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Challenging Global Gender Violence

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Abstract

Violence against women and children is a global human rights and public health issue. Gender violence - including rape, intimate partner violence, domestic violence, mutilation, sexual trafficking, dowry death, honor killings, incest, breast ironing - is part of a global pattern of violence against women, a pattern supported by educational, economic, and employment discrimination. Intimate partner, family, and sexual violence is a major cause of death and disability for women aged 16-44 years of age worldwide. The most common rationale given for the denial of human rights to women is the preservation of family and culture. While gender violence is a significant cause of female morbidity and mortality, and has long been recognized as a human rights issue that has serious implications for public health and an obstacle for economic development, it persists. Drawing upon cross-national survey data and interviews with women participating in the Global Clothesline Project, this paper discusses the prevalence and patterns of gender violence across the developing and developed world, highlighting the voices of victim-survivors and the strategies that are empowering women and challenging gender violence in Cameroon, the Netherlands, and the United States.

Keywords: Gender Violence; Global Clothesline Project; Intimate Partner Violence; Sexual Violence;

1. Introduction

Violence against women is the most pervasive human rights violation which continues to challenge every country in the world. While laws, policies and resources are crucial to address this phenomenon effectively, these efforts must be coupled with actions to combat its structural and systemic causes (Rashida Manjoo, Special Rapporteur for the UN Human Rights Commission on violence against women, 2011).

The United Nations’ Universal Declaration of Human Rights proclaims that “all human beings are born free and equal in dignity and rights”, yet women’s freedom, dignity, equality, and health are persistently compromised by law, custom, and religious tradition in ways that men’s are not (Bunch, 1995, p.14). This continues to hold true both in the developed as well as developing world. Gender violence – including domestic and intimate partner violence, rape, female genital mutilation, sexual trafficking, dowry death, honor killings,
incest, and breast ironing -- all are part of a global pattern of violence against women, a pattern supported by educational, economic, and employment discrimination.

Statistics paint a bleak picture of the social and health consequences of gender violence. Violence against women is a major cause of death and disability for women 16-44 years of age worldwide (UNIFEM, 2007). Surveys from around the world indicate that half of women who die from homicides are killed by their current or former husbands (Krug et al., 2002; UNIFEM, 2007). It is as serious a cause of death and incapacity among women of reproductive age as cancer, and a greater cause of ill-health than traffic accidents and malaria combined (Investing in Health, 1993). Several studies have shown that there are links between violence against women and HIV/AIDS, especially in countries where women are not allowed to “say no” to their husbands or demand that a condom be used if a husband is HIV positive. A survey among 1,366 South African women indicated that women who were beaten by their husbands were 48% more likely to be infected with HIV than those who were not. In terms of sexual violence, it is estimated that world-wide, one in five women becomes a victim of rape or attempted rape in her lifetime (UNPFA, 2005).

Data from a variety of sources indicate the degree to which women are in danger across both the developed and developing world (Anderson & Sidel, 2011; Watts & Zimmerman, 2002; Campbell, 2002). The World Bank report, Violence Against Women: The Hidden Health Burden concluded that: “Female-focused violence … represents a hidden obstacle to economic and social development. By sapping women’s energy, undermining their confidence, and compromising their health, gender violence deprives society of women’s full participation” (Heise, 1994, p. ix).

"Gender-based” violence is a term that is increasingly used because it derives in part from women's subordinate status in society. Many cultures have beliefs, norms, and social institutions that legitimize violence against women. The same acts that would be punished if directed at an employer, a neighbor, or an acquaintance often go unchallenged when men direct them at women within the context of the family or intimate partner relationships.

According to official crime statistics, 6,822 women in India were killed in 2002 as a result of dowry murders. (UNIFEM, 2007). Acid attacks, often linked to dowry disputes, maimed or killed 315 women in Bangladesh in 2002 alone. Such attacks often lead to blindness, disfigurement, and death (Benninger-Budel & Lacroix, 2003). Honor killings, which are committed in order to redeem a family’s honor after a woman has been raped or violated or accused of adultery, take place in a variety of Middle Eastern, Mediterranean, and Gulf countries. “In a study of female deaths in Alexandria, Egypt, 47% were killed by a relative after she had been raped (Krueg et al., 2002, p. 93). In Jordan and Lebanon, 70 to 75 percent if the perpetrators of ‘honor killings’ were the women’s brothers (UNIFEM, 2007). While there has been an international public uproar about the November 2007 case in Saudi Arabia where a woman, gang-raped by 7 men, was held responsible for herself being raped and sentenced to 200 lashes and six months in prison, there is less public uproar about the most common form of violence against women: intimate partner violence.

International media attention often focuses on the extra-ordinary forms of violence executed (typically over there), it is critical to recognize the “ordinary,” daily enactment of violence against women that occurs in very similar ways across societies. The most endemic form of violence against women is Intimate Partner Violence (IPV) (Silverman et al., 2001). Studies from 35 countries indicate that between ¼ and ½ of women report having been physically abused by a present or former partner; their testimonies speak of domestic terrorism, living in fear in their own homes, the erosion of self, the loss of confidence, and despair.

2. The Global Clothesline Project

Most gender violence not only goes unpunished but is tolerated in silence - the silence of society as well as that of its victims. Fear of reprisal, censorship of sexual issues, the shame and blame of those violated, unquestioning acceptance of tradition and the stranglehold of male dominion all play their part. In many countries, so does the active or passive complicity of the State and other institutions of moral authority (Bunch, 1997).
As part of the international movement against violence directed at women, the Global Clothesline Project (GCP) invites women to construct T-shirts that express the violence they have suffered and the healing they are experiencing. An outgrowth of the original, grass-roots Clothesline Project, generally the shirts or scarves are color-coded: red, pink, and orange represent violence experienced as a result of rape and sexual violence; yellow or beige-domestic violence; black-political violence; blue or green-childhood sexual abuse and incest; purple-for having been targeted as a lesbian; and white for those who have been murdered. The shirts then are displayed on a Clothesline, metaphorically representing both women’s work and airing one’s dirty laundry (secrets) for all to see.

The effectiveness of the project lies in the work that can be done at the individual or small group level (as women individually or collectively create T-Shirts), and at the larger community level with the display of the shirts that expose the violence and healing that has taken place among those in the community. The exhibit has the potential to open up a dialogue about violence in a community and to engage victim-survivors, witnesses, and perpetrators to “see” what impact violence has and work towards ending it.

An analysis of interviews conducted with diverse groups of women who have participated in the GCP in the U.S., the Netherlands, Cameroon, Venezuela, and Bosnia reveals the similar dynamics involved in family, intimate partner, and sexual violence. Although these countries represent very different cultural, socio-economic, and political contexts, the women’s images, thoughts, and feelings echo one another as they express their experiences of violence. While it is critical to acknowledge the different ways in which violence is enacted and resisted in diverse cultural contexts and the resources available to women, it is also important to recognize the similarities across women’s testimonies of violence - a violence that is embedded in a spectrum of patriarchal cultural, institutional, and interpersonal contexts. The individual testimonies represent each woman’s unique story, but the causes, circumstances, and consequences of abuse are strikingly similar. In a panoply of languages, all speak of hyper-vigilance, loss of self, desperation, and living in fear — and the shirts likewise represent similar images of black and broken hearts, hands, the word NO! and tears.

2.1 Black heart

I knew I wanted to have a black heart on it. Maybe it was because I just felt that way about hearts, and about love. That is was all very black. That’s me - the little purple girl. I cut out little felt arms. And then...I left them off (Liz, USA).

Hearts - black, bruised, broken, and torn - were one of the most frequent images women and children used to express pain and betrayal. Most often the heart was placed front and center. In life, as well as in death, the heart resonated.

I picked this material out because I wanted a red and black heart that vibrated – throbbed – and these represent the walls that surround my heart that I built up around my heart to protect myself (Nancy, USA).

The heart is black. I have nothing left. My mother and father were killed. My brother was killed. The red around the heart is blood... But then I made this little red heart up here [in the corner]- maybe that can be my heart – maybe there’s a little hope (Somalian woman in a domestic violence shelter in the Netherlands).

I've always felt that my heart was damaged in some way. And that's why I wanted to start with the heart. I picked burlap because I feel that I'm very rough. I don't feel that I can be caring or compassionate to other people. And I just feel like I have a very rough heart (Pat, USA).

The heart is black because of all the bad things done to her – that’s what she’s become because of the abuse. The little red spot is her, the girl she was before the abuse. The ribbons emanating from the heart represent her pleas: Help me, help me! (Venezuelan high school girl)
A woman is like a rose – she is beautiful but if she is abused, the petals of the rose wilt and she turns into a black heart (Cameroonian woman).

2.2 Tears of sorrow and shame

Tears appear not only on a dress but in one’s sense of self, in family and intimate relationships, and in the social fabric. Fiola’s tears of sorrow and shame are drawn on a traditional Cameroonian scarf – long enough for her to draw herself four times, representing the little girl who was raped first at age 3, and then again at age 12 and 17. The fourth woman represents her now, the woman who is “ready to stand up and fight against rape.”

They often say that girls are being raped because of their dressing, their seductive way of walking... When I was raped at 3 years old, was it because I was dressing sexy or the way I was walking?

RENATA, a NGO that works with teenage mothers in Cameroon has conducted various nation-wide surveys. They found that 12% of rape victims were less than 10 years of age. And as studies in the U.S. as well as Cameroon show, repeat victimization is common.

Fiola described her shawl that features four women shrouded in black veils with black tears running down their faces:

I decided to draw the woman who is shedding tears. She covered herself with a black cloth... I will say this represents me, yeah. From what I have experienced... I've been raped three times... Imagine a child being raped by somebody they know... At times I say to myself that no, the world is not supposed to see me. I isolated myself. The black cloth is signifying that I am covering myself away from the world... I am like an outcast. So, at times I sit down, I think I shed tears because I, I, I see myself like half a human being.

But under the women on the shawl, she wrote: “stand up strong and fight against rape”.

I want those of us who have been found guilty [of being violated] to stand up strong and firm. We should stand up strong and firm to fight against rape.

Both within and across societies, culture has often been used as a rationale for not challenging the abuse of women and children. When violence is used against other groups of people based on ethnicity or race it is called racism; in the case of systematic killings, genocide. When it comes to systemic violence against women and children, it is often considered cultural or “traditional.” But as Michael Singer (2001) argues, it is critical to ask who gets to define “culture” on behalf of the group. Who holds the power and authority to dictate the contours and confines of culture and for whom? In order to reduce family and sexual violence, the New Zealand government is clear about the need to change attitudes and behaviors within the culture at large. Their very effective national media campaign, It’s Not OK started airing TV ads in 2007. The first ad (http://www.youtube.com/watch?v=poRjb4m8RXk) features a wide range of men and women from various ethnic and racial backgrounds, ages, and positions in society who simply and adamantly say that violence against women and children Is Not OK.

The German HIV Peer Collective (GHP) considers Cameroon’s Aunties Association (RENATA) “one of sub-Saharan Africa’s most promising models for empowering girls and young women to protect their sexual and reproductive health and fight gender-based violence” (Aunties, 2010). Serving teenage mothers, the Cameroonian staff not only provides counseling and services to teenage mothers, many of whom are abandoned by their families, but also educational outreach. They train the girls and women to give talks about reproductive health and sexual violence in elementary and secondary schools in both urban and rural areas; many take this information back to their villages. By February 2011, RENATA had worked with some 15,000 Aunties in 250 organizations around the country. The GIZ publication concludes that “the Aunties’ approach is transferable to
other countries, providing a promising model for empowering young women, fighting gender-based violence and contributing to four of the eight Millennium Development Goals” (Aunties: GPHC).

Conclusion

Governments, organizations, and individuals are speaking out against gender violence and working towards strategies to break the cycle of violence. The women who contributed to the GCP are survivors who are speaking out, some anonymously and others quite publically. To break the silence takes great courage for speaking out is a political as well as a therapeutic act, and as such, is a claim to power. It involves risk as well as promise whether one is in the U.S., Cameroon, or Venezuela. While governments and people are becoming much more aware of the prevalence of gender violence and the devastating effects it can have, violence against women continues to be one of the most prevalent, persistent, and pernicious human rights abuses across the developing and developed world. It has been recognized as a major public health issue (and for women – the major public health issue) and as an obstacle to development and the achievement of the Millennium Development Goals (MDGs).

References

Anderson, M. R., & Sidel, V. W. (2011). Violence as a public health issue. In M. Finkel (Ed.), Public health in the 21st century. Vol. 1: Global issues in public health (pp. 307-321). Praeger.

‘Aunties’ for sexual and reproductive health. (2011). German HIV Peer Practice Collection Project “Strengthening the German contribution to the global AIDS response”, Aunties: GPHC Successful Programmes. Available at http://www.german-practice-collection.org/en/successful-programmes/sexual-health-and-rights/aunties-for-sexual-health-and-non-violence-how-unwed-young-mothers-become-advocates-teachers-and-counsellors-in-cameroon.

Bunch, C. (1995). Transforming human rights from a feminist perspective. In J. Peters, & A. Wolper (Eds.), Women rights human rights. NY: Routledge.

Benninger-Budel, C., & Lacroix, A. L. (2003). World organization against torture, violence against women: A report. Geneva.

Campbell, J. C. (2002). Health consequences of intimate partner violence. Lancet, 359.

Garcia-Moreno, C., Jansen, H., Ellsberg, M., Heike, L., & Watts, C. (2006). Prevalence of intimate partner violence: findings from the WHO multi-country study on women’s health and domestic violence. Lancet, 368, 1260-1269.

Heise, L., Pittanguy, J., & Germain, A. (1994). Violence against women: The hidden health burden. World Bank Discussion Papers #255. Washington, D.C.: World Bank.

Investing in Health. (1993). World Bank Report. New York: Oxford University Press.

Krug, G., Dahlberg, L., Mercy, J., Zwi, A., & Lozano, R. (2002). World report on violence and health. Geneva: WHO.

Silverman, J. G., Raj, A., Mucci, L., & Hathaway, J. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. Journal of the American Medical Association, 286(5), 572–9.

UNIFEM. (2007). Facts and figures: Violence against women.

UNFPA. (2005). The promise of equality: Gender equity, reproductive health and the millennium development goals.

UN Human Rights Commission. (2011). Special Rapporteur on violence against women finalizes fact finding mission to the United States of America.

Watts, C., & Zimmerman, C. (2002). Violence against women: global scope and magnitude. Lancet, 359, 1232-1237.

WHO. (2010). Multi-cultural study on women’s health and domestic violence against women: Initial results on prevalence, health outcomes, and women’s responses. Geneva, Switzerland.

WHO. (2010). Preventing intimate partner and sexual violence against women: Taking action and generating evidence.