

Communication Strategies for Addressing Gender Based Violence with Reference to Women with Disability

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Abstract: This research paper presents theoretical concept of gender-based violence and Women with Disability as expressed by scholars. In present times, violences are occurring in which women and girls are becoming victims. The Women with Disability persons are facing double vulnerability as they are women and then nature of disability. The gender based violences are found in the family, community and at workplace by the men upon women and girls. The women with disability persons face many challenges including sexual assault and sexual exploitation, including forced sterilization, abortion, violence within institutions, home and conflict regions. There is need to increase awareness and make sensitization people and society in large to raise voices against such sexual offences. The communication strategy is very much essential to address the gender-based violence. In this paper, the prime focus has been given upon the communication strategies to address the gender-based violence in general and women with disability in particular in the society. These strategies are communication for social and behavioural change, behaviour change communication, programme communication design etc. Thus, this paper highlights some of the behavioural strategies to address gender-based violence.

Keywords: Gender-based violence, Women with Disability, Communication strategies, Sexual exploitation, Behavioural change, Communication design.

Gender Based Violence

Gender Based Violence (GBV) is violence involving men and women in which female is usually the victim. GBV deprives from unequal power relationships between men and women. Violence is directed specifically against a woman because she is a woman or

affects women disproportionately. Violence includes physical, sexual and psychological harm. Forms of GBV include physical, sexual and psychological / emotional violence within family; child sexual abuse; dowry-related violence; rape and sexual abuse; marital rape; sexual harassment in the workplace and educational institutions; forced prostitution' trafficking of girls and women; and female genital cutting. However, to limit the scope, focus is given on two common forms of GBV that is intimate partner violence (physical, sexual and emotional) and sexual violence by any perpetrator.

Although men can also be victims of intimate partner and sexual violence, this type of violence affects women disproportionately. For instance, both males and females report sexual coercion, but the majority of victims are female (CDC, 2003) and the vast majority of perpetrators are male (Heise et al, 1995). In terms of murders committed by an intimate partner of the opposite sex, the World Report on Violence and Health (Krug et al, 2002) shows that between 40 percent ad 70 percent of all women who are murdered are killed by a (male) intimate partner. In contrast, between 4 percent ad 8.6 percent of men who are murdered are killed by a (female) intimate partner. More over, a sizeable proportion of these homicides may have been committed by women in self defense, either in response to an attack or in a situation of long term, chronic abuse by her partner. In summary, while men are much more likely to be attacked by a stranger or an acquaintance, women are much more likely to be attacked by some one close to them, such as a husband or male partner.

Gender-based violence (GBV) ranges from sexual harassment to rape, domestic violence (DV) to trafficking. Domestic violence (or intimate partner violence by World Health Organization - WHO) is one of the most common forms of GBV, including sexual violence, with deep cultural and social roots and intimate partners perpetuate the majority of cases. WHO (Butchart *et al.*, 2010: 11) defines intimate partner violence as "behaviour within an intimate relationship that causes physical, sexual or psychological harm, including act of physical aggression, sexual coercion, psychological abuse and controlling behaviours". Further, DV is a cycle hard to be broken. Understanding the nature and scope of this cycle is possible to find factors that originated it, find solutions for its prevention, and improve the wellbeing of families and communities.

Violence against women cannot be understood in isolation from the gender norms, beliefs and social structures that influence women's vulnerability to violence. For example, women are more likely than men to be sexually or physically assaulted or killed by some one they know—often by their own husband /partner. Women's subordinate social, economic and legal status in different settings often makes it difficult for them to get help once violence occurs. Because violence against women is rooted in gender inequality (Jewkes, 2002), "gender-based-violence" has become an internationally accepted way to refer to physical, sexual and psychological violence against women.

However, gender-based violence can also include violence directed toward men and boys who may be perceived as acting outside of gender norms that dictate rigid ideas of masculinity (Barker and Ricardo, 2005; Betron ad Gonzalez). Furthermore, there are gaps in resources, knowledge of programming responses, and recommendations focusing on men's and boys' vulnerabilities to GBV. Gender-based violence is as related to women and girls because they are disproportionately more affected by GBV.

Women with Disability (WwD)

India has signed and ratified both Convention on Elimination of Discriminations Against Women (CEDAW) and United Convention on Rights of Persons with Disability (UNCRPD). As these two intersect and reinforce each other in the context of rights of women and girls with disabilities. Efforts are made to create the necessary synchrony and synergy by referring to both. Teased, taunted, looked down upon and spoken about instead spoken to, WwDs experience the combined disadvantages associated with gender and disability. They live an invisible existence on the fringes of society; exclusion, stigma and prejudice are a routine aspect of their lives. Autonomy, respect, dignity and equality of personhood are denied to them. WwD form heterogeneous group, since disability and gender also intersect with other categories like type of disability, class, caste, ethnicity and rural-urban residence. There is a lack of information and awareness about the rights of WwD and therefore a lack of monitoring process.

Nature of violence upon WwDs

- i) Forced detention and treatment : More women than men are found in mental hospitals / asylums, while men are admitted for treatment in early stages, women are dumped only after their illness becomes chronic. Women are rarely taken back home after treatment.
- ii) Forced Sterilization, Abortions and Euthanasia : Forced sterilization within institutions and by family is common though it is a human rights violation (Phadke, 1994). There is no legal provision that prohibits non-consensual sterilization. WwD must be able to access contraception's as per their choice. WwD rarely are involved in family planning services related to pregnancy and post-natal care. Non-consensual use or these deprives WwD of legal capacity and violates their rights over their bodies. A marked preference for male child with link to increased diagnosis of the sex of the unborn child has resulted in discrimination. Women in particular societies rarely have free choice and will also result in other characteristics such as appearances (Ghai and Johri, 2013)
- iii) Violence and Torture: Violence in all its facets remains a serious area of concern for Wwds, both as an individual experience and a structural reality that systematically

opposes them in all areas of life. Once abused has been experienced and acknowledged there are many barriers for accessing justice, including complicated mechanisms for complaints and redressal, absence of accountability of both state and private actors and insensitivity of personnel in the police and judicial systems. A prime example of total neglect of WwDs in the criminal justice system is that there is no disaggregation on the basis of disability in the crime against women statistics generated by the government.

- iv) Violence within institutions: Institutions in relation to women and girls with disabilities includes mental health facilities, care homes, residential hostels, halfway homes, homes for the destitute, juvenile homes for children with special needs and religious places. Within these places violence can range from chaining, filthy living conditions, common bathing, non-provision of clothes especially during menstruation, physical abuse and sexual violence often repetitive in nature. However, there is no response to the problem of systematic violence of this sort. In recent years there has been increased reporting of violence against WwDs in shelter homes, training institutes and schools.
- v) Violence within homes: Although the Domestic Violence Act 2005 is being implemented, WwDs continue to face serious abuse at the hands of relatives. These include the deliberate acts of seclusion, denial of basic amenities, chaining, mental abuse, emotional deprivation, abandonment. For WwDs abandonment happens at two levels, one due to their disability and other when they are discovered to have been victims of sexual violence, especially in instances where they have conceived as a result of the abuse. In both cases, vulnerability increases to more sexual abuse in the society by their unprotected and home less state of being.
- vi) Violence in conflict regions : For WwDs living in conflict areas, all these factors get further exacerbated in the conflict environment, making them easy target for abuse and violence. Besides disability due to shooting and land mines, high post-traumatic stress disorder has been found among WwD. Women in these situations suffer more that WwD elsewhere.
- vii) Family life and motherhood : Many WwD especially those with intellectual disability are defined family life and motherhood. Stereotypical views of WwDs results in their staying outside family life. To overcome this instead of providing rehabilitation and other facilities many states in India have started coercion into marriage. A shockingly unethical scheme is in operation contributing to increasing violence on WwDs in the guise of enhancing their matrimonial opportunities. Many WwDs are married to as second wives, with no legal standing to claim any matrimonial benefits for protections, thus getting entrapped in marriages where

they are exploited, abused and violated with no system of check. Women with children find their children being forcefully removed from their care. Divorces are high as many marriages are conducted for reasons of dowry. Women lost custody of children after violence and called unfit mothers.

Addressing Strategy

(i) Behaviour Change Communication (BCC)

The Behaviour Change Communication (BCC) aims to change knowledge, practices, attitudes and behaviours of individuals, families and communities, as well as stimulate and facilitate wider social change at local and national levels. These are achieved through dialogue with individuals and groups to inform, motivate and promote behaviour change. Over the last decades, BCC has evolved to strategic communication programs, leading to better integrated approaches - community mobilization, interpersonal communication, community empowerment, public relations, public policy and media advocacy, entertainment-education, social marketing – where a sound understanding of its audiences and communication channels are crucial features to improve the reach and effectiveness of interventions that seek to facilitate social change. This evolution reflects emerging theories and empirical observations that point to the importance of people-centred, multidisciplinary, behaviour-oriented and strategic approach to communication interventions.

(ii) Communication for Social & Behavioural Change (CSBC)

Communication for Social and Behavioural Change (CSBC) encompasses a range of mass media as well as interpersonal communication strategies such as radio, television, community theatre, workshops, magazines, awareness campaigns, posters, flyers, and pamphlets. Many programmes have successfully used CSBC to address other public issues and the women's movement has a long history of using communication strategies to address gender-based violence (Drezin, 2001) and Drezin & lioyd-Laney, 2003). Communications work is also an important part of other strategies used to address GBV, including advocacy with decision makers, sensitization and training of providers and community mobilization strategies.

(iii) Programme Communication Design

The following matters for addressing GBV in the society.

- Communication strategies to prevent and protect GBV
- Addressing GBV at institutional level and individual level.
- Communication strategy to meet needs of disabled women

- Encouraging youth, academicians, policy makers, NGOs for organizing sensitization programe on GBV
- Participatory Academic research on GBV
- Support activities to promote a model of gender-equitable norms and behavior at Individual Level, Community Level and Societal / state / national level
- Support Efforts to integrate the issues of GBV into existing gender based programmes like Campaign on sexual coercion among young people and Intimate partner violence
- Support efforts to link communication activities with other types of GBV activities. They are campaign in public services and distribute educational materials through clinics, schools & others
- Support activities to improve norms and attitudes among men for challenging prevailing beliefs and norms and influencing men to become positive role model
- Support activities from media channels to address wide audience in advertising for sensitization and broadcasting of special episode
- Support investment in rigorous evaluation studies.
- Support teaching modules on concept of gender, violence and GBV. Also efforts for including WwD related legislations, policies and conventions for wider knowledge.

Conclusion

It is extremely important to have a clear understanding of what the term Communication does and does not encompass. Development Communication – or Communication for Development - enables people, particularly the vulnerable groups, to participate in shaping decisions to ameliorate their own wellbeing. Using a variety of interpersonal, dialogue and mass media communication channels to engage, motivate and educate beneficiaries of development programs. Communication for Development promotes changes in people behaviours and attitudes and increases their participation in the development process. The role of media and academic initiatives are the prime filed for addressing violence against women. The people’s mindset in positive way definitely constructs a good society where people live in a peaceful manner.

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