

**UNDERSTANDING
GENDER BASED VIOLENCE:**

An African Perspective

AKIDWA

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Author's Notes

As Board member, I have represented AkiDwA in both media and relevant civic fore. Specifically I have delivered papers to various Universities and Indigenous Irish Women groups on issues that pertain to African women in Ireland. I have keen interest in changing lives and livelihoods of marginalised groups in Society. I have a Bachelor's degree in Agricultural Economics of Makerere University, and a Masters degree of Science in Development Studies of University College Dublin (UCD). I previously worked as an Agricultural officer and a researcher for International Food policy Institute (IFPRI), Makerere University and Uganda Bureau of Statistics in Uganda.

This piece of publication does not stand to undermine the wealth of knowledge and experience accumulated by the various service providers but rather it gives a flavour of GBV from an African perspective. This is particularly because Ireland is culturally getting very diverse. And therefore as African women we feel inclusive in the on-going advocacy on women issues in Ireland.

Writing this publication was very insightful, adventurous but rather challenging. It has left a very deep desire and passion in me to stand firm in advocating for issues affecting women rights. The women expressed that they continue experiencing domestic violence and female genital mutilation despite all the concerted efforts, time and funds contributed by the various stakeholders. The woman continues to suffer in the hands of people and society that would otherwise protect her. She is powerless to protect her dignity and the dignity of her girl. It is a pity!! Isn't it?? This implies that the women have a very big role to stop this violence. Their lives and health lie in their hands.

I would like to thank AkiDwA staff and in particular the National Director Salome Mbugua for her support and insight, Nobuhle Nduka for organising focus groups, Sioban O'Brien Green for editing assistance, Kerry O'Leary for additional support and Monica McMahon for administration support, you are a great team.

At the end of the compilation of this report I felt empowered on the history of genital mutilation. FGM has nothing to do with religion, it is a global phenomenon, it is deeply engrained in cultural beliefs and norms; I encourage whoever gets the opportunity to read this information booklet to get enriched with powerful insights that can be helpful in designing a strategy to alleviate the humiliations against women.

*Juliet Amamure
MA Development studies*

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DEFINITIONS

In these guidelines, the term African woman/women refers to any migrant African woman or women, irrespective of residential status in Ireland. This encompasses refugees, asylum seekers, migrant workers, visitors and students from Africa.

ABBREVIATIONS

AI- Amnesty International

AIDS – Acquired Immune Deficiency Syndrome

AkiDwA- Akina Dada Wa Africa (Sisterhood of Africa)

CEDAW- Convention on the Elimination of All Forms of Discrimination against Women

CIDA-Canadian International Development Agency

DFID- UK Department for International Development

DJELR- Department of Justice, Equality and Law Reform

DV- Domestic Violence

FGD – Focus Group Discussions

FGM- Female Genital Mutilation

GBV- Gender-Based Violence

HIV- Human Immunodeficiency Virus

HSE- Health Service Executive

NGO- Non-Governmental Organisations

NWCI - National Women’s Council of Ireland

UN- United Nations

UNICEF- United Nations Children’s Fund

UNIFEM – United Nations Development fund for Women

USA-United States of America

WHO – World Health Organization

GENDER BASED VIOLENCE – A GLOBAL PERSPECTIVE

Gender-based violence has reached epidemic proportions in many societies.

Women and girls of all ages, cultures, and religions are disproportionately affected by gender - based violence which has many facets including: including rape (in peaceful and conflict situations), domestic violence, forced marriage, exploitation and harassment, sexual slavery, forced prostitution, human trafficking, and genital cutting. Gender based violence is power and control based that those who are in vulnerable situations are inevitable victims. In conflict situations, rape is used as a method of war, to punish and control people and situations. Gender-based violence is a serious public health issue and is a violation of various international treaties, commitments, declarations and human rights.

In the majority of the world, women and girls are still perceived as second class citizens, and young women and girls are treated as the property of their fathers and brothers, economic liabilities, burdens, transient members of the family. Hence more than 62% of the global illiterate population aged between 15-24 is young women. These attitudes are socially constructed at family, community, societal level. The more patriarchal a society is the less women and girls' rights are respected. Often this translates into gender based violence. During my Christian Aid trip to Afghanistan in August 2007 I had the opportunity to speak to Suraya an Afghan woman who told me that 'Women are not even second class citizens in Afghanistan, we are not treated as citizens to begin with. We cannot say no to our husbands, brothers or sons. My 14year old son will boycott school if I drive our car because it brings shame to the family and his friends in school ridicule him. In the end I won't drive the car'.

More than 1 in 5 women experience some form of gender based violence globally. In the majority of cases women are economically, socially, and physically dependent on men to such an extent that they lack control over resources, their sexual preferences and reproductive choices. During the Rwanda genocide more than 250 000- 500 000, women were raped (while their husbands were killed) and 67% became infected with HIV. More than a decade after the genocide, most of these women continue to succumb to AIDS leaving behind young children who themselves are at risk of gender based violence. Many girl children have dropped out of school to look after ailing

parents while making sure that the other siblings are fed, clothed, educated and sheltered. Some girls have resorted to transactional sex in order to make ends meet. This reflects on the inextricable link between gender, poverty and HIV. In Sub-Saharan Africa more than 70% of HIV infected people are women and this is as a result of physical, biological, economic, cultural and social vulnerabilities. These women often experience domestic violence inflicted by men who themselves do not know their HIV status and in most cases would have infected these women.

In the recent years people from all over the world have come to live in Ireland for various reasons. These include women who have experienced partial or full genital cutting. I have made friends with many such women who shared with me their experiences of excruciating pain during sex with their husbands. Maina, a woman I spoke to, explained to me that she constantly has genital ulcers resulting from inability to lubricate.

Gender based violence is in no doubt a public health and human rights issue. Women and girls have fundamental rights to quality, healthy and dignified lives and due to gender based violence, these have been denied them. Legislation alone cannot protect women but a multitude of factors including changing our perceptions on the role and position of women at household, community, and national level may.

We all have a role to play.

Tendai Madondo, Programme Development Officer Christian Aid

EXECUTIVE SUMMARY

Ireland is becoming a multi-cultural society. This transition has brought many opportunities and challenges (Irish Council for Civil Liberties, 2000). Although globally recognised in scope and significance, GBV has continued to thrive due to its complexity embedded in the social, cultural, economic and political power structures. It can be acknowledged that changing these power structures requires time and concerted efforts from different actors. However the steps taken by the individuals, and individual families, civil society governments and the international communities give women hope that they will be able to live in a just and safe society.

In the Irish context, lack of understanding of GBV from an African perspective is still a challenge; contributing to a low uptake of services by affected women. In response these guidelines have a two-fold benefit; first they provide information that can enrich the service providers on issues pertaining domestic violence and Female Genital Mutilation (FGM) and secondly it is a basis for developing the good practices in delivering services to the African women.

African women still believe that their lives and sexuality are controlled by the men they live with and the society they live in. This manifests in their attitude and reluctance towards seeking necessary support. Many African women left their countries of origin due to gender based related problems such as FGM, rape during war and may be HIV positive. FGM has been proven to be associated with harmful effects such as infertility, difficulty in lovemaking and child birth. In a cruel twist of fate, women who have had this procedure in order to meet a cultural tradition and requirements of their spouse prior to marriage can sometimes subsequently experience violent relationships because they can not meet their sexual and societal demands.

Furthermore, dependency on her partner for economic and restrictive residency reasons can escalate the woman's vulnerability, causing her to suffer in silence or face impoverishment and the very real possibility of being forced to return to a harsh situation in her country of origin. Even with the existing services provided by the Irish organisations such as Women's Aid, many African women remain fearful to access these services as the appearance of defiance of her partner becomes a risk greater than the pursuit of a resolution of a violent situation. The compilation of these guidelines

also reveal that even the religious leaders to whom the African women refer to do not have the necessary information and skills to handle such situation. They often rely on common sense solutions, but may not necessarily take into account the full range of practical problems migrant women may face trying to resolve or extricate themselves from violent situations, both in legal and economic terms. In this regard, therefore it is recommended that the service providers respond to the changing multi-cultural Irish society. Services should be proactive, mediation rather than interventional unless required for safety reasons, observe confidentiality, remain non-judgemental and respect cultural values and norms.

There is a need for collective action with different stakeholders, including HSE-funded women's support and refuge services, to lobby government to introduce best practice guidelines in funded provision of support, to enforce the laws and also to provide the necessary support and structures to prevent GBV. Recruitment for this work, both with service providers and policy makers, should be tailored in both job advertisements and descriptions to encourage African women to apply. In addition, African women should be recruited for their boards, top management and steering committees.

1. INTRODUCTION

Ireland is becoming a multi-cultural society. This transition has brought many opportunities and challenges (Irish Council for Civil Liberties, 2000). Lack of understanding of GBV from an African perspective is still a challenge; contributing to a low uptake of support services provided by Irish organisations. The guidelines contained herein are specifically focused on domestic violence in the forms of mental, emotional and physical abuse. It is hoped that these guidelines both provide a best practice model of delivery to a diverse population for service providers and shall enrich their knowledge of the social-cultural factors contributing to domestic violence among the African women. AkiDwA has reviewed and adapted existing literature and guidelines on GBV from a number of sources, including Amnesty International, the World Health Organization (WHO), and Irish non-governmental organisations (NGOs) such as Women's Aid and Rape Crisis Network Ireland.

2. BACKGROUND:

GLOBAL OVERVIEW OF GENDER BASED VIOLENCE

According to the United Nations Committee on the Elimination of Discrimination against Women (General Recommendation No. 12), GBV is defined as: violence that is directed to a woman because she is a woman, or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, and threats of such acts, coercion or arbitrary deprivation of liberty (UNICEF, 2005; UN, 1993; and WHO, 2003). It can occur in private or in public life by an intimate partner. It also includes violence against women over their entire lifecycle. Actually this definition should also include violence against children such as rape by service providers¹, rape in war torn areas as was the case in the Rwanda genocide, women trafficking for sex exploitation, and forced early marriages.

GBV is both a human rights violation and a public health problem and in all of its manifestations, it can have serious implications for a woman's sexual and reproductive health (UNICEF, 2005). GBV is linked to increased risk of

¹ Service providers here is taken to mean people in authority positions like clergymen, head teachers, policemen who rape children contrary to protection they are supposed to provide to citizens.

gynaecological disorders, unsafe abortion, pregnancy complications, low birth weight, pelvic inflammatory disease, HIV/AIDS. Given the broadness of GBV issues, the guidelines contained herein focus on domestic violence which includes: verbal abuse, wife beating, marital rape, extra-marital sex and female genital mutilation (FGM)² exercised in at least twenty five countries in Africa such as Kenya, Uganda and Somalia.

2.1 Domestic Violence Globally

Over the past decades, recognition of the scope and significance of domestic violence globally has increased; it is a common phenomenon across geographical, religious, ethnic and class boundaries (DFID, 1997). Estimates suggest that between one in three and one in five women globally have been physically and sexually assaulted by intimate partners in their lifetime (UNIFEM, 2006) and every day around the globe, women and girls face domestic violence, rape, forced or child marriage, so-called honour killings, dowry-related murder, human trafficking, and female genital mutilation. The United Nations estimates that at least 5,000 honour killings take place each year around the world. Studies from Rwanda, South Africa, Afghanistan, Liberia, Sudan, and the United Republic of Tanzania show a three-fold increase in risk of HIV infection among women who have experienced violence compared to those who have not.

Studies also suggest that for many young women, the first sexual encounter is coerced or unwanted. The risk of HIV transmission increases when sex is forced, especially for girls and young women because their vaginal tracts are immature and tear easily; and yet domestic violence was and is still regarded as a “private matter” (UNIFEM, 2006).

According to the UN Committee on the Elimination of Discrimination against Women some form of violence tends to be specific to life cycle stages, for instance female foeticide through sex selective abortion, female infanticide and female genital

² Female Genital Mutilation (FGM) is a practice of cutting off of all or parts of the external parts of female vagina. It is a misconception that promiscuity among females is reduced through this procedure. Contrary, pulling the lower parts of the clitoris is a must in some cultures believed to increase sexual excitement. This is not mentioned anywhere in literature as a form of physical abuse to children and as an increased risk in the transmission of HIV, as the practice involves pulling in partners.

cutting. Other forms of violence cut across all ages examples are sexual abuse, physical violence, emotional or psychological abuse, verbal abuse and specific acts of violence during pregnancy.

Examples of Violence in the Life Cycle of Women

| Phase | Type of Violence |
|--------------------|---|
| Infancy | Female infanticide; physical, sexual and psychological abuse. |
| Girlhood | Child marriage, FGM, physical, sexual and psychological abuse; incest, child prostitution and pornography. |
| Adolescence | Dating and courtship violence, economically coerced sex (for e.g., sex in return for school fees), rape, pornography, trafficking, forced pregnancy, sexual abuse at workplace, prostitution. |
| Elderly | Forced suicide or homicide of widows for economic, sexual, physical and psychological reasons. |

Adapted from European Women’s Lobby (2007)

2.2 Domestic Violence in Ireland

The UN World Conferences on Women, held in Mexico (1975) and Beijing (1995), (the first and fourth conferences, respectively) were milestones in naming domestic violence as one of the fundamental barriers to women’s equality. Since then, many countries have started addressing violence against women as an issue in need of law reform.

Ireland passed the Domestic Violence Acts 1996 and 2002 which became available to protect women and children affected by domestic violence (Fitzpatrick, 2002). However, before then domestic violence was regarded as a private matter as is also the case in Africa.

Some sound policies and laws have been formulated and enacted; however their implementation into practice has been quite poor, giving little effect to their intent. In Ireland, for example, between January 1996 and June 2005, one hundred and nine women were murdered, seventy-two of these women in their own homes and perpetrated by women’s (ex) partners, three of which were by partners of African origin (Amnesty International, 2005). Many of the cases of domestic violence are

never reported (Condon, 2007:2)³ and yet most reports of violence against women do not result in conviction; there is little monitoring of effectiveness of legal measures to prevent, identify, investigate and punish the perpetrators (Amnesty International, 2005). This report further highlighted the fact that the conviction rate for domestic violence has dropped from 16 percent in 1997 to 6.5 percent in 2002, despite the introduction of the 1996 Domestic Violence Act.

Table 1: Towards a Picture of Prevalence of Violence against Women in Ireland

| | |
|--------|--|
| 11,037 | Calls received by National Domestic Helpline, 2002 |
| 11,808 | Calls received by the National Helpline on rape and sexual assault, 2002 |
| 90 | Women murdered since the implementation of the 1995 Women's Aid homicide watch |
| 2,060 | Applications for refuge in Dublin area, serviced by three refuges in 1999 |
| 1, 104 | Women and their children refused refuge/accommodation due to lack of space |

Table adapted from Irish National Observatory on Violence against Women, NWCI, 2004

The victims of domestic violence also experience long delays in accessing protective orders because the Garda's Domestic Violence Intervention Policy has not yet undergone a review and family law courts are overstretched. This suggests that the handling of domestic violence is a very complex issue. Globalisation and the effects of migration, such as new diverse cultural and ethnic communities places further constraints on an already weak system and further prevents the alleviation of domestic violence.

Reducing domestic violence therefore calls for commitment of funds and allied, concerted efforts of a range of stakeholders, a starting point can be in the changing of attitudes and perceptions of individuals, spouses, households, NGOs, policy makers and the international community at large on the area of domestic violence. In response to this great need, the African women's network (AkiDWA) has been on the forefront in raising concerns of gender based issues that affect the lives and livelihoods of African women in Ireland and in advocating for a positive change in approach.

³ Condon Deborah (2007): Violence against Women in Ireland at www.irishhealth.com/?levels accessed on 20th/03/2007.

2.3 AkiDwA's Work on Domestic Violence

AkiDwA has worked with over two thousand, two hundred and fifty migrant women in twenty locations in Ireland. It can be revealed that the African women have and continue experiencing gender based violence, which results in anxiety, stress, and depression. Many of the women AkiDwA has spoken to have a history of torture and trauma. These women have the double bind of insecure status, especially amongst refugees and women seeking asylum, and delays in obtaining legal immigration status which only serves to increase the duration of their mental and emotional torture.

The women in these facilitated groups have called for increased information and support in the area of domestic abuse. The ability of a woman to access this information and support is fundamental to AkiDwA's work and underpins the organisation's founding principles that women's rights are *human rights*. An African woman, just like every woman in the world, has a right to live free from personal, social and political abuse. An African woman should be able to live free from violence, especially within her most intimate of relationships.

In an effort to help the women who have experienced domestic violence, AkiDwA has made referrals to Women's Aid, an Irish non governmental organisation that provides service provision for domestic violence. Follow-up on queries made, however, seems to indicate that the majority of the women do not avail of the services provided by the Women's Aid (AkiDwA, 2006).

In response to this recognised need, in November 2002 AkiDwA conducted a national conference in Ireland on violence against women, based on experience of African women and in 2003 held three regional seminars on awareness raising in the four counties of Cork, Galway, Waterford and Wexford. In July, 2006 AkiDwA and two Irish led organisations, the Immigrant Council of Ireland and Women's Aid, hosted a seminar on *Addressing the Needs of Black and Minority Ethnic Women Experiencing Male Violence in Ireland*.

While there is increasing recognition of the scope and significance of domestic violence globally (WHO, 2003), AkiDwA realises that this issue is complicated and very sensitive; and given that Ireland is culturally different from the African setting,

the way in which domestic violence issues are dealt with in an African cultural setting is different. The handling of issues on domestic violence therefore should be dealt with carefully, with a non-judgemental attitude, with respect and an understanding of the cultural differences that exist within (and outside) the countries of origin.

This is particularly important because the majority of African women have experienced other forms of specific violence against women in their country of origin, such as rape in the war torn zones of Africa and Female Genital Mutilation (FGM); which are not experienced by Irish women in Ireland. The Eastern Regional Health Authority's Regional Health Strategy for Ethnic Minorities (2003) says Ireland is fast becoming a truly multicultural society. Top stated countries of origin of those people applying for asylum and refugee status are Nigeria, Algeria, Democratic Republic of the Congo, Somalia, Zimbabwe, Kenya, South Africa and Uganda.

In pursuit of their ethos and in the delivery of their mission of equality for migrant women, AkiDwA designed and conducted a research and training project "*Linking Local Irish women with Global Issues that Affect Women*", held in different locations in Ireland since September 2006 (AkiDwA, 2007). The findings of the research shall be presented later.

The UN Development Fund for Women (UNIFEM) found that only seventeen countries in sub-Saharan Africa and a total of eighty-nine countries world-wide have adopted laws specifically outlawing domestic violence. During the 2007 session of the UN Commission on the Status of Women, Kenyan Member of Parliament, Njoki Ndugu related "The motion to amend the sexual violence act had been introduced several times since independence, and failed. Each time, it was seen by the male members of parliament as giving too much power to women." Some male parliamentarians, she added, "argued that stricter anti-sexual violence laws would lead to men being falsely accused of raping women."

At a recent seminar in Angola, on the National Action Plan on Domestic and Inter-Family Violence, the national director for promotion and co-ordination of the Family Ministry, Maria Olissava related that domestic violence has been hindering the actualisation of equality goals, development and peace in families.

In Kenya a bill outlawing sexual violence was adopted only after certain sections were removed, including a provision making it illegal for a husband to rape his wife.

A nine-year-old girl, raped by a community and political leader in 1996 in Senegal, was represented by the Association Pour La Promotion de la Femme S_n_galaise (APROFES). They campaigned against the man's attempts to force her family to withdraw charges. The leader was given a ten year prison sentence, the first such conviction in Senegal.

In 2007 traditional leaders in Zimbabwe's Masvingo Province partnered with gender activists to try and eliminate domestic violence. The partnership developed prior to the enactment of a Domestic Violence Bill, which was signed into law on 13 February 2007 by President Robert Mugabe and gazetted soon after. The Act only comes into force when the President sets a date of commencement by Statutory Instrument, which allows different dates of commencement to be fixed for different provisions. The partnership, funded by the Canadian International Development Agency (CIDA), has held meetings with traditional chiefs for community approaches on issues to do with domestic violence, including HIV/AIDS, women's and girls' rights, and gender equality. The project promotes the use of legislation to combat domestic violence.

Additionally, CIDA funds the Girl Child Community Gender, HIV/AIDS and Human Rights Capacity Building Programme. Largely based in rural areas, this programme hopes to reach up to 10,000 girls aged 18 and below and will train three hundred coordinators, two hundred traditional, religious and local leaders, one hundred law enforcement agents and up to five thousand members of the community.

There exists a growing knowledge and body of evidence that highlights the magnitude of the problem of domestic violence in developing countries (WHO, 2003), in sub-Saharan Africa, however, empirical evidence on the prevalence of domestic violence is limited. This could very well be the result of the fact that as many of the victims of violence remain silent. There are no consistent statistics showing the trends of women who have been physically assaulted by an intimate partner. To bridge this gap, descriptions of case-studies of selected forms of domestic violence, alluded to earlier in this report, are presented below:

2.3.1 Wife Beating

From a historical perspective, wife beating was and still believed to be an acceptable way of “disciplining” a wife in Africa. However in contemporary society, in case where a woman is beaten, extended family members get involved in resolving the conflict. A village jury which consists of clan elders is called upon to intervene.

Given the stigma attached to revealing domestic violence, many cases go unreported because the person perpetrating is the breadwinner, or a close relative puts the woman in a difficult situation in order to prevent her from reporting a crime. The Government of Zimbabwe estimates that wife beating occurs in eight out of ten homes and that one in three Zimbabwean females are physically assaulted, one in two is psychologically abused and one in three is sexually abused.

2.3.2 Marital Rape

Women continue to be raped in their own homes in Africa; for example in Uganda and Kenya marital rape is not prohibited in law. In Uganda, the Domestic Violence Bill, a law that protects women from domestic violence was introduced in the Ugandan Parliament in 2000, but had not been debated by 2001 (Amnesty International, 2002). However there has been an interesting new development in Kawempe Division in Kampala district in which a domestic violence by-law was passed in an effort to curbing domestic abuses (Musekura, 2007). Uganda's popular campaigns promoting condom use, abstinence, and monogamy, while somewhat limiting the spread of AIDS, fail to address the ways in which domestic violence inhibits women's control over sexual matters in marriage and minimize the complex causal factors of violence (Human Rights Watch, 2003). The threat of contracting HIV/AIDS is far from over for the many women become infected in their marital beds. Many people believe, erroneously, that AIDS is a disease that is only contracted by those who are promiscuous; a characteristic looked down upon in African society.

A case-study of a Ugandan woman:

HIV positive husband raped and beat a wife viciously. During one brutal attack, he bit off her ear. When he lay dying of AIDS and too weak to beat her, he ordered his young brother to continue beating her. He used to force her into sex after he became ill, threatened to kill her if she refused. She did not know about condoms and they did not use condoms (Human Rights Watch, 2003)

2.3.3 Women's Rights to Property and Forced Marriages

In Kenya and in other parts of Africa, women's rights to property are unequal to those of men. A woman's right to own, inherit, manage, and dispose of property is under

continual attack from customs, laws, and individuals who believe women do not deserve or are incapable of handling property. Women in Africa constitute eighty percent of the agricultural labour force yet own only five percent of the land (Human Rights Watch, 2003). By contrast in Rwanda, where almost half the legislators are women, laws have been adopted to protect the rights of women, including a law that allows females the right to inherit parents' property. Without this law women who survived the 1994 genocide might have had to have been dependent, and possibly subject to abuse by, male relatives. Abuses of women's property rights in Africa takes many forms. For example widows are often evicted from their homes as in-laws rob them of their possessions and invade their homes and lands. These unlawful appropriations are said to happen even more readily when the husband is believed to have died of AIDS, (Human Rights Watch, 2003).

In some regions widows are forced to undergo customary, sexual practices such as "wife inheritance" or ritual "cleansing" in order to keep their property. "Wife inheritance" is where a male relative of the deceased husband takes the widow as a wife, often in what amounts to a forced marriage. "Cleansing" usually involves coerced sex with a social outcast, supposedly to cleanse the woman of her deceased husband's evil spirits, (Human Rights Watch, 2003).

In Shariah Law adultery and rape have been introduced in northern states of Nigeria. Shariah is more than a criminal code. It may be described as a code of conduct for every Muslim, which regulates everything from business relations to private behaviour.

The radical features of shariah are especially evident in the cruel forms of punishment the shariah prescribes for non-adherence to regulations, such as amputation, lashing and stoning. The latter form of punishment has caused uproar of indignation in the cases of Safiya Husaini and Amina Lawal in 2001 (Peacewomen, 2005). It is less known in the West that those who break away from Islamic faith are also threatened with death by stoning; the number of these cases is very difficult to establish.

A number of studies have found strong associations between socioeconomic status and domestic violence. The indicators of household wealth or education of the male partner significantly inversely associated with the risk of violence. Studies have also shown that older age and those women with a high status as measured by their educational attainment, degree of autonomy or control over resources are more protected from the risk of domestic violence.

Further more, this evidence highlights the role of intergenerational transmission of domestic violence; studies have shown that children who witness family violence are more likely to become perpetrators or victims of violence in adulthood. Thus, although some evidence does exist, the issue of domestic violence and its underlying determinants in developing countries remain inadequately understood (WHO, 2003)

2.3.4 Female Genital Mutilation

The origin of FGM is unknown. There is no conclusive evidence to indicate when and where the custom started and how it spread. There is no consensus if the operations originated in one locality and then spread, or if they were practised by different ethnic groups in different areas at different times. It seems that in all societies where female excision is practiced, male circumcision is also performed. The Extract from *Edvige Bilotti* below tries to explain the origin of FGM.....

“Although FGM is not central to the teaching of the three monotheistic religions (Judaism, Christianity and Islam) to which practicing groups belong, it is believed that the practice is a religious requirement. The most common response given for the justification of the practice is to abide to religious mandates. The religion which has embraced the practice most in its culture is Islam. Although the custom did not originate in Islam, its strength lies in Islamic tradition and yet FGM is not prescribed by the Quran, it became more widespread in Muslim cultures than elsewhere. The custom however is not followed by all Muslims, as in the examples of Saudi Arabia, Iraq, Iran, Algeria, Morocco, Tunisia, and Libya.

FGM is found also among Christians and Jews. These patriarchal religions also share the belief that women's sexuality must be repressed because it is essentially sinful and incites temptation. Women are thought to be more disposed to passion and emotions than to reason and rational conduct. Even in these religions the practice is not mandated by Holy Scriptures. Misinterpretations of religious principles helped to legitimize it.

According to one view, the practice has been interpreted as an offering or sacrifice to the deity presiding over fertility. Suggesting another possible explanation, Meinardus (1967) relates it to the Pharaonic belief in the bisexuality of gods. Hence the belief

that every person is endowed with masculine and feminine souls. Societies which believe in the duality and androgynous nature of children feel that the female side of a boy's nature resides in the foreskin of the penis and the male side of a girl's nature resides in the clitoris. As a part of the rite of passage into the adult world, adolescents have to lose the symbols of their sexual duality so as to assume their adult roles. Genital alteration accomplishes the social definition of a child's sex and the affirmation of gender identity.

In Mali, the Bambara and the Dogon believe that children have two souls. The 'boy's female soul' resides in the prepuce, the female sexual element, and the 'girl's male soul' is in the clitoris, the male sexual element. Both girls and boys are considered polluted because they have both female and male elements. Thus male circumcision is needed to remove the female aspect of boy's anatomy while clitorrectomy removes the phallic aspect of women's sexual anatomy. The prepuce and the clitoris are considered to be the seat of an evil force of disorder called Wanzo which prevents fertility and entrance into the world of adults. Therefore circumcision serves a dual purpose in affirming gender identity and destroying the malefic power."

Female circumcision, also known as female genital mutilation (FGM) and female genital cutting, is one of the most humiliating forms of domestic violence. It comprises of any procedure that involves partial or complete removal of any part of female genitalia (NOCIR⁴). According to the World Health Organization, there are four types of cutting:

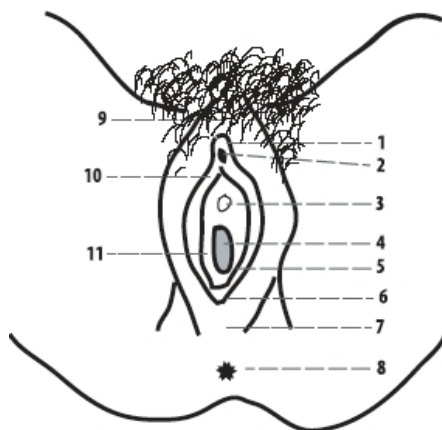


Figure 1. Unaltered Female Genitalia

⁴ NOCIR, NATIONAL ORGANISATION OF CIRCUMCISION INFORMATION RESOURCES: *Educating a new generation for the well being of all the children.*

Type I: This type includes the excision of the prepuce with or without the excision of parts or the entire clitoris.

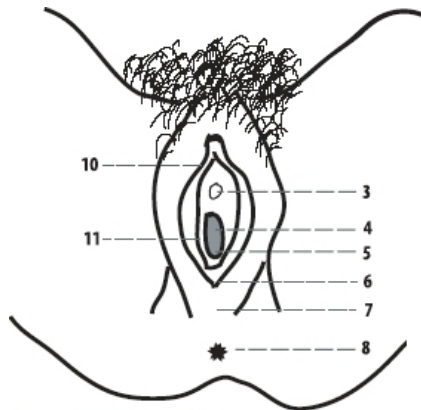


Figure 2. Type I Circumcision
(removal of clitoris and/or clitoral hood)

Type II: Excision of the clitoris together with parts or all of the labia minora.

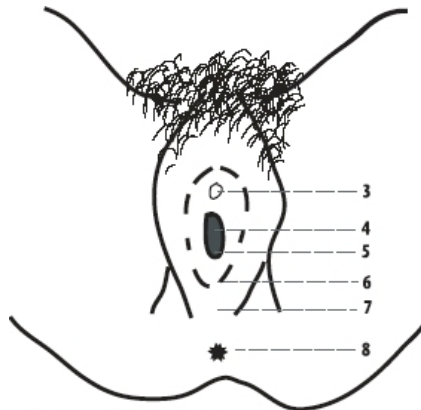


Figure 3. Type II Circumcision
(removal of clitoris and labia minora and majora)

Type III: Excision or ablation of the external genitalia, accompanied with stitching or narrowing of the vaginal opening.

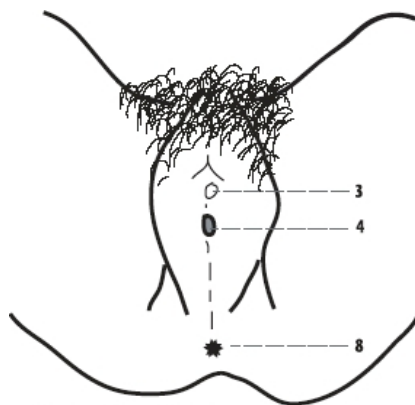


Figure 4. Type III Circumcision
(removal of clitoris, labia minora and majora, and stitching vaginal opening)

Type IV: Any procedure that affects the genitalia, including piercing, pricking, and/or stretching of the clitoris or surrounding areas.

FGM Prevalence Globally

Although it is illegal in many countries, female genital mutilation persists in the global north, the USA and in the UK. Today, nearly 140 million women and girls globally have endured this so-called cultural tradition (UNICEF, 2005 and WHO, 2004). It's estimated that in one year; nearly 200,000 women in the U.S. will be cut, plus 22,000 in the U.K (Marclamonthill, 2007). Majority of those who are at risk of undergoing FGM lives in 28 African countries and the Middle East as shown in the table below.

FGM/C Prevalence among Women aged 15 to 49 by Country

| Country | National Prevalence (%) |
|----------|------------------------------------|
| Eritrea | 89 |
| Ethiopia | 80 |
| Ghana | 5 |
| Kenya | 32 |
| Nigeria | 19 |
| Sudan | 90 |
| Tanzania | 18 |
| US | 200,000 (Numbers not percentages) |
| UK | 22,000 (Numbers not percentage) |
| Ireland | Not certain |

Source: Innocenti Digest Research (UNICEF, 2005) and (Comlamh, 2002)

Although there are no statistics to show how many girls and women who are living in Ireland have been subjected to FGM, or are at risk of the practice, given the estimates in UK and US and the recent increase in immigrants in Ireland, it can be assumed that girls may subjected to the practice (Comlamh, 2002).

2.3.4.1 The Practice of FGM

Traditionally, a young girl is held down by one or more family members, while the midwife uses a sharp tool, such as a knife, broken piece of glass, or a specific cutting tool to excise the foreskin of the clitoris or the labia. Oftentimes these tools are not clean, resulting in infections and the spread of viruses. Many parents, afraid of these types of conditions and complications, have been taking their girls to hospitals where the circumcision is performed in sanitary conditions under anesthesia. This may result in more damage due to excessive removal of tissue.

2.3.4.2 Some Reasons Given for FGM

Family honor, cleanliness, protection against spells, insurance of virginity and faithfulness to the husband, or simply terrorizing women out of sex are used as reasons for the practice of FGC. Additionally, in many cultures, a girl who is not circumcised is considered "unclean" and, therefore, unmarriageable. Girls often undergo this rite as part of an initiation into womanhood as shown in the picture below (www.nocirc.org and AkiDwA, 2006).



2.3.4.3 Risks Associated with FGM

Many risks are involved with the practice of FGM, including:

- haemorrhage
- surgical mishap
- shock from severe pain and bleeding
- infection and failure of the wound to heal
- injury or trauma to adjoining areas, such as the urethra and anus
- possible transmission of HIV/AIDS and other viruses
- death.

The long-term complications of FGM can include:

- scarring and hardening of the vaginal tissue, causing constant pain around the genital area
- incontinence and difficulty urinating and passing menstrual blood
- decrease or loss of sexual sensation
- painful intercourse
- difficult and painful childbirth
- infertility.

2.3.4.4 Concerns on FGM

The international community has established that FGM is widespread and that it is a violation of human rights (Comhlamh, 2002). It is in defiance of the rights of the child, their right to good health, based on the following conventions: Convention on the Elimination of All Forms of Discrimination against Women (The Women's Convention 1979), the Convention on the Rights of the Child (1989), the International Convention on Economic, Social and Cultural Rights (1966), The African Charter on Human and peoples Rights (1981) and the European Convention for the Protection of Human Rights and Fundamental Freedoms (1950). The historical origin of FGM is not known but it has been passed down through generations as an aspect of culture and of strongly held beliefs. More and more parents are questioning the practice of subjecting their baby girls to the pain and risks of FGM, with its lifelong consequences. There are education campaigns in Africa and the Middle East being carried out to warn people of the dangers of FGM. Midwives are now putting down their knives in order to educate their communities about the dangers of cutting, and girls are being initiated into womanhood without any bloodletting. These campaigns are driven by the people who have been affected the most, the women and girls themselves.



They have taken it upon themselves to preserve the bodily integrity of future generations. An example is Nina from Nigeria tells her ordeal: Nina found her way to Ireland after escaping several attempts of FGM. While she was still in secondary school she witnessed her friend being mutilated and she knew she was next in the line. Her guardian made repeated attempts to kidnap her from school in order to inflict FGM. The last attempt to subject her to FGM was made by her second husband, with whom she had two girls. She relates her experience, as follows:

Nina came back home from an evening mass to find five men and a woman engrossed in a discussion with her husband. As she walked into the house they stopped talking and stared at her. She stared at them, puzzled and said nothing. The husband held her hands and told her that the men had come to take her and her daughter for circumcision and the woman with them was to perform the ceremony. She looked at the men and imagined them pinning her down for a woman to mutilate her. She knew these people and they were well known for taking away the women and girls for mutilation. It was a custom in the village. She sat down showing no signs of objection. Her baby rescued her by crying out. She excused herself to go and change the nappy. Through the back door of the bedroom she got out and sought refuge, she travelled to Lagos where her sister helped her travel to Ireland.....

(Extract from Herstory, AkiDWA, 2006 pp 70-80)

Female Genital Mutilation (FGM): a case study of Kenya:

Kenyan legislation leaves women over the age of 18 with no legal grounds to resist FGM. “A bill needs to be enacted to criminalize the practice” however the practice remains widespread. It is estimated that 38 percent of Kenyan women have undergone FGM and that the figure soars to 80 or 90 percent for girls in some of the more rural

districts. Politicians are doing little to actively combat FGM because the practice is still so culturally ingrained and esteemed in Kenyan society. "Despite their actions in December 2001, Kenyan parliamentarians have showed reluctance to discuss FGM," FGM is viewed as cultural practice, which, if threatened, endangers the cohesion of an entire community. FGM is considered most significant rite of passage to adulthood, enhancing tribal cohesion, providing girls with important recognition from peers (Women's enews, 2005).

3. Research Findings: African woman's Experience on Domestic Violence in Ireland

AkiDwA conducted a number of focus group discussions with approximately sixty African women. Face-to-face interviews were held with four church/religious leaders, and round-table discussions were also held. Different methodologies were used in the FGDs, including role-play, brainstorming and case study discussions.

3.1

The objectives of the FGDs were to:

- 1. assess the women's knowledge and awareness of domestic violence**
- 2. discover the women's experiences and views on the causes of domestic violence while in Ireland**
- 3. identify challenges in seeking support**
- 4. formulate recommendations on domestic violence for service providers.**

3.1.1 Assessment of Knowledge and the Level of awareness on Domestic Violence.

The women had good knowledge of the term 'domestic violence'. They described it as *"any kind of abuse subjected to [a] woman by [her] husband/sexual partner within the household. This can be in form of beating, pushing one out of the door, the use of abusive language, a negative attitude such as poor communication, the woman cooking food and [the] husband does not eat and the husband coming back home late. Domestic violence can also be emotional because all women's work is not appreciated; a woman is always in the wrong."* Traditionally, the husband listens to his parents-in-law more than his wife, also causing emotional stress on the woman.

Others said that *"domestic violence occurs when [the] male partner does not leave money for food, even with the knowledge that [the] woman has no source of income."* In the FGDs, the women also mentioned that domestic violence can be in the form of denial of rights, where they are not allowed to seek employment, and men believe that a woman should stay at home and do domestic chores. *"It is woman's job."*

The African woman's understanding of the term domestic violence is in line with the "power and control wheel" designed by the Domestic Abuse intervention project in Minnesota, USA (www.womensrefuge.org.nz/about.asp)

3.1.2 Causes of Domestic Violence in Ireland: The Women's Experience

Poverty and Poor Standards of Living

Lack of money in a home and lack of good things in life is always a threat to many families. When both partners are forced to remain idle and are not able to work they can have financial problems. The partners tend to irritate each other and get on each others nerves. This observation is even worse for couples in direct provision, as people seeking asylum in Ireland are barred from working by the Irish Government.

Due to economic disempowerment, the women can be forced into situations where they have to use money meant for family day-to-day obligations which can result in domestic violence in Africa. In Zimbabwe for example, a participant in the focus group discussion reported that *“a husband always stayed away from home looking for money, when he returns, the woman is given money for rent, which she spends on something else. One day the man got a surprise of his life when the landlord came demanding for six month rent or else get evicted from the premise. The man was speechless and could not help but to beat the woman”*.

Competition for and Control of Resources

African women in Ireland often do provide for themselves without financial support from their husbands. Some men feel inferior thinking that the women are competing with them. The husband could want to be the boss, controlling all the resources in the house including resources from the woman's own paid work.

Culture and the Power Held by Men, Perpetuating Inequality

The focus group discussion revealed that some cultures fuel domestic violence in Africa. Some cultures were reported to portray inequality. An example was given where woman is made to drink water from dead body in case man dies mysteriously in the Nigerian community. Particularly if the woman does not convince the relatives on how the man died, she shall become the first suspect. To prove her innocence, the dead body is washed and resulting dirty water is given to the woman to drink. It is believed that something bad shall happen to the woman in case she is responsible for the death of the partner. In the focus group discussion the act was described as

humiliating, it is an abuse because one would not even dare drinking water from her own bath.

The women fear reporting incidences of domestic violence to relevant authorities; they feel intimidated because it is African cultural tradition not to talk to publicly about anything concerning domestic issues. Most women smile in silence as a way of preserving the marriage. The women could feel stigmatised and rejected by friends and community if they were to learn of the poor relations that exist in their marriage; this in turn can lead to low self-esteem. Women in Africa, irrespective of the marital status, education level, are dependent on men to access resources such as labour, land and credit. They solely depend on the man for a livelihood. They also preserve the relationship for the sake of their children.

Case study in Nigeria:

Among the Igbo tribe in Nigeria- The odd girls are named *Ada* to mean *somebody's wife* and, she can not inherit any thing from the parents, because is believed to belong to the husband.

The even girls are named *Agenebode* meaning *Prostitute*, she can produce with any man and all the wealth belongs to her and the children. She can partake off the father's inheritance

This implies that the odd girls based on the Igbo's culture and Africa in general must stay in a marriage even when the relationship does not work out well. She requires the umbrella of man to get access to resources including the benefits of her education. As a consequence, women are put in a desperate situation where they give in to any man as a partner to gain respect from family and community

Case study in Ireland

A Black woman battered by her husband often keeps silent. The daughter who intervenes by calling AkiDwA, when Garda is called she may deny the beating, saying the bruises on her faces resulted from falling

The women in the FGDs argued the following points:

- Women tend to love men more than themselves – they believe in being with men all the time and not with women.
- As a result, women develop feelings of inferiority to men. Thus, it was important that women encouraged one another to join community-led groups to develop their senses of self-worth.
- Women tend to keep incidences of violence to themselves, even educated women, but when their situations get out of hand, for instance, when they feel belittled and degraded, they finally speak out and/or leave the relationships.
- When a woman does not know her rights, she will believe that everything that the man does is correct. The women in the group viewed this as self-denial. This often happens in instances where an educational difference exists between male and female partners.

3.1.3 Challenges in Seeking Support in Ireland

A review of an information brochure produced by Pavee Point for service providers (2004) and findings from the focus group discussions with African women and religious leaders revealed that African women do not avail of the services on domestic violence in Ireland. The reasons are primarily the fear of alienation from the family and community, the possible threat to their residency status and the laws in Ireland not properly being enforced or supported.

Fear of Alienation from Family and the Community

It can be recognised that African women are not willing to seek family, friends or the State's support for fear of being stigmatised and alienated from their community. African women are made to believe they cannot speak about domestic issues in public, as people who know them would call to their countries of origin, informing people back home what has happened in Ireland. However, it is important to note that many African communities have a village jury where matters related to domestic violence are addressed. For the same reason, African governments may be reluctant to recognise domestic violence as a criminal offence.

Many women consulted have said they are scared or unwilling to go for counselling if it means having to confide in a non-African. This again highlights the importance of adequate training, ethics and confidentiality in order to overcome these barriers.

In the focus group discussion it was reported that leaving a marriage does not always appear to offer a solution for a woman to a violent relationship, because she may fear the next relationship might not work out. Some women want the option to reconcile, which is why they prefer reporting the violence to their religious leaders in the hopes of having them intervene. But if the situation worsens, then the next line of defence is contacting the Garda_ and a legal separation.

Residency-Status-Dependence on Partners

African women whose residency in Ireland is dependent on their husbands'/spouses' residency status face specific difficulty in accessing services on domestic violence. This may put their residency status in jeopardy, or the women may be concerned of betraying their husbands/partners, whose residency might also have temporary status. Similarly, women in the asylum process who live with their husbands/partners in accommodation centres may find it difficult to access services for fear of disclosure and how this might affect both of their applications. They may be afraid to involve the Gardai because, without the support of extended family, they worry about being left alone to support their children.

Legal System in Ireland Perceived as Non-Stringent

African women perceive the Irish laws on domestic violence and violence against women as not being very strong. The attrition level of rape cases and the low conviction rate in Ireland supports this opinion.

Services do not meet African Women's Needs

Many women reported that services do not meet their needs. They reported racism and discriminatory responses. These kinds of experiences are likely to discourage women from seeking help. The religious leaders to whom African women consult felt that their studies in theology and pastoral care were devoid of any guidance on this very sensitive issue. The religious leaders reported that they often used common sense, counselling the couple and, at times, informing them of the law. The leaders suggested that they would benefit from guidance in this area.

Many African women need mediation to address their domestic problems, and yet they go to great lengths to protect the perpetrator, to the detriment of their own safety. A barring order against a partner is often not what they feel they need, as this may lead to marital breakdown. The women feel that leaving the marriage is not a solution because they fear that their next relationship may not go well and they will end up alone.

4. RECOMENDATIONS ON RESPONDING TO DOMESTIC VIOLENCE AMONGST AFRICAN WOMEN

While AkiDwA is aware that the service providers of domestic violence may not have adequate financial resources and skilled personnel to develop appropriate and culturally suitable responses for black ethnic women; there is a need to recognise the diversity that exists within African women. The response needed for victims of violence who seek support is a system providing support and assistance that is tailored towards the needs of the woman at any point of time. A continuum of services are needed, ranging from those that offering immediate safety from violent attack, to practical advice and support to lead a life free from violent attack and after care and counselling (Report of the Task Force on Violence Against Women, 1997).

4.1 Categories of African Women Experiencing Domestic violence

Based on the information gathered, there are three major categories of African women experiencing domestic violence in Ireland, a grouping that can include lone parents:

- Women experiencing domestic violence who remain silent
- Women experiencing domestic violence who bravely seek out services
- Women experiencing domestic violence who want to remain anonymous and hide their identity by making telephone calls to services and community elders.

1. African Women Experiencing Domestic Violence who Remain Silent

Some Africans reportedly suffer in silence due to a cultural belief that *talking about domestic issues in public* is likened to *washing dirty linen in public*.

In order to identify women in this category and highlight services available to them, it is good practice to:

- let the community know of confidential services and contact addresses
- produce leaflets in languages often spoken by Africans, such as English, French, Kiswahili, Portuguese Lingala and Arabic
- disseminate information to relevant organisations in the community; some information can be delivered to individual households within a catchment area,

although some discretion may be necessary, so as not to put women in danger of their partners intercepting the information at home

- be strategic and use social events to deliver a clear, strong message on the unacceptability of domestic violence to all members of the community, male and female alike
- recognise that isolation is the biggest barrier to seeking help; there is a need to empower women to break that barrier and encourage them seek help
- realise that, while social groups can be stepping-stones for some women, others suffering domestic violence might still be excluded; therefore, there is a need to put social networks and information into places where women are permitted by their spouses to go, for example, school drop-in centres, churches and GPs' surgeries
- ensure that social activities target both men and women, and find a strategy to inject domestic violence issues into broader discussions of violence
- discourage women to speak about problems in front of their partners, as this can place them in a dangerous position; because of this risk, they might be reluctant to reveal information in such a setting
- encourage men to address domestic violence with other men, for example, pastors and church leaders
- hold domestic violence seminars targeting both men and women, and involve the whole family; this is essential because potential key informants can highlight women who need help and information.

Key informants of a domestic violence situation can be, amongst others, the following individuals:

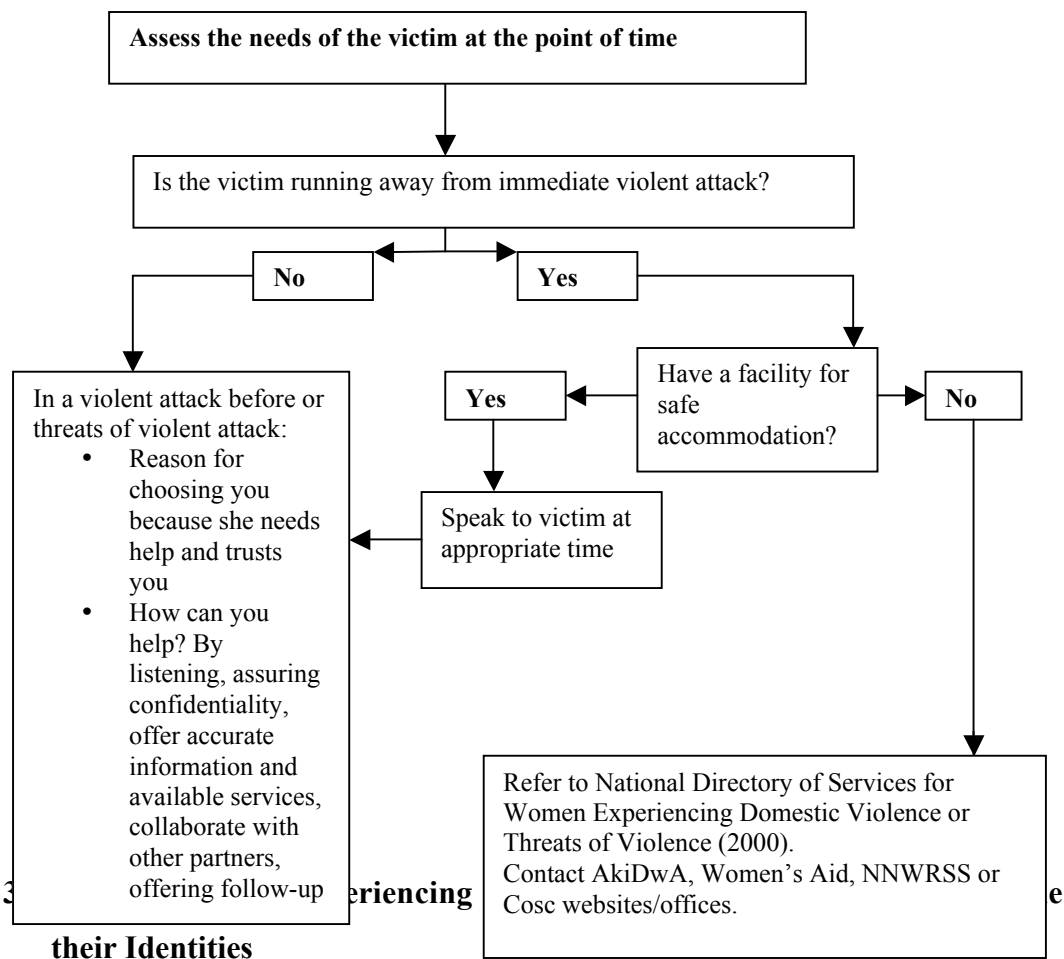
- Grown up children within household
- Neighbours
- Doctors and medical personnel
- Social workers
- An Garda Siochana
- Friends.

2. African Women Experiencing Domestic Violence Who Break through the Barriers and Seek Services

From an African cultural point of view, it was reported that choosing to disclose a violent situation to you, the service provider, means the woman has already gone through much of the traumatic effects that come with violence. Thus, she may:

- Be confused and unable to decide on best way forward.
- Have decided to break the silence because she can not take it anymore.
- Want to continue with relationship for the sake of her dignity and the safety of the children.
- Come to you to seek a solution to the problem.
- Want to leave the relationship but fears to do so as she is dependent financially, legally (including residency status) and emotionally on her partner.

You may not make the decision for them but you can help (refer to diagram below).



It was reported that some women would prefer contacting you by phone due to the stigma attached to reporting domestic problem; especially the highly educated and women from the Moslem communities. Sometimes women hide because of shame and guilt. The way you will handle an African woman the first time will determine her further accessing your service. It will also determine the future number of women accessing the service in her community.

It is good practice to:

- Respect her confidentiality.
- Give accurate information.
- Respect her culture and beliefs.
- Any decisions she makes regarding legal action.
- Listen to her.
- Be patient.
- Give telephone follow-up.

In this way you show that you care and you accept and understand her situation.

4.2 Forms of Domestic Violence Experienced by African Women

Many African women experience related forms of violence such as:

- Marital rape. This can be very common with women who have undergone FGM. FGM makes love making a painful process because of the scars that make the vaginal surface very hard and the loss of sexual drive resulting from the procedure.
- Man engaging in extra-marital sex. Since he might not derive the sexual pleasure in a mutilated woman, this can cause psychological trauma on African women with whom the husband betrays and withholds sex from.
- Female Genital Mutilation
- Sexual exploitation
- Verbal abuse.

4.3 Making Services Culturally Appropriate for African Women

The African women consulted indicated that, on most occasions, they would be more likely to access a service that employed Africans.

It is good practice for the service providers to:

- ensure job descriptions, contracts and job advertisements are culturally appropriate and developed in consultation with African women's organisations in order to encourage employee diversity
- recognise and value particular relevant skills of African women within GBV services
- advertise positions in media, such as Activelink's website, Metro Eireann and other ethnic newspapers, and in African-based organisations to ensure African women are represented in the recruitment selection panel process.

It must be emphasised that African women are much more likely to apply for positions when the organisation has a reputation of being culturally aware and supportive of the African community. This may call for a review of service policies.

4.4 Support to African Women and Management Committee workers

To provide a consistent and culturally aware service environment, all staff must be sensitive to the needs and issues for African women and children and ensure that:

- Support networks exist for African women workers
- They have an understanding of the demands upon African workers, because expectations from their communities can produce additional stress and difficulties.

It is good practice to consult the African women in your community and the African organisations, consider ways of best meeting the needs of those experiencing or escaping domestic violence.

4.5 Staff Training

As a matter of policy, it is good practice to review and provide comprehensive training for both African and non-African staff members in delivering services on domestic violence and on cross-cultural and indigenous African issues. This is an essential component in overcoming the barriers of seeking support, which African women repeatedly identified in our research.

An understanding of an African culture includes issues such as:

- the meaning of culturally appropriate services
- a knowledge of country-of-origin backgrounds, such as FGM or rape during war family, kinship and community.

4.6 Improving Accessibility of Domestic Violence Services to African women

Improved access begins from change in policy and practices, having a sincere attitude of acceptance to make African women feel welcome and supported. Therefore, it is necessary to:

- Provide information to African women and communities about domestic violence, their rights and how to access their rights.
- Let African women know of the information you offer.
- Ensure information is accurate and up-to-date.
- Ask African women in local community and African organisations to speak at community meetings; this gives them opportunity to get to know influential elders within their community.
- Ensure service providers appreciate the ways in which inadequate services contributes to increased levels of domestic violence.
- Keep updated contacts of influential African women and African led organisations and networks and make available to all staff

4.7 Tips towards Good Practice

- Provide comprehensive range of services
- Provide accurate information that is readily available
- Service providers should receive specialised training in addressing the needs of marginalised women, with regard to policy and practice

- Collaborate with other service providers
- Recognise the need for appropriate response from judicial system
- Be patient with the clients
- Observe strict confidentiality and provide safe places for provision of information that women can access
- Develop an understanding of cultural diversity
- Develop good listening skills
- Approach women with a non-judgemental attitude
- Be open and welcoming
- Show empathy.

CONCLUSION

There is therefore a need for collective action among different stakeholders to chart a strategy of involving the policy makers and to tackle root causes of domestic violence. This can be through dialogue and a proactive approach that involves both migrants and Irish people who are willing to come together in the process of lobbying, especially religious leaders.

Prejudices, stereotypes and religious beliefs contribute greatly towards poor access to services. An example in this case was in regard to submissiveness to husband, rape in marriage and a woman considered to be married to entire family. Targeting religious leaders thus is key, in particular because many African women seek the advice of religious leaders if their relationships are breaking down or threatening to go out of balance.

Awareness seminars need to be conducted on issues of how domestic violence approaches can continue to be tailored towards a wider cultural communities living in Ireland. Other approaches could include:

- Revisiting past models and exploring new ones using human rights approach
- Lobby for increased funding of Women's support organisations, particularly those with service provision to women at risk.
- Challenging racism and discrimination.

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