment of the right referred. No person shall deprive a child of the right from birth to a name, the right to acquire a nationality or the right as far as possible to know his natural parents and extended family. Every child has the right to life, dignity, respect, leisure, liberty, health, including immunization against diseases, education and shelter from his parents [19]. Except where the parent has surrendered his rights and responsibilities in accordance with law, every parent has rights and responsibilities whether imposed by law or otherwise towards his child which include the duty to -

(a) Protect the child from neglect, discrimination, violence, abuse, exposure to physical and moral hazards and oppression;

(b) Provide good guidance, care, assistance and maintenance for the child and assurance of the child's survival and development;

(c) Ensure that in the temporary absence of a parent, the child shall be cared for by a competent person and that a child under eighteen months of age shall only be cared for by a person of fifteen years and above [31].

Domestic violence is now punishable in Sierra Leone and all perpetrators are prosecuted. In order to effectively implement the law civil society organizations, non-governmental agencies providing an advocacy role and monitor the implementation of the law.

It is estimated that 17% of women displaced during the war in Sierra Leone experienced sexual assault and other forms of violence. The war led to massive displacement, of more than half of the population, meaning the social networks and

bonds that in the past had afforded women some form of protection were shattered. Women became disaffiliated and increasingly vulnerable to violence, the infrastructure and the restricted services that existed prior to the conflict were destroyed. The international community begins the spread of international non-governmental organizations (NGOs) post-war, and the propagation of discourses around women's equality and empowerment and provision of microcredit loans for vulnerable women, has changed the status of many women and also had an influence on the nature of violence women now face [3].

There are some challenges on Social and cultural norms. Patriarchy is part of Sierra Leone culture and is evident at all levels of society – texturing family, community, social and political institutions, so the resulting power inequalities are continually reproduced. At an early age, women are customarily taught to be obedient to men, therefore creating power polarities that ascribe the foundations for domestic violence, and these are perpetuated by both men and women. This occurs in various ways. Secret societies teachings show that a good wife obeys her husband and looks after his needs, putting her interests secondary. Families frequently enlighten girls to be obedient to authority and to be passive and quiet. These teachings culminate to women being submissive to, and believing they have fewer rights than men. Women accept poor treatment as part of their normal culture. Power polarities increase the vulnerability of women and girls to violence, and the vulnerability that also prevents those who have experienced violence from leaving abusive relationships or seeking support or justice. Given that both men and women reinforce these cultural values, it is important that both sexes are engaged in efforts to address violence against women, and that the targets of domestic violence programs are not seen to be solely women. These cultural attitudes penetrate public life as well as private life – with women, for instance, forbidden from contesting as paramount chief in most of the country.

There are political efforts to prevent domestic violence and challenges. In relation to domestic violence and women's rights, there has been significant progress at the level of policy and legislation. The National Policy on the Advancement of Women and the National Gender Mainstreaming policy were developed in 2000; and was recognized as requiring specific responses within the 2008 poverty Reduction Strategy; a National Action Plan was developed in 2008 to implement United Nation Security Council Resolutions 1325 and 1820; and the National Committee on Gender-based Violence, formed up in 2009, brings together government, donor, local and international NGOs working on Violence against women and children. Alongside these policies, Sierra Leone has also developed progressive legislation to deal with violence against women. Three "Gender Acts" were introduced in 2007 (on domestic violence, registration of customary marriages and devolution of estates). The Domestic Violence Act 'situates domestic violence as a criminal act in and of itself and uses a broad definition of domestic abuse which includes physical and sexual abuses, economic abuses, verbal, emotion and psychological abuse'. The Registration of Customary Marriage Act raises the legal marriageable age and requires customary marriages to be registered. The Devolution of Estates Act aims to address issues of women's inheritance by allowing men and women to inherit equally and abolishing customary practices whereby widows were often required to marry a member of her deceased husband's family [3].

Understanding how programming alters the balance of power within households is critically important, and greater gender analysis could be utilized to recognize and address the impacts on men and the power dynamics between men and women in the home and community.

In Russia, after the collapse of the Soviet Union in 1991 led to political, economic, and social challenges for Russians that continue to the present day. Women have been impacted disproportionately by these challenges and experience high rates

of unemployment and poverty. Despite widespread evidence of discrimination and women related violence issues, Russia lacks thorough measures to promote gender equality and prevent violence against women. Violence against women in the Russia Federation causes a major challenge to the Government with regards to human right obligations and sustained security [6]. In 2013, the U.N. Committee on the Elimination of Discrimination against Women (CEDAW Committee) found that Russia had done little to execute the recommendations contained in the Special Rapporteur's 2006 report, including: adoption of specific legislation on domestic violence and other actions to protect women from violence; establishment of shelters and other support for women victims of violence; elimination of discrimination against women in all spheres of public life, including establishment of a national machinery for the advancement of women; measures to address gender biases in law enforcement, the judiciary and Russian society; methods to protect women in the Northern Caucasus from violence and promote their human rights. In 2010, the CEDAW Committee persuaded Russia "to give priority attention to tackling violence against women and girls and to adopting comprehensive measures to address such violence [32]. According to commission of experts formed by a coalition of women's organizations called "ANNA National Centre for the Prevention of Violence "or ANNA, "the main challenge to effective response to violence against women in Russia is the unavailability of a federal public policy that explains the problem as a serious predicament to the observance and achievement of women's rights as human rights." Russia has neither signed nor ratified the Council of Convention in Europe on preventing and combating violence against women and domestic violence (Istanbul Convention), which entered into force on August 1, 2014.

In addition, the lack of committed, sustained funding of government and support requires Russian non-governmental organizations (NGOs) tackle violence against women to attract financial support from foreign governments, international

organizations and private foundations. Increasingly restrictive Russian federal laws regulating the activities and foreign funding of Non-Governmental Organizations (known as “foreign agent” laws) have helped to compromise this support and made it more tedious for NGOs operating in Russia to advocate for the right of women [32].

The Russian Federation is signatory to numerous international and regional human rights treaties that mandate the protection, respect and fulfillment of the human rights of those under its authority. Specifically, the Russian Federation has given a formal assent to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and its elective Protocol, which require the government to take affirmative steps to handle gender-based discrimination and violence against women. Article 19 of the Russian Constitution guarantees equality between men and women. Other forms of sexual harassment are not penalized. There is no definition of “harassment” to be found in Russian legislation. The engagement of women and girls in prostitution and international trafficking has become a mass phenomenon. The lack of civil protective measures for victims of domestic violence limits the ability of victims to ascertain protection from abuse. It also limits the ability of Russian law enforcement and the judiciary to intercede efficaciously in cases of domestic violence. According to Russian police if an officer did not witness an incident of violence, he can only ask the batterer to make a statement, but cannot do an administrative arrest [50].

Women’s NGOs and services for victims of violence provide social support to women. There are about 100 NGOs in Russia working on aspects of trafficking. The key areas of work are awareness raising programs directed at prospective victims, as well as advocacy and legal aid. Public awareness raising programs and information campaigns, through electronic, print and social media, are regularly conducted in the regions. Moreover, the International Organization for Migration (IOM) in collaboration with NGO partners set up a telephone line operating across Russia to

provide information and assistance to victims and their families. Information and advice centers provide information and advice to the public, including people migrating from other Russia regions and foreign nationals, on legal and other issues related to the risk of being trafficked. Experts working in these centers concentrate on the matters of labor migration and risk groups, including socially vulnerable groups, which most often become victims of trafficking, such as migrant women, unemployed young people, adolescents from troubled families and orphans. They provide free consultations (face-to-face, by phone or by email) on the issues related to trafficking, exploitation and help for the victims; on migration law issues; on labor contracts and rights and duties of employers and employees, as well as on other social issues. Where necessary, visitors to the information centers are referred to other statutory and voluntary organizations (medical, social etc.) The NGOs Women Against Violence Europe (WAVE) and ANNA both identify a lack of funding and government support as primary reasons Russia offers few services to women victims of violence. They perceive this as related to the absence of a thorough and coordinated government approach to abolish violence against women [2, 7].

Summary

In 2007 Sierra Leone government took a good step with the enactment of what are collectively referred to as the “Gender Acts”. After intense lobbying, campaigning and demonstrations the Domestic Violence Act 2007, the Devolution of Estate Act 2007, child right and sexual offences act of 2012, the Registration of Customary Marriages and Divorce Act 2007 were passed into law. With the enactment of the Registration of Customary Marriage and Divorce Act, all customary laws have been harmonized. This Act also introduces the age of consent and also that both spouses should consent to marriage. Another important thing is that all customary marriages and divorces are registered in order to prove the validity of marriages and divorce. Sierra Leone is a signatory to a number of international and regional human rights

instruments. Most particularly for the purposes of this thesis is the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW). Of significance is article 3 of the Convention, which obliges State Parties, among other things, to undertake appropriate measures in all fields, including introducing some legislation, to ensure the equal rights of women. The previous state of the law exposed Sierra Leone to a lot of criticism in international circles. The provisions contained in the Gender Acts are indicative of Sierra Leone's leap towards bringing its legislations in line with its international obligations.

Despite widespread evidence of discrimination and women related violence issues, Russia lacks thorough measures to promote gender equality and prevent violence against women. Violence against women in the Russia Federation causes a major challenge to the Government with regards to human right obligations and sustained security. Russia has ratified the Convention on the Elimination of All Forms of Discrimination against Women. The Beijing Declaration, as adopted by the United Nations Fourth World conference on Women in 1995. Although the Convention does not recognize domestic violence as a form of discrimination, General Recommendation No. 19, issued by the Committee on Elimination of All Forms of Discrimination against Women has recognized gendered violence to be a form of discrimination. To adjudicate whether States have fulfilled their obligation under the Convention, the above-mentioned Recommendation has devised the standard of "due diligence". Due diligence is now used as a yardstick to measure whether a domestic legislation is effective in combatting domestic violence.

2. PREVENTION OF DOMESTIC VIOLENCE IN SOCIAL WORK INSTITUTIONAL PRACTICES

2.1 The Problems of Domestic Violence Prevention: Governmental and Non-governmental Bodies' Interaction Analysis

The methodological issues that arise when studying domestic violence as a public health problem, focusing on Intimate Partner Violence (IPV), since this is the form of violence that has the greatest consequences at a social and political level and research on violence against women is considered as an important objective of any program designed to eradicate this problem. Despite a growing social and political interest in the subject, there are still few research studies on certain aspects related to the efficacy of measures implemented in the field of violence against women. Furthermore, there are no epidemiological surveillance systems that employ homogeneous criteria in order to measure this problem, thus permitting reliable data to be obtained on its prevalence and incidence.

The “Multi-country study on women's health and domestic violence against women” is the first of its type carried out by the World Health Organization (WHO) and shows that the most common type of violence against women is that which is carried out by their partner. It aims to fill this gap by developing methodologies to measure violence against women and its health repercussions in different cultures. This type of violence is far more common than attacks or rapes carried out by strangers or other people that the victims may know [24].

Obtaining reliable data on this type of violence is a complex task, because of the methodological issues derived from the very nature of the phenomenon, such as the private, intimate context in which this violence often takes place, which means the problem cannot be directly observed.

From January to March 2017, there are 639 rape cases reported in Sierra Leone. The issue of domestic violence is still on the increase, especially of minors. This ranges all ages across the country. In 2016, more than 2,499 cases of rape were reported and 81% were ages (10-20 years) [3].

Domestic violence has become a major issue over the years and this has attracted a lot of institutional and nomadic models put in place in order to curtail the violence. In 2013, Statistics Sierra Leone (SSL), one of the government institutions responsible to conduct research on different social and economic issue conducted a survey that captured domestic violence as one of the areas needed an accurate data. Collecting valid, reliable, and ethical data on violence poses particular challenges because:

a) A culture of silence surrounds violence and it may affect reporting. In some part of the country, domestic violence data is not available because victims don't report to the relevant authorities due to their cultural beliefs and practices.

b) The sensitivity of the topic, concerns for the safety of respondents and interviewers when asking about domestic violence in a familial setting, and the protection of women who disclose violence all raise specific ethical concerns.

The research measures violence by spouses and by other family members and unrelated individuals. Accordingly, information was obtained from ever-married women and men on violence by spouses and by others, and from never-married women and men on violence by anyone, including boyfriends/girlfriends. International research on violence shows that intimate partner violence is one of the most common forms of violence against women. Thus, spousal/partner violence was measured in more detail than violence by other perpetrators by using a greatly shortened and modified Conflict Tactics Scale [35].

Table1 shows the percentage of women and men who have experienced different forms of violence. Overall, 57 percent of women age 15-49 have

experienced either physical or sexual violence. Specifically, 46 percent of women have experienced physical violence only, 1 percent of women have experienced sexual violence only, and 9 percent have experienced both physical and sexual violence. Young women age 15-19 are the most likely to experience sexual violence alone, while women age 25-29 and women age 30-39 are most likely to experience a combination of physical and sexual violence. Among men age 15-49, 56 percent have experienced either physical or sexual violence. Specifically, 48 percent of men have experienced physical violence only, 2 percent have experienced sexual violence only, and 6 percent have experienced both physical and sexual violence. Men age 30-39 and men age 40-49 are most likely to experience a combination of physical and sexual violence.

Table 1.

Percentage of women and men age 15-49 who have ever experienced different forms of violence by current age, Sierra Leone 2013

For Women	Age	Physical Violence only	Sexual Violence only	Physical and sexual violence	Physical or sexual violence	Total number of women
	15-49					
	15-17	39.2	2.1	6.3	47.6	873
	18-19	34.9	2.1	3.1	40.2	472
	20-24	44.3	2.1	9.9	56.3	401
	25-29	48.8	1.5	8.8	59.1	748
	30-39	48.8	1.0	9.5	59.2	869
	40-49	46.9	1.2	10.8	59.0	1637
	40-49	47.8	1.0	8.9	57.6	1058
	Total 15-49	46.4	1.3	9.1	56.9	5185
For Men	15-19	49.4	1.6	3.9	52.8	1157
	15-17	46.6	0.9	3.2	50.6	788
	18-19	49.1	3.0	5.3	57.5	369
	20-24	52.8	2.1	5.1	60.0	742
	25-29	50.7	3.9	6.6	61.2	701
	30-39	44.6	1.6	9.2	55.4	1057
	40-49	45.7	1.4	7.1	54.2	739
	Total 15-59	48.0	2.0	6.6	56.7	4773

Source: Sierra Leone Demographic and Health Survey, 2013

Violence during pregnancy is an acute problem. Women who have ever been pregnant were asked about the experience of physical violence during their pregnancy. Table2. Shows that, overall, 8 percent of women experienced violence while pregnant. Women age 15-19 were more likely to experience physical violence during pregnancy (12 percent) compared with older women (40-49). Women with primary education and women in the middle and fourth wealth quintiles were more likely to experience violence during pregnancy compared with their counterparts. From the religious aspect, more Muslim women experienced violence during pregnancy from their husbands (8.7) than Christian. This is because of the draconic laws embedded in Islam that do not permit women to have freedom. There are more women separated or divorced with their husbands due to high rate of violence (10.4). Girls before that got pregnant before married as a result of teenage pregnancy experienced less violence during pregnancy (8.1). There is no variation by urban-rural residence; at the regional level, violence during pregnancy ranges from 11 percent in the Northern region to 6 percent in the Eastern region.

Table2.

Experience of Violence during pregnancy

Among women age 15-49 who have ever been pregnant, percentage who have been experienced physical violence during pregnancy, by background characteristics Sierra Leone 2013.

Background characteristics	Percentage of women who have experienced violence during pregnancy	Number of women have been pregnant before
Age		
15-19	11.5	322
20-24	8.4	588
25-29	8.2	826
30-39	8.8	1,617
40-49	7.1	1,036
Religion		

Christian	7.5	904
Islam	8.7	3,462
Other	*	8
None	*	4
Residence		
Urban Area	8.2	1,437
Rural Area	8.6	2,953
Region		
Eastern	6.0	1,009
Northern	10.6	1,654
Southern	8.7	934
Western	6.8	791
Marital Status		
Never married	8.1	365
Married/living together	8.2	3672
Divorced/separated	10.4	353
Education		
No education	8.1	2,985
Primary education	11.1	559
Secondary or higher education	7.8	846
Wealth Quintile		
Lowest	7.2	881
Second	7.7	814
Middle	10.2	822
Forth	10.8	910
Highest	6.4	964
Total 15-49	8.4	4,390

Source: Sierra Leone Demographic and Health Survey, 2013

Domestic violence is not restricted to physical or sexual violence. Verbal abuse, restrictions in freedom of movement, and threats or forceful conduct can also constitute abusive behavior and can have injurious consequences in the form of psychological harm, mal- development, and deprivation. According to the 2013 Sierra Leone Demographic and Health Survey asked women and men about their experience of controlling behaviors within the context of their marriage. Table 3 shows the percentage of ever-married women and men, respectively, whose spouses or partners have ever demonstrated specific types of controlling behaviors, by background characteristics.

To determine the degree of marital control spouses may exercise over one another, ever-married women and men were asked whether their current or last spouse has ever exhibited each of the following controlling behaviors (note, questions here are phrased for a female respondent): (a) becomes jealous or gets angry if she talks to other men; (b) accuses her of being unfaithful; (c) does not permit meetings with female friends; (d) tries to limit contact with her family; and (e) insists on knowing where she is at all times.

The accumulation of such behaviors is of greater importance than the results for any single behavior, and therefore the proportion of women and men whose spouses exhibited at least three of the specified behaviors is highlighted. More than one-third of ever-married women (39 percent) report that their husbands have exhibited three or more controlling behaviors (Table 3). The most commonly reported controlling behavior is jealousy or anger when the wife talks to other men (75 percent). The other most common controlling behaviors women report are accusations of being unfaithful (49 percent) and insisting on knowing where they are at all times (45 percent). 39 percent of women said their husband displayed 3 or more of specific behavior against them.

Table 3

Percentage of ever married women 15-49 whose husbands/partners ever demonstrated specific types of controlling, by background characteristics, Sierra Leone 2013.

Background	Is he jealous/angry if she talks to other men	Frequently accuses her of being unfaithful	Does not permit her to meet her female friends	Tries to limit her contact with her family	Insists in knowing where she is all time	Displays 3 or more of specific behavior	Number of married women
Age							
15-19	74.4	45.9	25.7	7.7	47.9	39.3	235
20-24	79.8	55.9	32.0	14.9	49.6	44.1	480
25-29	77.2	48.5	29.5	14.1	48.3	41.2	784
30-39	75.8	49.0	26.6	11.5	45.7	38.5	1593
40-49	69.7	44.3	44.3	11.3	40.2	34.8	1047
Religion							
Christian	65.2	41.5	26.0	12.2	39.5	35.3	395
Islam	77.2	50.0	27.1	12.0	39.6	39.6	334
Other	*	*	*	*	*	*	11
None	*	*	*	*	*	*	5
Residence							
Urban Setting	70.6	47.4	27.6	16.9	48.1	40.7	1289
Rural Setting	78.8	48.8	26.7	10.0	44.1	37.9	2869
Marital Status							
Married	74.6	47.9	26.8	12.1	45.3	38.4	3775
Divorced/separated	77.8	48.8	28.6	12.4	48.2	42.5	363
Wealth Quintile							
Lowest	75.0	50.3	27.6	8.5	39.2	36.9	866
Second	77.7	46.0	24.2	12.1	47.5	35.1	803
Middle	78.3	51.3	29.8	11.3	47.1	41.5	779
Fourth	76.4	48.8	26.5	10.4	46.5	41.2	830
highest	67.4	45.4	26.6	18.3	47.0	39.2	831
Women afraid of husbands							
Most time afraid	76.0	56.9	35.8	16.5	54.6	51.2	525
Sometimes afraid	75.9	48.4	26.1	11.0	46.2	37.9	2,017
Never afraid	64.2	35.6	15.7	8.4	29.8	25.5	845
Total	74.9	48.9	26.9	12.1	45.4	38.8	4,138

Source: Sierra Leone Demographic and Health Survey, 2013.

The proportion of ever-married women who reported that their husbands have exhibited three or more of the specified controlling behaviors are lowest among women in their 40s compared with younger women. Younger women age 20-24 said their partners are more jealousy/angry when they talk to other men (80) than older women age 40-49. Women observing Islam are more prevented from talking to other men (77.2) than women in Christian faith (65). From the data below, you can observe that, Islamic men are exercising all forms of marital control than Christianity. Divorced or separated, or widowed women were more likely to report controlling behaviors from their former husbands compared with married women reporting on their current husbands. Women in urban setting said their husband exhibited 3 or more forms of specific behavior than those in rural areas. Women with no education and women in the lowest wealth quintile experienced less marital control compared with their counterparts. Finally, women who reported being afraid of their husbands/partners were most likely to report that they exhibited three or more controlling behaviors—at 51 percent compared with 23 percent of women who reported never being afraid of their husbands/partners.

This focuses on violence perpetrated by intimate partner who is married to the respondent or lives with the respondent as if married. Since spousal or intimate partner violence is the most common form of violence for women and men age 15-49, the 2013 Sierra Leone Demographic and Health Survey collected detailed information on the different types of violence experienced—physical, sexual, and emotional. Currently married women and men were asked about violence perpetrated by their current spouse, and formerly married women and men were asked about violence perpetrated by their most recent spouse. Respondents were asked about seven specific acts of physical violence, three acts of sexual violence, and three acts of emotional abuse.

Specifically, spousal violence was measured using the following set of questions for women:

Does/Did your (last) husband/partner ever:

(a) Push you, shake you, or throw something at you? (b) Slap you? (c) Twist your arm or pull your hair? (d) Punch you with his fist or with something that could hurt you? (e) Kick you or drag you or beat you up? (f) Try to choke you or burn you on purpose? (g) Threaten or attack you with a knife, gun, or any other weapon?

(h) Physically force you to have sexual intercourse even when you did not want to? (i) Physically force you to perform any sexual acts you did not want to? (j) Force you with threats or in any other way to perform sexual acts you did not want to?

In cases when the answer was ‘yes’, women were asked about the frequency of the act in the 12 months preceding the survey. A ‘yes’ answer to one or more of items (a) to (g) above constitutes evidence of physical violence, while a ‘yes’ answer to items (h) through (j) constitutes evidence of sexual violence.

Emotional violence among ever-married women was measured in a similar way, using the following set of questions:

Does/did your (last) husband ever: Say or do something to humiliate you in front of others? b) Threaten to hurt or harm you or someone close to you? c) Insult you or make you feel bad about yourself?

In cases when the answer was ‘yes’, women were asked about the frequency of the act in the 12 months preceding the survey.

This approach of asking separately about specific acts has the advantage of not being affected by different understandings of what constitutes a summary term such as violence. Also, by asking about a wide range of acts, this approach has the advantage of giving the respondent multiple opportunities to disclose any experience of violence.

Table 4 shows the percentage of ever-married women and men age 15-49 that have experienced these various forms of spousal violence ever preceding the survey. The different types of violence are not mutually exclusive; that is, respondents may report experiencing multiple forms of violence.

Table 4.

Percentage of ever married women age 15-49 who have experienced various forms of violence ever preceding the research committed by their husbands or parents, Sierra Leone 2013

Types of violence	Ever	Often	Sometimes	Sometimes/often
Physical Violence				
Any physical violence	44.2	5.3	21.9	27.2
Push her, shook her, throw something at her	22.3	2.8	11.5	14.3
Slapped her	38.4	3.4	19.4	22.8
Twisted her hand, pulled her hair	11.5	1.8	5.4	7.3
Punched her with his fist, or with something that could hurt her	9.1	1.4	4.4	5.8
Kicked her, dragged her, or beat her up	22.2	2.2	8.8	11.0
Tried to choke her/burn her on purpose	3.1	0.4	1.5	1.9
Threatened her/attacked her with a knife/gun	1.4	0.2	0.5	0.8
Sexual Violence				
Any sexual violence	7.3	0.8	4.3	5.1
Physical forced her to have sexual intercourse with him when she did not want	6.2	0.7	3.7	4.4
Physically forced her to perform sexual acts she did not want	3.0	0.5	1.9	2.3
Forced her with threat/in any other way to perform sexual acts she did not want	2.6	0.3	1.5	1.9
Emotional violence				
Any emotional violence	29.2	4.9	15.9	20.8
Said/did something to humiliate her in front of others	22.8	3.5	11.7	15.2
Threatened to hurt her/ harm her	11.8	1.6	6.1	7.8
Insulted her/made her feel bad	20.8	3.0	11.9	14.8

Source: Sierra Leone Demographic and Health Survey, 2013

The data shows that half of ever-married women age 15-49 (51 percent) have experienced some kind of violence (physical, sexual, or emotional) by their husbands or live-in partners. Forty-four percent of ever-married women have experienced physical violence at the hands of their husbands, 7 percent have experienced sexual

violence, and 29 percent have experienced emotional violence. 27 percent of women experienced physical violence, 5 percent experienced sexual violence, and 21 percent experienced emotional violence.

Among the acts of physical violence, slapping was the most commonly reported act, experienced by 38 percent of ever-married women, followed by 22 percent of the women being pushed, and about the same proportion being kicked. Punching with fist is the least physical violence men normally committed.

Among the acts of sexual violence, being forced to have sex with their husbands when they did not want to was the most commonly reported act of sexual violence (6 percent of women). Forced her with threat or any other way to perform sexual act is least sexual violence reported. For emotional violence, more women reported their husbands humiliating them in front of others (22 percent) than reported the other specific acts.

The research measures violence by spouses and by other family members and unrelated individuals. Accordingly, information was obtained from ever-married women and men on violence by spouses and by others, and from never-married women and men on violence by anyone, including boyfriends/girlfriends. International research on violence shows that intimate partner violence is one of the most common forms of violence against women. There are more women of ages (15-49) experiencing physical or sexual violence. The research also shows that Women age 15-19 were more likely to experience physical violence during pregnancy (12 percent) compared with older women (40-49). Women with primary education and women in the middle and fourth wealth quintiles were more likely to experience violence during pregnancy compared with their counterparts. In the religious aspect, more Muslim women experience domestic violence than the Christians folks. Women living in the northern rural part of Sierra Leone are prone to domestic violence than those living in the urban settlement. The most commonly reported controlling

behavior is jealousy or anger when the wife talks to other men (75 percent). Men in Sierra Leone use too much of power and control on their wives and this is more dominant among the Muslim communities due to their religious regulations. Women whose husbands have no education are slightly more likely to report physical violence and sexual violence compared with women with educated husbands, while women are more likely to experience emotional, physical and sexual violence when their husbands have secondary or higher education. Finally men who take alcohol also seem to commit more emotional, physical and sexual violence against their wives.

The secondary data collated above shown the existence of the violence in Sierra Leone and gives statistics of the several forms of domestic violence. The secondary data above is very significant to solving the problem. In order to analyze them, my research will further collect a primary data in a form of surveys because it is an important source of information about victims of violence, since the secondary data failed to capture data from governmental and non-governmental agencies, police and social workers that deal with domestic violence cases.

The domestic violence survey was undertaken to capture the views of those implementing the policy at a service level in order to identify policy, implementation and service delivery issues to inform domestic violence policy makers in Sierra Leone.

My research survey could be used as a way of obtaining representative information about the majority of victims of violence who do not seek assistance. It is also the only reliable way of discovering if the rate of violence is going up or down. This is because changes in the rate of those seeking assistance from authorities may reflect changes in both the willingness of victims to approach the authorities and of authorities to record this help-seeking, rather than change in the underlying “real” rate of violence.

The primary data collection employed a cross sectional design which allowed data to be collected at one point in time. This technique is useful for descriptive study as well as for determination of relationship between variables. This design was also useful because it allowed data collection to use mixed methods which are questionnaire for collecting quantitative data and focused group discussion and checklist for qualitative data.

Primary data were collected based on the field survey and the data were collected using structured questionnaires. Other methods include direct observation and focused group discussion. Several literatures were visited and relevant information related to the study was collected

This constituted the sampling frame, while the unit of analysis was the individual victims of domestic violence. The enumeration was conducted in Freetown, Sierra Leone and it is an urban settlement that is very much prone to domestic violence issues. Primary data was collected from institutions and other bodies working on domestic violence prevention and control. Fifteen questionnaires were designed for social workers, Non-Governmental Organizations working on domestic violence prevention and control, the police and other government institutions. There are structured questionnaires with close-ended questions.

Interview questionnaires were developed for the research. The questionnaires were designed to collect data needed to meet the objectives of the research. Only one set of respondents was used in my research: the institutions working on domestic violence issues.

Both qualitative and quantitative techniques were used in data analysis. Qualitative data was analyzed using descriptive statistics such as Percentage, Tabulation and Frequency. Before processing the responses, the completed questionnaires were edited for completeness and consistency while the incomplete ones were eliminated.

The data was then coded to enable the responses to be grouped into various categories. A descriptive analysis was employed. Descriptive statistics such as means, standard deviation and frequency distribution was used to analyze the data.

A total of 115 responses to the survey were received. Of these, 15 entries were identified as void responses and were removed. Therefore a total of 100 responses were included in the subsequent analysis of the data.

The majority of the respondents who responded to the survey worked in Freetown municipality (60) from west part of the city. Almost (30) of responses came from East end part of Freetown. Reflecting that some people may work across boundaries, 10 staff reported working across regional and Freetown municipality.

Table 5

Areas in which respondents work

Area	respondents	percentage
Freetown West	60	60%
Freetown East	30	30%
Both regions	10	10%
Total	100	

Areas in which respondents work

■ Freetown West ■ Freetown East ■ Both regions

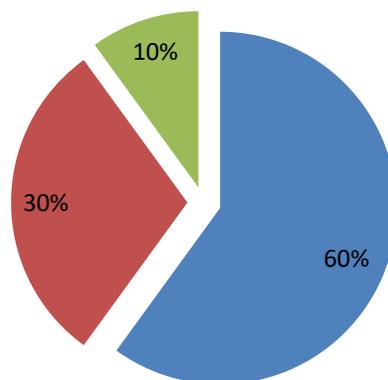


Figure 1. Areas in which respondents work

The estimated responses for the survey were ascertained from a total of 115 interviewees. The estimated response rate based on these figures was 60% from Freetown west, 30% respondents work in Freetown East while about 10% work across both regions.

Questions were posed to social workers, police, NGOs and other governmental institutions to discover the level of Domestic Violence knowledge and training

Table: 6.

Reported DV Policy, Legislation and Service and Referral Knowledge of respondents

Level of knowledge			percentage
Very good knowledge	domestic violence policy	29%	83%
	domestic violence legislation	23%	
	domestic violence service and referral options	31%	
Basic or limit knowledge	domestic violence policy	20%	48%
	domestic violence legislation	15%	
	domestic violence service and referral options	13%	
Good knowledge	domestic violence policy	25%	70%
	domestic violence legislation	20%	
	domestic violence service and referral options	15%	

From the survey, about 83% of the respondents reported a good or very good knowledge of domestic violence policy, domestic violence legislation and domestic violence service and referral options (29%, 23% and 31% respectively).

About 48% of the respondents said they have just basic/limited knowledge of domestic violence policy, domestic violence legislation and domestic violence services and referral (20%, 15% and 13% respectively). Lastly, 70% of the total respondents confirmed they have good knowledge of domestic violence policy, domestic violence legislation and domestic violence service and referral (25%, 20% and 15% respectively).

Social workers employed in a clinical role were slightly more likely to report good or very good knowledge of domestic violence.



Figure 2. Reported DV Policy, Legislation and Service and Referral Knowledge of respondents

A total of 80% respondents provided sufficient information to classify them into a service type within the difference domestic violence institutions. Of these, 42% worked in Child, Adolescent and Family Health, 25% in the child care homes Ambulance Service and 18% in Mental Health. A further 15% worked in Child Protection, Domestic Violence or Sexual Assault services.

Table: 7

Service type within which respondents work

Service type	No. of respondents	percentage
Child, Adolescent and Family Health	34	42%
child care homes Ambulance Service	20	25%
Mental Health	14	18%
Child Protection, Domestic Violence or Sexual Assault services.	12	15%
Total	80	

Service type within which respondents work

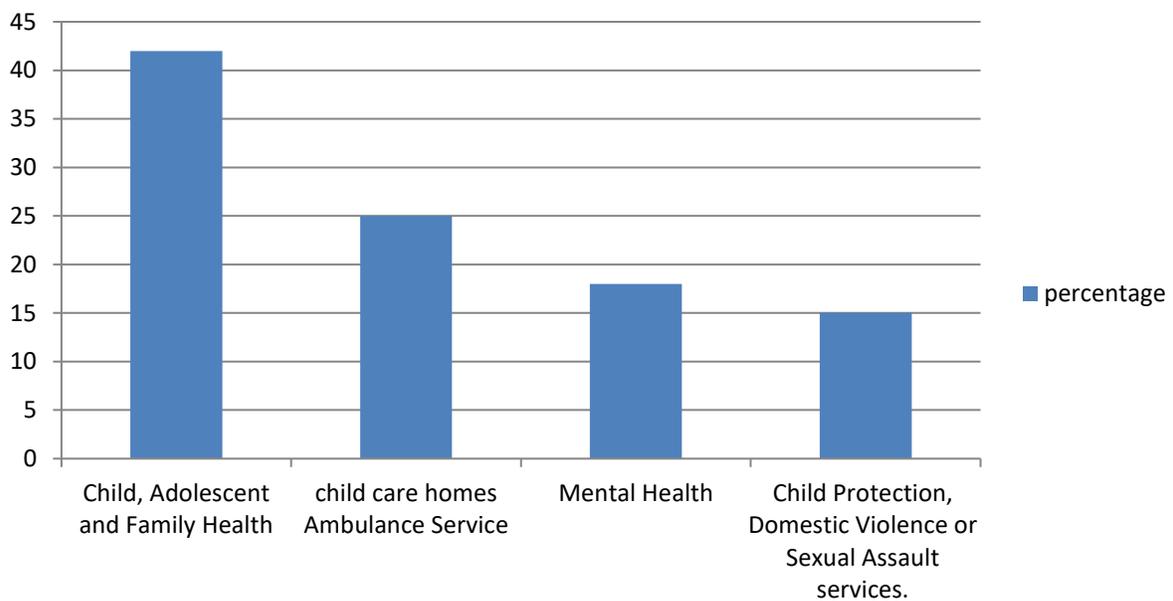


Figure 9. Service type within which respondents work

The majority of the respondents working for the targeted institutions who completed the survey responded that they had received no training in their current role. Further, the results demonstrate that across the levels of domestic violence training are more likely to fall within none to minimal range.

Only 7% of the respondents who completed the survey reported that they had received a moderate or significant level of training in current role. Those who worked in clinical roles reported slightly higher moderate to significant training levels (1%).

Most of the respondents working for government institutions in Freetown dealing with violence issues did not receive training in their current roles 62%. About 30% of them received minimal training on domestic violence prevention and control.

Table: 8

Domestic violence training level by current role	
Level of domestic violence training	No. of responses(percentage)
None	62%
Minimal	30%
Moderate	7%
Significant	1%

Domestic violence training level by current role

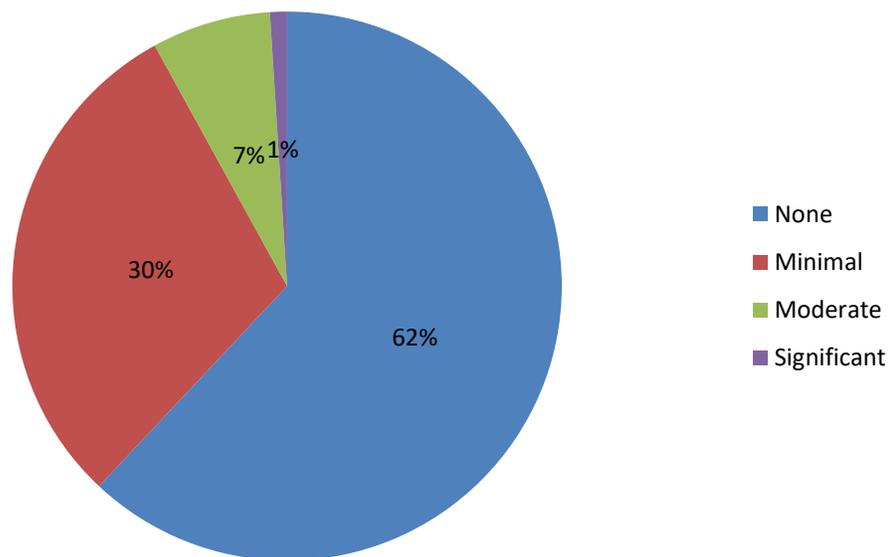


Figure 4. Domestic violence training level by current role

Higher levels of DV training (moderate or significant) were reported from respondents who worked in a drug and alcohol service (21%) or in a social work/counseling role (24.6%). This is consistent with contact with victims of DV, 64% of those working in a drug and alcohol service and 81% currently in counseling or social work role had contact with at least one known domestic violence victim in the last six months.

Respondents were asked “In your current role, please indicate the actions you are most likely to take when dealing with someone who is a victim of domestic violence”. There were several possible options and respondents could choose multiple responses. A total of 100 respondents answered this question. The most likely responses to a victim of domestic violence were to:

Table: 9

Most likely to response to dealing with victims of Domestic violence

Service unit	No. of respondents	percentage
Community service	25	25%
Child wellbeing unit	20	20%
Treatment physical injuries	11	11%
Refer to police	30	30%
Refer to other agencies	5	5%
Social workers	9	9%
Total	100	

Most likely to response to dealing with victims of Domestic violence

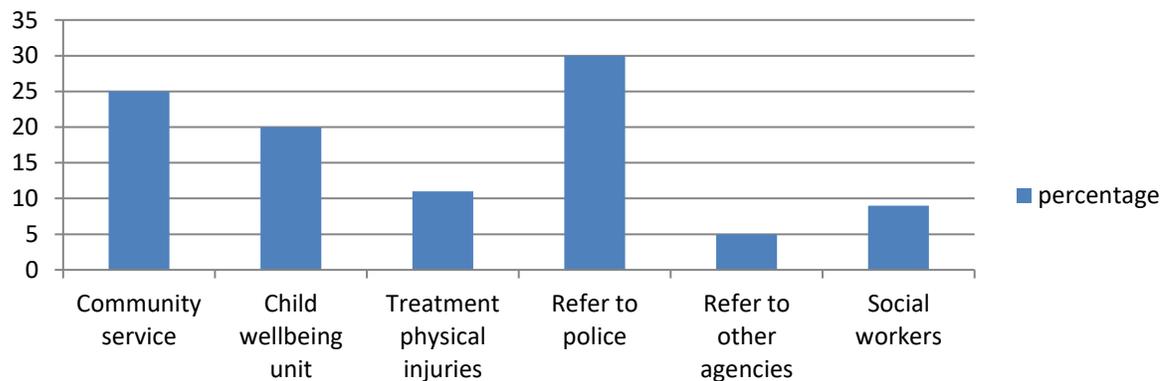


Figure 5. Most likely to response to dealing with victims of Domestic violence

Note: Respondents could give multiple responses.

When compared to those with minimal or no domestic violence training, respondents who reported higher levels of domestic violence training were:

More likely to report “Treat emotional injuries”, “Case management”, “Assessment” or “Child protection wellbeing”.

Less likely to report “treatment of physical injuries”

Inter-institutional clarity of information sharing

Most respondents working for various institutions were interviewed to respond to a multiple choice question regarding information sharing with other agencies. A total of 100 respondents answered this question. 25% of respondents reported that the information was “mostly clear” and they knew who to approach for clarification. A further 40% of staff reported that information sharing was not clear. Also 30% of the respondents reported that information sharing between institutions was very clear and information can be shared and only 5% said mostly clear but don’t know who to ask when they are not sure.

Table: 10

Inter-institutional clarity of information sharing

Are the limits and/or opportunities for information sharing with other agencies sufficiently clear?	Number of responses	Percentage number of respondents
Yes, very clear what information can be shared	30	30%
Mostly clear, but I know who to approach for clarification if required	25	25%
Mostly clear, but I don't know who to ask when I'm not sure	5	5%
No, not clear	40	40%
Total	100	

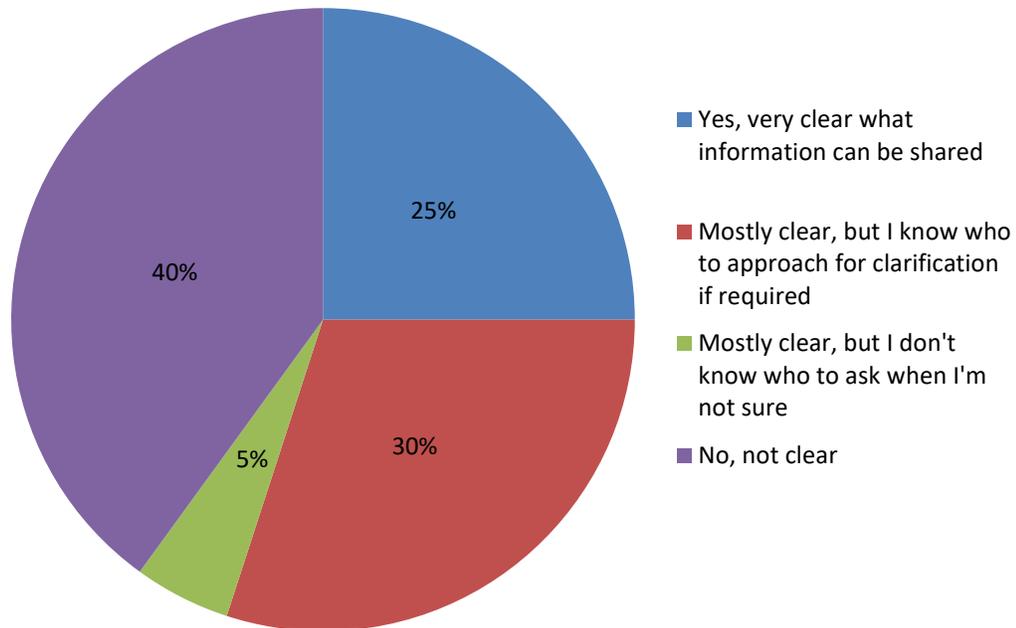


Figure: 6 Inter-institutional clarity of information sharing

Difficulties encountered during work with domestic violence victims

Respondents were also asked to outline the difficulties they may encounter when working with victims of domestic violence. There were 90 free text responses to this question and these were classified into broad categories for comparison.

The highest number of responses was in relation to the victim's reluctance or fear of disclosing or reporting domestic violence (46%). The second highest reported difficulty relates to the limited referral or service options for victims of domestic violence (30%).

The third highest response was around the lack of knowledge of certain institutions and workers of domestic violence issues (10%).

The fourth highest response was the problem of gender bias among female victims (9%) and the final set of responses was cultural and believes (5%).

Table: 11

Difficulties encountered during work with domestic violence victims

Difficulties	No. of responses	percentage
victim's reluctance or fear of disclosing	38	42
limited referral or service options	25	28
lack of knowledge of certain institutions	12	13
of gender bias among female victims	10	11
cultural and believe	5	6
Total responses	90	

Difficulties encountered during work with domestic violence victims

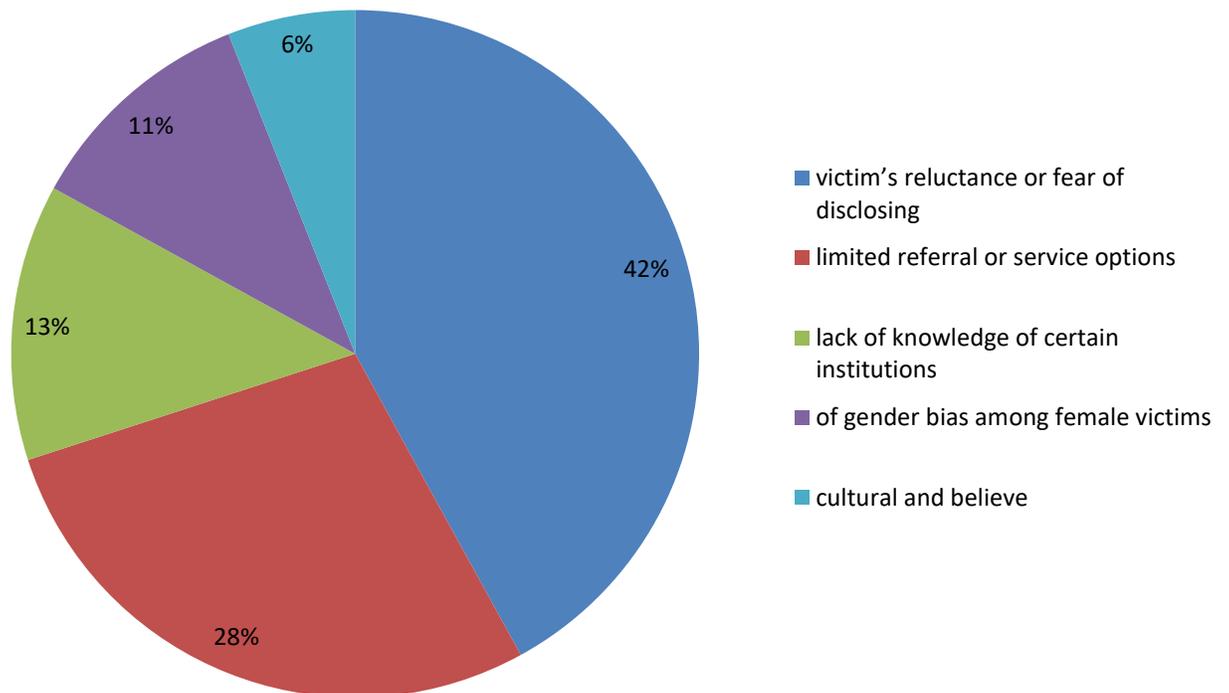


Figure 7. Difficulties encountered during work with domestic violence victims

In response to the question about the services that best support the victims of domestic violence, the highest responses were in support of counseling for the victim (82%), referral to domestic violence specific services (80%) and after hours, crisis support.

Emotional and psychological abuse

The survey interviewed those who thought other examples of abuse should be including in in the questionnaires. Of those respondents who specified “other” the responses could be categorized into “controlling behavior”, “Actions that create fear”, “Emotional abuse” or “Sexual coercion/abuse”. There was strong support for the inclusion of controlling behavior (76% of respondents) and actions that create fear (60% of respondents) into the questions asked by routine screening questions. Only 2.4% of respondents wanted “emotional abuse” included in domestic violence treatment and 0.7% wanted “Sexual coercion/abuse” included.

Key findings.

This survey was developed to determine specific Domestic violence related knowledge and training of various governmental, non-government, police and social workers working in the Freetown municipality, Sierra Leone, as well as their likely responses to and difficulties encountered when dealing with Domestic violence cases. The findings from this survey will be used to inform the current Domestic Violence policy implementation in Sierra Leone.

There were 100 valid responses to the survey received from workers of government institutions, non-governmental bodies dealing with domestic violence related cases, police and social workers.

The highest proportion of responses was from those in Police 30% Child, Adolescent and Family Support Unit (25%), child wellbeing (20%) and other agencies (5) Community Services, individual social worker 9%

Self-reported levels of Domestic Violence training were extremely low with 62% of the respondents reported minimal or no training in their current role.

Correspondingly, the level of knowledge reported by staff about Domestic Violence was as low as 48% of respondents had basic or no knowledge of “DV legislation”, “DV policy” or “DV services and referrals

The most commonly reported difficulty when dealing with DV victims was the reluctance of victims to disclose DV (42% of responses)

There was a strong preference for Domestic violence research forms to include questions related to non-physical abuse such as controlling behavior (76%) and actions that create fear (60%)

Recommendations.

Training and development

Focus on Domestic violence training Sierra Leone in order to:

1. Increase overall levels of Domestic violence training across government institutions, non-governmental bodies dealing with domestic violence cases, police and social workers who are often first line responders.

2. Reinforce continuing professional development the employees in those institutions to update and maintain levels of Domestic Violence knowledge throughout their careers.

3. Improve the ability of staff to identify and effectively manage victims of Domestic Violence.

Domestic Violence resources

4. Provide staff with one-page fact sheets and referral flow-charts to guide their management of DV victims.

5. Increase availability of Domestic Violence related services, especially in rural and regional areas.

The Problems of Domestic Violence Prevention: Governmental and Non-governmental Bodies' Interaction Analysis

Despite the well-documented prevalence of domestic violence among women seeking medical services and psychosocial help from social service institutions, clinicians continue to have difficulty incorporating routine inquiry about domestic violence into their practices and responding appropriately to women who have been battered by their partners.

Even institutions with established domestic violence protocols and training often fail to provide the support necessary for a sustained provider response. There are several reasons for this. Unlike traditional “medical problems,” domestic violence often raises complex issues and challenges both for individual providers and for the institutions that shape domestic violence preventive practices. Some of these issues involve individual experiences and responses to abuse, as well as biases and cultural assumptions about gender, power, and partner abuse. Addressing these issues requires more than simply adding new diagnostic categories to differential diagnoses or new technical skills. Instead, it entails asking clinicians to behave in ways that may conflict with their personal needs and cultural values. The development of effective responses to domestic violence then requires changes in knowledge, attitudes, and skills that push the limits of a traditional preventive framework [11].

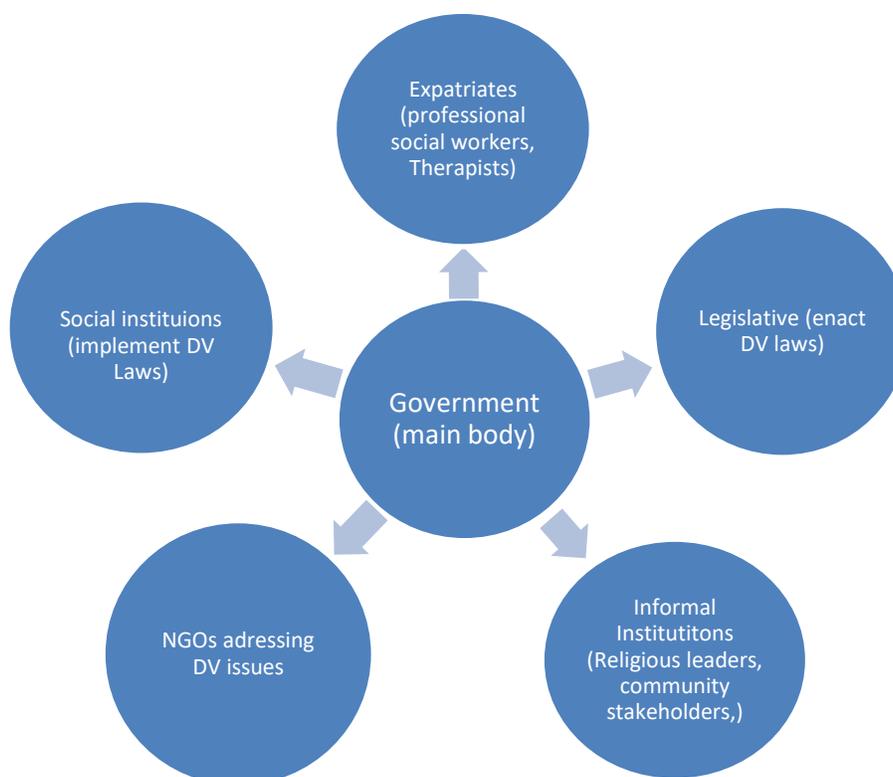
Other structural problems can also interfere with social workers ability to provide an appropriate standard of care for domestic violence victims. For example, when training programs foster an atmosphere in which workers learn to survive at the expense of their own feelings, it can be difficult for them to respond appropriately to the feelings of others. If addressing complex psychosocial issues is devalued at an institutional level, clinicians' survival within the health care system may be placed in conflict with the needs of their patients. To improve an institution's response to domestic violence, these barriers must be addressed systemically.

There are also specific skills service providers can learn from working closely with battered women and domestic violence advocates. These include: knowledge about what is and is not helpful to battered women, recognition of the differences between a directive diagnosis and treatment model and an equality-based advocacy model, and experience in developing strategies for social change.

2.2 Institutional and organizational models of domestic violence prevention

Domestic violence is violated against women and children worldwide and one of the most frequent causes for death. The batterers and the victims are found in all social strata, ages and origins. The national action plan rolled by different governments to this effect will be sustained with the cooperation of all partners involved in the process of combating violence. Government as the main institution undertakes a pivotal role to strengthen the empowerment of women to better reduce the effects of economic insecurity, which often leads to discrimination and violence against women. The relevance of the action draws its substance in the primary socialization, in the education, in the training of skills, in the detection of know-how and its encouragement, and also in all measures that are likely to guarantee the respect of the human dignity, at all times and at all moments.

Operational structures of institutional model .



Government as the main institution: The fight against domestic violence should be made a national program of any serious government. Domestic violence being a social issue has the tendency to create social instability and unrest. The role of a government is to see its people, especially women and children free from all forms of violence. In recent years, governments have increasingly introduced laws to combat violence against women and children. The existence and quality of laws to address sexual harassment, rape and domestic violence as a proxy of social norms related to violence against women. Countries received low discrimination and low domestic violence if there is a specific law in place with no reported problems of implementation. Rwanda is one example where a new law has been introduced. The Law on the Prevention, Protection, and Punishment of Any Gender-Based Violence is Rwanda's first comprehensive legislation on domestic violence. Government comprises other institutions and organizations to ensuring proper tackling of social problems.

Legislative institutions: The legislative branch is one of three divisions of government that works in conjunction with the executive and judicial branches. Its main responsibility is the creation of laws. The legislation comprises parliament that debate of social issues affecting the people. Domestic violence laws are created by legislative institutions to ensuring that appropriate policies that will help prevent violence are put in place. For example in Sierra Leone in order to address domestic violence issues, regulatory framework was being put in place and it was on that premises the government of Sierra Leone legislated three laws that are purely dealing with issues that address domestic violence. These are; child right act of 2007 Domestic Violence Act 2007 and sexual violence act of 2012.

They have helped to suppress domestic violence and to provide protection for victims. The legislatures made a clear statement that domestic violence will not be tolerated and the perpetrators will be brought to justice. Statutory obligations are imposed upon the police regarding the implementation and enforcement of the law. In 2007, Domestic Violence Act was passed making domestic violence a criminal offence. The definition of domestic violence includes physical or sexual abuse, as well as economic, emotional, verbal or psychological abuse and is punishable by fines and up to two years imprisonment. Despite this measure, violent acts against women are reportedly common, and police intervention and reaction has been criticized [10]. The Sexual Offences Act requires free medical treatment and examination for victims. The Sexual Offences Act of 2012 establishes the age of consent at 18 and specifically prohibits spousal rape, punishing the latter with fines and up to 15 years imprisonment[37].

Creating laws is not the only solution to prevent domestic violence from occurring but putting the laws into action is very important. Each law passed requires agencies, commissions that should be established or empowered to further implement the enacted laws. These social institutions provide a broad range of social services

designed to prevent or treat family violence. These social services include counseling and advocacy for victims of abuse; family and caregiver support programs; alternative living arrangements, including out-of-home placement for children, protective guardianship for abused elders, and shelters for battered women; educational programs for those at risk of abusing or being abused; intensive service programs to maintain families at risk of losing their child; and individual service programs in both family and placement settings. Social service interventions also may include concrete services such as income support or material aid, institutional placement, mental health services, in-home health services, supervision, education, transportation, housing, medical services, legal services, in-home assistance, socialization, nutrition, and child and respite care [41].

For example in Sierra Leone as part of the effort to address domestic violence, the ministry of social welfare is created as an institution of government to implement domestic violence laws.

The ministry is to promote and protect the rights of women, children, the aged, persons with disability, and other vulnerable groups through development and review of policies, advocacy coordination with stakeholders, building capacity and effective monitoring and evaluation in order to enhance equity for all. Ministry is responsible to train advocacy officers on Gender and Children Affairs. They are also heading the psychosocial pillar. It is commonly known as the child protection, social welfare and gender pillar. The ministry is also working with other line institutions like; The Family Support Unit under the Sierra Leone police works with the social welfare ministry in order to receive most domestic violence reports and investigate sexual violence cases, child trafficking, commercial exploitations, internal and cross border trafficking the Guidelines on Sexual and Gender Based Violence. They work with different families, with the help of social workers to provide counseling to violence victims. The police help officers to arrest perpetrators and enforce the laws. Family

support units are established in almost all corners of Sierra Leone had actually helped to combat the high occurrence of domestic violence. In 2016, the units recorded 11,500 domestic violence cases [25].

The ministry also established another institution called national commission for children which gears towards championing issues of children, especially less privilege that are socially excluded from social service. The commission purposely the implement the child right act that was passed in 2007 for the elimination of child labor, protection of children and young persons. Parental and State Responsibilities, Child Welfare Functions of Local Committees and District Council, Quasi-Judicial and Judicial Child Adjudication, Parentage, Custody and Maintenance of Children, Institutional Care and Miscellaneous Matters, Employment of Children. Also amends the Protection of Women and Girls Act the Children and Young Persons [39]. Notwithstanding, there are a lot of challenges in policy implementation especially with regards to the compliance rate. People always want to violate the laws especially domestic violence issues couple with the customs and traditions practice in Sierra Leone. There is always a dispute between the law enforcement agencies and traditional means of handling domestic violence cases. As such most victims did not report the perpetrators to the relevant authorities; instead they prefer the issues to be handled within the family. This creates an acute problem for the Implementing institutions and find it difficult to effectively bring the defaulters to book. There are other challenges FSU is also encountering in Sierra Leone, inadequate human resources, lack of operational machinery to enhance the effective functioning of the unit, lack of participatory role of the community people, cultural and customary practices among families etc.

Family as a social institution

Family consists of two or more people. Family is guided with different principles, values, traditions and customs based on the specific family pattern you

belong to. The main objects of sociology of the family are marriage and family. Marriage is historically variable social form of relationship between man and woman, through which society organizes and authorizes their lives; establish marital and parental rights and responsibilities [32]. The family is a more complex system of relationships than marriage because it usually brings together not only the couple but also their children and other relatives and friends. In addition, the family acts as a social unit of society, which is usually very close "to the original" model the whole society in which it operates.

Certain family patterns and relations are formed as a result of the different religious beliefs, traditions and customs. Sociologist categorized family patterns into polygamous marriage (Marriage between one man and more than one woman), monogamous marriages (Marriage between one man and one woman), Polyandry Marriage (between one woman and more than one man. In some cultures, after marriage, a couple lives in the wife's family), single parents family i.e. family that only involves one parent and extended family i.e. large families comprising many other relatives. Each of the family patterns performs various roles to ensuring that domestic violence is taking care of. All the family patterns have parents and maybe children. Sociologists emphasized the functional as well as the structural roles of the family. Family as a social group is linked by sexual and other relationship as well as those linked by descent who are linked by secondary relationship (extended families) by chains of primary relationships [43].

Non-governmental Institutions

The fight against domestic violence involves the effort of not only government institutions, but also non-governmental organizations are actively engage all over the world in addressing domestic violence issues. The presence of Non- Governmental institutions in violence zones is not a new phenomenon. NGOs have developed a wide range of violence prevention and resolution activities including monitoring family

conflict and providing early warning of new violence; opening dialogue between adversarial parties; playing a direct mediating role; strengthening local institutions for domestic violence resolution; and help to strengthen the rule of law and democratic processes in countries affected by domestic violence [42].

NGOs have emerged as important partners to both national governments and international agencies engaged in violence resolution and promote human right issues, especially women and children. For example in Sierra Leone, international non-governmental organization like UNICEF is actively involved in promoting the right of the children. UNICEF and other child protection actors are increasingly moving away from small-scale, issue-specific projects in favor of a systems approach, with a strong focus on violence prevention. The goal of a systems approach' is to create an environment where girls and boys are free from violence, exploitation and unnecessary separation from family, and where laws, services, behaviors and practices minimize vulnerability, address known risk factors, and strengthen the resilience of children. The systems approach facilitates more systematic policy development and programming that considers the child, family and community as a whole. Better coordination of poverty reduction, social welfare, and justice, labor and education policies ensures cost-effectiveness and efficiency. The goal of a 'systems approach' is to create an environment where girls and boys are free from violence, exploitation and trafficking. These activities in Sierra Leone have actually helped a lot of children who were suffering from various forms of violence to now live a better life, and reintegrated most of them to their communities, families and schools environment [51].

"Save the children" is another non-governmental institution that is tirelessly promoting issues of the children. It promotes children's rights, provides relief and helps support children in developing countries. They improve the lives of children through better education, health care, and economic opportunities, as well as

providing emergency aid in natural disasters, war, domestic violence and other conflicts. There are a lot of achievement made by NGOs in terms of domestic violence advocacy and prevention. Certain NGOs provide the platform for victims and perpetrators to reintegrate and make them better people after the violence situation. The presence of NGOs in Sierra Leone had helped to compliment the effort of the government and the community people through the provision of positive messages and action plans that mitigates domestic violence nationwide.

Informal Institutions (Community stakeholders, religious leaders, youth's movement)

Domestic violence requires the collaborative effort of different actors in society. Formal institutions might set the policies and the suitable platform for the safety of the society. The community stakeholders, youths, religious institution all have an important role to play to ensuring that public education, advocacy on violence related issues is undertaken. Society goes with informal traditions, customs, values and customary practices. Involving the community people will help the different formal institutions working in such environment to easily carry out their functions and achieve their goals. No one person or organization has the capacity, strength and power to diagnose the root causes of violence but collaborating with community volunteers, youths and key stakeholders will help to alleviate the difficult task social workers and other human right experts are encountering. The community volunteers have high rapport and they see the problems every day from their intimate neighborhood, family members and relatives. Working with them will enhance an effective problem diagnosis.

Mobilizing community people to prevent domestic violence involves engaging communities in supporting, developing, and implementing prevention strategies that target change in individuals, as well as in the community and society. Potential strategies include educating the community, building support among key stakeholders

for prevention efforts, developing programs that strengthen social networks, organizing community groups to challenge social norms that contribute to the use of violence, and advocating for community accountability. Community mobilizing strategies hold the potential for transforming those social norms and structures that are the root causes of domestic violence. The cultivation of grassroots community leadership can enhance the long-term sustainability of violence prevention efforts.

The community mobilization models incorporate also social ecological perspective that views violence prevention as requiring multifaceted interventions that target change at many levels: individual, family, neighborhood, social institutions, community organizations, public policy, and cultural environment. In order to create social change, it is critical to engage community members and develop leadership beyond formal institutions. It is important that initiatives carefully assess the capacity of the community to support and sustain the strategies being proposed and implemented [33].

Expatriates and professional institutions (Psychologists, Therapists Psychiatrists): Professional institutions are very important in the prevention of domestic violence. They play consultancy role in the provision of technical advises to front line workers and domestic violence victims. Their consultancy role begins with the legislative branch in which they are needed to provide proffer professional ideas to formulate laws that gear toward violence prevention. They also involve in the execution of such laws by working with different Ministries, Agencies and Commissions engage in solving domestic violence cases. The Health Care Professional (HCP) has an ideal opportunity to evaluate the causes of domestic violence and do timely intervention to stop the occurrence of the violence. The prevalence, health risks to families, indicators, and resources are reviewed. Primary, secondary, and tertiary interventions to facilitate action are presented.

The health professionals' participation in the primary intervention is to restrain a detrimental health event from occurring. They may involve in primary intervention through political action, through the promotion of linkages with referral resources, and through the education of communities and professional colleagues. Political action necessitates recognition of contemporary legislation within the state. The promotion of linkages with health care facilities, health care providers, local shelters, and other resources for families experiencing violence allows contacts with "the system" before a need arise. These contacts will aid the Health Professionals to realize what can be done and to enhance confidence of the people to empower the family if domestic violence is identified [45].

Education of communities and professionals about domestic violence is a primary intervention. Health professionals, counselors, family therapists may become involved in community forums, in their offices, in schools, or in the education of other health professionals. Community forums increase awareness in the general public of the problem of domestic violence and offer a mechanism for various resource persons to present a "panel" discussion, thereby providing a coordinated community approach. They provide warning signs in dating relationships that may lead to later violence, encourage young adults to build relationships on trust; to avoid relationships that confuse "love" with power, control, and jealousy; and to emphasize that sincere love does not interfere with success, other friendships, and growth as an individual.

Health care professionals, counselors, social workers need to become involved in the prevention and treatment of domestic violence—a public health dilemma. Having a sound knowledge base of the prevalence (family health risks related to domestic violence), indicators, and referral resources is crucial. To intervene in domestic violence requires planned interventions. By asking routinely, the HCP may begin to proactively address domestic violence. An instant "cure" may not be

achieved with the woman in a violent relationship; however, success may be defined as small steps toward empowerment.

In Sierra Leone, as part of the mandate of the government, the social welfare ministry forms inter-ministerial collaboration with the ministry of health to outsource medical experts. This helps to treat certain mental, traumatic stress disorder that occurs as a result of the violence. The health ministry has the mental council of Sierra Leone, The rainbow centers that have therapists, psychiatrists, psychologists etc. that are actively engage in medical services to violence victims. The rainbow centers offer free social therapy to families, communities and schools.

Social therapists in such centers work in marital, mental health, school, education, or private practice focusing on social behavior and interaction versus career advancement or planning. The social counselors may address family issues, coping skills, healthy relationships, anger management, physical and emotional abuse, stress, grief and loss, depression, self-injury, suicide, and addictions that may occurred as a result of violence. The main focus of social therapy is to help those with mental disorders, social challenges, addictions, or social anxieties. This may require the therapist to communicate with family, advocate for a patient's needs, and hold therapy sessions, help clients face their problems, find a strategy to cope with them, and have a better quality of life.

They have social therapists that work in a variety of environments including hospitals, private practice, medical centers, schools, education, and their own practice. The work environment is demanding based on what the social therapist specializes in. Their functions have helped to implement different legislations on violence passed in Sierra Leone. These experts further provide family therapy, cognitive therapy, group therapy, interpersonal and rhythm therapy to violence victims in most part of the country.

Table 12

Therapy Application

SOCIAL WORKERS	THERAPISTS
<p>Social workers provide therapy and myriad services to victims and perpetrators of domestic violence. Direct therapy to victims of domestic violence include counseling and support through shelter programs across the country, individual counseling through private practice settings, court advocacy through county victim service agencies, and social justice community organizing efforts to prevent domestic violence from occurring in the first place. Social workers provide services to perpetrators through voluntary and court mandated batterer intervention programs. As professional committed to social justice, domestic violence is a social justice issue.</p> <p>Direct Service Providers (Women’s Advocate, Shelter Program). Social workers provide services to victims of domestic violence through shelter programs across the country. The context in which services are provided is empowerment and advocacy oriented.</p> <p>Community Education</p>	<p>Psychotherapy for Abuse Survivors</p> <p>Therapy can help survivors of abuse express and process difficult emotions associated with the abuse, develop self-compassion and self-care strategies for managing moments of emotional overwhelm, and learn to trust again. Many therapeutic approaches can be beneficial for those who have experienced abuse.</p> <p>Narrative Therapy separates the person from the problem and encourages people to rely on their own skill sets to minimize the problems that exist in their everyday lives. Throughout life, personal experiences are transformed into personal stories that are given meaning and help shape a person’s identity, and narrative therapy utilizes the power of people’s personal stories to discover the life purpose of the narrator. Practitioners of narrative therapy believe that simply telling one’s story of a problem is a form of action toward change. Narrative therapists help to objectify problems, frame them within a larger sociocultural context, and make room for other stories. Together, therapist and client identify and build upon “alternative” or “preferred” storylines that exist beyond the problem story; these provide contrast to the problem, reflect a person’s true nature, and offer opportunities to rewrite one’s story. In this way, people move from what is known (the problem story) to what is as of yet unknown [44]. The therapist also helps people to see what is “absent but implicit” in the presentation of a problem. By exploring the impact of the problem, it is possible to identify what is truly important and valuable to a person in a broader context, beyond the problem. This can help a person identify a common thread to connect his or her actions and choices throughout life. In other words, all the “other” experiences and values from life are “absent but implicit” as people navigate new terrain. This process can help a person better understand his or her experience of life and gain personal agency for addressing problem scenarios in the future.</p>

<p>Coordinator. Many shelters have a Community Education Coordinator on staff who may be a social worker. This person is accountable for managing all types of community education from professional development and training to providing speakers for civic or social groups.</p> <p>Social workers provide therapy to victims of domestic violence while they are in a shelter or living in their community. Social workers also serve as executive directors of domestic violence organizations.</p>	<p>Group therapy is a shared therapeutic experience that involves the presence of a trained professional and others who are working through similar issues. This collaborative form of healing can focus on interpersonal relationships or on particular concerns shared by group members. There are numerous psychological and emotional issues that are treated in group therapy, ranging from addiction and abuse to anxiety and depression which occurred as a result of the violence. Group therapy activities are designed to encourage communication, insight, trust, and personal growth. The activities may range from conversational, sit-down interactions, such as reading and sharing stories, to physically engaging, team-oriented exercises and game [44].</p> <p>Cognitive-behavioral therapy (CBT) is a form of psychotherapy that treats problems and boosts happiness of domestic violence victims by modifying dysfunctional emotions, behaviors, and thoughts. Cognitive Behavioral Therapy focuses on solutions, encouraging patients to challenge distorted cognitions and change destructive patterns. This help to instill confidence and hope to the victims and the change their negative thoughts, Posttraumatic stress disorder.</p> <p>Family therapy uses strategies to reduce the level of family distress caused by domestic violence. It may either contribute to or result from the victims of the violence. Most domestic violence cases results to emotional stress, mental disorder, traumatic disorder, stigmatization etc. Family therapists treat mental disorders. They meet with entire families and individually with family members to assist families in functioning more effectively. They discuss emotional issues and provide treatment for mental disorders psychological conflicts caused by domestic violence.</p> <p>However, a family therapist also performs one-on-one counseling time if necessary with family members. The goal of therapy is to address emotional or mental issues that are harming the family. For example, families may be undergoing some sort of crisis at work or a psychological conflict with them. By talking with patients, a family therapist seeks to address and modify these issues.</p>
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“Institutional and organizational models of domestic violence prevention” we developed patterns of cooperation of all involved governmental non-governmental agencies to prevent and solve domestic violence cases within three major rounds considering the age of target groups.

Table 13.

Institutional strategy to prevent and solve domestic violence problems

Life stage	Primary (Targeted to population before domestic violence occur)	Secondary (Targeted individuals following early signs of domestic violence)	Tertiary (Targeted to victims and perpetrators after domestic violence)
Infants and preschoolers (0 to 5 years)	Home visitation. Public health nurses and trained social workers assisting new parents.	Home visitation with high families support and services for family members identified as being at high risk of perpetrating or becoming victims of domestic violence	Home visitation with abused victims and their children specialized services for domestic specialists as having been harmed by domestic violence
School- age children (6 to 12 years)	School- based awareness and skills development. Collaborative effort by schools and communities to teach violence awareness and alternative conflicts resolution skills.	Community- based early intervention children exposed to violence are offered crisis support, individual counseling and educational groups.	Home visitation with abused victims and their children specialized services for domestic specialists as having been harmed by domestic violence
Adolescents and high-school age youths (13 to 18)	School- based awareness and skills development. Same as above with emphasis on issues related to dating violence and forming healthy intimate relationship	Community- based early intervention. Services as above tailored for adolescents exposed to violence and emphasizing dating relationship	Disorder- based treatment services. Same as above with the possible involvement of the juvenile justice system as an identification and

			access point for treatment.
Adults (18 years) and above older	Public education media campaign promoting awareness of domestic violence and providing information about local resources and how to respond to domestic violence situations.	Community-based early intervention. Individuals opposed to violence are identified at the earliest possible opportunity and provided with appropriate coordinating services	Community-based intervention for chronic domestic violence intensive police, court and community collaboration to address situation of chronic and dangerous domestic violence.

Analysis of domestic violence prevention strategies

The institutional model that can inform the development of domestic violence prevention strategies divides prevention efforts into three categories: primary, secondary and tertiary. Primary prevention involves efforts to reduce the incidence of a problem in a population before it occurs. The goal of secondary prevention is to target individuals to decrease the prevalence of a problem by minimizing or reducing its severity and the continuation of its early signs [47].

Tertiary prevention (Children's Services)

Many women will not seek assistance without knowing that their children will also receive care. High-performing nonprofits have separate counseling and such groups for children who have either witnessed or experienced domestic violence. This therapy is tailored to the child's age-group, ranging from infants to teenagers. Counseling helps children to cope with violence, learn about safety plans, and reduce self-blame for domestic violence. In addition to counseling, nonprofits often have daycares that provide for the children's needs while allowing women to seek employment and/or workforce acted with domestic violence. An example of secondary prevention is a clear protocol for the way teachers can assist students who have discussed witnessing domestic violence in their homes but who do not show serious signs of harm. Tertiary prevention efforts are the most common and

emphasize the identification of domestic violence and its perpetrators and victims, control of the behavior and its harms, punishment and/or treatment for the perpetrators, and support for the victims. Intensive collaboration and coordinated services across agencies may be vital in tertiary prevention efforts to address chronic domestic violence and to help prevent future generations of batterers and victims. However, tertiary efforts can be very expensive and often show only limited success in stopping domestic violence, addressing long-term harms, and preventing future acts of violence. This section uses the primary, secondary, and tertiary prevention paradigm to categorize a broad range of domestic violence prevention strategies. Several of the strategies mentioned in the table are described in greater detail in the following section, which discusses innovative primary and secondary prevention strategies [14].

Infants and Preschool-Age children (0 to 5 Years)

Primary and secondary prevention strategies for infants and preschool children focus on ensuring that children receive a healthy start, including freedom from emotional, physical, and sexual abuse, and from the trauma of witnessing domestic violence. Development of such strategies begins by defining the principles of a healthy child rearing environment. Though there are differing opinions about the details of such a healthy environment, most experts agree that in order for very young children to thrive and grow to be nonviolent, productive adults, they must be cared for by supportive and nurturing adults, have opportunities for socialization, and have the freedom within protective boundaries to explore their world. Prevention programs targeting infants and preschool children have developed from the public health and nursing fields. They involve efforts to provide support for new parents through home visiting programs. Home visiting support and assistance can be delivered on a universal basis whereby all new parents receive basic in-home services for a specified time period. At risk for child abuse are also at risk for domestic violence. Moreover, families at risk for domestic violence may be more receptive to home visitation, with

its focus on healthy relationships and family strengths, than to more directive or punitive approaches through child welfare services or law enforcement. However, there are potential problems with the use of home visiting programs to address domestic violence. These include concern for the safety of the home visitor and the victim, and the possibility that any trust between the home visitor and the family will be breached if domestic violence is discussed [50].

School-Age Children (6 to 12 Years)

In a comprehensive review of model programs for battered mothers and their children, several community agencies reported the development of primary prevention efforts in collaboration with schools. One of the key values inherent in all of these primary prevention programs is the belief that every student needs to be aware of domestic violence and related forms of abuse.

Even if students become victims or perpetrators of domestic violence, they may have opportunities in the future, as community members, to help others in preventing or stopping it. Because these programs consider domestic violence a community and societal problem, many of them also involve parents and other members of the broader community. Schools are ideal places in which to introduce primary prevention programs to wide ranges of children, because most children attend school. In addition, much of children's social learning takes place in schools, and research has shown that social learning can play a role in the development of behaviors and attitudes that support domestic violence. Teachers, who typically represent the second most important influence in the lives of children, are in an ideal position to motivate students to consider new ways of thinking and behaving. The ideas and successes of this early program have spawned similar efforts across. Preliminary evaluations of these programs are promising and indicate key elements of successful school-based programs include: identifying relationship violence as a form of societal violence; acknowledging that domestic violence is an abuse of power and

control; creating a high enough level of trust so that children can disclose exposure to domestic violence and teachers can make appropriate referrals; teaching safety skills about what to do when domestic violence occurs; and encouraging the development of social skills such as anger management and conflict resolution as alternatives to violence [50].

Adolescents (13 to 18 Years)

Adolescence is a time of important cognitive and social development. Teens learn to think more rationally and become capable of thinking hypothetically. They also develop a greater understanding of the possible risks and consequences of their behaviors and learn to balance their own interests with those of their peers and family members and in conformity to their parents. Primary prevention programs delivered universally through high schools often involve activities aimed at increasing awareness and dispelling myths about relationship violence. Such activities might include school auditorium presentations involving videotapes, plays, professional theater groups, or speeches from domestic violence or teen dating violence survivors. Classroom discussions facilitated by teachers or domestic violence services professionals; programs and curricula that encourage students to examine attitudes and behaviors that promote or tolerate violence; and peer support groups. Some school-based programs have resulted in youth-initiated prevention activities such as theatrical presentations to younger children, and marches and other social protests against domestic violence. Preliminary data from evaluations of six school-based dating violence prevention programs report increases in knowledge about dating violence issues, positive changes in attitudes about dating violence, and self-reported decreases in the perpetration of dating violence. Though preliminary, these data indicate that adolescents are receptive to school-based prevention programs.

Adults

Public-awareness campaigns such as public service announcements and advertisements are common approaches to primary prevention of domestic violence by adults. These campaigns typically provide information regarding the warning signs of domestic violence as well as community resources for victims and perpetrators. Advertising on television help in delivering the message that there is no excuse for domestic violence, and making referrals to local domestic violence services. Forming community partnership will also help to tackle sexual assault, violence dating and stalking advocates; educators, faith leaders, and other community leaders work together to raise awareness about all forms of domestic violence. Creating a campaign with a grassroots-organization components work to develop leadership skills of community members so that of community can become powerful messengers. Encourage corporations to become partners in addressing domestic violence by developing workplace policies that address the problem [14].

Table 14.

Possible practical prevention programs for domestic violence cases
Prevention programs

Program Type	Brief Description	Sample program
Programs to prevent dating violence	These programs are generally delivered in schools to adolescents between 13 and 16 years of age, and focus on stopping or preventing the initiation of violence in a dating relationship, since dating violence has been linked to future domestic violence. Lessons are delivered by teachers and incorporated into the curriculum.	<p>Best Practices Safe dates Relation projects</p> <p>Promising practices Relationships Without Fear</p> <p>Emerging practices Aboriginal Perspectives - Dating Matters Building a Lasting Love</p>
Social emotional development programs for children and youths	These programs do not focus on intimate relationships but rather promote empathy, pro-social behavior, and social skills and address impulse control issues by teaching problem solving skills, anger management, and non-violent conflict resolution. They may be delivered to children or adolescents, and often include a partner component.	<p>Best Practices Promoting alternative thinking strategies Stop now and plan (SNAP)</p>
Media/Social	Public awareness campaigns aim to educate	Emerging practices

marketing campaign	the public or particular groups about domestic violence, how to recognize it, and where to obtain help, as well as to change gender norms and attitudes towards the acceptability of domestic violence. Activities are often multifaceted, including use of TV, radio, the internet print media, information materials, training of community members, and provision of supports such as 'hot lines	Safe Homes and Respect for Everyone (SHARE) Project Courage Neighbors, friends & families
Empowerment project to reduce gender inequality	Such programs may combine empowerment through economic means, as well as through workshops and presentations that help women confront gender norms, become aware of their problems and their strengths, set goals, and learn how to work towards them	Promising Practice Intervention with Microfinance for Gender Equity (IMGE) Skills training programs for women.
Individuals with Disabilities	These programs are generally based on an empowerment model and include provision of information and decision-making skills	Emerging Practice Cognitive Based Abuse Prevention Safety Awareness Program (SAP) Health promotion for disable people
Program to improve and enhance relationship skills for adults	Such programs are designed for adults who may not yet be involved in DV but who are at risk of becoming involved, because of other risk factors such as mental illness, poverty, relationship issues, and so on. The objective is to change gender norms and improve communication in relationships. They are usually delivered in a group in a series of sessions, either in single-sex or mixed groups.	Best Practices Prevention and Relationship Enhancement Program (PREP) Dialectical Psycho-educational Workshop
Treatment for Perpetrators	Treatment for perpetrators may be provided one to one, but usually in a group. While attendance may be voluntary, court-mandated treatment is common. Most models blend psycho-educational elements aimed at having men recognize and alter their beliefs about gender roles, power and control, and cognitive behavioral approaches that teach skills in communication and dealing with conflict.	Promising programs Individual Counseling Responsible Choices for Women Emergency practices Strength to Change Psycho-educational Group
Programs for Victims	There are 2 distinct types of programs for victims. Individual counseling and group programs tend to focus on individual wellbeing, including reduction in depression, increased self-esteem, and social support, as well as increased knowledge of cycles of	Best Practices Community Advocacy Program Project Support Promising Practices Individual Counseling

	<p>abuse. Outreach/advocacy/home visitation programs for victims tend to focus on empowerment and self-sufficiency by providing or increasing access to social support, community resources, safety planning, goal setting and working toward self-sufficiency in areas such as education, employment and housing. Some programs include work with children of the victim.</p>	<p>Mothers in Action Self Defense Stress Management</p>
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Inter-institutional interaction with partners

Domestic violence is a complex problem requiring the combined and coordinated efforts of professionals from different institutions. In all countries, domestic violence is deeply woven into the social fabric. Although resources are important, they are not the entire solution to the problem. In the developed world, the existence of large social services and law enforcement system does not guarantee an adequate response to domestic violence.

An inter-institutional interaction involves practitioners from all disciplines in problem solving and solution-building. It essentially includes almost any means of formal or informal ways of assisting practitioners to work together to improve responses to domestic violence. To coordinate service delivery and avoid overlaps and gaps practitioners and community members are: (i) recognize the complexity of the problem and its consequences. (ii) To learn more about other services and available resources. (iii) To increase the cost effective of service delivery and to support one another. [12].

To find ways of working together with people might be challenging for people from different institutions or agencies with different training and different approaches to the problem-solving. In an inter-institutional approach, groups coordinate effort by sharing information. They may also run joint service programs. Some inter-agency groups operate specific projects and programs and take responsibility for providing services to victims and offenders. Inter-institutional coordination is primarily a

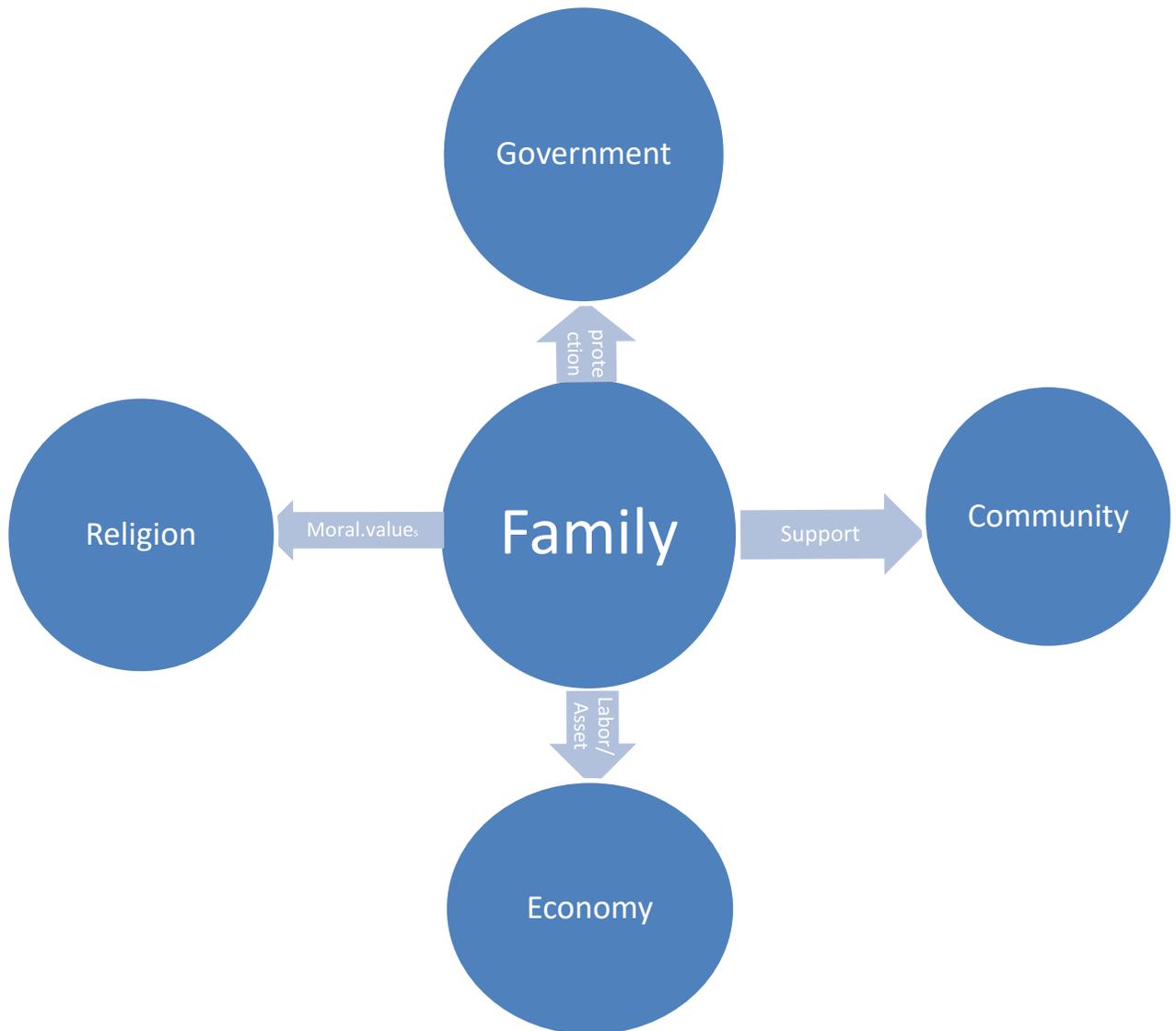
mechanism for communication, allowing representatives of various agencies or institutions to work together to develop mutual understanding.

The effort of all these social actors and institutions are relevant in promoting good practices and norms in society. According to Parsons, social groups have a number of functional requisites certain needs must be met in order for society to survive.

Society without rules and unstable social structures will lead to social disaster. In inter-institutional interaction, the government is playing a central role in making sure that all other players are involved. A well-structured society with all other branches that provide social services, there is a collaborative effort of relevant institutions that are given the role to promoting social welfare issues of the people. Domestic violence as a social issues and relevant topic here needs social welfare institutions that will help to put structures in place in order to promoting the right of the children and women.

Children have right to live a decent life and provide them with quality education. So inter-institutional interaction with key educational institutions established to promote educational issues to work with social welfare agencies to collaboratively promote quality education and it is a meaningful way of capacitating them and helps them realize their potential. Interacting also with religious institutions make another vital role to help families and other social instructions good values and preach positive message that will have a huge positive impact on the children and the society at large. Religious collaboration affects the family system and the society at large and builds the foundation for the provision of various premarital counseling which helps partners improve the ability to communicate, set realistic expectations for fruitful marriages and develop conflict resolution skills. Religious organizations most time play a proactive role by means of involving earlier in order reducing the risk of divorce and family violence [54].

It is essential to involve as many institutions, department and agencies as possible in domestic violence prevention programs. To do so, however, may be a gradual process. By beginning where members of the initial working group have support and influence, a domestic violence prevention program can develop experience and demonstrate success, and ultimately integrate and expand the program. This process of expansion may be uneven as awareness spreads through a variety of routes and strategies. While trainings, posters, brochures, newsletters, in-house and community-based media events can increase general awareness of the issue, much of the educational work is done through informal discussions among colleagues. Collaborating with Domestic Violence Programs Mobilizing the resources necessary to address domestic violence rather than just treating its physical manifestations requires the development of working relationships with a range of other agencies and disciplines. Working collaboratively with domestic violence programs can help break the isolation health care providers may experience and deepen their understanding of the complex issues that often arise when working with battered women. An advocacy approach, which involves helping patients recognize and utilize their own resources, is based on the models discussed above.



Connection with other institutions will be elaborated on the

Involving the community people will help the different formal institutions working in such environment to easily carry out their functions and achieve their goals. NGOs have developed a wide range of violence prevention and resolution activities including monitoring family conflict and providing early warning of new violence; opening dialogue between adversarial parties; playing a direct mediating role; strengthening local institutions for domestic violence resolution. Other models that involve collaboration have been suggested to be effective for children who have witnessed DV to coordinate a comprehensive strategy of support and interventions.

These types of model have also been used in other contexts, such as with home visitation models and interventions to Prevention and Early Intervention for Domestic Violence.

CONCLUSION

The problem of domestic violence has generated hundreds of separate interventions in social service, health, and law enforcement settings. Violence in Sierra Leone is shaped by a number of factors, related to cultural attitudes, the history of conflict, the political environment and donor intervention. Domestic violence takes in the form of (physical, economic and emotional/psychological), communal/cultural violence, sexual violence and structural violence. Women's experiences of violence, however, often do not fit neatly into one category, but rather span a number of interrelated forms. All the theoretical approaches to domestic violence showed the nature of violence that exists within the society and explain the root causes, especially violence against women. Marxist approach indicates that the wife's household role produces no value with any surplus gain. She is likened to a slave who is subordinate to relation of capital and labor power. Women are the reserve army of labor that get hired with the increase demand of goods but dismiss during an economic recession. The economic aspect surround the female gender makes them vulnerable to abuse, especially at a family level. Their male counterparts experience high level of economic stability and independence. Most women remain in abusive relations due to their dependence especially on financial issues on their male partners. Females were socialized into more feminine roles, while males were socialized to take risks, recreating the power dynamics of that particular household. This in turn resulted in gender differences in risk taking and risk perception.

In 2007 Sierra Leone government took a good step with the enactment of what are collectively referred to as the "Gender Acts". After intense lobbying, campaigning and demonstrations the Domestic Violence Act 2007, the Devolution of Estate Act 2007, child right and sexual offences act of 2012, the Registration of Customary Marriages and Divorce Act 2007 were passed into law. Sierra Leone is a signatory to

a number of international and regional human rights instruments. Most particularly for the purposes of this thesis is the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW).

Despite widespread evidence of discrimination and women related violence issues, Russia lacks thorough measures to promote gender equality and prevent violence against women. Violence against women in the Russia Federation causes a major challenge to the Government with regards to human right obligations and sustained security. Russia has ratified the Convention on the Elimination of All Forms of Discrimination against Women. The Beijing Declaration, as adopted by the United Nations Fourth World conference on Women in 1995. Although the Convention does not recognize domestic violence as a form of discrimination, General Recommendation No. 19, issued by the Committee on Elimination of All Forms of Discrimination against Women has recognized gendered violence to be a form of discrimination.

This array of interventions has been driven by the urgency of the different types of family violence, client needs, and the responses of service providers, advocates, and communities. The preventive interventions now constitute a broad range of institutional services that focus on the identification, treatment, prevention, and deterrence of family violence.

Involving the community people will also help the different formal institutions working in such environment to easily carry out their functions and achieve their goals. Essential to all of my work is the belief that domestic violence against can be stopped and must be stopped if we are to support the human rights of women and be successful in achieving other development goals. I strongly believe that instead of seeing “culture” as an excuse for violence, we must view culture as the source for our solutions. This study must identify practices that are culturally-specific and culturally-relevant and must also look at processes for developing successful practices for the

purposes of replication. I also believe that the focus of our actions, and we would hope a key component of the study, should be prevention and early intervention. We must change social norms around gender-based violence through public education, educating men and boys, and highlighting the voices of survivors of violence as leaders of these efforts. For too long, we have focused our work on responding after the fact or attempting to address the ramifications of gender-based violence in development programs, maternal and child health and HIV/AIDS programming.

Key Recommendations are:

- **Empowering women and girls.** Women should be given the tools to negotiate sexual practices with partners. We must increase women's access to free or low-cost education, health care, vocational training, credit, female condoms and sex education. More immediate responses should ensure that girls and women who are victims of violence have immediate access to services, particularly within the reproductive health care setting. Providers must be trained to respond to violence as well as the risk it poses for HIV infection.
- Governments should do an evaluation of their current reporting laws addressing family violence to examine whether and how early case detection leads to improved outcomes for the victims or families and promote changes based on sound research. States refrain from enacting mandatory reporting laws for domestic violence until such systems have been tested and evaluated by research.
- In the absence of research that demonstrates that a specific model of treatment can reduce violent behavior for many domestic violence offenders, courts need to put in place early warning systems to detect failure to comply with or complete treatment and signs of new abuse or retaliation against victims, as well as to address unintended or inadvertent results that may arise from the referral to or experience with treatment.

- Health and social service providers develop safeguards to strengthen their documentation of abuse and histories of family violence in both individual and group records, regardless of whether the abuse is reported to authorities
- Collaborative strategies among caseworkers, police, prosecutors, judges and NGOs are law enforcement interventions that have the potential to improve the batterer's compliance with treatment as well as the certainty of the use of sanctions in addressing domestic violence.
- Additional Interventions to address gender-based violence should be identified but ways to integrate violence prevention activities into already existing campaigns and programs should be emphasized.
- As part of a comprehensive prevention strategy for child maltreatment, home visitation programs should be particularly encouraged for first-time parents living in social settings with high rates of child maltreatment reports.
- Intensive family preservation services represent an important part of the continuum of family support services, but they should not be required in every situation in which a child is recommended for out-of-home placement.
- Comprehensive community-based interventions must be used to confront difficult challenges, both in the design and implementation of such services, and in the selection of appropriate measures to assess their effectiveness. Many evaluations of comprehensive community-based interventions have focused primarily on design and implementation process, to determine whether an individual program had incorporated sufficient range and diversity among formal and informal networks so that it can achieve a significant impact in the community.
- Increase overall levels of Domestic violence training across government institutions, non-governmental bodies dealing with domestic violence cases, police and social workers who are often first line responders.

- Reinforce continuing professional development the employees in those institutions to update and maintain levels of Domestic Violence knowledge throughout their careers.
- Improve the ability of staff to identify and effectively manage victims of Domestic Violence.

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APPENDICES

LIST OF ABBREVIATIONS

DV	Domestic Violence
NGOs	Non-Governmental Organizations
FSU	Family Support Unit
CEDAW	Convention for the Elimination of all forms of Discriminations Against Women
UNFPA	United Nation Population Fund
AfDB	Africa Development Bank
VAW	Violence Against Women
WAVE	West Africa Violence Europe
IPV	Intimate Partners Violence
WHO	World Health Organization
SSL	Statistics Sierra Leone
UNICEF	United Nations Children Emergency Fund
HCF	Health Care Professionals
CBT	Cognitive and Behavioral Therapy
SLDHS	Sierra Leone Demographic and Health Survey

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DOMESTIC VIOLENCE SURVEY QUESTIONNAIRE**1. Which of the following best describe your current occupation**

- **Administrative**
- **Managerial**
- **Clinical**

Other specify

2. How long have you worked in your current role?

- Less than 6 months
- 1 – 2 years
- 3 -5 years
- 5 years and above

3. What institution do you work for?

- Government social welfare institution
- Non governmental body
- Police
- Social Worker

4. What contact have you had in the last 10 months with the victims of Domestic Violence

None

1 case

2 – 5 cases

Policy, legislation and referral options

5. How would you describe your level of knowledge about the current policy that guides workers on domestic violence?

None

Basic

Good

Very Good

6. How would you describe your level of knowledge about the legislation that guides domestic violence workers?

None

Basic

Good

Very Good

7. How informed do you feel about services and referral options available to victims of domestic violence?

No knowledge

Limited knowledge

Knowledgeable

Very knowledgeable

Training and Prevention

8. What training relevant to domestic violence have you received since you began in your current role?

9. In your current role, do you participate or perform any domestic violence prevention activities?

Yes

No

10. In your current position of work, please indicate the actions you are most likely to take when dealing with someone who is a victim of domestic violence?

- Treat physical injuries
- Treat emotional injuries
- Case management
- Refer to police
- Contact with child wellbeing unit
- Report to a community service or child protection helpline
- Refer to another agency or services

Other (please specify)

11. If you referred the case to another agency or service, which one?

Areas of improvement and information sharing

12. Please comment about the difficulties you might encounter in your work with victims of domestic violence?

13. Are the limits and/or opportunities for information sharing with other agencies sufficiently clear?

- Yes, very clear what information can be shared
- Mostly clear, but I know who to approach for clarification if required
- Mostly clear, but I don't know who to ask when I am not sure
- No, not clear

Services for victims of domestic violence

14. What services best support victims of domestic violence?

- Treatment for injuries
- Information about right and options
- Culturally competent service
- Support through the legal process
- After hours, crisis support
- Counseling for the victims
- Refer to Police

Improving outcomes for victims of domestic violence

15. What things would reinforce your work victims of domestic violence? Please comment.....

Thank you for filling in the survey!

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