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Gender and Violence – Mechanisms, Anti-Mechanisms, Interventions, Evaluations

Theme 4 was part of the joint Theme 4–5:
Sexual Health, Embodiment and Empowerment: Bridging Epistemological Gaps

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Edited by
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Centre of Gender Excellence – GEXcel

Towards a European Centre of Excellence in Transnational and Transdisciplinary Studies of

• Changing Gender Relations
• Intersectionalities
• Embodiment

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Department of Gender Studies, Tema Institute,
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Gendering Excellence – GEXcel

Towards a European Centre of Excellence in Transnational and Transdisciplinary Studies of:

- Changing Gender Relations
- Intersectionalities
- Embodiment

Nina Lykke,  
Linköping University, Director of GEXcel

In 2006, the Swedish Research Council granted 20 million SEK to set up a Centre of Gender Excellence at the inter-university Institute of Thematic Gender Studies, Linköping University and Örebro University, for the period 2007–2011. Linköping University has added five million SEK as matching funds, while Örebro University has added three million SEK as matching funds.

The following is a short presentation of the excellence centre. For more information contact: Scientific Director of GEXcel, Professor Nina Lykke (ninly@tema.liu.se); GEXcel Research Coordinator, Dr. Ulrica Engdahl (coordinator@genderexcel.org); GEXcel Research Coordinator, Dr. Gunnel Karlsson (gunnel.karlsson@oru.se); or Manager Gender Studies, Linköping, Berit Starkman (berst@tema.liu.se).
Institutional basis of GEXcel

Institute of Thematic Gender Studies, Linköping University and Örebro University

The institute is a collaboration between:
Department of Gender Studies, Linköping University;
Division of Gender and Medicine, Linköping University
&
Centre for Feminist Social Studies, Örebro University;
Gender Studies, Örebro University

GEXcel board and lead-team

– a transdisciplinary team of Gender Studies professors:
• Professor Nina Lykke, Linköping University (Director) – Gender and Culture; background: Literary Studies
• Professor Anita Göransson, Linköping University – Gender, Organisation and Economic Change; background: Economic History
• Professor Jeff Hearn, Linköping University – Critical Studies of Men and Masculinities; background: Sociology and Organisation Studies
• Professor Liisa Husu, Örebro University – Gender Studies with a Social Science profile; background: Sociology
• Professor Emerita Anna G. Jónasdóttir, Örebro University – Gender Studies with a Social Science profile; background: Political Science, Social and Political Theory
• Professor Barbro Wijma, Linköping University – Gender and Medicine; background: Medicine and Associate Professor Katharina Swahnberg – Gender and Medicine; background: Medicine

International advisory board

• Professor Karen Barad, University of California, St. Cruz, USA
• Professor Rosi Braidotti, University of Utrecht, The Netherlands
• Professor Raewyn Connell, University of Sydney, Australia
• Professor Emerita Kathleen B. Jones, San Diego State University, USA
• Professor Elzbieta Oleksy, University of Lodz, Poland
• Professor Berit Schei, Norwegian University of Technology, Trondheim, Norway
• Professor Birte Siim, University of Aalborg, Denmark
Aims of GEXcel

1) To set up a temporary (five year) Centre of Gender Excellence (Gendering EXcellence: GEXcel) in order to develop innovative research on changing gender relations, intersectionalities and embodiment from transnational and transdisciplinary perspectives.

2) To become a pilot or developmental scheme for a more permanent Sweden-based European Collegium for Advanced Transnational and Transdisciplinary Gender Studies (CATSgender).

A core activity of GEXcel 2007–2011

A core activity is a visiting fellows programme, organised to attract excellent senior researchers and promising younger scholars from Sweden and abroad and from many disciplinary backgrounds. The visiting fellows are taken in after application and a peer-reviewed evaluation process of the applications; a number of top scholars within the field are also invited to be part of GEXcel’s research teams. GEXcel’s visiting fellows receive grants from one week to 12 months to stay at GEXcel to do research together with the permanent staff of six Gender Studies professors and other relevant local staff.

The Fellowship Programme is concentrated on annually shifting thematic foci. We select and construct shifting research groups, consisting of excellent researchers of different academic generations (professors, post doctoral scholars, doctoral students) to carry out new research on specified research themes within the overall frame of changing gender relations, intersectionalities and embodiment.

Brief definition of overall research theme of GEXcel

The overall theme of GEXcel research is defined as transnational and transdisciplinary studies of changing gender relations, intersectionalities and embodiment. We have chosen a broad and inclusive frame in order to attract a diversity of excellent scholars from different disciplines, countries and academic generations, but specificity and focus are also given high priority and ensured via annually shifting thematic foci.

The overall keywords of the (long!) title are chosen in order to indicate currently pressing theoretical and methodological challenges of gender research to be addressed by GEXcel research:

– By the keyword ‘transnational’ we underline that GEXcel research should contribute to a systematic transnationalizing of research on gender relations, intersectionalities and embodiment, and, in so doing, develop a reflexive stance vis-à-vis transnational travelling of ideas, theories
and concepts, and consciously try to overcome reductive one-country focused research as well as pseudo-universalising research that unreflectedly takes, for example ‘Western’ or ‘Scandinavian’ models as norm.

– By the keyword ‘changing’ we aim at underlining that it, in a world of rapidly changing social, cultural, economic and technical relations, is crucial to be able to theorise change, and that this is of particular importance for critical gender research due to its liberatory aims and inherent focus on macro, meso and micro level transformations.

– By the keyword ‘gender relations’, we aim at underlining that we define gender not as an essence, but as a relational, plural and shifting process, and that it is the aim of GEXcel research to contribute to a further understanding of this process.

– By the keyword ‘intersectionalities’, we stress that a continuous reflection on meanings of intersectionalities in gender research should be integrated in all GEXcel research. In particular, we will emphasise four different aspects: a) intersectionality as intersections of disciplines and main areas (humanities, social sciences and medical and natural sciences); b) intersectionality as intersections between macro, meso and micro level social analyses; c) intersectionality as intersections between social categories and power differentials organised around categories such as gender, ethnicity, race, class, sexuality, age, nationality, profession, dis/ablebodiedness; d) intersectionality as intersections between major different branches of feminist theorising (for example, queer feminist theorising, Marxist feminist theorising, postcolonial feminist theorising etc.).

– Finally, by the keyword ‘embodiment’, we aim at emphasising yet another kind of intersectionality, which has proved crucial in current gender research – to explore intersections between discourse and materiality and between sex and gender.

**Specific research themes of GEXcel**

The research at GEXcel focuses on a variety of themes. The research themes are the following:

**Theme 1: Gender, Sexuality and Global Change**
On interactions of gender and sexuality in a global perspective.
Headed by Anna G. Jónasdóttir.

**Theme 2: Deconstructing the Hegemony of Men and Masculinities**
On ways to critically analyse constructions of the social category ‘men’.
Headed by Jeff Hearn.
Theme 3: Distinctions and Authorisation
On meanings of gender, class, and ethnicity in constructions of elites.
Headed by Anita Göransson.

Themes 4 and 5: Sexual Health, Embodiment and Empowerment
On new synergies between different kinds of feminist researchers’ (e.g. philosophers’ and medical doctors’) approaches to the sexed body.
Headed by Nina Lykke (Theme 5) and Barbro Wijma (Theme 4).

Theme 6: Power Shifts and New Divisions in Society, Work and University
On the specificities of new central power bases, such as immaterial production and the rule of knowledge.
Headed by Anita Göransson.

Themes 7 and 8: Teaching Normcritical Sex – Getting Rid of Violence. TRANSdisciplinary, TRANSnational and TRANSformative Feminist Dialogues on Embodiment, Emotions and Ethics
On the struggles and synergies of socio-cultural and medical perspectives taking place in the three arenas sex education, critical sexology and violence.
Headed by Nina Lykke (Theme 8) and Barbro Wijma (Theme 7).

Theme 9: Gendered sexualed transnationalisations, deconstructing the dominant: Transforming men, ‘centres’ and knowledge/policy/practice.
On various gendered, sexualed, intersectional, embodied, transnational processes, in relation to contemporary and potential changes in power relations.
Headed by Jeff Hearn.

Theme 10: Love in Our Time – a Question for Feminism
On the recent and growing interest in love as a subject for serious social and political theory among both non-feminist and feminist scholars.
Headed by Anna G. Jónasdóttir.

Themes 11 and 12) Gender Paradoxes in Changing Academic and Scientific Organisation(s).
Theme on gender paradoxes in how academic and scientific organisations are changing and being changed.
Headed by Liisa Husu.
In addition, three cross-cutting research themes will also be organised:

a) Exploring Socio-technical Models for Combining Virtual and Physical Co-Presence while doing joint Gender Research;
b) Organising a European Excellence Centre – Exploring Models;
c) Theories and Methodologies in Transnational and Transdisciplinary Studies of Gender Relations, Intersectionalities and Embodiment.

The thematically organised research groups are chaired by GEXcel’s core staff of six Gender Studies professors, who together make up a transdisciplinary team, covering the humanities, the social sciences and medicine.

Ambitions and visions

The fellowship programme of GEXcel is created with the central purpose to create transnational and transdisciplinary research teams that will have the opportunity to work together for a certain time – long enough to do joint research, do joint publications, produce joint international research applications and do other joint activities such as organising international conferences.

We will build on our extensive international networks to promote the idea of a permanent European institute for advanced and excellent gender research – and in collaboration with other actors seek to make this idea reality, for example, organisations such as AOIFE, the SOCRATES-funded network Athena and WISE, who jointly are preparing for a professional Gender Studies organisation in Europe.

We also hope that collaboration within Sweden will sustain the long-term goals of making a difference both in Sweden and abroad.

We consider GEXcel to be a pilot or developmental scheme for a more long-term European centre of gender excellence, i.e. for an institute- or collegium-like structure dedicated to advanced, transnational and transdisciplinary gender research, research training and education in advanced Gender Studies (GEXcel Collegium).

Leading international institutes for advanced study such as the Centre for the Study of Democracy at the University of California Irvine, and in Sweden The Swedish Collegium for Advanced Studies (SCAS at Uppsala University) have proved to be attractive environments and creative meeting places where top scholars in various fields from all over the world, and from different generations, have found time for reflective work and for meeting and generating new, innovative research. We would like to explore how this kind of academic structures that have
proved very productive in terms of advancing excellence and high level, internationally important and recognised research within other areas of study, can unleash new potentials of gender research and initiate a new level of excellence within the area. The idea is, however not just to take an existing academic form for unfolding of excellence potentials and fill it with excellent gender research. Understood as a developmental/pilot scheme for the GEXcel Collegium, GEXcel should build on inspirations from the mentioned units for advanced studies, but also further explore and assess what feminist excellence means in terms of both contents and form/structure.

We want to rework the advanced research collegium model on a feminist basis, including thorough critical reflections on meanings of gender excellence. What does it mean to gender excellence? How can we do it in even more excellent and feminist innovative ways?
Editors’ Foreword

The chapters of this volume report on the activities carried out within the frame of the fourth research theme of the Centre of Gender Excellence (GEXcel) at Linköping University during 2009. During 2009, GEXcel launched Themes 4 and 5 together as a joint venture: ‘Sexual health, embodiment and empowerment: Bridging epistemological gaps.’ Theme 4 was summarised as: ‘Gender and violence – mechanisms, anti-mechanisms, interventions, evaluations.’ Theme 5 had two subthemes: a) Feminist and queer perspectives on sex education, sexual empowerment and pleasure, and b) Critical sexology. Theme 4 was headed by Professor Barbro Wijma, and Professor Nina Lykke was leader for Theme 5. The section on ‘Bridging epistemological gaps’ was jointly led by Barbro Wijma and Nina Lykke.

In this report, the activities of Theme 4 have been documented, and those of Theme 5 will be followed up in a forthcoming separate volume. The present volume is of a work-in-progress character and the texts are therefore to be elaborated further. The contributions from non-native speakers of English have been specifically revised by a professional editor. The editors have only made minor suggestions for revision of texts to increase clarity, and the content of the chapters are thus the authors’ own responsibility. The chapter by Johan Galtung on Cultural Violence has been reprinted from his book Peace by Peaceful Means, Peace and Conflict, Development and Civilization, 1996 by permission from Sage Publications Ltd.

We would like to thank Katherine Harrison and Berit Starkman for all their assistance in the arrangements for Theme 4 and in the preparation of this volume, Liz Sourbut for English language revision of the manuscripts, Anna G Jónasdóttir for invaluable advice on applicants for GEXcel, and Nina Lykke for her support as GEXcel Director.

Barbro Wijma, Claire Tucker, Alp Biricik
This introductory chapter provides the reader with an overview of Research Theme 4, one part of the activities of the Centre of Gender Excellence (GEXcel) at Linköping University during the years 2007-2011. First, the launching of the theme is outlined. The theoretical basis is then discussed, from the author’s perspective as a researcher in the field of medicine, both for Theme 4 itself and for the efforts in common between Themes 4 and 5; i.e. ‘bridging the epistemological gaps.’ The concrete working plan for the theme is presented as well as the results of the scholars’ joint efforts. Finally, the authors and the chapters are introduced.

Launching of the theme

During spring 2009, GEXcel launched Themes 4 and 5 together as a joint venture: ‘Sexual health, embodiment and empowerment: Bridging epistemological gaps.’ Theme 4 was summarised as: ‘Gender and violence – mechanisms, anti-mechanisms, interventions, evaluations.’ Theme 5 had two subthemes: a) Feminist and queer perspectives on sex education, sexual empowerment and pleasure, and b) Critical sexology. Theme 4 was headed by Professor Barbro Wijma, and Professor Nina Lykke was leader for Theme 5. The section on ‘Bridging epistemological gaps’ was jointly led by Barbro Wijma and Nina Lykke. The following paragraphs illustrate how the themes were described when they were opened up for applications:

Theme 4: ‘Gender and violence – mechanisms, anti-mechanisms, interventions, evaluations’

Research under this sub-theme should approach not only direct events of violence, but also the power relations that produce them. The ways in which different power differentials are entangled should be investi-
gated from intersectional perspectives, where links between violence and disempowerment (related to social categories such as gender, race, ethnicity, class, age, sexuality, dis/ability etc.) are investigated. The research should also reflect the fact that mapping the prevalence of violence, an approach often applied in medical settings, is not enough. The more delicate issue of intervention also needs to be targeted. The evaluation of interventions against violence is at a rudimentary stage within the medical field. Such evaluations should, therefore, also be initiated as part of the research under this sub-theme. How norms of masculinity are developed and interact with a legitimising attitude to all kinds of violence is also an important research focus, as well as how certain norms of femininity may legitimise the acceptance of a victim role. One issue that is expected to be a focus of the research is the difference between, on the one hand, power as a negative force that leads to misuse and subordination (potestas) and, on the other hand, power as a positive generative force (potentia). Many men and women in positions of power are tempted to misuse their power, but what characterises those who perform differently, when in power? And what can be learnt from that? Jonathan Glover’s humanised ethics has been widely discussed within the medical field. Can his ideas become materialised, operationalised and tested in research? And how do these ideas relate to the theories of gendered and sexualised violence that have been developed by feminist and profeminist scholars?

Theme 5, subtheme ‘Feminist and queer perspectives on sex education, sexual empowerment and pleasure’

Research under this sub-theme should critically analyse constructions of gendered, sexualised and racialised bodies in different kinds of sex education discourses and practices. Intersectionalities of gender, race, sexuality, dis/ability, nationality etc. are to be explored as well as the ways in which different kinds of sex education create sexual dis/empowerment and im/balances between pleasure, power, liberation, prohibition, punishment, shame etc. Sex education is broadly defined as education about sexuality and the handling of sexual relations, which can take place as part of the formal curricula of educational institutions (schools etc.) and campaigns (e.g. HIV/AIDS campaigns), but also informally via different kinds of mass media, art forms and pornography, via NGOs, political activism, in family settings etc. The idea is that the research should cover both formal and informal sex education as well as both mainstream and alternative, conservatively restrictive and sex-positive feminist and queer discourses and practices. Special attention will be given to the period from 1970 until today in order to trace how contemporary develop-
ments of sex education may be influenced by new social movements – feminist, anti-racist, LGBT – and queer movements and by the so-called sexual revolution, i.e. the shift in sexual norms which, in the Western world, took place in parallel with the emergence of new social movements in the last decades of the 20th century. The influence of religion and fundamentalism should also be explored. Projects with a historical focus going further back than 1970 and exploring sex education in earlier centuries are also welcomed.

**Theme 5, subtheme ‘Critical sexology’**

Research under this sub-theme is expected to highlight the two-way links between sexology and sex education from feminist and queer perspectives. How do different understandings of sexology produce different kinds of sex education, and vice versa: how do different kinds of sex education practices create feedback to sexology? Critical reviews and assessments of constructions of taxonomies, inclusions and exclusions in historical, contemporary and transnational perspectives will be the focus of the research under this sub-theme. Intersectionalities between processes of genderisation, sexualisation, racialisation etc. should be highlighted. Moreover, critical research on contemporary treatment modalities of sexual problems will be encouraged.

**The cross-cutting theme: ‘Bridging epistemological gaps’**

Finally, the aim of the cross-cutting theme was presented as: ‘to critically reflect on possible synergies between medical and cultural studies approaches to gendered, sexualised and racialised bodies and ethics.’

**Theoretical basis of Theme 4:**

**Gender and violence – mechanisms, anti-mechanisms, interventions, evaluations**

**Leaving mapping behind**

For a long time, research on interpersonal violence has focused on mapping the prevalence of different kinds of abuse. Frequently contradictory findings have been reported, which can be traced back to the huge number of methodological traps concealed within this specific research field: the problem of defining abuse as to kind and severity, the age of the victim when it happened, the relationship between victim and perpetrator, the degree of associated threats and whether it was a ‘once-in-a-lifetime’ event or something that happened regularly, as well as how the mapping was performed, the selection of informants, mode of data collection
etc., etc. Therefore, every figure for the prevalence of a particular kind of abuse has to be presented together with a precise definition of the characteristics of the event that was measured in order to make sense. Even though mapping is difficult, it is a common research aim, probably because approaching the field of interventions against violence is so much more difficult. Yet, this offers no excuse for performing more of the same. Instead, the focus now needs to be on the mechanisms behind violence as a basis for building interventions. Then new questions arise, such as: ‘Why do people commit evil acts? What is the role of power? Why are most people who gain power sooner or later seduced into misusing it? How can we intervene against violence on levels other than simply preventing/competently handling the incidents of violence one-by-one?’ These questions were made a focus for the ‘Violence Theme 4’.

Power

Power relations constitute a central theme in gender studies, and with a focus on violence it is therefore logical to explore those power relations that produce violence and to do so from an intersectional perspective. This would mean, for example, investigating how norms of masculinity are developed and interact with a legitimising attitude to all kinds of violence, or how the links between violence and disempowerment are entangled with social categories like gender, race, ethnicity, class, age and dis/ability, or how certain norms of femininity may legitimise both the acceptance of violence and the role of victim.

Power mostly carries negative connotations and is regarded as something leading to misuse and subordination (potestas). However, power is often also a prerequisite for being able to do good (power as a positive, generative force: potentia). Is it possible that the bias against wanting to acknowledge the importance of potentia contributes to the existence of violence? In healthcare for instance, staff are often resistant to realising the powerful position they hold in relation to the patient, as it is politically correct to position the patient as subject in consultations, to underline equality and symmetrical doctor-patient relationships, and to make the patient take decisions (after having received good information, which is often so well formulated that it is evident what is advisable in any particular situation). How does such unwillingness to recognise the power of the caregiver in relation to the patient influence how power is handled? Does such a situation increase or decrease the risks of the caregiver misusing his/her power?

And how do these ideas relate to the theories on gendered and sexualised violence that have been developed by feminist and profeminist scholars? As gender research has a long tradition of exploring theories of
power, it was presumed that the arena of violence should offer opportunities for bridging the gaps between this tradition and more positivistic research, which until now has been too much focussed on measuring, e.g. the prevalence of various kinds of abuse.

**Why do people perform evil acts?**

Who is the man/woman who is able to perform evil acts? Some recent studies from moral philosophy (Glover, 2001) and social psychology (Zimbardo, 2008) claim that anybody could do so, under the right – or wrong – circumstances. This decreases the focus on the individual in favour of scrutinising the situation and the system. As Solzhenitsyn writes:

> If only it were all so simple! If only there were evil people somewhere insidiously committing evil deeds, and it were necessary only to separate them from the rest of us and destroy them. But the line dividing good and evil cuts through the heart of every human being... it is after all only because of the way things worked out that they were the executioners and we weren’t... (Solzhenitsyn, 1988:319, cited in Glover, 2001:401).

Glover therefore argues that the moral resources of individuals need to be strengthened, in order for them to be able to follow their inner moral compass (Glover, 2001). He is in fact optimistic and believes that a new humanised ethics may in the future replace ethics based on religion. In this theoretical framework, intervening against violence should mean finding ways to strengthen people’s moral resources (human responses such as respect and sympathy, and moral identity). In an ongoing experiment at a gynaecological ward at Ryhov Hospital, Jönköping, Sweden, a method to achieve this has been developed, with a theoretical base in behavioural experiments (Bennett-Levy et al., 2004), and in the format of Forum Play with staff, building on Boal’s work with the Theatre and Pedagogy of the oppressed (Boal, 2000). The results seem promising; after the intervention staff report that they feel more competent, as bystanders, to act to stop an ongoing situation that they feel the patient may experience as abusive. Forum Play has been used for several decades in training various categories of students, teachers and staff to implement other methods of problem solving in the area of virtue ethics in professional roles (Beauchamp and Childress, 2001). Yet, in a medical context, this form of pedagogy to teach virtue ethics has not been much utilised, and virtue ethics in general has almost disappeared in many curricula for the professional education of healthcare staff.

It may be assumed that the mechanisms behind different expressions of violence, in different contexts, have many characteristics in common.
Thus, by studying mechanisms and interventions towards abuse at a medical ward, knowledge can be gained that may also be applicable to other situations in which persons are abused and the bystander has a responsibility to act.

According to Galtung’s vicious triangle of violence, direct incidents of violence do not occur in isolation, and the triangle is a symbolic representation of the relationships between direct, structural and cultural violence (Galtung, 1990). He defines violence as ‘avoidable insults to basic human needs, and more generally to life, lowering the real level of needs satisfaction below what is potentially possible’ (Ibid., 292). He means that direct events of violence are legitimised and nurtured by the other two, and that generally speaking there is a causal flow from cultural via structural to direct violence. Structural violence relates to four needs categories: survival, well-being, identity and freedom. These categories are variations on the general theme of structurally built-in repression, and imply an unequal exchange between the ‘topdogs’, who get much more, measured in needs currency, out of the interaction than others, the ‘underdogs’. To identify these processes, a vocabulary is necessary, including terms such as: exploitation, penetration (implanting the topdog inside the underdog), segmentation (giving the underdog only a very partial view of what is going on), and marginalisation (keeping the underdogs away from each other) (Ibid.). Who constitutes the topdogs and who the underdogs varies in different contexts, while the pattern of repression remains. Although Galtung’s concept has been questioned by feminist scholars, the vicious triangle remains an extremely useful model for illustrating the systemic and cultural aspects of violence, which may help those members of staff who abuse patients without being aware of it to address the problem in a way that is beneficial to the patient. Galtung’s theories on structural and cultural violence bear similarities with the theories of Glover and Zimbardo, although these authors use different names for similar concepts.

Bridging the epistemological gaps
This part of the theme was launched as: ‘to critically reflect on possible synergies between medical and cultural studies approaches to gendered, sexualised and racialised bodies and ethics.’ The explicit aim of this joint theme was to make an ambitious effort to ‘bridge epistemological gaps’ by creating a research milieu in which young and experienced researchers from different scientific traditions and paradigms, from different disciplines and from different parts of the world could work together. To this extent, we achieved our goals. However, during the months we spent together and tried hard to gain an insight into ‘the others’ perspective, we
also reached a point of humble recognition of the tremendous amount of work required if genuinely ‘interdisciplinary’ work is to be achieved. This was in itself a valuable experience and we were able to conclude that the term ‘interdisciplinary’ is often used, as we also did, in a naive, unrealistically optimistic way. The same is also true of grant-awarding bodies who often encourage scientists to create interdisciplinary groups. Often the most realistic outcome is that researchers from different traditions and paradigms learn how the others think and reason and learn to respect those traditions. Can this really be called interdisciplinary research? Or should this label be reserved for the results of an effort at ‘bridging the gaps’ that has succeeded in creating new knowledge by an in-depth transgression of the boundaries between different disciplines? Marjorie Pryse (2000) has coined two concepts that may be relevant for describing what happened during our theme: ‘rooting,’ meaning that the researchers should be well-oriented and situated in their own disciplinary background and epistemology, and ‘shifting,’ which means that researchers should also, and preferably at the same time, work hard and in a reflexive way to try to understand the underlying philosophy and methodology of the other group (Ibid.; Lykke, 2007).

Bridging is not only about overcoming the gaps constructed by disciplinary boundaries or gaps between a reductionist dichotomising of sex and gender or bodily materiality and discourse (Lykke, 2007). It also means achieving new synergies between very different philosophical strands. As Slife states (Slife, 2004), all theories, all systems of thought, contain assumptions that are necessary to allow the system to operate. He cites Jaspers (Jaspers, 1954:12):

“There is no escape from philosophy. The question is only whether a philosophy is good or bad, muddled or clear. Anyone who rejects philosophy is himself unconsciously practicing a philosophy.” (Slife, 2004:45)

Even the scientific method itself is based on a certain philosophy, although it is often considered free of systematic assumptions that could bias its findings (Ibid.). In the positivist tradition, it is considered possible to eliminate such biases through experimental control and precise measurements. However, some assumptions are embedded in the logic of these methods. The researcher therefore needs to find out which assumptions constitute the basis of the scientific method chosen, evaluate whether or not those assumptions are suitable for the research to be done, and reflect on how they will affect the findings (Ibid.). One such philosophy of science, which is very influential today, is the philosophy of naturalism; postulating that natural laws and/or principles ultimate-
ly govern the events of nature, including our bodies, behaviours, and minds. Five assumptions characterise naturalism: objectivism – the logic of methods and techniques of science are free of systematic biases and values; materialism – matter is what is important and non-observable constructs are to be operationalised; hedonism – all living things seek pleasure and avoid pain; atomism – the natural world is comprised of self-contained atoms and the individual is central; and universalism – fundamental and natural things do not change, i.e. things are universal both across time and space, and true science approximates this universality through standardisation, generalisation and replication (Slife, 2004).

Situated knowledge (Haraway, 1991:191; Lykke, 2009) is one example of a philosophy that can be regarded in many ways as being opposed to naturalism. In this theory, Haraway criticises the ‘god-trick,’ which means the belief that it is possible for a researcher to take a position (site) in which (s)he can be outside and above what is being studied, and from that position to see the world (sight) and produce objective knowledge about it. Haraway argues that the god-trick is an illusion, and that such a position does not exist. On the contrary, the researcher is always involved and participates as a subject in the research. What can be observed and learnt from a study will always be dependent on the site/sight of the observer (the researcher). The task for the researcher is therefore to very consciously reflect on his/her position, and realise that it is only a small part of the reality that (s)he is able to examine, and to openly declare her/his site/sight.

The figures below illustrate this idea. In Figure 1 the person is one-eyed, while the fly is ‘fly-eyed,’ which implies that she is not only able to see in several directions at the same time, but is also able to integrate the different perspectives into one image, something that is not possible for humans. The fly, which can see the world from above and integrate several perspectives, is able to perform the god-trick. Scientists, however, are not. Now, what happens when you are in fact one-eyed but think that you are fly-eyed? The chances are high that you will draw incorrect conclusions, as you are not aware of the limitations imposed by your sight/site. In Figure 2 it becomes evident that the perspective you take when you look at the world will decide which image your brain forms. The reflexive position Haraway argues for means that you are aware of the limitations of the partial truth you are able to discover as a researcher and of the fact that an ideal (?), fly-eyed position does not exist... From this it follows that it is important for the researcher to state clearly which position (s)he has while performing the research; like a label on a package of food, declaring contents, ingredients and sell-by date.
According to these images, the true “bridging of epistemological gaps” would mean claiming that it is possible to take the “fly-eyed position”, i.e. by learning from others who have different perspectives on the research topic, you would be able not only to view the field from different angles but also to integrate all those perspective into a meaningful whole. Our experiences together during the theme made us however humbly accept that the top part of Figure 2 was what we could aim for.

Implementation of Theme 4: ‘Gender and violence – mechanisms, anti-mechanisms, interventions, evaluations’

Although researchers investigating the two themes worked closely together during the autumn-winter of 2009-2010, this report only focuses on Theme 4 for various reasons that were out of the theme leaders’ control. There are plans to publish a similar report on Theme 5 in the near future.

Scholars
The two themes, 4 and 5, attracted applications from many qualified scholars all over the world (n=30). Finally, 11 scholars for Theme 4 and 12 for Theme 5 were selected and they are all presented below as together they formed the research milieu. The affiliations and titles given here were valid during autumn 2009.

Theme 4: Aniekwu, Nkolika, PhD student, University of Benin, Nigeria
Theme 4: Bastos, Maria Helena, PhD student, King’s College, London, United Kingdom
Theme 5: Binswanger, Christa, Post Doc, University of Basel, Switzerland
Theme 5: Bredström, Anna, Post Doc, Linköping University, Sweden
Theme 5: Davis, Kathy, Dr., Utrecht University, The Netherlands
Theme 4: Di Palma, Sara Valentina, Post Doc, Siena University, Italy
Theme 5: Guidotto, Nadia, PhD student, York University in Toronto, Canada
Theme 4: Hohman, Kathryn, PhD student, University of London, United Kingdom
Theme 5: Irvine, Janice M., Professor, University of Massachusetts, United States
Theme 4: Jakobsen, Hilde, PhD student, University of Bergen, Norway
Theme 5: Khau, Mathabo, Post Doc, University of KwaZulu-Natal, South Africa
Conferences, seminars
The main period of the theme activities was autumn 2009, when a long series of seminars was held, three conferences arranged and much scientific writing created.

Conferences

‘Critical Feminist Dialogues on Sex Education, Violence and Sexology: Between Agency, Pleasure, Shame and Pain’: An International Conference for GEXcel Themes 4 & 5 ‘Sexual Health, Embodiment and Empowerment: Bridging Epistemological Gaps’, November 24-26, 2009. This conference was arranged together with the Network on Critical Sexuality Studies. Several international speakers were invited; see the forthcoming report on Theme 5 for further details.
An International Conference on violence with the Norwegian peace researcher, Professor Emeritus Johan Galtung, December 1-2, 2009. Two open lectures were given and two seminars for the theme scholars took place. The themes for the open lectures were: ‘Conciliation, Mediation and Peace building – with examples’; and ‘A Theory of Violence: Direct, Structural, Cultural – with examples’.

Seminars
Every scholar gave a seminar presentation followed by a discussion together with all the scholars from both themes. Four additional seminars were arranged on topics that were especially relevant for the scholars: ‘Methodologies’, ‘Interventions’, ‘How to get published and where’, and ‘Forum Theatre as an intervention method’. A spontaneous series of four seminars on pornography was performed with film sessions and discussions afterwards, all initiated and led by one of the scholars. A summing up seminar, ‘The Grand Finale’, marked the end of the intensive period of the two joint themes, when scholars were invited to give feedback, evaluations, reflections and suggestions for future collaboration.

Results emerging from the theme
Theoretical results in the form of concepts that became frequent foci of discussions

Silence
During their work together the scholars soon recognised that there existed many instances of ‘silences and silencing’ in connection with violence. At the summing up seminar it was therefore decided to dedicate much effort during the following theme to these various manifestations of silence and silencing (see e.g. the chapter by Katarzyna Kosmala).

Perpetrator
The concept of perpetrator was often expanded to include, for example, the ‘silent bystander’, as well as those who create the system and the situation in which violent episodes occur (see e.g. the chapter by Lotta Samelius et al.).

Victim
‘Victim’ was another concept that turned out to need reconstruction, as empirical results were presented during seminars showing that women who had been victimised, even brutally during war-time, had often been able to move beyond their victim role and take ‘a leader role in their own life’; i.e. they had gone through a process of empowerment (see
e.g. a chapter by Sara Di Palma in a forthcoming volume). In interventions with victims of violence, the use of empowerment strategies may be under-utilised and strategies that expand helplessness over-utilised.

Four topics of importance to focus upon in future work
During the concluding seminar the following topics were underlined as important to continue working upon:
Silence – silencing
Shame – shaming
Blame – blaming
Intervening

The Routledge book series: Routledge Advances in Feminist Studies and Intersectionality
During the theme it was decided to start work upon a proposal to submit to the Routledge book series: Routledge Advances in Feminist Studies and Intersectionality. The working title of the book was ‘Violences and Silences,’ with Barbro Wijma as the editor together with Nina Lykke. All scholars were invited to submit abstracts for chapters in the book. Some of the abstracts have turned into chapters, which is the reason why not all scholars from Theme 4 are represented with chapters in this report.

Networking
During the theme period, several networks were started among the scholars. Reports have been submitted on some of these, and below are two examples:

Inner labiae elongation
A tradition according to which young girls in Lesotho are told by elderly women in the family to pull on their inner labiae to make them longer. (The forthcoming report from Theme 7 has a chapter on this issue.) This is intended to make the vagina and vulva warmer for the partner’s penis and is thought to be a prerequisite for getting and keeping a husband. For many women, however, the external genitals become associated with pain and the sensitive tissue in the labiae may lose some of its erotic potential. The aim of the new project is to produce easily accessible information material about female genital anatomy, sexuality and diseases which can be used, for example, with illiterate women in rural villages in Lesotho. The networking involves a gynaecologist from Sweden, a feminist researcher from Lesotho and an illustrator. The material is to be used by local healthcare staff in an effort to challenge the tradition of labiae elongation.
Intimate partner violence
A fruitful cooperation developed within the field of intimate partner violence between several scholars from different disciplines, such as psychology, literature and sociology. This resulted in several publications and an expanded understanding of each other’s theoretical research traditions.

This volume
The authors, including present affiliation

For this Work in Progress Report XI from Theme 4, all the scholars involved in the project were invited to contribute. However, some of them instead chose to submit a chapter to a book ‘Violences and Silences,’ that is to be published in the Routledge series.

The authors of the chapters in this volume are:
Aniekwu, Nkolika, PhD student then, now Post Doc, University of Lagos, Nigeria.
Bastos, Maria Helena, PhD student then, now Post Doc, National School of Public Health, ENSP/Fiocruz, Brazil
Di Palma, Sara Valentina, Post Doc, Dept. of History, Faculty of Humanities, Siena University, Italy
Galtung, Johan, Professor Emeritus in peace and conflict research, TRANSCEND Research Institute, France
Kosmala, Katarzyna, Post Doc, Centre for Contemporary European Studies, Faculty of Business and Creative Industries, University of the West of Scotland, United Kingdom
Nyamongo, Grace, Post Doc, Dartmouth College, New Hampshire, United States then, now Kenyatta University, Kenya
Samelius, Lotta, Post Doc, Linköping University then, now National Police Academy, Stockholm, Sweden
Swahnberg, Katarina, Post Doc, Gender and Medicine, Linköping University, Sweden
Thapar-Björkert, Suruchi, Senior Lecturer, University of Bristol at the Department of Sociology, United Kingdom then, now Senior Lecturer, Uppsala University, Sweden
Zengin, Asli, PhD student, University of Toronto, Canada

In addition to texts from the scholars participating in Theme 4, the editors are very happy to also be able to reprint, with the permission of the publisher, a chapter from a book by Johan Galtung, who was the princi-
pal speaker during a two-day conference on violence, Dec 1-2 2009. The chapter summarises some of the main messages he expounded during this conference.

Order
The chapters in this report have been organised according to alphabetical order of authors’ surnames.

Responsibility
The authors know that this is a work in progress report, and thus the texts presented here will be further developed to become final publications. This is something the reader should be aware of, and the contributions should preferably be regarded as a form of visible result stemming from the scholars’ stay in Linköping, hosted by The Department of Gender Studies and the Division of Gender and Medicine, in an international, interdisciplinary research context. The authors themselves are responsible for the content of their texts. As editors, we only contributed with some minor editorial modifications. For the non-native English speakers, we have also profited from linguistic corrections made by a professional editor who is a native speaker of English.

The chapters
The second chapter: ‘Gender and human rights in sexual and reproductive health research with a focus on Africa and Nigeria,’ is written by Nkolika Aniekwu, then a PhD student, now a post doc, at the University of Lagos, Nigeria. This paper is essentially a gender-specific human rights synopsis of reproductive rights as proposed in regional and international legal provisions and policies, with a special focus on Nigeria.

The third chapter has a totally different focus for an exploration of violence, i.e. caesarean section and other medical interventions in childbirth, by Maria Helena Bastos from Brazil, then a PhD student and now a post doc, National School of Public Health, ENSP/Fiocruz, Brazil.

In the fourth chapter we meet face-to-face with the gendered immorality of war-time, guided by Sara Valentina Di Palma, a post doc at the Department of History, Faculty of Humanities, Siena University, Italy.

The fifth chapter is a reprint, with the permission of the publisher, of a chapter by professor emeritus Johan Galtung on ‘Cultural violence,’ from the book: Peace by peaceful Means, Peace and Conflict, Development and Civilization, 1996, which is in summary the thoughts that he presented at the conference he headed during Theme 4.

The potential of art in creating awareness of men’s violence against women is demonstrated in Chapter Six, written by Katarzyna Kosmala,
In the seventh chapter we are taken back to the post-election violence in Kenya in 2007 by Grace Nyamongo, then a PhD student and now a lecturer at Kenyatta University, Kenya, who gives us a background to the atrocities as well as her own narrative.

The eighth chapter is co-authored by Lotta Samelius, now at the National Police Academy, Stockholm, Sweden and Suruchi Thapar-Björkert, currently a senior lecturer at Uppsala University, Sweden, and takes its point of departure in a study that conducted qualitative interviews with women who have experienced intimate partner violence. Theorisation on this form of violence is linked to empirical results and illustrated by quotations from the interviews.

Who is the agent when patients perceive that they are abused in healthcare? Light is cast upon this question in Chapter Nine by associate professor Katarina Swahnberg, from the Division of Gender and Medicine, Faculty of Health Sciences, Linköping University, Sweden.

In the tenth and final chapter, Asli Zengin from the University of Toronto, Canada, discusses the involvement of the State in Turkey in the handling of legal and illegal prostitution, which could be regarded as an example of state violence.

Ending

Finally, the editors hope that the reader will get at least a flavour of the good, generously collaborative and intellectually stimulating atmosphere that characterised the work during Theme 4 on violence, during the autumn and winter of 2009-2010.

References


Chapter 2
Gender and Human Rights in Sexual and Reproductive Health Research

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Abstract

Legal research in reproductive and sexual health is the jurisprudential analysis of human rights issues and international obligations relating to the protection of reproductive and sexual healthcare, especially for women. This subject is often gendered and focuses primarily on the period subsequent to the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) in 1981, the International Conference on Population and Development (ICPD) held in Cairo, Egypt, in 1994, the 1995 Fourth World Conference on Women in Beijing, China, and the prospects for legal obligations to reproductive rights in national systems. For Nigeria, the discourse explores the opportunities inherent in identified indicators of willingness and capacity within the State, and the considerations for protecting women’s health and achieving reproductive rights provisions in domiciliary law.

Reproductive health issues include sexual and domestic violence, HIV/AIDS, harmful traditional practices, family planning and abortion. These issues have assumed immense proportions and importance in human rights discourses in recent times. Globalisation has further enlarged the scope for legal and human rights interventions in healthcare, especially in developing countries and sub-Saharan Africa. The escalating prevalence and transmission rates of AIDS in the African region are additional causes for concern in reproductive healthcare. This paper is essentially a gender-specific human rights synopsis of reproductive rights as proposed in regional and international provisions and policies. It also highlights the opportunities for consideration and the indications of the State to protect reproductive rights in Nigeria.
Introduction

Reproductive rights is a concept denoting that reproductive choices are made in an enabling environment, and that people are protected from sexual or domestic violence, HIV/AIDS, unsafe abortion, harmful traditional practices, such as female genital mutilation, and maternal ill-health. Reproductive health, as a developmental and human rights concept, was arguably first enunciated in the 1968 Proclamation of Teheran. The right of women to reproductive health has been articulated in subsequent conferences and declarations, the strongest instruments being the International Conference on Population and Development (ICPD) held in Cairo, Egypt, in 1994 and the 1995 Fourth World Conference on Women (FWCW) in Beijing, China. These instruments inform, if not instruct, States in their law- and policy-making, to guarantee the provision of healthcare services, including information and access to family planning, safe abortion and contraception.

As earlier reiterated, reproductive health rights are often gendered and have a significant impact on the general well-being primarily of women, but also of children, young persons and men. It is estimated that one in three women in Africa and the developing world suffers from some reproductive illness related to pregnancy, childbirth, abortion, domestic and sexual violence, HIV/AIDS or a sexually transmitted disease. Thus, the right to reproductive health goes beyond a focus on access to family planning methods or freedom of reproductive choice. Discourses on this subject have broad implications involving the consideration of major issues which confront global health. Primary among these are the issues of population and development. Indeed, it is this conceptual nexus that largely explains the discussion of reproductive health and rights at the United Nations conferences on population and development. For sustainable development to be achieved, universal access to education, family planning, safe abortion and maternal healthcare must be addressed.

Reproductive healthcare has increasingly featured in human rights law in recent times, both at the universal and regional levels. However, in a world that is culturally complex and demographically challenged, the right to reproductive health for women has remained unattainable in many jurisdictions, particularly in developing regions and many parts of Africa. Despite the fact that the human rights provisions of the documents adopted at the above United Nations conferences are often regarded as non-binding and non-enforceable, specific obligations are drawn from relevant human rights treaties which are legally binding; the breach of these constitutes an international wrong incurring State responsibility. One of the most important treaties on gender and women’s
The concept of reproductive rights emphasises that interfering with reproductive choices would represent the most intimate attack on human dignity, striking at the very nature of human existence. The reproductive health of individuals is a matter which affects, and is affected by, the welfare of the community in which people live. Communities may be faced with limited resources and cultural restraints, and there may be legitimate concerns over guaranteeing international standards in regional and local communities. Other challenges to the implementation and enforcement of universal rights include politics, religion and the inability of the domiciliary legal system to rise up to its international and regional obligations. In seeking to achieve a balance, the dictation of human rights and dignity place duties on States to comply with signed and ratified international instruments that they have voluntarily entered into. International human rights law proclaims the inalienable rights and freedoms of every human being, which limit the power of the community (in the sense of the State) over the individual. The State is obliged to guarantee and fulfil minimum needs for the individual. In matters of reproductive health, limitations on what the State may do, and obligations concerning what it must do, are equally important. These limitations and obligations are stipulated in terms of precise proscriptions and prescriptions in international human rights instruments.

The human right to [reproductive] health has been reiterated in a number of international instruments. However, despite the international consensus and various policy declarations of member States, a large number of men and women cannot exercise their reproductive rights because of restrictive laws or the practical inability to gain access to family planning information and services. Another major reason is the State’s inability to guarantee reproductive health rights through legal means. Of the dozen or so significant issues considered at the ICPD in Cairo in September 1994, the subject of human reproduction and the human rights relating to it posed the greatest difficulty in achieving consensus. The same subject was no less controversial at the FWCW held one year later in September 1995 in Beijing, China. Nonetheless, the resultant Programme of Action adopted in Cairo, which is intended to guide population activities and social advancement in the twenty-first century, devotes an entire chapter to the issue of reproductive rights and family planning, while the Platform for Action adopted in Beijing (hereinafter the Beijing Platform for Action) re-emphasised the principles agreed upon in Cairo. These events reflect the importance which the subjects of reproductive health and rights have gained worldwide.
The Cairo Programme of Action builds upon the widespread international recognition of reproductive health rights which have been developed since the 1968 Proclamation of Teheran on primary healthcare. Considering the diversity of the participants in Cairo, including representatives of more than 150 governments and 700 non-governmental organisations, consensus was understandably difficult to achieve. Leading into the conference in Cairo, and following several preparatory committee meetings open to all participants, the final draft’s chapter on reproductive rights featured heavily bracketed language (i.e. language still not agreed upon) including significant terms such as ‘fertility regulation’, ‘reproductive rights’ and ‘family planning.’ For African participants, the issues of cultural relativity and universalism further complicated the question of adopting the Cairo Programme of Action and Beijing Platform for Action into national laws. After all, the issues inherently involved deeply-held beliefs on family, custom, gender and religion. The above factors demonstrate that, even with consensus achieved on paper, implementation may be difficult to achieve.

The human right to reproductive health has coalesced over the years as the result of a gradual evolution which, in its early developmental stages, was principally hortatory in nature. The legal formulation of the right reflects this evolution in so far as it responds to the same fundamental concerns and embodies the international consensus for protection. Consequently, the review and examination of the concepts which contribute to the formulation of the right to reproductive health in international law become useful for a fuller understanding of the subject in Nigeria. Human rights research on the subject demonstrates that implementation and enforcement of international and regional obligations can be achieved by legal action, including the domestication and incorporation of standards into municipal law. Primarily, it reviews global and regional forums and events that have laid down obligations and responsibilities for state governments in respecting, fulfilling and protecting human rights related to women’s sexual health and reproductive lives. The subject traces the evolution and nature of reproductive rights as human rights from a jurisprudential perspective to the post-Cairo era, and identifies prospects and opportunities for reproductive rights protection in national legislative enactment(s).
The Emergence of Reproductive Rights in Sub-Saharan Africa

Until fairly recently in Nigeria, reproductive and sexual rights were considered as issues for discussion by pro-abortion and liberal feminist groups. Considering the typical African traditional values and societal norms generally associated with sexuality, and the fact that many viewed reproduction and sexual practices as very private issues, it was more or less seen as a ‘taboo’ to advocate sexual rights, safe abortion and reproductive choice, especially for women. Traditional practices like female genital mutilation were generally accepted in many traditional societies, and were not considered harmful or illegal. In many regions, the health aspects of reproduction, such as safe motherhood and family planning services, were dealt with principally through the public health sectors of hospitals and management boards, and were not regarded as ‘rights’ per se. Only a very few groups, such as non-governmental organisations and other private concerns, were hitherto involved in advocacy and awareness programmes associated with a gender perspective on reproductive rights and sexuality.

The past one and a half decades, however, have witnessed significant socio-cultural and demographic changes in individual and general attitudes throughout Nigeria and indeed the sub-Saharan African continent. Factors such as human rights, international law, rapid urbanisation, population growth, high maternal and mortality rates, advanced technology and the spread of sexually transmitted diseases including HIV/AIDS, have contributed to the watering down of cultural and common beliefs hitherto held in regard to gender issues in general and reproductive rights in particular. Modern methods of family planning and fertility control are currently widely used in many parts of the country and there is an increasing awareness of reproductive rights as human rights that

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1 Many of these government agencies address health issues generally through health management boards and ministries.

2 Partly as a result of active advocacy against risky sexual behaviours by non-governmental organisations working on gender issues, and enactments of laws by states prohibiting female genital mutilation and protecting maternal health, the Federal Ministry of Health reported a reduction in HIV/AIDS prevalence from 5.8% to 5% in 2003. The Nigerian Constitution in Sections 17 and 39 and Chapters II and IV also establishes legal obligations to protect human rights that can be applied to reproductive health rights and self-determination.
are basically gender-specific. There is also a growing awareness of contraceptive services, counselling and sex education. Some advocates have seen the Criminal Code, which criminalises abortion except when ‘done to save the life of the woman,’ as harsh and restrictive. There has been a greater urgency in addressing the health needs of women beyond their child-bearing functions, with the result that there has been an increased advocacy for women’s rights by many groups and non-governmental organisations. The HIV/AIDS pandemic in sub-Saharan Africa has further added to growing concerns related to sexual orientations, women’s health and gender stereotyping. Female genital mutilation, a common practice prevalent in many parts of the country, is being recognised as harmful and is presently illegal in some states.

Of course, the endless debates over the relevance of gender-specific rights in Nigeria have continued, despite indicators from the State of increasing awareness, implementation and human rights protection. In this regard, the national and state governments have taken significant steps towards creating policies and programmes aimed at protecting the reproductive health of women in particular. These actions remain significant in so far as they recognise the existence of international obliga-

3 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) opened for signature Dec.18, 1979, art. 12(1), 1249 U.N.T.S .13, 19 I.L.M. 33 (entry into force Sept 3, 1981) [hereinafter Women’s Convention]. CEDAW was ratified on the 13th of July 1985 and since then there has been an increased societal awareness of gender-specific human rights issues, including violence against women and reproductive health. A number of non-governmental organisations are presently advocating for women’s rights in Nigeria. A survey carried out by the Women’s Health and Action Research Centre (WHARC) in Benin City in 2009 showed a 67% prevalence use of modern methods of family planning by young women between the ages of 20 and 44 years.

4 Section 230 (1), Criminal Code Act, Laws of the Federation of Nigeria, Cap C38, LFN 2004. See also Penal Code, Cap P3, LFN 2004, which makes abortion illegal except ‘when done to save the life of the pregnant woman.’

5 In sub-Saharan Africa, there is empirical evidence to show that prevalent infection rates for women are almost twice as high as those for men. See Department of Health National Antenatal Survey in The Impending Catastrophe: A Resource Book on the Emerging HIV/AIDS Epidemic in South Africa (Abt Associates/Love Life, 2000), and (Aniekwu and Karstedt, 2011).

6 For instance, Edo State passed the Female Circumcision and Genital Mutilation (Prohibition) Law in 1999. Other states like Benue, Cross River, Delta, Ogun and Bayelsa have followed with similar legislations.

7 For example, the National Sexual and Reproductive Health Policy and Strategy (2002), the National Policy on Women (2000), the National Policy on HIV/AIDS, the National Reproductive Health Policy and the National Policy on VVF are some national policies with significant relevance for reproductive health. See list of programmes on reproductive health in Nigeria applicable to Edo State in (Women’s Health and Action Research Centre (WHARC), 2005).
tions as well as socio-cultural, religious, economic and political factors that affect the progress and development of women’s rights in general.

Following the endorsement and ratification of international instruments and covenants, African territories are gradually moving towards a new and broader concept of reproductive health and rights. The 7th women’s health meeting in Uganda in 1993 was an example of regional initiatives and advocacy for the protection of women’s health and rights (UN, 1993a). In 1994, the United Nations convened the International Conference on Population and Development (ICPD) in Cairo, Egypt (UN, 1994). Delegations from over 179 countries participated in the negotiations to finalise a Programme of Action on Population and Development for the next twenty years. Amongst other provisions, the ICPD calls on state parties to consider law and policy reforms that will ensure the protection of reproductive health and rights, especially for women.

The ICPD embraced the existing principles contained in earlier declarations and treaties, including the Convention on the Elimination of All Forms of Discrimination against Women, the African Charter on Human and Peoples’ Rights (ACHRR, 1981; see also UN, 1995), the Nairobi Forward-Looking Strategies for the Advancement of Women (UN, 1985) and the Vienna World Conference on Human Rights in 1993 (UN, 1993b). The Beijing Declaration and Platform for Action adopted the Cairo Programme of Action, and imposed obligations on Governments to promote education and protect the human and legal rights of women. This position was further endorsed by the ICPD + 5, ICPD + 10, Beijing + 10 and ICPD + 15 documents (UN, 1999; See also, ‘Twenty-third special session of the United Nations General Assembly on Women 2000’: Gender equality, development and peace for the 21st century’, UN, 2000a). The latter documents reiterate that reproductive rights are human rights that impose obligations, responsibilities and duties upon States. The crucial question that remains however, is the extent of the

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8 Nigeria has signed and ratified a number of international human rights instruments, including the ICESCR, ICCPR, CEDAW, ICPD and the African Charter on Human and Peoples’ Rights. In 2001, the Abuja Declaration incorporated the African Health Strategy 2007-2015 and reiterated the provisions of the ICPD and Beijing documents and the Millennium Development Goals.

willingness and capacity of State governments to follow through to implementation by using the maximum of available legal resources.

The Evolution of Reproductive Rights

The control of reproductive and sexual capacities has a history that reaches back into antiquity. Over the centuries, governments have used criminal laws as a primary instrument to express and control morality, particularly through the prohibition of birth control and abortion or through penalising ‘unacceptable’ forms of sexual behaviour. Gradually, however, with the spread of democratic governance, a realisation has emerged of the harmful effects on the health and rights of individuals caused by punitive control of reproduction and sexuality. This has fostered an approach to laws and policies designed to promote people’s rights in their sexual health and welfare. A more recent approach challenges national laws by advocating increased access to reproductive and sexual health services as a matter of human rights and social justice (World Health Organisation, 2002). These approaches, from criminalisation to an emphasis on human rights and justice, exist in many countries, and are not necessarily mutually exclusive. The tendency to use criminal law to punish and stigmatise disapproved behaviour remains, but is waning because of an increased understanding that this approach is often dysfunctional. Some countries, like South Africa, have used a health and welfare rationale to legalise and provide or subsidise reproductive and sexual health services by reforming laws and policies facilitating the provision of these services (See, South African Choice on Termination of Pregnancy Act, 1996). This is as a result of a growing recognition of the importance of women’s human rights in general and reproductive and sexual health rights in particular.¹⁰

The protection and promotion of rights relating to reproductive and sexual health have gained momentum in recent years, due in large part to the ICPD and Beijing Platform. These two conferences led to the recognition that the protection of reproductive and sexual health is a matter of social justice, and that the realisation of such health can be addressed through the improved application of human rights provisions contained in existing national constitutions and regional and international human rights treaties.

The Programme of Action resulting from the Cairo Conference, and the Declaration and Platform for Action resulting from the Beijing Conference, were strengthened in subsequent reviews in 1999, 2000, 2004, 2009 and 2010 (UN, 2000b). The movement towards fostering compliance with reproductive and sexual health rights has been enhanced by the United Nations (UNFPA, 1998) national and international non-governmental organisations (Development Alternatives with Women for a New Era, 1999; Health, Empowerment, Rights and Accountability (HERA), 1998; International Planned Parenthood Federation (IPPF), 1996; Women’s Environment and Development Organisation (WEDO), 1999) professional medical associations (Commonwealth Medical Association, 1996; Cook and Dickens, 1999: 55-61) and through academic initiatives. These efforts have been reinforced by research into women’s perspectives on the exercise of their reproductive rights (Petchesky and Judd, 1998) and research into the challenges of protecting reproductive rights in different regions. These activities have been referred to collectively as ‘the Cairo Process’. The challenge ahead is to turn the political commitments made by governments in Cairo and Beijing into legally enforceable duties to respect reproductive rights. There is a growing awareness in national and international circles of the importance of developing favourable practices and norms in addition to the approval of international documents.\(^1\) Thus the Cairo and Beijing commitments have been seen as a dynamic, ongoing lawmaking and implementation process through which non-binding commitments become politically, socially and legally binding.

Empirical evidence that demonstrates the dysfunctions of many doctrinally-based criminal laws has contributed to the modern movement in reproductive healthcare from crime and punishment to the promotion of health and rights. During the 1990s, for instance, abortion law reform was achieved in many countries.\(^2\) Reforms have, however, been frustrated by religious and moral opposition. In addition, some national constitutions have been amended to claim the protection of the right to life from the moment of conception, in attempts to restrict reproductive

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\(^2\) For example Guyana, Cuba and Nepal have reformed their Criminal laws by legalising abortion in many respects. See more countries that reformed their reproductive health policies since 1994 in (Cook, Dickens and Bliss, 1999: 579-86). In 1997, El Salvador amended its Penal Code to remove exceptions to its prohibition on abortion, which had formerly permitted abortion to save a woman’s life or when pregnancy resulted from rape; see (Decreto, 1998: 133-137).
choices. Efforts to institute sex education in schools have been challenged in many regions of the world, and barriers to the provision of reproductive and sexual health information and services persist. The multiple dimensions of reproductive and sexual health have been developed through research undertaken in a variety of different disciplines, including empirical disciplines in health and social sciences, and normative disciplines in law and bioethics. These studies have informed our understanding of the causes and human consequences of reproductive and sexual ill health, and how human rights might be applied to prevent and remedy some of the causes. The protection of reproductive rights has evolved over time as countries have found the courage to step forward to address, and in some cases remedy, abuses of such rights. Protective spheres for the advancement of vital interests relating to reproductive and sexual health have emerged out of these individual and collective struggles. These spheres are known collectively as reproductive and sexual rights. It is recognised that the content and meaning of rights evolve as they are applied in different countries to different reproductive and sexual health concerns. Often, common patterns emerge in several states of how rights are most effectively applied, but those patterns are also subject to refinement and change as understandings about the nature of reproductive and sexual health continue to evolve. The scope currently exists in many legal systems to move beyond criminal law prohibitions of choices in reproductive and sexual matters to concepts of health, rights and individual enjoyment of private and sexual lives.

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13 See, for instance, the Constitutions of Gambia, Uganda and Swaziland on the right to life.
14 These restrictions occur especially in Islamic territories. However, international courts have held that protection of health interests prevails over laws that seek to enforce moral imperatives. For instance, the European Court of Human Rights, established under the European Convention of Human Rights and Fundamental Freedoms (the European Convention), held that compulsory sex education ‘conveyed in an objective, critical and pluralistic manner’ did not violate the rights of parents to ensure education of their children in conformity with their religious beliefs, in (European Human Rights Report 711, 1976: Kjeldsen, Busk Madsen & Pedersen v. Denmark [The Danish Sex Education case]).
15 Since the Cairo Conference, Argentina, Mexico and Guyana have enacted reproductive health laws. State policies that protect and promote reproductive health within a wider programme of women’s health have also been enacted in Colombia and Brazil.
Sexual Rights

Like reproductive rights, sexual rights have emerged in recent times on the international human rights agenda. However, the issues considered under the rubric of sexual rights have a long history in the resistance(s) to society’s regulation of sexuality. The advocacy for sexual rights, within the public and private spheres, is fashioned on conceptual and activist work and research from a variety of fields, including human rights, reproductive health and gender.

International human rights law on sexual rights is a relatively new development. In the last one and half decades, questions of sexuality and rights have been on the agendas of international conferences, court decisions and non-governmental organisations. Important battles have been fought and, to some extent, the privileging of heterosexuality, which is an inherent part of international human rights law, has been challenged (Duggan, 1994). Yet, the inroads made by sexual ‘others’ have been and still are vigorously contested by many African governments that participate in the international human rights system (Morgan, 2001: 209). This contestation surrounding sexuality takes place in a wider context of argument concerning basic values in international relations and law. In other words, the human rights field in this area is a contested and shifting one, especially in the African sub-region.

Human rights law envisages a particular type of subject and a particular model of that subject’s relationship to government. The essence of human rights law is found in notions of the rational subject who has natural or inherent rights, protected by government under a social contract, which enshrines the rule of law (Ibid.: 211). Yet, this model is highly contested within the human rights field and is often questioned by countries that do not share the Western or European tradition upon which the model is based. Critical theorists who see fundamental flaws in this description also question the assumption of subjecthood surrounding a ‘subject’ (Spruill, 2001). Dealing with these questions of law, based on values that are somehow self-evident or shared, usually leads to a debate between ‘universality’ and ‘cultural relativity,’ with these being put forward as the only two bases on which to build a theory of rights (Otto, 1997).

Despite the uncertainty and shifting nature of the human rights terrain, human rights law is often seen as holding great promise for sexual ‘outsiders’ (Ibid.). For example, human rights law gives legitimacy to claims to be treated equally. It can also be used as a mechanism to force hesitant domestic governments (mostly in Africa) to deal with the sexuality issue. The ideas and language of human rights now permeate the arguments made by activists and lawyers when discussing sexuality.
Given our reliance on such ideas, pressing questions remain, both at theoretical and practical levels, as to what human rights law has to offer sexual outsiders. Can it help to overcome the oppression that manifests itself in a range of ways, from violations of the rights to life, health and reproductive self-determination through to unfair treatment in day-to-day life? Human rights courts have addressed some of these issues, and international NGOs have been formed to advocate on these matters. For example, Amnesty International and the World Health Organisation have recognised sexuality as a political and cultural issue (Amnesty International, 1992). Human rights conferences, including the 1993 Vienna Conference on Human Rights, have been forced to confront demands for the recognition of rights to ‘non-hetero’ sexual desires and practices (Heinze, 1995).

The conceptual foundations of sexual rights lie in at least two distinct but related histories (Fried and Lewis-Landsberg, 1998: 93-107). One is the development of concepts and jurisprudence in women’s human rights. The discourse on gender-specific issues and sexual violence as a human rights violation has highlighted the way in which women’s bodies are so often the target of human rights abuses. The fact that women’s lives (and the construction of their gender-roles in societies) are curbed by ideological restrictions placed on their freedom to exercise these rights, underscores the importance of realising that recognition of the right to bodily integrity and sexual autonomy will not be achieved on an individual basis, but only as social rights (Ibid.: 95) In other words, these restrictions view sexual rights as incomprehensible outside of the context of women’s ‘social functions of reproduction and procreation’ (Correa and Petchesky, 1994: 107-126).

The second foundation for the notion of sexual rights is the work that has taken place on women’s right to health, and in particular, women’s reproductive health rights. The development of the ‘sexual rights are human rights’ paradigm has allowed for the expansion of the reproductive rights framework. This expansion has in turn extended the concept of women’s rights to include issues of reproduction and sexuality that are basically gender specific.

In Cairo and Beijing, the question of sexual orientation remained an issue in the discussion on sexual rights as including ‘the ability for people to have a safe and satisfying sex life.’ It was argued that sexual rights are a fundamental element of human rights and valuable in their own right. HERA, one of the international NGOs which lobbied for the sexual rights terminology in Cairo and Beijing, argued that ‘sexual rights
encompass the right to experience a pleasurable sexuality, which is essential in and of itself, and, at the same time, is a fundamental vehicle of communication and love between people... Sexual rights include the right to liberty and autonomy in the responsible exercise of sexuality’ (See International Gay and Lesbian Human Rights Commission (IGL-HRC), http://www.iglhrc.org/site/iglhrc). This recognition provided an entry point for promoting action focussing specifically on the sexual dimension of human rights, and building a new culture of sexuality that allows an individual the right of choice, expression and pleasure (Chacha and Nyangena: 2006). As a result of activism, there is full legal recognition of gay and lesbian identity in South Africa.

The discussion of sexual rights pushes the analytical boundaries of rights as individually held and socially constructed, and highlights the importance of acknowledging the multiplicity of identities of those pursuing these rights in private contexts (Ibid.: 27). This propels one to attempt an analysis of the relationship between sexuality and other identity categories (such as gender, religion, culture, law and politics), out of which a rights-bearing, socially embedded individual emerges. As Rhonda Copelon warns, while ‘sexuality is an important part of what constructs and constrains human identity, its influence is heavily dependent on gender, cultural institutions, ideologies and ideals’ (Copelon and Petchesky, 1995: 343-368) In other words, factors such as sexual orientation, nationality, occupation, physical ability, age, race, ethnicity, religion and social status remain essential components to be considered when defining, discussing, debating or seeking to protect sexual rights (Ibid.: 349).

Conclusion

Because the concept of human and reproductive rights is often intended to provide the power of protection to vulnerable groups, it remains resisted by state agencies and stakeholders, especially in sub-Saharan Africa. Resistance is often veiled because of the rhetoric that professes adherence to democratic values and human rights. The fact remains that legal, political, religious and cultural institutions accustomed to the exercise of patriarchal power and leadership remain reluctant to change legalistic ideologies relating to reproductive choices. Accordingly, progress towards reproductive and sexual health rights in many jurisdictions have continued to face the enduring challenge of making rights effective in practice, and inspiring governmental compliance.

The clustering and detailing of human rights is neither definitive nor exhaustive. Human rights are rich and flexible, and societies can shape their reproductive and sexual liberties to suit peculiar societal and cul-
tural needs. Human rights also furnish the critical frame of reference for
treaty-monitoring bodies that present internationally visible commentar-
ies on countries’ compliance with their human rights obligations, on the
basis of government submissions and reports of non-governmental and
other independent organisations. Monitoring bodies provide a valuable
methodological resource, accessible to researchers and organisations to
advocate against failures to observe human rights responsibilities. They
also furnish information and data through which specific abuses and
violations can be exposed and addressed. Very importantly, monitoring
bodies require governments to give an account of their conduct in ad-
vancing human rights, and to specify benchmarks against which national
compliance with human rights requirements will be measured.

The implications of a reproductive rights paradigm in a multicultural
society like Nigeria with co-existing statutory, common law and cus-
tomy legal systems are enormous and reflect challenges that may re-
quire many years to overcome. The existence of indigenous, Christian
and Muslim religious systems have also had substantial impacts on the
emerging discourse on reproductive rights and legal protection. This is
why, despite the proliferation of ‘reproductive and sexual health’ discus-
sions in international meetings and national policies during the past one
and a half decades, the transformative nature of the rights framework
for reproductive health in Nigeria has remained largely unexplored. Le-
gal scholarship and research, however, consider that the application of
human rights law to reproductive health is achievable. While recognising
the difficulties inherent in substantively altering common and national-
istic perceptions of human rights, sexuality and reproduction, theorising
for the enforcement of legal obligations to reproductive rights in Nigeria
is an important area for research.

The focus of human rights research in reproductive healthcare will
continue to be directed towards legal proposals for the protection of
women’s reproductive rights within domiciliary regions. While greatly
admiring the radical potential of liberal feminism and the international
focus and ideologies on healthcare and human rights issues, it has re-
mained difficult to enforce and implement universal provisions in the
important and gendered areas of reproductive choices, especially for vul-
nerable groups in sub-Saharan Africa. It is therefore necessary to clarify
and document the justification for protecting reproductive rights, given
the anticipated resistance to change in any national system. Research
findings suggest that by focusing on discourses of human rights, and
positioning these against the reality of legalism, the foundations for en-
forcement of sexual and reproductive health rights can be laid in coun-
tries’ reproductive health laws. In this regard, human rights research and
scholarship must continue to explore the opportunities and prospects inherent in effecting the incorporation of international standards and achieving reproductive rights protection in Nigeria.

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Chapter 3
Abuse in Health Care: The Trivialisation of Violence in Maternity Care in Brazil

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The past century has witnessed a growing enthusiasm about the possibilities of increased productivity and industrial development which has influenced all sectors of human activity. In the healthcare sector, the technical component of care began to take precedence over the human interaction component, and the rationality of productivity was applied to the understanding of many aspects of care. According to Davis-Floyd (1992), hospital births enact and transmit this model in ways that reflect the industrial approach and the technocratic model, as hospitals are able to centralise expensive and elaborate equipment, qualified technicians to use them, and increasingly more specialised doctors.

Although ‘giving birth is not a disease or a pathological process’ (Wagner, 2000), in many countries the hospital care provided to women during labour and birth also followed industrial standards, with some hospitals scheduling caesarean sections using a production line approach. Caesarean section rates of over 70-80% in private hospitals in Brazil are good examples of this interpretation (Kilstajn et al., 2007; Dias et al., 2008).

Brazilian women and doctors are said to be swayed by the ‘culture of caesareans’, in which technological intervention is viewed as safe, painless, modern and potentially ideal for any pregnant woman (Mello e Souza, 1994). Doctors supporting the technocratic and medicalised model of care argue that women’s preferences for caesarean section result from a lack of knowledge about or emotional aptitude for vaginal

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1 Ivan Illich (1975), a historian and philosopher, in his book Limits to Medicine: Medical Nemesis: The Expropriation of Health was the most influential early example of the usage of the term ‘medicalisation’. Illich argued that, by overextending its scientific and cultural authority, modern medicine had itself become a threat to health, and the doctor a source of ‘iatrogenesis’. The term medicalisation of childbirth in this context refers to the process by which a normal life event such as giving birth becomes a medical issue, and thus comes under the scrutiny of doctors and other health professionals to engage with, study, and control.
birth, and specifically from women’s fear of pain and their desire to retain their sexual bodies intact (Bastian, 1999; Quadros, 2000; Diniz and Chacham, 2004). As described by Stepp et al. (2006), obstetricians have a tendency to view women’s reproductive systems as complex and intrinsically untrustworthy, treating labour and birth as biomedical events in need of management. Perversely, whereas the social and cultural dimensions of women’s sexuality in our society are often overshadowed (Parker, 2009) and patient choices are often denounced as demanding and irrational (Finger, 2003), claims to be acting on behalf of women’s true interests have become so promiscuously asserted as to be almost futile.

Abuse in the use of caesarean sections

There are many reasons for abuse in the use of caesarean sections in Brazil (Waniez et al., 2006). Socio-economic and cultural factors have been reported, such as the emergence of family planning and the association of caesarean section with tubal ligation for sterilisation purposes, and tensions within the healthcare system, especially the role of private healthcare professionals in urban areas (Gomez et al., 1999; Leal et al., 2005; Freitas et al., 2005). The reasons are complex and are not only concerned with the history of obstetric care but also relate to the following cultural issues specific to Brazil (Nuttall, 2000):

- All births, including normal spontaneous births, are attended by obstetricians; although an increasing number of obstetric nurses and midwives are being trained, they find it difficult to obtain employment in the healthcare system.

- An obstetrician, a surgical specialist, receives little training and has few skills in handling even marginally difficult vaginal births, and is therefore prone to choose caesareans owing to lack of experience.

- Because doctors are paid the same fees for a normal vaginal birth as for a caesarean section, both in the public and private healthcare system, they are not prepared to wait hours for their patients to deliver when they can do a caesarean section in less time.

- Giving birth by caesarean section has a certain status. Brazilian society values modernity and technology very highly, and caesarean section is equated with these qualities. Normal birth is thus seen as ‘alternative’ if chosen by middle-class women.

- In Brazil, as in most Catholic countries, the maternal role is revered. However, women’s bodies are perceived as sexual rather than maternal and the genitals as being for sexual pleasure rather than for childbearing.
Furthermore, studies show that low-income women have a tendency to imitate high-income women in their preference for caesarean sections, believing they are a sign of good quality medical care (Potter et al., 2001; Bettiol et al., 2002; Béhague et al., 2002; McCallum, 2005). However, large population-based studies in Latin America (Villar et al., 2006) report the potential adverse surgical outcomes of caesarean sections for mothers and babies, such as: higher rates of stay in neonatal intensive care, higher rates of maternal hospital stay, a greater need for maternal readmission to hospital in the postpartum period, and higher rates of maternal mortality as a result of complications due to anaesthesia, infection and venous thrombus-embolism. Concerns have also been raised about links between caesarean section and neonatal morbidity and mortality as increased caesarean rates may lead to iatrogenic prematurity in neonates (Villar et al., 2007).

Since the end of the 1970s, the Brazilian Ministry of Health and its regulatory agencies have been making attempts to reduce the number of caesarean sections. The establishment of equal pay for vaginal birth or caesarean section for the clinician providing care, both in the public and the private healthcare sector, was not enough to halt the upward trend in the rate of caesarean births (Barros et al., 1986). More recently, between 1998 and 2000, the Ministry of Health published a series of guidelines with the aim of gradually limiting the percentage of caesarean sections to 30% in the public healthcare network (SUS) (Ministry of Health, 1998, 1999, 2000). The strategy consisted of the implementation of an Authorisation for Hospitalisation (AIH) and systematic registry in the Hospital Information System (HIS), which rejected the AIH when caesarean section rates were over the percentage determined by the guidelines. Another strategy has been the implementation of a mandatory second opinion from another obstetrician in public hospitals before an indication of caesarean section is decided on (Althabe et al., 2004). Nevertheless, such efforts have shown little effect, as sadly Brazil is currently one of the world’s leading countries in its rates of caesarean sections, with estimates of 52 percent for the population as a whole (Ministry of Health, 2010).

Abuse in the use of episiotomy

Episiotomy, a surgical incision into the woman’s perineum (an area of skin and muscles between the vaginal opening and the anus) to enlarge the birth outlet at the time of vaginal birth, is another intervention commonly performed in Brazil. The desire for interventions such as episiotomy and caesarean section is mostly based on the myth that vaginal birth can jeopardise the sexual function of the woman and cause damage to the pelvic floor and urinary problems in the future (Graham and Davies,
2004; Press et al., 2007). Some scholars point to the prevailing notions in Brazilian culture of birth as pathological (Diniz and Chacham, 2004) and other attitudes and beliefs about the nature of birth and women’s bodies as key causes for these high rates of intervention (Bastos, 2011).

Although the Brazilian Ministry of Health recommends only the selective use of episiotomy as standard practice (Ministry of Health, 2001), many doctors, nurses and midwives are performing episiotomy routinely in the belief that it reduces the incidence of trauma to the woman’s perineum, hastens the delivery of the baby and prevents urinal and faecal incontinence after childbirth (Mattar, 2007). Several possible explanations for the abuse in routine episiotomy in Brazil have been postulated. Firstly, whilst the Ministry of Health recommends selective use (Ministry of Health, 2001), leading Brazilian obstetric textbooks (Neme, 2000; Rezende, 2005; Zugaib, 2007) still recommend its routine use, particularly in primiparous women. Secondly, it should be highlighted that Brazilian obstetricians are also trained in gynaecological surgery and are perhaps more at ease with incising and repairing the perineum (Graham, 1997). Thirdly, some obstetric care professionals simply do not believe in the ‘stretchability’ of the perineum, preferring to incise in the final moments of labour (Klein et al., 1995a; Klein, 1995b). Fourthly, some of the commonly used practices to expedite labour and delivery, including for example oxytocin augmentation, birthing in supine or lithotomy positions, or uterine fundal pressure (Kristeller manoeuvre), may favour the use of routine episiotomy (Belizan, 2005). Others have suggested that it may be due to the incorporation of the western model of obstetric care’s reliance on episiotomy because it was considered more progressive or superior to traditional approaches of restricting its use (Kitzinger, 1979, 1999). Another reason understood by many healthcare professionals in support of routine episiotomy is to maintain vaginal tightness for the enhanced pleasure of a sexual partner (Diniz and Chacham, 2004).

Accumulating evidence has shown the benefits of restricting the performance of episiotomy on women’s health outcomes and experiences of childbirth (Hartmann et al., 2005; Carrolari and Mignini, 2009). However, most obstetric care professionals in the country have not revised their procedures in order to translate this knowledge into clinical practice (Althabe et al., 2002). Recent official statistics on maternal health (PNDS, 2006) indicate that approximately 70.3% of all vaginal births, 85% of women having their first baby (primiparous) and 65.8% of women having their second or third babies (multiparous), had an episiotomy performed. Although there is controversy about what is the appropriate rate for episiotomy (Eason et al., 2000), the World Health Organization suggests an overall episiotomy rate of 10% (WHO, 1996), a figure at-
tained in a British trial (Sleep et al., 1984, 1987). Episiotomy rates of 2% or less have been reported in large studies of US American women with physiological care (Albers et al., 2005; Johnson and Daviss, 2005). The Argentine Episiotomy Trial Collaborative Group (1993) suggests that episiotomy rates higher than 30% in multiparous and 40% in primiparous women cannot be justified. This is alarming because performing episiotomy excessively, as is currently the case in Brazil, has implications for women’s sexual health and postnatal recovery.

**Risking women’s safety**

Although it has been shown that the lowest level of intervention compatible with safety is the paradigm to follow in the care of women during labour and birth (Albers, 2005; Hatem et al., 2008), in Brazil childbirth is still managed as if it carried a high risk to women’s health and sexual life’ (Diniz and Chacham, 2004). The abuse of caesareans and episiotomies has also raised awareness of the often ineffective interventions used in normal labour and birth care, where (varying from hospital to hospital) women receive: routine pubic shaving; enemas; intravenous augmentation of labour with oxytocin; no companionship or continuous support during labour and birth; restricted access to pain relief (epidurals are not generally available); delivery in the lithotomy position; use of fundal pressure or the Kristeller manoeuvre to favour foetal descent; low forceps for academic training purposes and episiotomy or caesarean section (Diniz and Chacham, 2004; D’Orsi et al., 2005; Bastos et al., 2007). Currently, there is little research about how individual concepts of safety and risk in relation to birth affect the decisions to perform such interventions.

Evidence-based obstetric care as a ‘gold-standard’ is a relatively new concept (King, 2005). It represents models of obstetric care that promote optimal outcomes for childbearing women and newborn babies as it uses the best available research on the effectiveness of specific practices to inform maternity care decisions (Sakala and Cory, 2008). In Brazil, obstetric care practice has been taught in medical schools and hospitals for more than a century, but only recently has evidence-based practice begun to take over from the traditional opinion-based obstetrics passed on by respected teachers (Atallah, 1999; Sass et al., 2005; Atallah, 2007). But nowhere has the debate on implementing evidence-based maternity care been more emphasised than in the UK, which in recent years has been subject to increasingly frequent reviews by professional and regulatory bodies (Maternity Care Working Party, 2007; Department of Health, 2007; King’s Fund, 2008). Concerns about safety and effectiveness in the care provided to women during pregnancy and childbirth are even
more crucial because, unlike other clinical specialities, it will have an impact on supposedly healthy women and children in a supposedly normal process of life (Chalmers, 1992).

Around the world there is increasing recognition among women, academic researchers, policy makers, service providers and clinicians of the need to promote normal birth and reduce the caesarean section rate (WHO, 1985; UK Department of Health, 2007; Chaillet and Dumont, 2007). The reasons include enhanced maternal and neonatal health outcomes and more effective use of finite healthcare resources (Lilford et al., 1990; Hager et al., 2004; Villar et al., 2007). The drive to increase the proportion of normal births is to be applauded, although ironically, in many countries, including Brazil, the reality of normal birth for many women is clearly far from the consensus definition of normal birth (defined in the UK as birth with no intervention at all). However, given that episiotomy is still routine practice for normal births in Brazil, the drive to reduce caesarean sections and increase the normal birth rate might offset the efforts to limit the rate of episiotomy, particularly in primiparas. Since 1993, inspired by campaigns against female genital mutilation, a national movement of providers, feminists and consumer groups have been promoting evidence-based care and the humanisation of childbirth in Brazil, to reduce unnecessary surgical procedures such as episiotomy and caesarean section (Diniz and Chacham, 2004).

Humanisation of Care in Brazil

Since the mid 1980s, women, childbirth activists, feminists, policy makers, researchers and healthcare professionals, influenced by the ideas of Leboyer (1982), Balaskas (1983) and Odent (1999), Galba de Araújo (1983) and Parcionik (1983), have been engaged in a movement to disseminate the ideals of a humanised model of childbirth care in Brazil. Moreover, the humanisation of birth movement has influenced the Brazilian Ministry of Health, the State and Municipal Secretariats of Health and the National Agency of Healthcare (ANS), to create policies and strategies with the commitment to improve the quality and safety of care during pregnancy and childbirth. The production of important clinical guidelines for care, such as the Ministry of Health’s Manual for Humanised Care in Childbirth, Abortion and Puerperium (Ministry of Health, 2001a) and the Manual for Humane Care of the Newborn of Low Birth Weight – Kangaroo Care Method (Ministry of Health 2001b) and the national implementation of the Programme for the Humanisation of Antenatal and Childbirth Care (PHPN) (Ministry of Health, 2000) were also strongly influenced by the women’s movement’s activism for sexual and reproductive rights during childbirth.
It is understood that humanised care is what happens when there are minimal medical interventions, such as: routine use of episiotomy, enema, trichotomy (shaving of pubic hair), amniotomy (the breaking of the waters), drips of oxytocin (for induction or acceleration of uterine contractions to speed up delivery), routine use of forceps for academic training purposes and, finally, surgical or caesarean birth (Page, 2001). Such routine use of invasive procedures during normal birth, often unnecessary or even harmful, are not based on evidence of safety and effectiveness, and do not respect the physiological process of parturition (Enkin et al., 2000). But cultural complexities make it difficult to reach a consensus for a definition of normal birth, since ‘normal’ and ‘birth’ are both social constructs. In the UK, normal birth has been defined as ‘without induction, use of instruments, episiotomy, caesarean section, epidural analgesia, spinal or general anaesthetic before or during childbirth’ (NHS Information Centre, 2009; Maternity Working Party, 2007). In Brazil, maternity care professionals, women and their birth partners perceive normal birth as risky and more damaging to the health of the mother and her baby (Diniz, 2009). Thus, for women, normal birth is experienced as a threat to their emotional and physical integrity and in such a context it is not surprising that many women opt for a caesarean section in order to avoid a danger (Diniz and Chacham, 2004; Diniz et al., 2007). A change in attitudes towards childbirth and maternal sexuality is needed before the procedures themselves can be changed.

The Latin culture of machismo (male dominance) and the model of Maria (female submission and the perception of suffering as virtuous) is an important contributing factor in the shaping of normative beliefs about gender identity in Brazil (Baldwin and DeSeouza, 2001). In the discourses of obstetric care professionals, these beliefs are incorporated as if they were scientific explanations of women’s bodies, parturition and sexuality. Yet there are women who decide to give birth in the counter-current of what is considered mainstream, and choose not to give in to the caesarean section culture, refusing to succumb to the power of authoritative medical knowledge on the assumption that birth is a sexual experience, and a beautiful family event; indicating that we are at least in the midst of a change of paradigms. Words like ‘protagonist’ and ‘empowerment’ are in common use by feminists in Brazil to refer to equal opportunities and, surprisingly, they can also be found in the mouths of women to refer to labour and delivery in a re-signification of childbirth, something not considered by earlier feminists (Diniz, 2009).

In the humanised environment, the physical, technological, human and administrative structures value and respect human beings while guaranteeing high-quality care as an innovative practice. A humanised
birth environment includes care that: is fulfilling and empowering both to women and to their healthcare providers; promotes the active participation and decision-making of women in all aspects of care; is provided by doctors, nurses and midwives working together as equals; and follows evidence-based principles, including the appropriate use of technology, with a high priority given to community-based primary care (Misago et al., 2001). Hence, technical and human competence in professional practice is not limited to care as a practice passing from professional to patient only, in a vertical and paternalist way. On the contrary, this approach considers everybody to be a subject and receiver of humanised care in its most diverse forms and expressions (Backes et al., 2007). In the United Kingdom, one of the key components of the process of effective care in pregnancy and childbirth is interpersonal relationships (Nice, 2007). Thus, effective humanised care takes into consideration women’s feelings, values, beliefs, emotions, dignity and autonomy over their decisions concerning pregnancy and childbirth care (Wagner, 2001).

Childbirth environment as a dehumanising event

The description of childbirth care as a dehumanising event has increased the controversies around the debate. According to Diniz (2005), the conditions that might be considered ‘dehumanising’ are: a) precarious working conditions that lead to failure, stress and psychological defensiveness of healthcare professionals on the one hand, and long waiting times, poor access and poor reception of patients on the other; b) the positivist approach of biomedical rationality that ignores the subjective, cultural and personal needs of patients, leading to impersonal service provision, focused on risk management and illness and not on wellness; c) the use of technology as a substitute for human relationships and d) the devaluation of communication and a lack of empathy. Within this context, humanisation is a process of transforming both culture and behaviour to acknowledge and respect users’ and providers’ subjective experiences, including socio-cultural aspects, in order to improve working conditions and quality of care (Rattner, 2009).

The primarily biomedical focus of the training of healthcare professionals is a consequence of gender bias (Jimenez and Poniatowski, 2004; Risberg et al., 2006). Thus, shifting the emphasis from gender to technology has played a key role in the social construction of the current model of healthcare, linking the analysis of sexuality, knowledge and power developed by Foucault (1978). Similarly, the gender bias and the normalisation of sexuality in the current model of care in Brazil may have contributed to the overuse of interventions and the dehumanisation of childbirth (Diniz, 2009).
The approach of ‘Less is More’ in healthcare, in which it is recognised that the overuse of medical interventions and drugs may result in harm and less care is likely to result in better health, will not be unfamiliar to readers. Some examples of cases where the harm of interventions outweigh the benefits are: the use of postmenopausal hormone replacement therapy, screening mammography and continuous electronic foetal monitoring. This approach becomes even more interesting when one considers the evidence that supports the contention that when FEWER machines are used in birth, when doctors are LESS involved, when LESS medication is given to mothers, and when FEWER time constraints are put on labour – the results are MORE healthy babies and MORE healthy mothers. Less is more in childbirth, yet obstetricians in general do not seem to believe that, and certainly not when it comes to childbirth care.

Institutional violence and the trivialisation of suffering

Institutional violence and abuse in maternity care is essentially a gender-based violence. Healthcare professionals characterise violence against women as a severe and important problem in society, caused by and leading to gender inequality. Although seldom recognised as abuse, the unnecessary use of medical interventions also constitutes institutional violence. The power of medical authority and the lack of accountability make the environment ripe for institutional abuse and violence against women. Learning to recognise institutional violence and understanding the requirements for ‘informed consent’ can help, but ending abuse will require behavioural and systemic change.

In Brazil, the concept of disrespect and abuse are mixed with the concept of institutional violence. The term ‘violence’ is more commonly associated with physical violence in the general population. Violence against women is often assumed to refer to intimate partner violence and domestic violence. Thus, shouting at the patient may be disrespectful, rude treatment, but if it is to ‘call them to their senses’ it is not considered violence (Aguiar, 2010). However, when the healthcare professional shouts, threatens or coerces a patient, he or she moves to the level of violence because it disregards the autonomy, subjectivity and freedom of others in the provider-patient relationship.

Although there is a limited number of studies addressing this issue, compared with the literature on violence against women in general, some authors point out that violence in hospitals is largely a result of the precariousness of the healthcare system, which submits the healthcare professional to unfavourable working conditions, such as lack of resources, low pay and the burden of healthcare demands (featuring a worsening of health in general), and which also significantly restricts women’s access
to the healthcare services provided, making, among other things, women in labour go through a true pilgrimage in search of a place to give birth, with serious risk to their lives and those of their babies (Menezes et al., 2006).

In order to define what is considered here as institutional violence, particularly in public hospitals, the concept of violence proposed by Chauí (1985) will be adopted, according to which 'violence is the transformation of a difference in inequality in a hierarchical relationship of power, to explore, dominate and oppress the others being taken as the object of action, and its autonomy, subjectivity and speech prevented or reversed.' A study by D’Oliveira et al. (2002) defined four forms of institutional violence that manifest in the environment of maternity care: violence by neglect, violence by verbal or psychological abuse, physical violence and sexual violence. These forms of violence contribute a great deal to the imaginary of society, a vision in which childbirth is a traumatic and painful experience. The authors also consider institutional violence in maternity care as the submission of patients to unnecessary procedures and interventions that can result in a ‘cascade of interventions’ that risk doing harm to the health of the mother and/or the baby.

Research has also shown that both mothers and professionals acknowledge that discriminatory practices and rude treatment in public healthcare hospitals occur so often that it is generally expected by patients that they will suffer from some form of mistreatment (Aguiar, 2010). Structural difficulties, personal and professional barriers, and even the impunity with which such acts can be committed were identified as causes of institutional violence. According to McCallum and Reis (2006), in a study conducted in a public maternity hospital in Salvador (Bahia), the experience of childbirth is dominated by a climate of increased fear: fear of pain, fear of death or what can happen to her or her baby and the fear of being mistreated. The trivialisation of institutional violence through the use of jargon with a moral and discriminatory tone, such as phrases used jokingly by the healthcare professional (e.g. “you were not crying when you did it” or “don’t worry, next year you will be here again”), the use of threats as a way to persuade the patient, and the naturalisation of labour pain is described as the price to be paid for becoming a mother.

The widespread use of violence also points to the trivialisation of the suffering of others as a social phenomenon that affects the whole of society, weakening the ties of personal interaction between professionals and patients, and leads to a crystallisation of class and gender stereotypes that is reflected in the care of these patients and contributes to the invisibility of violence and suffering as a theme for reflection.
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Introduction

This chapter describes the research project presented in autumn 2009 at GEXcel Themes 4&5 Sexual Health, Embodiment and Empowerment: Bridging Epistemological Gaps; sub-theme Gender and violence – mechanisms, anti-mechanisms, interventions, evaluations.

The first part deals with my research field and the comparison of two case studies (Bosnia and Herzegovina¹ and Rwanda). The second part examines the reasons why these two cases are particularly well suited to an analysis of sexual violence as a weapon of war, as well as the reasons for investigating these cases further. The third part analyses questions, answers and new problems in the theorisation of mass rape in these case studies, with the intersections of mass rape and gender, sexuality, nationalism and ethnicity in a comparative perspective on genocide, wartime violence and violence against women.

Contextualisation of the research and comparative perspective

During the twentieth century, civilians were increasingly affected by war and intentionally attacked as a strategy to disrupt the enemy’s society. Targeting women’s bodies in particular has become more common, in order to humiliate the enemy and demolish its self-esteem (Diken and Laustsen, 2005). Violence against women, up to rape, was used as an

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¹ The term ‘Bosnia’ will be used for brevity from now on instead of ‘Bosnia and Herzegovina’. After the war, three states were born from the former Yugoslavian Socialist Republic of Bosnia and Herzegovina: the small Brčko District of BiH, which is a self-governing administrative unit under international control and which is the only exception to the Dayton Agreement of 1995; the Republika Srpska (inhabited by Serbs) and the Federation of Bosnia and Herzegovina (inhabited mainly by Bosniaks, that is Bosnian Muslims, and Croats).
instrument of genocide against minorities, of denationalisation and in policies of extirpation and deportation. Recent researchers have started to shed light upon mass rape and its meaning in contexts such as the Armenian genocide, which has been interpreted both as gender-based (Sanasarian, 1989) and as an event in which, even before the genocide itself, sexual humiliation was used to intimidate the Armenian community. During the deportation into the Syrian desert, rape, kidnapping, sex slavery, and forced re-marriage to assimilate women became instruments of the genocide and were used to dehumanise the Armenian population (Derderian, 2005: 8). Again, during World War I, the Bulgarian army raped Serbian women as an instrument of denationalisation (Bianchi, 2008), and a Bulgarian bishop even encouraged Serbian women to become pregnant by Bulgarian soldiers (Bianchi, 2010: 49). Raping the enemy’s women has been used not only as revenge, as in the case of German women raped by Soviet Army soldiers at the end of World War II (Beevor, 2007: 419-435), or as a way to dishonour the enemy, as in the Partition between India and Pakistan (Menon and Bhasin, 1998: 41; Menon, 2004), but has even been used as a wartime weapon, such as the mass rape committed by the Japanese military in Nanjin in 1937 (Chang, 1998: 85-98).

Since the end of World War II, with the growth of so-called asymmetric conflicts, in which regular armies or paramilitary troops attack civilians more than other combatants, mass rape in war has increased, so that women become ever more intentional victims of conflicts. This process culminated in the ‘new wars’ (Kaldor, 1999) following the end of the cold war, when the instability in the world during the 1990s was characterised by several local and regional conflicts, in which there was a redefinition of group identity in the competition for power and resources, through the building of nationalism and the so-called ‘ethnic’ wars.

Nevertheless, there are some problems with the concepts of both new and ethnic wars. The theory of new wars has been challenged on a quantitative basis, showing that the number of civilian war casualties did not increase after 1989 (Melander, Öberg and Hall, 2009). The term may be suitable for describing wars in some areas such as the Balkans, but does not explain different kinds of conflict in other parts of the world (Newman, 2004). Furthermore, I argue that this theory is gender-blind since it does not look at the increasing use of violence against women in conflicts. The description of the wars of the Nineties as ‘ethnic’ is also misleading and inadequate, since it hides the construction of nationalism which is implemented through the use of the female body as a symbol of the nation. That is why violence in Bosnia and Rwanda (which is not only sexual and physical but also psychological and symbolic)
concentrates on women’s bodies, and in this way interconnects nationalism, gender, a gendered body and sexuality. This is the reason why my research focuses on comparing the wars in these two countries: i.e. to try to understand what happened by using other explanations than the ‘ethnic’ one. For this purpose I propose ‘the construction of nationalism through the use of women’s bodies,’ which was then reflected in the extreme use of sexual violence during both wars.

There is a linguistic distortion in the ethnic label (Macedo, 2000: 21), which suggests the idea of natural conflicts due to primitivism and tribalism (Vidal, 1996: 326). The war of dissolution of the former Yugoslavia (1991-1995) was immediately characterised in the media for its ‘ethnic rapes,’ but also many other analyses were tempted by the ethnic explanation (Bruneteau, 2004: 218-220) and by the ‘tribal trap’ (Glover, 2001: 123). Nevertheless, the ‘ethnic’ definition of these cases does not explain the operating mechanisms: in Bosnia, an aggressive nationalism was used to split the country, while in Rwanda, a fight for political and economic power through nationalistic policies brought about the genocide in 1994. The fundamentals of this situation had already been prepared during the previous civil war (1990-1994) through, for example, intra-ethnic intimidation (Strauss, 2006), the creation of artificial boundaries and opportunism in the competition over fields or crops or cattle (Tilly, 2003: 31-32, 136-142). The dissolution of the former Yugoslavia also had several different causes: the economic collapse resulting from the contradictions that emerged with the end of communism, inefficiencies and frustration, as well as competition among the Republics of the Federation (Ramet, 2006: 285-323).

Furthermore, in both countries mass rape was used not only as a weapon of war but also with the aim of affecting the future of the enemy group by trying to prevent its recovery. Therefore, I argue that during these two wars there began a shift in the use of rape as a war strategy, now with the intention of targeting the future recovery of the enemy. This was achieved by means of the ‘enemy child’ in Bosnia, and intentional infections with HIV/AIDS in Rwanda. This is the second reason why my research focuses on a comparison between Bosnia and Rwanda: both conflicts used mass rape and violence against women with this extended aim. This has been partially recognised by international jurisprudence: the two International Criminal Tribunals – for the Former Yugoslavia (ICTY) and for Rwanda (ICTR) – made important steps in defining the meaning of rape in these wars. The tribunals established that rape and genocide were closely connected: the massacre in Srebrenica was a genocide (ICTY IT-98-33-A: 87); rape was used in Bosnia to force the population to leave (U.N S/1994/674/Add.2 1994: 10) and as a
crime against humanity (ICTY IT-96-23-T&23/1-T: 281-283); rape was used as an act of genocide in Taba in Rwanda where ‘sexual violence was an integral part of the process of destruction [...] of the Tutsi group as a whole. [...] destruction of the spirit, of the will to live, and of life itself’ (ICTR-96-4-T: 176-177).

However, the tribunals did not catch the link between exerting physical and symbolic violence through women’s bodies with the aim of affecting the aftermath of conflicts. Mass rape organised in rape camps, or in the so-called ‘women’s rooms’ in Bosnia, is something that had never occurred before. The origin of this phenomenon is both the idea of women’s bodies as embodiments of the nation, and the building of the nation state through rape as a weapon of war. There is thus an auto-reproduction of violence, with a structural and traditional patriarchal violence as the foundation on which a new physical and symbolic violence can grow during the war. In both Bosnia and Rwanda, the explosion of violence against women brought together physical, sexual and symbolic violence, showing that, in the strategy of war on women, it is unnecessary to exert direct control over the female body. Instead, it is enough to hold an indirect control over the body, i.e. a power domination gained by shaping the relationship between women and their community. In Bosnia this was achieved through compulsory pregnancies and in Rwanda through HIV/AIDS infection. In both cases the indirect control of women’s bodies was enabled by the patriarchal belief that women are containers: of the enemy child or of the disease.

In both countries, this process was prepared through the use of the female body in pre-war searches for identities and identification of the enemy. The political construction of Serbian nationalism in the Eighties defined itself in opposition to an external ‘other’, from which it was essential to differentiate through body symbols and metaphors, such as the body of the nation versus the external bodies of the enemies. As a consequence, the violation of one’s own people passes through the violation of one’s own women. This explains why, after the death of the President of the Socialist Federal Republic of Yugoslavia, Josip Broz Tito, in 1980, the false accusations of rapes committed by the Albanians in Kosovo (one of the two autonomous provinces of the Republic of Serbia) against both men and women, increased and contributed to create the Serbian belief in a ‘nationalist rape,’ that is, the politicisation of rape seen as part of the Albanian political plot to force the Serbs to leave (Bracewell, 2000: 563-565).

Serbian nationalism was soon imitated by the Croatian regime of Franjo Tudjman, thus emphasising the process started during the nineteenth century’s nationalisms, which linked masculinity and political ag-
gressiveness through the metaphor of the mother-homeland and of the holiness and inviolability of the motherland’s body, whose boundaries have to be protected (Blom, Hagemann and Hall, 2000; Banti, 2005a; Banti, 2005b). As a consequence, when the war was brought to Bosnia in 1992, mass rape was used to define the boundaries between different groups, to terrorise and above all to use the ‘enemy child’ issue for the future assets of the nation states. In fact, in Bosnia, rape aimed above all at giving birth to ‘children of another religion’ (Héritier, 1996: 15) or to children ‘of the perpetrator’s ethnicity’ (U.N S/1994/674/Add.2 1994: 11) and rape was ‘usual/normal/systematisable’ (Nahoum-Grappe, 1996: 192). The United Nations stated that women of all national groups were raped in the Yugoslavian war, but there is no ‘moral equivalency in the analysis’ (U.N S/1994/674/Add.2 1994: 9): the rape of Bosniaks (Muslim women of Bosnia) was used as a military strategy within the symbolic defamation of the enemy’s culture and religion – for instance, with deliberate cruelty and humiliation in killing victims by cutting their throats with a butcher’s hook, thus mocking the ritual Muslim killing of animals for food consumption (Goytisolo, 2001: 22).

In Rwanda as well, rape was used on a massive scale and here too the purpose was to hamper the future recovery of the enemy population: women were raped, deliberately infected with HIV and kept alive to spread the infection (Sperling, 2006: 645; Sharlach, 2002: 117; Donovan, 2002: 17). As in Bosnia, the massive use of sexual violence in wartime was the consequence of the construction of nationalism through women’s bodies in the early Nineties, when the genocide was prepared. The media in particular played a crucial role not only in spreading hate against the Tutsis, but above all in creating gender-based hate propaganda. In its sixth issue in December 1990, the newspaper Kangura published an article entitled Appeal to the Conscience of the Hutu containing in its fifth part the infamous so-called Ten Commandments to instruct the Hutus in dehumanising, marginalising and then exterminating the enemy. This process was carried out according to the political construction of the enemy which had started with decolonisation. The basis were racial theories imported during the colonisation by Germany and Belgium and missionaries, who had all built their relationships with local inhabitants on a supposed biological difference between Hutus and Tutsis – thus crystallising the boundaries between these ethnic groups (Vidal, 1996: 336-337).

The first of the ten points of the Ten Commandments was directed against Tutsi women thought to be at the service of the enemy, and four points dealt with women and sexuality. The fourth part of the article portrayed Tutsi women as sexual tools used by the Tutsi men to destroy the
Hutu men (ICTR-99-52-T: 45-47). Tutsi women were described in the media by the word *Ibizungerezi*, which in Kinyarwanda means beautiful and sexy (Human Rights Watch, 1996: 16). There were many cartoons for illiterate people published in newspapers, depicting Tutsi women as sexual objects at the disposal of Hutu men, inciting them to rape the Tutsis to diminish their supposed arrogance and to ‘taste’ them. Others showed Tutsi women being sexually engaged with U.N. peacekeepers, or the Prime Minister, Agathe Uwilingiyimana naked, in bed with other politicians or even with snakes coming out of her breasts (Chrétienn, 2002: 336, 368; ICTR-99-52-T: 68-69). This is how the future violence was prepared. As it turned out, the violence would not even spare non-Tutsi women, or moderate Hutus supporting or protecting Tutsis, but it would more generally hit very young and beautiful girls regardless of their ethnic group (de Brouwer, 2005: 13).

Rada Iveković has explored the connection between appeal to the nation and male collective identity characterised by patriarchal behaviours, violence and misogyny, and has found a significant difference between men and women in their relationship with otherness. While male identity makes universal claims and refuses otherness (regardless of whether it is female, stranger, or weak), the woman, who gives life both to females and males (who are other from herself) is more willing to accept otherness. She is also less sensitive to nationalism and even when she agrees to it she usually refuses its use of violence (Iveković, 1995: 121-140; Iveković, 2003: 69-102). It should nevertheless be stressed that many women do answer nationalistic calls and are perpetrators of violence in different conflicts. The Rwandan genocide offers an example: women encouraged men to rape, took part in the pillage of the goods of the Tutsis, killed other women (African Rights, 1995; Sperling, 2006: 656-658), and at the directional level even planned the genocide by inciting and commanding rape, as in the case of the Minister of Family and Women’s Development, Pauline Nyiramasuhuko (ICTR-97-21-I: 17; Sharlach, 1999: 387). The Bosnian Serb biologist and politician Biljana Plavšić has also been indicted at the ICTY for genocide, being among the main extremist Serbian nationalists who, among other crimes, ‘participated in the joint criminal enterprise in the following way: […] supporting, encouraging, facilitating or participating in the dissemination of information to Bosnian Serbs that they were in jeopardy of oppression at the hands of Bosnian Muslims and Bosnian Croats, that territories on which Bosnian Muslims and Bosnian Croats resided were Bosnian Serb land […]’ (ICTY IT-00-39 & 40-PT: 3-4).

The comparative analysis of sexual violence against women in Bosnia and Rwanda allows manifold analogies, though in completely different
geographical, historical and cultural contexts: violence up to genocide, and yet the weakness of the stance taken by the international community and institutions in respect to the elaboration of an innovative international jurisprudence; the important but still inadequate role of the two international criminal courts for Yugoslavia and Rwanda in prosecuting sexual crimes, as well as similar problems faced by local courts (Kašić, 2009: 171); the silence of victims due to shame and to their being silenced by former perpetrators still free in their communities; victims being silenced by their own families because of the stigma of rape; the difficult reconstruction of post-war societies due to the effectiveness of sexual violence in suppressing women’s active role in society and to inadequate resources for reparation and compensation, both for psychological help after rape and for material support in housing and job searches.

Rape in camps, the ‘enemy child,’ and HIV/AIDS infection as sexual and symbolic violence attacking the future

Women are usually victims not only during but also after sexual violence, when even their communities reject them as having been spoiled by rape. Silence and shame are common among rape survivors, and in the case of wartime violence women may be threatened by the former perpetrators to a greater or lesser extent. Women usually do not report abuse and do not seek medical care, fearing that they will be questioned about rape (Helsinki Watch, 1993: 23). The silence of victims in the post-war context reflects the ineffectiveness of justice at a local level, the inadequate protection of witnesses (Bassiouni and McCormick, 1996), the often forced co-existence in the same communities of victims and perpetrators; all resulting in a difficult aftermath when women do not want to or cannot narrate what happened to them (Sharlach, 2000: 90). It is probable, as, for example, after the Holocaust and many other traumatic events, that it will take decades to meet society’s request for testimony (especially when violence occurred), as well as the spontaneous wish by the victims to share their testimony (Di Palma, 2004).

Some features are nevertheless peculiar to these two cases. Both in Bosnia and Rwanda sexual and symbolic violence up to mass rape did not aim to kill women, but to do something more sophisticated in terms of the female body being an object at men’s disposal: women were more than booty or a way to humiliate the enemy – they were used as a reprisal against the future of the society itself.

In Bosnia, the violence perpetrated above all (but not exclusively) by the Serbs had several purposes. It was used as an initiation rite for the
Rape was used as a methodical attempt to undermine the identity of women, a torture (ICTY IT-96-21-T: 276-278; ICTY IT-95-17/1-T: 100), a crime against humanity and as a systematic act of terror (ICTY IT-94-1-T: 245). Women were raped especially in concentration camps, rape/death camps and places specially chosen for this purpose and often known as ‘women’s rooms’; sometimes even in the women’s own houses (Allen, 1996: 65). Frequently, raped women were held in detention until they reached an advanced stage of pregnancy and could not go through an abortion (Cacic-Kumpes, 1995: 13; Rezun, 1995: 161). These women were the objects of the rape-until-pregnant campaign and were thus forced to bear the ‘chetnik’ (i.e. the Serbs’ sons) (Thomas and Ralph, 1999: 204) – according to the patriarchal concept that ethnic belonging comes from the father (Fisher, 1996-97: 114), and the identification of the Serbs with the nationalist Chetnik group of World War II (United Nations, 1994: 59). As Salzman underlines, ‘the genetic cultural and patriarchal myth’ is shared by all national groups, and ‘the very practice of rape and impregnation as a form of genocide depends not only upon the perpetrators buying into the genetic and cultural myth, but the victims, their families, and their communities accepting the myth as well’ (Salzman, 1998: 365).

Forced impregnation is thus something different from rape and it is a further step towards genocide, since these women are first traumatised by the forced pregnancy and may have problems in bonding with their children; secondly, after rape they are not considered to be marriageable within their society or possible mothers in their own community; and thirdly they are used as containers and their wombs are ‘occupied’ by a foetus who is perceived as the ‘enemy child’ (Fisher, 1996-97: 93). As one woman detained in the Serbian concentration camp of Omarska remembers, ‘They said […] I needed to give birth to a Serb – that I would then be different’ (Helsinki Watch, 1993: 164). And the perpetrators know that in Muslim culture a woman who is no longer a virgin and has been raped is not marriageable and cannot become a mother, and even within the family a raped woman can be refused by her husband. K.S. from Ključ confirms: ‘The women keep it secret. It is shameful. Thus, the mother conceals it if it happened to her daughter so she can marry, and
if it happened to an older woman she wants to protect her marriage’ (Helsinki Watch, 1993: 178).

Bosniak women were thus told that they had to bear Serbian children, and this was used as a weapon of war to achieve the so-called ‘ethnic cleansing,’ that is, the plan to remove or exterminate other national groups from the territories under Serbian control (United Nations, 1993: par. 84; Ramet, 2002: 218). In the camps, women were checked by doctors to monitor if they were pregnant. B., a woman from Duboj who was kept in the school at Srpska Grabska, remembers how Serbs were saying to raped women: ‘Why aren’t you pregnant? See how nicely we treat women who are pregnant?’ (Helsinki Watch, 1993: 219), and then showed her other girls nicely dressed in maternity dresses, pretending that they were better treated because they were pregnant. And a woman who was not getting pregnant remembers how the perpetrators threatened her (‘You must tell us your trick. You are fertile, you already have a child!’) and humiliated her by forcing her to urinate onto a Koran (Bicic, 1993).

B. adds: ‘They wanted women to have children to stigmatise us forever. The child is a reminder of what happened’ (Helsinki Watch, 1993: 219). Therefore, women impregnated by rape often had suicidal thoughts, as they faced the psychological trauma of carrying the perpetrator’s child (Goldstein, 1993). M., a woman detained in Obudovac, reported: ‘It was their aim to make a baby. They wanted to humiliate us. They would say directly, looking into your eyes, that they wanted to make a baby’ (Helsinki Watch, 1993: 215). Women who could achieve an abortion usually did so (Vulliamy, 1994: 196), while those who could not because the pregnancy was too advanced often decided to refuse the baby and to abandon it. For instance M.C., a twenty-year-old woman from Vojići, gave birth to a child after rape and did not even want to see him: she had decided not to keep the child, because her father had asked her to rejoin the family, but the condition was – without the baby (Helsinki Watch, 1993: 180).

While the policy of forced impregnation was a war strategy against the future recovery of Bosnia, deliberate HIV/AIDS infection of raped women was carried out in Rwanda, where many women were told by their perpetrators that they ‘would die slowly and agonisingly from AIDS’ (Sharlach, 2000: 99). The presence of both intentionally and unintentionally HIV-infected rapists led to a huge increase in the number of HIV-positive women who survived the genocide: according to statistics, almost 67 per cent of raped Tutsi women survivors contracted the virus (Amnesty International, 2004: 3). This is another way of using both sexual and symbolic violence on women who were used as containers;
in this case not of the enemy’s child but of the enemy’s disease. The aim was similarly to affect women’s and their community’s recovery from the consequences of war and genocide. Neither were men spared from forced infection, as in the case of P. from Rwamagana, who was forced to have sex with a woman suspected to be HIV/AIDS positive (African Rights, 2004: 19).

A consequence of the mass rape in Rwanda was an increase in the number of children born from rape, but here it was not the result of a forced impregnation policy (Sharlach, 2000: 100). Nevertheless, the long-term effects are similar, both on the society and on the mothers’ reactions to babies born from rape. In Bosnia they are called ‘rape babies’ or ‘children of hate,’ and in Rwanda ‘enfants de mauvais souvenir’ (children of bad memories) or ‘enfants non-desirés’ (unwanted children). In Rwanda, if women could not obtain an abortion, the babies were often killed immediately after the birth, abandoned in orphanages or given away for adoption (Human Rights Watch, 1996: 80).

Women who finally decided to keep the child were torn by doubts about their ambivalent feelings: hate for the baby’s father, but at the same time preparedness to care for the newborn who, the mother knows, is not responsible. This is recalled by a woman from Gorazde: ‘I could not have kept the child, I was disgusted by him and my husband would have repudiated me, he would have forbidden me to see my daughter again. [...] As my belly was growing, I felt more confused, more uncertain. I know that I am bearing a son from the hatred, but it is me who is carrying him for nine months.’ This woman finally decided to have the child adopted, gave birth to a dead baby and became insane (Doni and Valentini, 1993: 65). Another Rwandan woman decided instead to keep her child because ‘I didn’t want to behave like an Interahamwe;’ even though her own family refused the baby, treating him as the ‘child of an Interahamwe’ (Human Rights Watch, 1996: 82). As the feminist writer Slavenka Drakulić stresses, ‘the consequences of accepting a child conceived by rape is grave. The child will have, in a way, a completely false identity and the mother will be responsible for it’ (Drakulić, 1999: 8).

Open questions

This research aims finally to problematise questions about mass rape in these two case studies in a comparative perspective on genocide, wartime violence and violence against women, and in the intersections between mass rape and gender, sexuality, nationalism and ethnicity. The first is-

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2 Hutu paramilitary organisation, meaning ‘those who fight together’ to kill the Tutsis.
sue is the similarities in the behaviour of males on both sides (perpetrators and families of raped women), of female reactions to rape (shame and silence) and of the failure of justice in the prosecution of sexual violence in the very different contexts of the two case studies of Bosnia and Rwanda. Similar findings have been reported, for instance, from the Partition of India and from the violence against Mayan women in Guatemala in the civil war during the Eighties and Nineties (Stabili and Calandra, 2010: 191). Men whose partners have been raped for different reasons and in otherwise non comparable circumstances, seem to react in similar ways, making the raped women feel guilty, forcing them into silence or, as in the Hindu case, imposing purification rituals or abortion on the pregnant women, to ‘cleanse’ them. The most extreme reaction seems to be honour killing, which, in the name of the very honour of the community and of the nation, carries out further and extreme violence against a woman already outraged by rape (Butalia, 2009: 3).

Again, women are not judged important but their bodies represent the community and male honour, and to this is related the second question regarding the similarity in the perpetrators’ purposes of attacking the enemy community through its women’s bodies. Even when there is not the intention of causing long-term consequences in the future of the enemy society, as in Bosnia and Rwanda, perpetrators who act with very different aims, such as the humiliation and punishment of the male adversary, for instance, to defeat the guerrillas and their supporters in Guatemala (Stabili, 2009: 67), affect the whole enemy society by attacking its women, especially in contexts where women hold very traditional roles as caregivers of children, sick persons and the elderly and are an important point of reference. In the nationalist association between motherland and women, raping women aims at the destruction of their land, nation and society, and women’s bodies as the enemy’s body form the battleground (Brossat, 1998).

A third aspect is the problematisation of the distinction between different kinds of rape. This is necessary at juridical level but, when stressing the gravity of wartime violence for its intentionality and as a crime against humanity or even genocide, the distinction itself should not be allowed to minimise peacetime violence against women. It is not appropriate to regard this as occasional more than structural, thus concealing the fact that it is due both to a patriarchal gender role division and to male fear and intolerance of female independence and the weakening of male authority (Melandri, 2006; Addis Saba, di San Marzano et al., 2008: V-XIII). In the individuation of responsibilities and the distinction between perpetrators and victims, another problem is the tendency towards a polarisation which does not focus enough on other actors.
or on the different roles between the rapist and the raped: that is, what Primo Levi called the ‘gray zone [...] where the two camps of masters and servants both diverge and converge’ (Levi, 1986: 42). Also, the degrees of responsibility within the perpetrator group deserve a diversified analysis which could shed light on the positions of all the collaborators, supporters and silent witnesses of violence, as well as the different feelings of guilt and shame in the aftermath in relation to reparation and reconciliation: within the perpetrator group, shame usually goes along with self-pity, while guilt implies empathy for the victims’ group and a process towards reparative justice (Brown and Cehajic, 2008).

Finally, there are two different ethical problems in the methodology of investigating sexual violence. Feminists and researchers on violence against women stress the importance of women’s memories, but the request for memory clashes with the scarcity of memory itself. Researchers need women’s testimonies to focus on the case study, but many women do not speak, they do not want to, or even when they do agree to testify they still do not want to share their painful memories, fearing judgement and stigma by their community. Some feminists have found a solution to this dilemma by writing novels based on true stories: ‘I remember the first [rape] victim I talked to [...] she was willing to talk – but it was impossible for her to talk about what happened to her... She could not stop shaking. It then occurred to me for the first time, her story was precisely in what she could not say. And I must find a way to say it for her’ (Drakulić, 1999: 3-4, italics mine).

So, how can we describe violence for and on behalf of raped women? It is in fact difficult to break the silence without hurting the victims, who do not want to make their story known (Butalia, 2009: 5-6). The question is also if and how this silence should be broken by scholars and researchers, in order to denounce and condemn violence. Denouncing the cases of rape would also help in investigating why some rape cases have been used in the propaganda of the raped women’s societies, as in India after the Partition, where there was a huge political debate on the necessity of finding raped women and bringing them back to rescue the honour of the ‘raped’ nation, but without really caring for the victims’ suffering. Further research with a comparative perspective might also increase our understanding of, for example, why in some societies public shame and silence prevailed, and how many kinds of silences there are: not only the victims’, but also the silence of society, institutions, the media and scholars. A connected problem is: who begins to break the silence and bear witness instead of the raped women, and for what purposes? This question is linked to the final ethical problem, concerning the description of violence suffered by women and the methodology of

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Chapter 5
Cultural Violence

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1.1 Definition

By ‘cultural violence’ we mean those aspects of culture, the symbolic sphere of our existence – exemplified by religion and ideology, language and art, empirical science and formal science (logic, mathematics) – that can be used to justify or legitimize direct or structural violence. Stars, crosses, and crescents; flags, anthems, and military parades; the ubiquitous portrait of the Leader; inflammatory speeches and posters – all these come to mind. However, let us postpone the examples until section 4 and start with analysis. The features mentioned above are ‘aspects of culture’, not entire cultures. A person encouraging a potential killer, shouting ‘Killing is self-realization!’, may prove that the English language is capable of expressing such thoughts, but not that the English language as such is violent. Entire cultures can hardly be classified as violent; this is one reason for preferring the expression ‘aspect A of culture C is an example of cultural violence’ to cultural stereotypes like ‘culture C is violent’.

On the other hand, cultures could be imagined and even encountered with not only one but a set of aspects so violent, extensive, and diverse, spanning all cultural domains, that the step from talking about cases of cultural violence to violent cultures may be warranted. For that, a systematic research process is needed. This chapter is part of that process.

One place to start would be to clarify ‘cultural violence’ by searching for its negation. If the opposite of violence is peace, the subject matter of peace research/peace studies, then the opposite of cultural violence would be ‘cultural peace’, meaning aspects of a culture that serve to justify and legitimize direct peace and structural peace. If many and diverse aspects of that kind are found in a culture, we can refer to it as a ‘peace culture’. A major task of peace research, and the peace movement in general, is that never-ending search for a peace culture – problematic, because of the temptation to institutionalize that culture, making it obligatory, with the hope of internalizing it everywhere. And that would already be direct violence,2 imposing a culture.

Cultural violence makes direct and structural violence look, even feel, right – or at least not wrong. Just as political science is about two problems – the use of power and the legitimation of the use of power – violence studies are about two problems: the use of violence and the legitimation of that use. The psychological mechanism would be internalization.3 The study of cultural violence highlights the way in which the act of direct violence and the fact of structural violence are legitimized and thus rendered acceptable in society. One way cultural violence works is by changing the moral color of an act from red/wrong to green/right or at least to yellow/acceptable; an example being ‘murder on behalf of the
country as right, on behalf of oneself wrong. Another way is by making reality opaque, so that we do not see the violent act or fact, or at least not as violent. Obviously this is more easily done with some forms of violence than with others; an example being abor-tus provocatus. Hence, peace studies is in need of a violence typology, in much the same way as a pathology is among the prerequisites for health studies.

1.2 A Typology of Direct and Structural Violence

I see violence as avoidable insults to basic human needs, and more generally to life, lowering the real level of needs satisfaction below what is potentially possible. Threats of violence are also violence. Combining the distinction between direct and structural violence with four classes of basic needs we get the typology of Table 1.1. The four classes of basic needs – an outcome of extensive dialogues in many parts of the world – are: survival needs (negation: death, mortality); well-being needs (negation: misery, morbidity); identity, meaning needs (negation: alienation); and freedom needs (negation: repression).

<table>
<thead>
<tr>
<th>Survival needs</th>
<th>Well-being needs</th>
<th>Identity needs</th>
<th>Freedom needs</th>
</tr>
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<tbody>
<tr>
<td>Direct violence</td>
<td>Killing</td>
<td>Maiming</td>
<td>Desocialization</td>
</tr>
<tr>
<td></td>
<td>Siege, sanctions</td>
<td></td>
<td>Resocialization</td>
</tr>
<tr>
<td></td>
<td>Misery</td>
<td></td>
<td>Secondary citizen</td>
</tr>
<tr>
<td>Structural violence</td>
<td>Exploitation A (strong)</td>
<td>Penetration</td>
<td>Marginalization</td>
</tr>
<tr>
<td></td>
<td>Exploitation B (weak)</td>
<td>Segmentation</td>
<td>Fragmentation</td>
</tr>
</tbody>
</table>

The result is eight types of violence with some subtypes, easily identified for direct violence but more complex for structural violence (see Table 1.1). A first comment could be that this table is anthropocentric. A fifth column could be added at the beginning for the rest of Nature, the sine qua non for human existence. ‘Ecological balance’ is probably the most frequently found term used for environment system maintenance. If this is not satisfied, the result is ecological degradation, breakdown, imbalance. Eco-balance corresponds to survival + well-being + freedom + identity for human basic maintenance. If not satisfied, the result is human degradation. The sum of all five, for all, will define ‘peace’. But ‘ecological balance’ is a very broad category encompassing abiot a (non-life) and biota (life) alike. Violence defined as insults to life would focus on biota, only indirectly on abiot a. Moreover, there are difficult and important questions, such as ‘balance for whom?’ For human beings to reproduce themselves? At what level of economic activity and what numbers? Or, for the ‘environment’ (what an anthropocentric term!) to reproduce itself? All parts, equally, at what level, what numbers? Or for both?

Second, the mega-versions of the pale words used above for violence could well be repeated. For ‘killing’ read extermination, holocaust, genocide. For ‘misery’ read silent holocaust. For ‘alienation’ read spiritual death. For ‘repression’ read GULAG/KZ. For ‘ecological degradation’ read ecocide. For all of this together read ‘omnicide’. The words might sound like someone’s effort to be apocalyptic – were it not for the fact that the world has experienced all of this during the last 50 years alone, closely associated with the names of Hitler, Stalin, and Reagan; and Japanese militarism. In short, violence studies, an indispensable part of peace studies, may be a cabinet of horrors; but like pathology they reflect a reality to be known and understood.
Then some comments on the content of Table 1.1 as it stands. The first category of violence, killing, is clear enough, as is maiming. Added together they constitute ‘casualties’, used in assessing the magnitude of a war. But ‘war’ is only one particular form of orchestrated violence, usually with at least one actor, a government. How narrow it is to see peace as the opposite of war, and limit peace studies to war-avoidance studies, and more particularly avoidance of big wars or super-wars (defined as wars between big powers or superpowers), and even more particularly to the limitation, abolition, or control of super-weapons. Important interconnections among types of violence are left out, particularly the way in which one type of violence may be reduced or controlled at the expense of increase or maintenance of another. Like ‘side-effects’ in health studies, they are very important and easily overlooked. Peace research should avoid that mistake.7

Included under maiming is also the insult to human needs brought about by siege/blockade (classical term) and sanctions (modern term). To some, this is ‘nonviolence’, since direct and immediate killing is avoided. To the victims, however, it may mean slow but intentional killing through malnutrition and lack of medical attention, hitting the weakest first, the children, the elderly, the poor, the women. By making the causal chain longer the actor avoids having to face the violence directly. He even ‘gives the victims a chance’, usually to submit, meaning loss of freedom and identity instead of loss of life and limbs, trading the last two for the first two types of direct violence. But the mechanism is the threat to the livelihood brought about by siege/boycott/sanctions. The Gandhian type of economic boycott combined refusal to buy British textiles with the collecting of funds for the merchants, in order not to confuse the issue by threatening their livelihood.

The category of ‘alienation’ can be defined in terms of socialization, meaning the internalization of culture. There is a double aspect: to be desocialized away from own culture and to be resocialized into another culture – like the prohibition and imposition of languages. The one does not presuppose the other. But they often come together in the category of second-class citizenship, where the subjected group (not necessarily a ‘minority’) is forced to express the dominant culture and not its own, at least not in public space. The problem is, of course, that any socialization of a child – in the family, at school, by society at large – is also forced, a kind of brainwashing, giving the child no choice. Consequently, we might arrive at the conclusion (not that far-fetched) that nonviolent socialization is to give the child a choice, e.g. by offering him/her more than one cultural idiom.

The category of ‘repression’ has a similar double definition: the ‘freedom from’ and the ‘freedom to’ of the International Bill of Human Rights, with historical and cultural limitations.8 Two categories have been added explicitly because of their significance as concomitants of other types of violence: detention, meaning locking people in (prisons, concentration camps), and expulsion, meaning locking people out (banishing them abroad or to distant parts of the country).

To discuss the categories of structural violence we need an image of a violent structure, and a vocabulary, a discourse, in order to identify the aspects and see how they relate to the needs categories. The archetypal violent structure, in my view, has exploitation as a center-piece. This simply means that some, the topdogs, get much more (here measured in needs currency) out of the interaction in the structure than others, the underdogs.9

There is ‘unequal exchange’, a euphemism. The underdogs may in fact be so disadvantaged that they die (starve, waste away from diseases) from it: exploitation A. Or they may be left in a permanent, unwanted state of misery, usually including malnutrition and illness: exploitation B. The way people die differs: in the Third World, from diarrhea and immunity deficiencies; in the ‘developed’ countries, avoidably and prematurely, from cardiovascular diseases and malignant tumors. All of this happens within complex structures and at the end of long, highly ramified causal chains and cycles.

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A violent structure leaves marks not only on the human body but also on the mind and
the spirit. The next four terms can be seen as parts of exploitation or as reinforcing com-
ponents in the structure. They function by impeding consciousness formation and
mobilization, two conditions for effective struggle against exploitation. Penetration,
implanting the topdog inside the underdog so to speak, combined with segmentation, giv-
ing the underdog only a very partial view of what goes on, will do the first job. And
marginalization, keeping the underdogs on the outside, combined with fragmentation,
keeping the underdogs away from each other, will do the second job. However, these four
should also be seen as structural violence in their own right, and more particularly as
variations on the general theme of structurally built-in repression. They have all been
operating in gender contexts— even if women do not always have higher mortality and
morbidity rates but in fact may have higher life expectancy than men, provided they sur-
vive gender-specific abortion, infanticide, and the first years of childhood. In short,
exploitation and repression go hand in hand, as violence, but they are not identical.

How about violence against nature? There is the direct violence of slashing, burning,
e tc., as in a war. The structural form of such violence would be more insidious, not
intended to destroy nature but nevertheless doing so: the pollution and depletion associ-
ated with modern industry, leading to dying forests, ozone holes, global warming, and so
on. What happens is transformation of nature through industrial activity, leaving non-
degradable residues and depleting non-renewable resources, combined with a
world-encompassing commercialization that makes the consequences non-visible to the
perpetrators. Two powerful structures are at work, indeed, legitimized by economic
growth. The buzzword 'sustainable economic growth' may prove to be yet another form
of cultural violence.

1.3 Relating Three Types of Violence

With these comments 'violence' is defined in extension by the types given in Table 1.1,
using direct and structural violence as overarching categories or 'super-types'. 'Cultural
violence' can now be added as the third super-type and put in the third corner of a
(vicious) violence triangle as an image. When the triangle is stood on its 'direct' and
'structural violence' feet, the image invoked is cultural violence as the legitimizer of both.
Standing the triangle on its 'direct violence' head yields the image of structural and cul-
tural sources of direct violence. Of course, the triangle always remains a triangle— but the
image produced is different, and all six positions (three pointing downward, three
upward) invoke somewhat different stories, all worth telling.

Despite the symmetries there is a basic difference in the time relation of the three con-
cepts of violence. Direct violence is an event; structural violence is a process with ups and
downs; cultural violence is an invariant, a 'permanent', remaining essentially the same for
long periods, given the slow transformations of basic culture. Put in the useful terms of
the French Annales school in history: événementielle, conjoncturelle, la longue durée. The
three forms of violence enter time differently, somewhat like the difference in earthquake
theory between the earthquake as an event, the movement of the tectonic plates as a
process, and the fault line as a more permanent condition.

This leads to a violence strata image (complementing the triangle image) of the phe-
nomenology of violence, useful as a paradigm generating a wide variety of hypotheses. At
the bottom is the steady flow through time of cultural violence, a substratum from which
the other two can derive their nutrients. In the next stratum the rhythms of structural vio-

ence are located. Patterns of exploitation are building up, wearing out, or torn down,
with the protective accompaniment of penetration-segmentation preventing conscious-
ness formation, and fragmentation-marginalization preventing organization against exploitation and repression. And at the top, visible to the unguided eye and to barefoot empiricism, is the stratum of direct violence with the whole record of direct cruelty perpetrated by human beings against each other and against other forms of life and nature in general.

Generally, a causal flow from cultural via structural to direct violence can be identified. The culture preaches, teaches, admonishes, eggs on, and dulls us into seeing exploitation and/or repression as normal and natural, or into not seeing them (particularly not exploitation) at all. Then come the eruptions, the efforts to use direct violence to get out of the structural iron cage, and counter-violence to keep the cage intact. Ordinary, regular criminal activity is partly an effort by the underdog to 'get out', to redistribute wealth, get even, get revenge ('blue-collar crime'), or by somebody to remain or become a topdog, sucking the structure for what it is worth ('white-collar crime'). Both direct and structural violence create needs-deficits. When this happens suddenly we can talk of trauma. When it happens to a group, a collectivity, we have the collective trauma that can sediment into the collective subconscious and become raw material for major historical processes and events. The underlying assumption is simple: 'violence breeds violence'. Violence is needs-deprivation; needs-deprivation is serious; one reaction is direct violence. But that is not the only reaction. There could also be a feeling of hopelessness, a deprivation/frustration syndrome that shows up on the inside as self-directed aggression and on the outside as apathy and withdrawal. Given a choice between a boiling, violent and a freezing, apathetic society as reaction to massive needs-deprivation, topdogs tend to prefer the latter. They prefer 'governability' to 'trouble, anarchy'. They love 'stability'. Indeed, a major form of cultural violence indulged in by ruling elites is to blame the victim of structural violence who casts the first stone, not in a glasshouse but to get out of the iron cage, branding him as 'aggressor'. The category of structural violence should make such cultural violence transparent. However, the violence strata image does not define the only causal chain in the violence triangle. There are linkages and causal flows in all six directions, and cycles connecting all three may start at any point. This is a good reason why the triangle may sometimes be a better image than the three-tier stratum model. Africans are captured, forced across the Atlantic to work as slaves; millions are killed in the process — in Africa, on board, in the Americas. This massive direct violence over centuries seeps down and sediments as massive structural violence, with whites as the master topdogs and blacks as the slave underdogs, producing and reproducing massive cultural violence with racist ideas everywhere. After some time, direct violence is forgotten, slavery is forgotten, and only two labels show up, pale enough for college textbooks: 'discrimination' for massive structural violence and 'prejudice' for massive cultural violence. Sanitation of language: itself cultural violence.

The vicious violence cycle can also start in the structural violence corner. Social differentiation slowly takes on vertical characteristics with increasingly unequal exchange, and these social facts would then be in search of social acts for their maintenance, and cultural violence for their justification — to generalize 'materialist' (meaning structural) Marxist theory. Or, the vicious cycle could start in combined direct and structural violence, with one group treating another group so badly that they feel a need for justification and eagerly accept any cultural rationale handed to them. More than one thousand years ago Nordic Vikings attacked, cheated, and killed Russians. Might that not be a good enough reason for formulating the idea that Russians are dangerous, wild, primitive — meaning that one day they may come back and do the same to us as we did to them? Even to the point that when Germany attacked Norway in April 1940, the official conclusion became that the Russians are dangerous because they may one day do the same. And here we see the surprise attack trauma. Could there be still a deeper stratum,
human nature, with genetically transmitted dispositions or at least predispositions for aggression (direct violence) and domination (structural violence)? The human potential for direct and structural violence is certainly there – as is the potential for direct and structural peace. In my view, however, the most important argument against a biological determinism that postulates a drive in human nature for aggression and dominance, comparable to drives for food and sex, is the high level of variability in aggressiveness and dominance. We find people seeking food and sex under (almost) all external circumstances. But aggression and dominance exhibit tremendous variation, depending on the context, including the structural and cultural conditions. Of course, the drive may still be there, only not strong enough to assert itself under all circumstances. In that case, the concern of the peace researcher would be to know those circumstances, and to explore how to remove or modify them. Here my hypothesis would be that the two terms ‘structure’ and ‘culture’ can accommodate this exploration very comfortably.

Let us reap an important harvest from this taxonomic exercise: we can use it to clarify the concept of militarization as a process, and militarism as the ideology accompanying that process. Obviously, one aspect is a general inclination toward direct violence in the form of real or threatened military action, whether provoked or not, whether to settle conflict or initiate it. This inclination brings in its wake the production and deployment of the appropriate hardware and software. However, it would be superficial to study militarization only in terms of past military activity records, and present production and deployment patterns: \(^{15}\) this would lead to facile conclusions in terms of personnel, budget, and arms control only. Good weeding presupposes getting at the roots, in this case at the structural and cultural roots, as suggested by the three-strata paradigm. Concretely, this means identifying structural and cultural aspects that would tend to reproduce the readiness for military action, production, and deployment. This would include mobbing of young boys at school, primogeniture, \(^{16}\) unemployment, and exploitation in general. Further, the use of military production and deployment to stimulate economic growth and economic distribution; heavily nationalist, racist, and sexist ideologies, \(^{17}\) and so on. The combination of building military teaching and exercise components into high school and university curricula and structure, \(^{18}\) and disseminating militarism as culture, should merit particular attention. Yet structure and culture are usually not included in ‘arms control’ studies, both being highly sensitive areas. Those taboos have to be broken.

1.4 Examples of Cultural Violence

We turn now to the listing of six cultural domains mentioned in the introduction – religion and ideology, language and art, empirical and formal science – giving one or two examples of cultural violence from each domain. The logic of the scheme is simple: identify the cultural element and show how it can, empirically or potentially, be used to legitimize direct or structural violence.

1 Religion In all religions there is somewhere the sacred, das Heilige; let us call it ‘god’. A basic distinction can be made between a transcendent God outside us and an immanent god inside us, maybe also inside all life. \(^{19}\) The Judaism of the Torah, founded almost 4,000 years ago, envisaged God as a male deity residing outside planet Earth. A catastrophic idea; a clear case of transcendentalism as a metaphor from which many consequences follow, taken over by the other Semitic or Occidental religions, Christianity and Islam. With god outside us, as God, even ‘above’ (‘Our Father, who art in Heaven’) it is not inevitable but indeed likely that some people will be seen as closer to that God than others, even as ‘higher’. Moreover, in the general Occidental tradition of not only
dualism but Manicheism, with sharp dichotomies between good and evil, there would also have to be something like an evil Satan corresponding to the good God, for reasons of symmetry. Again transcendental and immanent representations are possible, with God and Satan possessing or at least choosing their own; or with god or satan – not to mention god and satan – being inside us. All combinations are found in all Occidental religions. But the focus here is on the hard version, belief in a transcendental God and a transcendental Satan.

Whom does God choose? Would it not be reasonable to believe that He chooses those most in His image, leaving it to Satan to take the others, as indicated in Table 1.2? This would give us a double dichotomy with God, the Chosen Ones (by God), the Unchosen Ones (by God, chosen by Satan) and Satan; the chosen heading for salvation and closeness to God in Heaven, the unchosen for damnation and closeness to Satan in Hell. However, Heaven and Hell can also be reproduced on earth, as a foretaste or indication of the afterlife. Misery/luxury can be seen as preparations for Hell/Heaven – and social class as the finger of God.

Table 1.2 The Chosen and the Unchosen

<table>
<thead>
<tr>
<th>God chooses</th>
<th>And leaves to Satan</th>
<th>With the consequence of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human species</td>
<td>Animals, plants, nature</td>
<td>Speciesism, ecoside</td>
</tr>
<tr>
<td>Men</td>
<td>Women</td>
<td>Sexism, witch-burning</td>
</tr>
<tr>
<td>His people</td>
<td>The others</td>
<td>Nationalism, imperialism</td>
</tr>
<tr>
<td>Whites</td>
<td>Colored</td>
<td>Racism, colonialism</td>
</tr>
<tr>
<td>Upper classes</td>
<td>Lower classes</td>
<td>‘Classism’, exploitation</td>
</tr>
<tr>
<td>True believers</td>
<td>Heretics, pagans</td>
<td>‘Meritism’, Inquisition</td>
</tr>
</tbody>
</table>

An immanent concept of god as residing inside us would make any such dichotomy an act against god. With a transcendental God, however, this all becomes meaningful. The first three choices listed in Table 1.2 are found as early as Genesis. The last one is more typical of the New Testament with its focus on right belief, not just on right deeds. The other two are found as scattered references to slaves, and to rendering unto the Lord what is of the Lord and unto Caesar what is Caesar’s. The upper classes referred to as being closer to God have actually traditionally been three: Clergy, for the obvious reason that they possessed special insight in how to communicate with God; Aristocracy, particularly the rex grata det; and Capitalists, if they are successful. The lower classes and the poor were also chosen, even as the first to enter Paradise (the Sermon on the Mount), but only in the after-life. The six together constitute a hard Judaism–Christianity–Islam which can be softened by giving up some positions and turned into softer Islam, softer Christianity, and softer Judaism by adopting a more immanent concept of god (sufism, Francis of Assisi, Spinoza). The consequences in the right-hand column of Table 1.2 could also follow from premises other than a theology of choseness; the Table only postulates contributing, sufficient causes.

For a contemporary example consider the policies of Israel with regard to the Palestinians. The Chosen People even have a Promised Land, the Eretz Yisrael. They behave as one would expect, translating choseness, a vicious type of cultural violence, into all eight types of direct and structural violence listed in Table 1.1. There is killing; maiming; material deprivation by denying West Bank inhabitants what is needed for livelihood; there is desocialization within the theocratic state of Israel with second-class citizenship to non-Jews, there is detention, individual expulsion, and perennial threat of massive expulsion. There is exploitation, at least as exploitation B.

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The four structural concomitants of exploitation are all well developed: efforts to make the Palestinians see themselves as born underdogs, at most heading for second-class citizenship by 'getting used to it'; giving them small segments of economic activity; keeping them outside Jewish society both within and outside the Green Line, and dealing with Palestinians in a divide et impera mode (as in the Camp David process), never as one people. There is neither massive extermination nor massive exploitation A of the sort found in many Third World countries under the debt burden, which above all hits children. The violence is more evenly distributed over the whole repertory of eight types. To some, who set their sights low, defined by Hitlerite or Stalinist extermination and Reaganite exploitation A, this means that no mass violence is going on, thus proving how humane the Israelis are. Such perspectives are also examples of cultural violence, indicative of how moral standards have become in this century.20

2 Ideology With the decline, and perhaps death, not only of the transcendental but also the immanent God through secularization, we could expect successors to religion in the form of political ideologies, and to God in the form of the modern state, to exhibit some of the same character traits. Religion and God may be dead - but not the much more basic idea of sharp and value-loaded dichotomies. The lines may no longer be drawn between God, the Chosen, the Unchosen, and Satan. Modernity would reject God and Satan but might demand a distinction between Chosen and Unchosen; let us call them Self and Other. Archetype: nationalism, with State as God's successor.

A steep gradient is then constructed, inflating, even exalting, the value of Self; deflating, even debasing, the value of Other. At that point, structural violence can start operating. It will tend to become a self-fulfilling prophecy: people become debased by being exploited, and they are exploited because they are seen as debased, dehumanized. When Other is not only dehumanized but has been successfully converted into an 'it', deprived of humanhood, the stage is set for any type of direct violence, which is then blamed on the victim. This is then reinforced by the category of the 'dangerous it', the 'vermin', or 'bacteria' (as Hitler described the Jews); the 'class enemy' (as Stalin described the 'kulaks'); the 'mad dog' (as Reagan described Qadhafi); the 'cranky criminals' (as Washington experts describe 'terrorists'). Extermination becomes a psychologically possible duty. The SS guards become heroes to be celebrated for their devotion to duty.

Using the six dimensions of Table 1.2, we can easily see how the chosen ones can remain chosen without any transcendental God. Thus, only human beings are seen as capable of self-reflection; men are stronger/more logical than women; certain nations are modern/carriers of civilization and the historical process more than others; whites are more intelligent/logical than non-whites; in modern 'equal opportunity' society the best are at the top and hence entitled to power and privilege. And certain tenets of belief in modernization, development, progress are seen as apodictic; not to believe in them reflects badly on the non-believer, not on the belief.

All of these ideas have been and still are strong in Western culture, although the faith in male, Western, white innate superiority has now been badly shaken by the struggles for liberation by women, non-Western peoples (such as the Japanese economic success over the West), and colored people inside Western societies. The United States, the most Christian nation on earth, has served as a major battleground, inside and outside, for these struggles. Reducing US cultural violence becomes particularly important precisely because that country sets the tone for others.

These three assumptions — all based on ascribed distinctions, gender, race, and nation already given at birth — are hard to maintain in an achievement-oriented society. But if modern society is a meritocracy, then to deny power and privilege to those on the top is to deny merit itself. To deny a minimum of 'modern orientation' is to open the field to any
belief, including denying power and privilege for the meritorious and a strict border between human life and other forms of life. In short, residual choseness will stay on for a while as speciesism, ‘classism’, and ‘meritism’, regardless of the status of God and Satan.

The ideology of nationalism, rooted in the figure of Chosen People and justified through religion or ideology, should be seen in conjunction with the ideology of the state, statism. Article 9 in the postwar Japanese Peace Constitution, that short-lived effort to make some cultural peace, stipulated that ‘The right of belligerence of the [Japan] state will not be recognized’. Evidently Japan had forfeited that right – whereas others, presumably the victors, exited from the war with the right intact, maybe even enhanced.

Where did that right of belligerence come from? There are feudal origins, a direct carry-over from the prerogative of the rex gratia dei to have an ultima ratio regis. The state can then be seen as an organization needed by the Prince to exact enough taxes (and, after 1793, conscripts) to pay for increasingly expensive armies and navies. The state was created to maintain the military rather than vice versa, as Krippendorff has maintained. But the state can also be seen as one of the successors to God, inheriting the right to destroy life (execution), if not the right to create it. Many also see the state as having the right to control the creation of life, exerting authority superior to that of the pregnant woman.

Combine nationalism with steep Self–Other gradients, and statism with the right, even the duty to exercise ultimate power, and we get the ugly ideology of the nation-state, another catastrophic idea. Killing in war is now done in the name of the ‘nation’, comprising all citizens with some shared ethnicity. The new idea of democracy can be accommodated with transition formulas such as vox populi, vox dei. Execution is also done in the name of ‘the people of the state X’; but like war has to be ordered by the State. Much of the pro-life sentiment against abortion is probably rooted in a feeling that abortion on the decision of the mother erodes the power monopoly of the state over life. If anti-abortion sentiment was really rooted in a sense of sacredness of the fetus (homo res sacra hominibus), then the pro-life people would also tend to be pacifists; they would be against the death penalty, and be outraged at the high mortality levels of blacks in the USA and others around the world. Of course, the priority for choice rather than life is another type of cultural violence, based on a denial of fetal life as human, making the fetus an ‘it’.

Combine the ideology of the nation-state with a theologically based Chosen People complex and the stage is set for disaster. Israel (Yahweh), Iran (Allah), Japan (Amaterasu-Omikami), South Africa (a Dutch ‘reformed’ God), the United States (the Judeo-Christian Yahweh-God) are relatively clear cases; capable of anything in a crisis. Nazi Germany (the Nazi Odin/Wotan-God) was in the same category. Russia after Gorbachev – who saw himself as the successor to Lenin after 61 years of stagnation – is probably still laboring under its calling as a Chosen People, chosen by History (capital H) for some special mission. And France has the same superiority complex – only that any idea of being chosen by somebody would indicate that there is something above France, an intoleraible idea. France chose herself, un peuple élu, mais par lui-même, exemplified by the archetypal act when Napoleon was to be crowned by the Pope in 1804. He took the crown from his hands and crowned himself.

3 Language Certain languages – those with a Latin vocabulary base such as Italian, Spanish, French (and modern English), but not those with a Germanic base such as German and the Scandinavian languages – make women invisible by using the same word for the male gender as for the entire human species. The important movement for
non-sexist writing is a good example of deliberate cultural transformation away from cultural violence. The task must have looked impossible when some courageous women got started, and yet it is already bearing fruit. Then there are more subtle aspects of language where the violence is less clear, more implicit. A comparison of basic features of Indo-European languages with Chinese and Japanese brings out certain space and time rigidities imposed by the Indo-European languages; a corresponding rigidity in the logical structure with strong emphasis on the possibility of arriving at valid inferences (hence the Western pride in being so 'logical'); a tendency to distinguish linguistically between essence and apparition, leaving room for the immortality of the essence, and by implication for the legitimacy of destroying what is only the apparition. However, this is deep culture, the deeper layers of that bottom stratum in the violence triangle. The relations to direct and structural violence become much more tenuous.

4 Art Let me make just one point, important for the present emergence of a European Union as the successor to the European Community of 1967. How does Europe understand itself? The story tied to the ‘Europa’ of Greek mythology is not very helpful. The understanding of Europe as the negation of the non-European environment carries us much further. And that environment at the time of the transition from the Middle Ages to the Modern Period was the gigantic Ottoman Empire to the east and the south, reaching the walls of Vienna (1683), conquering Syria and Egypt (1517), vassalizing Tripolitania, Tunisia, and Algeria afterwards, leaving only the Sultanate of Fez and Morocco with the small Spanish Habsburg enclaves, two of them still there. The only non-Oriental (meaning Arab, Muslim) environment was Russia, poor, vast in space and time. Sleeping, but giant.

Europe thus had to understand herself as the negation of the enemy to the south and the southeast. Thus developed the metaphor of ‘oriental despotism’, still very prominent in the European mind, to come to grips with the ‘environment’. Typical of the ‘oriental despot’ was callousness and arbitrariness. Like the European Prince he killed: but he ruled by his own whim, not by law. Sexually he enjoyed an access (the harem) which his European colleagues could only approximate by sneaking out at night to violate peasant girls. So did Muslims not constrained by Christian monogamy. In France a school of painting emerged in the 19th century representing oriental despotism in a setting of sex and/or violence. Henri Regnault’s Execution Without Process and Eugène Delacroix’s The Death of Sardanapal are good examples. Hegel, copied by Marx, also saw oriental despotism and oriental (or Asian) mode of production as negative, homogeneous, stagnant.

It belongs to this syndrome that the non-Arab part of the semicircle around Europe, Russia, also had to be seen in terms of oriental despotism. That ‘despotism’ could fit the tsars as a description is perhaps less objectionable – but ‘oriental’? The figure has probably influenced the European image of Russia and the Soviet Union for centuries, and still does, as intended slurs on either.

5 Empirical Science One example of cultural violence would be neoclassical economic doctrine, understanding itself as the science of economic activity. Strongly influenced by the Adam Smith tradition, neoclassical economics now studies empirically the system prescribed by its own doctrines, and finds its own self-fulfilling prophecies often confirmed in empirical reality. One part of neoclassical dogma or ‘conventional wisdom’ is trade theory based on ‘comparative advantages’, originally postulated by David Ricardo, developed further by Heckscher and Ohlin and by Jan Tinbergen. This is the doctrine that prescribes that each country should enter the world market with those products for which that country has a comparative advantage in terms of production factors.

In practice this means that countries well endowed with raw materials and unskilled
labor are to extract raw materials, while those well endowed with capital and technology, skilled labor and scientists, are to process them. And thus it was that Portugal gave up its textile industry and became a mediocre wine producer, whereas England got the stimulus, the challenge needed to develop its industrial capacity still further. The consequences of this doctrine in the form of today’s vertical division of labor in the world are visible for most people to see. Structural violence everywhere: among countries and within countries.\(^{28}\)

Thus, the doctrine of comparative advantages serves as a justification for a rough division of the world in terms of the degree of processing which countries impart to their export products. Since this is roughly proportionate to the amount of challenge they receive in the production process, the principle of comparative advantages sentences countries to stay where the production-factor profile has landed them, for geographical and historical reasons. Of course, there is no law, legal or empirical, to the effect that countries cannot do something to improve their production profile – a basic point made by the Japanese economist Kaname Akamatsu.\(^{29}\) But to do so is not easy when there are immediate gains to be made by not changing the status quo, for those who own the raw materials/commodities. And thus it is that the ‘law’ of comparative advantages legitimizes a structurally intolerable status quo. In short, this ‘law’ is a piece of cultural violence buried in the very core of economies.

6 Formal Science But surely this cannot be said of mathematics? This is not so obvious. If mathematics is viewed as a formal game with one basic rule, that a theorem \(T\) and its negation \(\neg T\) cannot both be valid, then there may be violent consequences. Even when mathematical logic explores polyvalent logic, the tools used is bivalent logic with its strict line between valid and invalid: \textit{tertium non datur}. And it is easily seen that it has to be that way, inference being the mortar of the mathematical edifice, with \textit{modus ponens} and \textit{modus tollens} being the key procedures. No inference can be made with ambiguous truth values for the antecedents or the inference.\(^{30}\)

This means that mathematics disciplines us into a particular mode of thought highly compatible with black/white thinking and polarization in personal, social, and world spaces. The either/or character of mathematical thought makes it an exciting game: but as a model for a highly dialectic human, social, and world reality it is far from adequate. And \textit{adequatio} is the basic requirement for culture, symbolic space, if it is to guide us in visioning a less violent potential reality.

7 Cosmology We return to the problem of the transition from cultural violence to violent culture. As mentioned in section 1.1 above, such global judgements could be arrived at by identifying an extensive and diverse number of cultural aspects, in religious and ideological thought, in language and art, in empirical and formal science; all of them serving to justify violence. However, there is also another approach: to explore the substratum of the culture for its ‘deep culture(s)’, of which there may be several.\(^{21}\) We would be looking at the roots of the roots, so to speak: the cultural genetic code that generates cultural elements and reproduces itself through them. That this becomes very speculative is not so problematic; it is in the nature of science to postulate deeper layers, spelling out implications, testing the hard core of the theory around the ragged edges.

The cosmology concept is designed to harbor that substratum of deeper assumptions about reality,\(^{19}\) defining what is normal and natural. Assumptions at this level of depth in the collective subconscious are not easily unearthed, not to mention uprooted. And yet, it is at this level that occidental culture shows so many violent features that the whole culture starts looking violent. There is choseness, there are strong Center-Periphery gradients. There is the urgency, the \textit{apocalypse now!} syndrome precluding the slow, patient
building and enactment of structural and direct peace. There is atomistic, dichotomous thought with deductive chains counteracting the unity-of-means-and-ends. There is arrogance toward nature counteracting the unity-of-life. There is a strong tendency to individualize and rank human beings, breaking up the unity-of-man. And there is a transcendental, absolute God with awesome successors. The whole culture possesses a tremendous potential for violence that can be expressed at the more manifest cultural level and then be used to justify the unjustifiable. That there is also peace in the Occident, sometimes even emanating from the Occident, is something of a miracle, possibly due to the softer strands. This is a major theme in the rest of Part IV.

The problem is that this type of thinking easily leads to a sense of hopelessness. Changing the cultural genetic code looks at least as difficult as changing the biological genetic code. Moreover, even if it were possible, 'cultural engineering' might be a form of violence as problematic as genetic engineering is proving. Should it be left to 'chance'—meaning to those with power and privilege? This is a very difficult and important field for future peace research, to be explored in Chapter 5.

1.5 Gandhi and Cultural Violence

What did Gandhi himself have to say about these tricky problems, open as he was to exploring alternatives to both direct and structural violence? His answer was to reproduce, from his ecumenism, two axioms that in a sense summarize Gandhism: unity-of-life and unity-of-means-and-ends. The first follows from the second if it is assumed that no life, and particularly no human life, can be used as a means to an end. If the end is livelihood, then the means has to be life-enhancing. But how do we understand 'unity'? A reasonable interpretation, using the ideas developed in the preceding sections, would be in terms of closeness, against separation. In our mental universe all forms of life, particularly human life, should enjoy closeness and not be kept apart by steep Self–Other gradients that drive wedges in social space. Any justification derived from the hard core of a culture, e.g. a calling as a Chosen People, would be rejected when it conflicted with this even higher, even 'harder' axiom.

We can understand unity-of-means-and-ends as bringing other mental elements, such as acts, and facts brought about by acts, close together. They should not be kept separate by long causal chains that drive wedges in social time. To initiate long social sequences leading to take-off or revolution, investing in industry or the industrial proletariat, is not good enough. The means must be good, in themselves, not in terms of distant goals, way down the road – as witnessed by the millions sacrificed on the altars of industrialism in the name of 'growth/capitalism' and 'revolution/socialism'. Justification derived from empirical confirmation, 'it works', is rejected when it conflicts with this even higher, even 'harder' axiom.

Any Self–Other gradient can be used to justify violence against those lower down on the scale of worthiness; any causal chain can be used to justify the use of violent means to obtain nonviolent ends. Gandhi would be as skeptical of Marxist ideas of revolution and hard work, of sacrificing a generation or two for presumed bliss the day after tomorrow, as he would of liberal/conservative ideas of hard work and entrepreneurship, of sacrificing a social class or two for the bliss of the upper classes even today.

The conclusion drawn by Gandhi from these two axioms was respect for the sacredness of all life (hence vegetarianism) and acceptance of the precept 'take care of the means and the ends will take care of themselves'. Thus the unity-of-life doctrine is very different from a doctrine of 'ecological balance', since it means enhancing all life, not just human life; and all human life, not just the categories chosen by some (to Gandhi, distorted or
misunderstood) religion or ideology. And the unity-of-means-and-ends would lead to a doctrine of synchrony, calling for work on all issues simultaneously\textsuperscript{14} rather than the diachrony of one big step that is assumed to trigger the \textit{force motrice}. \textit{Archetype}: the Buddhist wheel where elements of thought, speech, and action tend to be at the same level of priority, not a Christian pyramid with more focus on some than others (e.g. faith vs. deeds).\textsuperscript{15}

1.6 Conclusion

Violence can start at any corner in the direct–structural–cultural violence triangle and is easily transmitted to the other corners. With the violent structure institutionalized and the violent culture internalized, direct violence also tends to become institutionalized, repetitive, ritualistic, like a vendetta. This triangular syndrome of violence should then be contrasted in the mind with a triangular syndrome of peace in which cultural peace engenders structural peace, with symbiotic, equitable relations among diverse partners, and direct peace with acts of cooperation, friendliness, and love. It could be a virtuous rather than vicious triangle, also self-reinforcing. This virtuous triangle would be obtained by working on all three corners at the same time, not assuming that basic change in one will automatically lead to changes in the other two.

But does this inclusion of culture not broaden the agenda for peace studies considerably? Of course it does. Why should peace studies be narrower than, for instance, health studies (medical science)? Is peace easier than health, less complex? And how about biology, the study of life; physics, the study of matter; chemistry, the study of the composition of matter; mathematics, the study of abstract form — all of these are fairly broad. Why should peace studies be more modest? Why draw borderlines at all in a field so terribly important in its consequences, and also so attractive to the inquisitive mind? If culture is relevant to violence and peace, and surely it is, then only the dogmatic mind will exclude it from explorations as penetrating and tenacious as the countless studies devoted to the many aspects of direct and structural violence. The only thing that is new is that the field opens for new areas of competence, such as the humanities, history of ideas, philosophy, theology. In other words, an invitation to new disciplines to join the quest for peace, and to established researchers in the field to retool a little. In so doing, maybe peace research could even make some contribution to founding a major scientific enterprise still conspicuously absent from the pantheon of academic pursuits, the science of human culture, 'culturalology'. Today the field is divided between 'humanities' for 'higher' civilizations and cultural anthropology for 'lower' ones; with philosophy, history of ideas, and theology filling in some pieces. Concepts like 'cultural violence' span all of that, just as 'structural violence' spans the whole spectrum of social sciences. Peace research has so much to learn, so much to take, to receive. Perhaps we shall also in due time have some contributions to make: in the spirit of diversity, symbiosis, and equity.

Notes


2. There have been many efforts to create the 'new man' (and woman?). In the West each new
branch of Christianity is an effort, so is humanism, so is socialism. But any inculcation in others of any single culture is in itself an act of direct violence (meaning intended by the actor), usually implying desocialization from one culture and resocialization into another – including the very first socialization of the young (defenseless) child. However, if culture is a _conditio sine qua non_ for a human being, we are born with none (only predispositions), and inculcation is an act of violence, then we are faced with the basic problem of education: is 'educate' a transitive or intransitive verb? Of course it is both, related hermeneutically. Peaceful education, including socialization would probably imply exposure to multiple cultures and then a dialogue, as argued below. Neither Christianity nor humanism is good at this; in fact, we still do not know _how_ to do it. It should be noted that to impose a culture on somebody, whether done directly or structurally, is not what is meant here by cultural violence. Cultural aspects legitimizing that imposition, however, for instance because the culture is 'higher' (monotheistic, modern, scientific, etc.), would be violence built into that culture, in other words, cultural violence. 'Empirical or potential legitimation of violence' is the key to cultural violence.

3. We then schematically divide control mechanisms into internal and external, positive and negative: identifying 'internal, both positive and negative' as good and bad conscience respectively; 'external positive' as reward and 'external negative' as punishment. 'Internalization' is conscience deeply rooted in the person system, 'institutionalization' is punishment/reward deeply rooted in the social system. Both serve to make the act come forth 'naturally, normally, voluntarily'. This piece of elementary social science may serve to locate cultural and structural violence centrally in general social science theory construction.


5. For an attempt to compare the three systems (not just Hitlerism and Stalinism, which became very common under glasnost revisionism), see my _Hitlerism, Stalinism, Reaganism. Three Variations on a Theme by Orwell_ (Norwegian edition, Oslo: Gyldendal, 1984; English edition forthcoming).

6. There are strong similarities built around Shinto themes of chooseness. For an analysis, see Saburo Lenaga, _The Pacific War. 1931–1945_ (New York: Random House, 1978), particularly p. 154 for the concept of _hakkō ichi_ (the eight corners of the world under one roof).

7. The easy approach is to dump all 'side-effects' at the doorstep of some other disciplines, demanding that they shall clean them up conceptually, theoretically, and in practise – as economists are wont to do.

8. A document consisting of the Universal Declaration of 1948, the two Covenants of 1966, and an Optional Protocol. The Bill has not yet attained the standing it deserves, among other reasons because of US failure to ratify one of the Covenants.


11. Hence it is at this level that environmental degradation has to be counteracted, through de-industrializing and de-commercializing processes – not by converting one type of pollution or depletion to another through patchwork approaches to this major global problem.


13. For this, see Hans Ruedi Weber, 'The Promise of the Land, Biblical Interpretations and the Present Situation in the Middle East', _Study Encounter_, vol. 7, no. 4, pp. 1–16.

14. Rather, it is almost incredible how peaceful that border high up in the North has been between such a small and such a big country, supposed by some to be eager to fill any 'power vacuum'.

15. This is the general approach taken by the Stockholm International Peace Research Institute, in the _SIPRI Yearbook_ and other publications: very useful as documentation at the surface level, but it does not deepen the understanding sufficiently for any real counter-measures to be imagined and enacted.

16. These factors are very often held to be important in explaining Japanese aggressiveness, e.g. by Ruth Benedict in her _The Chrysanthemum and the Sword_ (London: Routledge; originally published in 1946). Saburo Lenaga also quotes these factors in _The Pacific War. 1931–1945_.

17. When the train passed the Imperial Castle in Tokyo, passengers used to stand up and bow toward the Emperor. And the Shinto Yasukuni shrine is still a major center of the national and nationalist constructions in Japan. After his party's defeat in the 23 July 1989 elections, the new LDP Prime Minister, Kaifu, did not visit the shrine on the anniversary of the capitulation 15 August 1945, well knowing that the winds were blowing more from the left.
18. Nowhere have I seen a clearer example of such deep integration of the military into the university as with the Reserve Officers Training Corps (ROTC) in the USA, which even permits the military to buy students with scholarships and to give classes filled with militarist propaganda.

19. Another theological distinction of equal importance is whether we are born with original sin (as some Christians would claim), original blessing (as others would claim), both (a Hindu–Buddhist karmaist position?) or neither (an atheist position). The combination transcendental God/original sin has tremendous implications for controlling people, as Luther understood well.

20. For more details, see Johan Galtung: 'The "Middle East" Conflict', ch. 3, pp. 37–57 in my Solving Conflicts: a Peace Research Perspective (Honolulu, HI: University of Hawai’i Press, 1989); see also my Nonviolence and Israeli–Palestine (Honolulu, HI: University of Hawai’i Press, 1989). For an excellent study of the theme of chosenness, see Weber, 'The Promise of the Land'.


22. This is a major theme of a fascinating and scary dystopian novel (now also a film), Margaret Atwood, The Handmaid's Tale (New York: Ballantine, 1987). I am indebted to Carolyn DiPalma for this reference.

23. My own position, not very original, is this: the fetus is life, hence sacred. Everything possible should be done to avoid a situation where life is destroyed, willfully or not. After all alternatives have been exhausted, the decision belongs to those who created that life, generally a woman and a man, with veto power to the woman and right of consultation to the man.


29. His basic point is simply this: use all surplus value accumulated to improve the factors of production, not for luxury consumption by the owners of the factors of production, to get out of the trap. Simple and wise, this is what Japan did, but hardly what Japan today would like to see so many others do.


31. An important poststructuralist position: digging deep, below the surface, is not a transition from multiplicity to simplicity. 'Deep occidental culture', for instance, is not unambiguous. I would, myself, argue that Christianity can be understood only in terms of at least two readings, a hard reading (more transcendental original-sin oriented) and a soft reading (immanent, original-blessing oriented). Others see a more complex variety of deep cultures. The step from one to two is a necessary condition.

32. Cosmology is then defined, roughly, as 'the deep cultural assumptions of a civilization, including the general assumptions underlying the deep structure; defining the normal and natural'.

33. When does the culture, particularly the deep culture, have sufficient plasticity (Scholem) for the culture to be moulded, reshaped? In times of crises? After a deep trauma has been inflicted, including the trauma of inflicting deep traumas on others? We know little except that these are crucial questions.

34. Look at Gandhi's life: The political agenda he took on was staggering — swaraj: the exploration of satyagraha and sarvodaya; the uplift of the Indians in South Africa, the harijans in India, the women; and the communal struggle between Hindus and Muslims. At no point did Gandhi say: I will concentrate on one of these, and the rest will follow.

Chapter 6
Visible Invisibility?
Representing Dynamics of Relational Violence

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Abstract

When researching and thinking about interventions in violences, the focus of attention is ‘subjective’ violence, that is, violence that can be assigned to an identifiable agency. Yet, invisible or less obvious forms of relational violence, including influences of symbolic and systemic violences, need to be properly acknowledged as a ‘normal’ state of things to be challenged. In other words, we need to attend to less obvious dimensions of relational violence that form us.

The problem of violence in relational terms is, it could be argued, associated with deep psychic constructions of dominant hetero-masculinity within social meanings that popular culture ascribes, perpetually mediates and re-produces. I draw on Žižek’s (2008) differentiation of subjective and objective violence, the latter is the violence inherent to the ‘normal’ state of things: ‘Objective violence is invisible since it sustains the very zero-level standard against which we perceive something as subjectively violent’ (p. 2). Subjective violence is the most visible dimension of violence that also incorporates less visible dimensions. These less visible or invisible dimensions include, first, violence embedded in language or symbolic violence that results in an imposition and perpetuation of certain meanings, and second, the systemic violence, related to and imbued in the socio-economic and political systems as well as organizations and micro-institutions supporting and mediating them.

One way of approaching less obvious forms of violence and its impacts is to focus on representation through the art discourse. Reflections
are drawn on a range of artistic tactics in representing (in)visible dimensions surrounding relational violence, while simultaneously, engaging in debates that contribute to the deconstructing of issues of gender inequality and injustice more generally. Problematisation of relational violence representation is situated in a wider frame of social influences.

Introduction

Memoirs of Silences, Excerpt 1

Me: I am stressed. I have so much work to meet all REF-related deadlines.

She: Remember, it is not about life and death. It is just academy. It is violence.

Violence and its gendered nature are ubiquitous, affecting millions of lives every day around the world, regardless of one’s class, race, age, ethnic origin, gender or lifestyle. Gender violence is often equated with domestic violence. Paradoxically, it is a notion of home that can be envisaged as the most dangerous place for a woman to be. Susan Edwards (1989) contextualized a notion of ‘home’ as the safest place for men, and yet, the least safe place for women (p. 214). A term domestic violence implies the processes by which women and men are kept ‘in their places’ or gendered spaces. These processes are both visible and invisible.

Men and women have been in some aspects too visible, and yet, not visible enough in a relation to a more critical analysis of violences that acknowledge power dynamics in the context of predominantly but not only heterosexual relationships. Violence against women is often equated with domestic violence as it sustains a particular micro-structure tied to family dynamics, linked to household economics and sexuality. Power dynamics are socialized and perpetuated through dominant representation. Pierre Bourdieu in Masculine Domination discusses the links between manliness and violence, emphasizing the power of socialization and representation:

‘If women, subjected to a labour of socialisation which tends to diminish and deny them, learn the negative virtues of self-denial, resignation and silence, men are also prisoners, and insidious victims, of dominant representation. Like their dispositive victims, they have to learn the insidious which underlie the pursuit and exercise of domination. Like the dispositive victims, they have to learn through a long labour of socialisation, in other words, of active differentiation’ (Bourdieu, 1998/2001: 49).
Violence in the context of domestic abuse is a complex area to work with, as it involves issues related to various forms of physical, non-physical, or sexual abuse taking place within the realms of a close relationship, that is, between partners or ex-partners and not always within the boundaries of a home. This type of violence is enveloped in particular relational dynamics that acknowledges the association of sexuality with violence, to what Catharine A. MacKinnon (1983) referred to, violence linked to the eroticization of dominance. Violence can be conceptualised as related to both, through a process of channelling and enforcing power and control. Simultaneously, violence is control and power in itself that perpetuates and reproduces dominance in societal structures. Violence influences and organizes daily existence in visible and less visible ways. Violence is relational in the context of hetero-sexual realms, linked to all acts and processes of domination between the powerful and those who are not, reflecting an overall societal acceptance of hierarchical rules and coercive authority. In personal relationships, violence is the most obvious expression of control, and subsequently, actualisation and perpetuation of hierarchy and power in the hetero-sexual micro-structure. This is why in theorisation, I prefer to stress forms of relating in the realms of violence and refer to it, as relational violence.

**Memoirs of Silences, Excerpt 2**

At Wyspa Institute of the Arts in Gdansk, last winter, I met Rozhgar Mahmud Mustafa, Kurdish artist-in-residence from Northern Iraq. Rozhgar’s new video installations, rather abstract and minimalist, comment on a personal reception and individual senses associated with the experiences of political reality. Rozhgar purposefully avoids depicting directness of cruelty and voyeuristic representation of the war. Instead, she focuses on more personal and abstract reception. At the opening event, we started talking. She showed me around the space. I was taken by her warmth and openness. She showed me her portfolio, documentation and work-in-progress, images for her forthcoming works. We sat at the table together in her temporary kitchen sipping herbal tea, in a flat transformed for artists-visitors at the premises of abundant shipyard where echoes of solidarity are still loud. Most memorable are long silences that surrounded us after discussing the project and its more personal nature, in which a central object of Rozhgar’s work is a bandage for covering wounds. We were silent. Yet, the silence was loudly connecting us. Details were not important. The bandage was and so was the expression in the eyes; the eyes of silence.
Whether we refer to violence in domestic realms or relationship-related violence or relational violence, the problem continues to be undeniably a common global phenomenon. In Scotland, where I live and work, 88% of crimes and offences of domestic violence and 95% of crimes of indecency that involve mostly sexual assault, are perpetrated by men against women (Macpherson, 2002; Scottish Government, 2007), and these figures relate to the reported cases supported by the existing structural mechanisms. Sometimes, on weekday evenings on my way home from work, I witness and experience myself unrest on the streets, whether it is a verbal insult, an argument outside the pub, or homophobic-infused embodied forms of aggression. The frequency of these incidences tends to increase at nights in the weekends. Witnessing physical aggression on the streets is not unusual. I have seen a man throwing chairs at a woman at a bus station, insulting her and shouting. I have witnessed fighting in the city centre. And so on. In the UK, one in four women experiences domestic violence at some stage in her life, according to the British Crime Survey (2001) and the *Atlas of Women in the World* (Seager, 2007).

When working with violence or researching violence we need to start from a position of proximity with violence. In writing this paper, I have purposefully intermingled my personal reflections’ excerpts in a form of Memoirs with an academic inscription. Violence is in our lives - a daily experience.

**Memoirs of Silences, Excerpt 3**

A few days ago, I have received email from M. She works as a prosecutor in the Crown court. She emailed me she is going through a horrific murder case this week. It is the beginning of the weekend. She is exhausted with the file review process, overwhelmed with the papers to see for Monday, with evidence for the trial etc. She sends her love, pointing she is going to work during the weekend. She said she has to repeat to herself: I am a good prosecutor over and over again. When you are exhausted, you tend to speak less. When you stressed, you sometimes don’t speak up.

Proximity of violence doesn’t have to imply its directness or physicality; proximity of violence also refers to its invisible or less obvious forms, including influences of symbolic and systemic violence. These less visible forms need to be acknowledged as a ‘normal’ state of things, commonly accepted in the society, to be also challenged in working with violence against women.

In stressing the importance of invisible aspects of violence, Žižek (2008) argues that there is something ‘inherently mystifying in a direct
confrontation with violence: the overpowering horror of violent acts and empathy with the victims inexorably function as a lure which prevents us from thinking’ (p. 3). I don’t want to deny the importance of confronting relational violence directly. What I am arguing for is a need to equally attend to its less obvious dimensions. One way of approaching less obvious forms of violence and its impact is to focus on representation through art discourse.

So why to focus on the representation through the arts? The arts can help to break the silence that surrounds violence and its largely unchallenged less visible dimensions. It could be argued that the responses which can genuinely engage with the problem of violence and promote views against violence need to emerge at the grassroots, on an activist and voluntarily basis, alongside the formal campaigns and educational initiatives that are aimed to actively prevent violence. Such campaigns and initiatives can benefit from the directness of communication that is channelled visually.

Visual representation of relationship-related violence

Violence materiality and discursiveness is also reflected in a range of representation. I acknowledge this complexity in relation to construction of violence by going beyond text and focusing the illustrations of its visual representation. Jeff Hearn (1998) pointed out that violence is both material and discursive; ‘both a matter of experience of change in a bodily matter, and a matter of change in discursive constructions. It is simultaneously material and discursive, simultaneously painful, full of pain, and textual, full of text’ (p. 15).

A crisis of masculinity today is tied to a collapsing of the grand narrative of patriarchy and/or its increasing powerlessness. R. Emerson Dobash and Russell Dobash (1979) emphasized the structural and more discursive character of patriarchy construction as one of the fundamental societal organizations. Weakening of the patriarchy narrative and its power in the heterosexual normative today is reflected in and reflects the realms of violence; in particular violence in relationships. Hence, the multidimensional and complex nature of violence needs to be acknowledged when researching in this area. The objective is to attend to the critical issues associated with the ‘crisis’ of masculinity – in particular in relation to the problem of an increasing disconnection and fragmentation of men – linking violence with sexuality in the context of heterosexual normative realms (Fawcett et al., 1996; Burr and Hearn, 2008) and its perpetual invisibility in particular in the domestic realms.
Memoirs of Silences, Excerpt 4

In Polish TVN series of documentaries entitled ‘Women at the End of the World’, a journalist, Chief Editor of National Geographic in Poland, Martyna Wojciechowska’s reports on ‘women’s lives, situated in different places and spaces’. One of the programmes is about the story of Bolivian female wrestler, Carmen, from the slums of La Paz. The story is told from a particularly voyeuristic perspective with graphic details of the fight. The viewer sees the incidences of the plastic chair being broken on Carmen’s, she is dragged on the floor pulled by her hair, and eventually taken out from the ring where her opponent was repeatedly banging her head against the wall. She was bleeding. The ‘fight’ continued in Wojciechowska’s programme for uncomfortably long time and nobody intervened. Only at the end, we learned that the crew asked to stop the fight ‘staged into a camera’, in case the women was beaten to death. Wojciechowska’s camera also showed the episodes of befriending Carmen; buying her cloths for the fight, visiting her family and her home, talking with her relatives about poverty, violence and economics. The series is framed as ‘showing the social problems of the world through the individual stories’. The book based on the series was also published. Wojciechowska simply used Carmen and her context to sell her story. It just becomes another TV entertainment production. I was angry for lack of sensitivity in representation and the way Wojciechowska’s positioned power through the camera lens. I was angry and wrote to her. No reply. Wrote again. Another moment of silence. Another moment of silencing.

Politics of representation reveal the degrees of complexity and indeed shallowness of engagement with the construct of violence. Firstly, as violence is an emotive area of study, it often evokes strong feelings and responses that stem from taking a particular position to questions and notions of power, fear and inequality (Hearn, 1998; Edwards, 2006). Such responses often result in a direct confrontation with the violent subject.

Secondly, in studying varieties of human conditions including, love, memory, suffering, power, loss, desire, terror, a research reduced to the factuality of knowledge does not appear to suffice in problematising the complexity of social issues that stem from them, including violence. A multitude of human conditions is evoked in and by various forms of violence. Art-based routes have a capacity of transgressing more conventional boundaries of various traditions of academic engagement in channelling contextual understandings and exchanges.
Thirdly, an art-based research process can facilitate an engagement with the complexity and multidimensionality of various representations; such a process is grounded in theoretical framing but also characterized by emotive qualities and sensorial engagement that inform the intellectual processes of the research inquiry and potential interventions.

Fourthly, an arts-based research process can also form aesthetic learning about violence itself, and simultaneously, stimulate reflections about our relationships to ourselves and to others.

*Memoirs of Silences, Excerpt 5*

J told me a story today over a coffee that inspired her to leave the country, to go abroad. She got a position as the school gallery director and was happy with the plans and developments. Few members of the city art council visited the gallery, all men. At the meetings, while J was serving the coffee, she was referred to as a secretary by one of the council board members. She said nothing. One person intervened and explained who J was. She could not say anything then. It bothered her ...for a long time...not so much what has been said, but indeed that she was unable to speak up.

The examples of artworks below focus on representation of violence, emphasising the processes of weakening the patriarchy narrative, particularly weakening its power, predominantly in the heterosexual milieu that is reflected in and reflects the very realms of violence; in particular in violence where dominant masculinities constructions are tied to sexuality. A discussion is focused on the contents of the projects, aesthetics and artistic strategies.

**Visible invisibility: Representation enveloped in feminist aesthetics**

Barbara Kruger and Bruce Nauman tackle directly more invisible dimensions surrounding relational violence while simultaneously engaging in debates that contribute to visible deconstructing of the issues of gender inequality and injustice more generally.

Barbara Kruger, a feminist American artist, is known for blending text with image in her practice. She is also a political activist and writer. Her ongoing project is to provoke and to question power constructions and its wider effects on human life and human needs. As Juliana Endberg emphasised, Kruger’s art aims ‘to investigate the way power is constructed, used and abused. In her works, which have become the demonstrative visual icons of the 1980s and 1990s, power is interpreted through
the social, economic and political arrangements which motor the life impulses of love, hate, sex and death’. Kruger’s works are striking. In her practice, she often manipulates the images appropriated from the media and popular culture; the blending of text and image is enveloped in blacks, whites, greens and reds. Her works form a social and political commentary. As Linker (1996) pointed out, Kruger uses her artworks to promote and to support causes that she believes need supporting, including violence against women (Ibid.). She also is concerned with women as the other role in society more generally; the otherness in the realms of hetero-normativity. Kruger’s works are shown around the world and displayed in various ways; at the exhibitions in the gallery spaces, on the billboards in urban spaces, on T-shirts, shopping bags, in TV and through Web2 technology.

Kruger’s works contributed to the Rule of Thumb: Contemporary Art and Human Rights programme of the exhibitions, workshops and events, aimed to confront the exploitation and abuse of women, and was supported by Amnesty International and Rape Crises Scotland in 2005. Kruger’s project that featured in this programme, consisted of a dual exhibition and included various interventions.

The main exhibition was showcased at the Gallery of Modern Art in Glasgow and featured an installation in the gallery space, including the floors, columns and windows. The gallery space was ‘wallpapered’ with the enlarged newspaper articles, images and slogans. The main installation consisted of the blended images and texts; the accounts of violence taken from newspapers and magazines, printed and pasted up in the gallery space like a wallpaper. Besides the newspapers’ cuts, the ‘wallpaper’ material consisted of various phrases and slogans such as ‘all violence is the illustration of pathetic stereotype’. Featured texts either represented the voices of victims of violence or challenged its perpetrators. Most provocative were pictorial representations and the close-ups; the glimpses of vulnerable and/or distressed fragments of faces. The installation blended the images that engaged the viewer in a more direct confrontation with represented violence. These more visible representational aspects of violence were intermingled with the enlarged newspapers’ cuts, forming a comment, confirming the existence of local, national and global problems, simultaneously ‘disclosing’ invisible forms of violence; its symbolic and systemic dimensions.

Kruger said: ‘power and its politics and hierarchies exist everywhere: in every conversation we have, in every deal we make, in every face we kiss’. In the Tramway, another gallery space in Glasgow, Kruger showcased a multi-projection film entitled Twelve (2004). The video installation was based on twelve short recordings of mealtime discussions, originally written by Kruger, conversations that gradually escalated to arguments and confrontations. Large projections on the four opposite gallery walls, invited the viewer to participate and to get involved in these arguments, to be surrounded by confrontation. The viewer witnesses violence aurally but not physically. In such a space, there was no escape from reflections on how we treat one another on a daily basis. And who is ‘we’ here? ‘We’ refers not only to a cultural viewer in the gallery space, but to everyone. Tramway gallery commissioned two artists Belinda Guidi and James McLardy to work with a group of teenage boys from the Linthouse area of the city, in response to themes raised in Twelve that resulted in the project With Bow and Drill that was showed at the end of Kruger’s show.

Representation of violence dynamics in Kruger’s project was purposefully provocative, aimed to break the silence that surrounds violence against women and to shake the public to respond somehow and to


3 Further information http://www.e-flux.com/shows/view/2165
react. Barbara Kruger uses the media as a way of employing the design and production as well as display techniques of mass media advertising campaigns to both provoke and to comment on the power of the visual. Kruger (2005) explained:

‘I try to address notions of power and how they make us look and feel: how they dictate our futures and our past. How power is threaded through culture and impacts both men and women. We all live in a world constructed through the dense machinations of trade and expenditure, of pleasure and desire, of labour and wages. I think that pictures and words have the power to make us rich or poor. I try to engage that power, using methods that are both seductive and critical’.4

The main exhibition space, in particular its focal centre piece in the Gallery of Modern Art, has been also transformed into a resource centre for women, concerning where to go for advice, support and information across Scotland. Information leaflets and booklets listed several local organizations, including their aims and services offered, as well as an address and access information. These organizations included for instance Amina Muslim Women’s Resource Centre, Rights Project, Glasgow Women’s Aid, Glasgow Working Group on Women, Religion and Violence, Routes out of Prostitution Intervention Team, SAY Women (i.e. for an accommodation support for 16-25 year old), Scottish Domestic Abuse Helpline, Switchboard Lesbian Line, Women’s Support Project, Rape Crisis and many others. In the gallery, there were also information leaflets available to pick up on the 13-month programme, addressing violence against women that involved many partner organizations, local community groups, artists, projects and events.

The project was primarily aimed at intervention, to raise awareness about violence against women and to address its wider issues. Several events and outreach happenings were organized in the context of Kruger’s exhibition to raise awareness about violence against women. Elbowroom initiative for instance preceded Kruger’s exhibition. Elbowroom initiative consisted of several arts projects that run with groups across Glasgow. The gallery initiated partnerships between the following organizations: Red Road Women’s Centre, Glasgow Women’s Library, Glasgow Women’s Aid and Base 75 as well as artists and curators, including Rachel Mimiec, Anne Elliot, Katie Bruce, and Janice Sharp. Several workshops, events, consultations and research, resulted in artworks

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addressing the issues relating to violence against women and the violation of women’s human rights that were subsequently showcased in the Gallery of Modern Art from the end of 2004 to February 2005. The work in elbowroom incorporated various art-based interventions of participatory nature.

The ideas for artworks at Base 75 for instance were generated through dinner conversations between staff of the centre and women who visited that centre. The centre is normally attended by women who live and witness violence. Women who attend the centre predominately work in prostitution, often on the streets. Discussions over dinners included issues of violence, housing, dress code, drugs, policing and self-defense. The Glasgow Women’s Aid art pieces were emerged out of personal stories of the group of young people in age between 10 and 15 who lived in refuge and experience various forms of bullying. Women who participated in the Glasgow Women’s Library worked with the library resources. Selecting book titles and photocopying the book spines resulted in ‘spine poetry’ and sculptures. In Red Road Women’s Centre a group of women developed their artwork responding to the site, Red Road itself, to address the issues surrounding violence in contemporary Glasgow cityscapes such as housing, poverty, unemployment, ethnic diversity, substance abuse, problem of safety and broken relationships.5

Kruger, conscious that the gallery is not a neutral space but loaded with various agendas and aimed at particular viewers, also displayed her billboard in the public locations, including Glasgow Central Station. At the same time as Kruger’s exhibition took place, St Mungo Museum showcased photographer Jenny Matthews’ black-and-white works entitled Women and War, intimate portraits documenting the lives of women in war zones since 1982. The images are based on encounters with women the artist meet’s. A developed relationship with these women allows the artist to capture various aspects of women’s struggle in war.

An impact of Kruger’s artistic strategies is today visible in campaign and PR material of some local women’s organizations. For instance, Rape Crisis Scotland adopted mixing of text and image in their more recent publicity as well as their posters campaigns.

A problem of violence is also a theme of Bruce Nauman’s work. Bruce Nauman, an American conceptual artist, addresses more or less directly the problem of violence in his works. Nauman’s installation Violent Incident (1986) from Tate collection consists of the ‘wall’ of television screens that transmit variations of a script of a dinner party scenario. Similarly as in Kruger’s Twelve (2006), Nauman’s dinner party gradually

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5 Information obtained from Rape Crisis Scotland and Glasgow Gallery of Modern Art.
transforms into aggressive tension and violence. This time it is a joke that escalates to a violent incident between a male and a female, including accounts of shouting, pushing each other and a chair throwing... Drama continues to unfold. The screens, the scripting, and hypnotic repetition all build the aggressive tension for the viewer. What seems interesting is the fact that Nauman has hired actors to perform the act, getting them to play the scene in a number of different ways. The variations include one where the male/female roles are reversed. Through dialectic of an aggressive act, Nauman’s work complicates representation of the power dynamics in the realms of heterosexual relationships.

Both Nauman’s installations contextualise violence in the wider societal issues, raising questions of life and death, love and hate or pleasure and

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6 Tate collection, from the display caption, May 2002.
pain. The television channels his *Anthro-Socio* (1992) video showcased the close-ups of a bold male head revolving on his own axis and shouting the following: ‘*Feed me, eat me, anthropology. Help me, hurt me, sociology. Feed me, help me, eat me, hurt me*’. His shouting, heard from different directions through sound channeling, together with the repetition and multiplication of video imagery, resulted in very distressing responses in the viewer, simultaneously involving the viewer in the problem of violence’s pervasiveness and in the work itself. Here violence was situated in the context of the most basics human needs of the men in the society. Yet, the figure of the men seemed to be trapped in an existential state, embodied yet abstract, material and also violent.

The viewer entering the space of the exhibition could instantly grasp the multi-modal effect of the installation. The loudness of the sound heard from different directions was irritating and at the same time alarming, somewhat disturbing. Because of the all encompassing multi-sensorial experience, the viewer has become embodied in the installation, a part of the artwork itself, one with violence. With its penetrating sound effects, the installation links a media view of the public sphere with the subjective view. The repetition of the cry and multi-screen images of a distressed men, involves the viewer in the work, asking to consider the relationship between subject and object of violence, between man and society. Nauman’s other works also reflect the strategy of repetition. For instance, the joke played by the couple in *Violent Incident* (1986) that goes wrong and escalates into a violent act echoes his earlier neon sculptures. The neon figures continuously slap each other in *Double Slap in the Face* (1985) ‘validating’ pervasiveness and ‘normality’ of violence. In other words, violence here is ‘undermined’ through endless repetition and the grotesque.

The selected works address the problem of violence with a particular realism and rawness, commenting on how dominance is maintained and reproduced in the relational realms of predominantly the heterosexual normative (in Kruger in particular), yet, situated in much wider social frame. In the *Anthro-Socio* (1992), Nauman also examines the role of language as agent of the most basic human states, linking to a notion of symbolic violence. The male figure in the *Anthro-Socio* appears trapped between inseparable existential states: trapped in his social body, cultural body, and material body. Nauman examines the role of the language in relation to the spectator’s involvement in the aesthetic experience.

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The spaces of Nauman’s installations become the intervention. Similarly as Kruger’s wallpapering of mass-media imagery of violence in the gallery space, *Anthro-Socio* (1992) space transforms into a violence space itself, in multidimensional ways, via language, via system, via sensory experience.

Nauman’s *Anthro-Socio* was showcased in *Bare Life*, a series of exhibitions on the themes of human rights, organized in 2007 and 2008 with the Museum on the Seam in Jerusalem, Israel. The aim of the exhibition was as the curator explained ‘to touch upon the increasingly unraveling seam between deviant states and normative states, and to point resolutely at the place where the temporary emergency situation turns into a legitimized ongoing situation that in the end leads to a paranoia of suspicion and to the use of violence to re-establish public order…’ The artists and the works were selected ‘to proclaim its aspiration for reforms and new directions in the Universal Declaration of Human Rights’. As a viewer of Nauman’s and Kruger’s artwork, one can certainly witness or even experience violence. Their works channel an emotional response that includes a particular contempt in the viewer, interwoven with a powerful form of discomfort.

Both Kruger’s and Nauman’s works represent violence in a violent way, raising a threshold of awareness regarding what can be counted as the power of violence. The projects disrupt the assumptions that violence in today’s world can be more taken for granted. Nauman’s installation

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8 Museum on the Seam, Bare Lives exhibition http://www.mots.org.il/eng/Exhibitions/BareLifeCuratorWords.asp
Violent Incident (1986) inspired a collaborative project by students from Hartsdown Technology College in Margate, in the UK. The project was based on the objective of creating a performance, informed by the issues relating to relational violence. The DVD entitled Hidden: Deconstructing Domestic Violence was produced by Chalkstack Digital Communications, based on the documented final performance. The DVD is now used as a resource for social services, aimed to ‘change the culture’ to make violence less acceptable.

Both artists through their projects promote awareness of equality and testability of human rights directly and through audience’s response and appropriation. Political imagination in Kruger’s work involves an engagement in the particular histories (as the mediated and personal accounts-illustrations of violence) that are also about other histories in Nauman’s representation (referring to wider inequality issues as transmitted patterns of meanings that operate today).

The arts based engagement allows to approach the problem of violence via feminist inquiry that exposes and engages embodied experiences surrounding the content of representation, and at the same time, contextualises a sense of discomfort for the viewers, as constituted and situated in historically and culturally-specific transmitted discourses of inequality. Such an aesthetic approach of working refers to Elisabeth Grosz’ model of feminist inquiry (1994) that acknowledges both psychic constructions of subjectivity as well as more surface experiences of corporeal exposures of the subject to the ‘social inscription’ (p. 189).

Towards closure? Reflections on the method

In researching violence visually, we engage with the tensions between (1) visual representation and symbolic politics that links predominantly to imagery (politics enveloped in an aesthetic inquiry in Kruger’s and Nauman’s work) and (2) possibilities of political engagement (activism role in agency).

Turning to a visual method can help us to attend to various inconsistencies or ‘logics’ that textual narrative cannot contain. Also, the benefit of visual representation is connected to the production process; that is, representation that can work through various discourses, including discourses produced by social scientists, lawyers, social workers, politicians, and so on. By focusing upon reflections of how existing masculinity norms interact with legitimising attitudes to violence as well as how certain femininity norms may legitimise accepting abuse in a wider social sphere, the visual insights can help to theorise the overlapping links of masculinity and sexuality in the heterosexual matrix of violence constructions.
I have received a sms from K. She apologises and explains why she has not replied for some time. She said work had taken her to the edge over the last couple of months, physically, mentally and emotionally. Politics at the university, but she feels, she is turning a corner now. She will manage now... she said.

In my position as the writer and the researcher, there is ambivalence about the politics of the processes observed and analysed in approaching violence. Framing the context and the ways professionalisation operates (my academic role, curatorial role and other roles) involves a production of representation, negotiation and embodiment.

It seems important to reflect also on the ways we have been formed and emphasise the ambivalence towards working with a theme of violence and its emotive side and the coping with the research process itself. Addressing Bourdieu’s argument the ‘visible changes that have affected the condition of women mask the permanence of the invisible structures, which can only be brought to light by relational thinking’ (2001/1998; 106), I hope the Excerpts from my Memoirs help to reflect the reader on the production of silence in response to violence and on the processes of how violences perpetuate silences.

My journey of researching violence reveals the intertwined spaces, roles and subjectivities, both professional and activism-related. This journey engages me in the feminist-infused debate on invisibility and silence, and simultaneously, re-writes the self, my story in this process. Hearn (1998) pointed out that studying violence and being against violence doesn’t mean distancing from violence. In this journey, reflecting on my political agency and subjectivity with an aim to make a difference, to the lives of people engaged in working with the problematic spaces of relational-based violence, I become one with silence.

I would like to dedicate this essay to C. M. The processual nature of relational violence, its proximity to sexuality can help us to understand better how masculinities and femininities operate and more importantly evolve and mutate with time and space, in silence.
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Chapter 7
Effects of Gender-Based Violence: A Situation Analysis of the 2007 Post-Election Ethnic Violence in Kenya

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Introduction
This chapter represents part of a paper prepared for a seminar delivered at GEXcel, Linköping in May/November 2009. The discussion in this chapter focuses on what I consider to be the effects of violence against women. This chapter is a ‘work-in-progress’ within the framework of GEXcel’s Theme 4 – 5: Sexual Health, Embodiment and Empowerment: Bridging Epistemological Gaps. Specifically, this work explores the structural violence caused by a nation’s political instability in order to understand the effects of political ethnic violence from a gender perspective. The chapter further explores the various forms of violence that women and men experienced in order to understand and illustrate the impact of political ethnic violence against women. This work is divided into four sections: 1. the background of ethnic conflicts in Kenya, particularly focusing on the causes of ethnic violence after the introduction of multi-party politics; 2. my biggest motivation for undertaking this particular discussion; 3. the methodological approach of this research; and 4. the multi-layered dimensions of the effects of political ethnic violence.

Background to the Impact of Ethnic Violence
Kenya changed from one-party political rule to a multi-party political system in the early 1990s. Since then, national politics have become a major source of ethnic conflict as ethnicity became a strategy as well as the basis for mobilisation by different political parties. Surveys show that the conflicts that hit most parts of the country in 1991/92 and 2001/2002 were politically and ethnically based (Rights Watch, 1997; Oyugi, 2010), even though they were less severe than those of 2007. Additionally, it has been observed that, since the formation of multi-party politics in Kenya in the 1990s, enmity and conflict among different
ethnic communities, poverty, economic instability, homelessness and political ethnic violence in Kenya have intensified (Magara, 2010; Nzioki, 1993; Dewrist, 1998).

As the December 2007 Kenyan election reports got underway, it was evident that the country was poised for one of the darkest moments it had ever experienced since the independence movement of 1963. After the 2007 political elections, the president of the Party of National Unity (PNU) emerged victorious, while his opponent, the leader of the Orange Democratic Movement (ODM), lost by a small margin. This victory was bitterly contested by ODM supporters. The Electoral Commission was accused of vote-rigging in favour of the PNU leader and of lack of accountability, transparency and political impartiality. Thus, the announcement and immediate swearing in of the PNU presidential candidate as the winner ignited violence that spread across many parts of the country like a bush fire (Ng’etich and Madala, 2008; Regrets only, 2007).

For months before the elections, tension had been building up among some communities, especially concerning the non-Kikuyus, over land ownership and perceived economic injustices that had allegedly been in existence since independence. President Mwai Kibaki of the PNU comes from Kenya’s largest ethnic group, the Kikuyu (also the community of the late Jomo Kenyatta, Kenya’s first President), while Raila Odinga of the ODP belongs to the third largest ethnic group, the Luo. Although different ethnic communities have co-existed ‘peacefully’ since independence, after the reports of the December 2007 political elections, different ethnic communities rose up against each other. The main targets of attack were members of the president’s community and those from the communities that supported the president’s party (PNU).

During the epoch of ethnic violence, and by the manner in which victims or properties were singled out for destruction, it became clear that some ethnic communities were being targeted for punishment because of their support for the PNU leader. This violence also aimed to get rid of PNU supporters who were inhabiting areas outside their ‘home’ districts, regardless of the fact that they had legally settled in those areas several years before.

The post-election political violence was a landmark as it was ethnically based and targeted people from rival communities, who were also seen as foreigners¹ and were commonly referred to as ‘Modoadoa,’ a derogatory term in Swahili meaning ‘spots,’ denoting ‘outsiders’ who do not belong. These ‘outsiders’ were forcefully evicted from their homes. During this period of violence, the property of the targeted people was

¹ ‘Foreign’ neighbours are members of different ethnic communities who have settled or work in regions or towns far from their own birth districts.
looted or destroyed, many of them lost their lives or homes, others were severely disfigured, women and girls were raped, while men and boys were sodomised (Philip Waki Commission Report, 2008). By the end of February 2008, it was estimated that over 1,000 people had lost their lives and approximately 300,000 were internally displaced (BBC News, 2010).

The post-election violence took place at the time when I was in the final phase of my PhD research. The excessiveness of the violence that was experienced in most parts of the country after the poll announcement, and especially its impact on members of the Gusii community, among whom I had conducted my research, motivated this discussion on violence.

Biography: Occasions to Remember

My story begins in 2006, when I conducted a series of interviews with the Gusii women family tea producers in the Nyamira County of western Kenya for my doctoral research. I was interested in looking at the Gusii women’s production activities in the tea industry. In December 2007, I made a final trip for a follow-up study from Canada where I was undertaking my graduate studies. The final study was intended to focus on tea processing in the study area and tea auctioning at the Port of Mombasa. Unfortunately this final objective was not achieved as a result of the December 2007 post-election ethnic conflicts which affected many parts of the country, including the Nyamira county – my study area. During the conflict, many families were displaced, thousands of lives were lost and much property was destroyed. In addition, all farm activities, including tea production, processing and auctioning, which were the main focus of my study, halted for several days. Travelling from one region to another was impossible because of insecurity and lack of transportation. As a result of the violence, I could neither visit the tea processing factory located within the area of my study nor travel to the tea auction zone at Mombasa as earlier planned. Therefore, I suspended my fieldwork plans and instead focused on my own security and that of my children, who were living in Nairobi over 300km away from where I was conducting my research. I worried about my safety and that of my children, let alone how I could travel back to the city from the countryside where I had been overtaken by the violence. Later, I managed to travel safely to Nairobi after having been immobilized for eight days.

2 Most seriously affected were members of the Kikuyu and Gusii communities. These two communities are mainly agriculturalists. Hence, their displacement affected not only their social situations, but also their economic activities.
The December 2007 post-election ethnic violence was one of the greatest challenges I encountered during my PhD fieldwork. This violence helped me to reflect on war-torn countries, including Bosnia, Herzegovina, Sudan, Somalia, Rwanda, Burundi and many others. My perception of gender-based violence was shaped by various works on violence in my graduate school. Documentaries on the Hague tribunal for the Bosnia conflicts and the Arusha tribunal for the Rwanda genocide added an invaluable dimension to my interest in examining the December 2007 Kenyan post-election ethnic violence.

**Methodological Approach to the Effects of Violence**

This paper mainly focuses on the effects of political ethnic violence from a gender perspective. This is an exploratory study based on my personal experience of the December 2007 and early 2008 post-election ethnic violence. In addition, secondary data (i.e. media/newspaper coverage, commission document reports) on the post-election ethnic violence are invaluable resources for this discussion.

Reflecting on my own experience as both an insider and outsider, I chose to use my voice as one of the methodological approaches so that I can recount my own experience and that of the victims of violence in a more articulate manner. My choice of insider/outsider framework is supported by the argument that ‘insiderness and outsiderness are not fixed or static positions – rather, they are ever-shifting and permeable locations that are differently experienced and expressed by community members.’ (Naples, 2004: 373) Therefore, I start with the assumption that, as a member of a community whose people were among the victims of violence, my experience gives me a better insider perspective on gendered violence. Additionally, my status as a researcher influenced the way in which I consider myself to be an outsider in relation to the feelings of the people who were cut off by violence and had no means of moving to a safer place, which I finally obtained.

The method of narrating and applying my personal experiences is further supported by some feminist scholars, who have suggested that researchers can make people’s experiences more visible by employing oral narratives as alternative methodologies of reporting (Kathryn Anderson et al., 1990; Narayan, 2003: 308-317). Moreover, personal narratives enable an individual to declare his/her own standpoint because ‘to deny a person the opportunity of narrating his or her own experience is to deny them their human dignity’ (Errante, 2004: 23). This approach of using personal experience is also supported by some scholars who suggest that ‘finding one’s voice is a crucial process of one’s (their) research and writing’ (Reinharz, 1992: 16)
Another methodological approach I have employed in studying the issue of gendered violence is to examine secondary sources on ethnic violence in order to represent the victims’ voices not only as an observer of violence, but also as a researcher. I found it significant to highlight issues surrounding gendered violence, especially rape – an issue that victims of violence find it difficult to disclose. Therefore, as researchers, ‘we can and must speak out for others’ (op cit., 16). Moreover, by representing the voices of others, researchers also represent themselves in one way or another, including using their voices as victims or as relatives of the victim(s) of violence. Thus, the objective of representing people’s voices is to provide an insight into their experiences of the December 2007 post-election ethnic violence in Kenya. However, this research does not in any way claim to improve the lives of the victims of violence but only to highlight their predicament. For this reason, this work is presented as a narrative account. This approach aims to present the data about the effects of gendered violence thematically in order to bring out the consequences of political ethnic violence and their implications for the victims of violence.

Effects of Violence Against Women

Over the past few decades, women across the globe have been greatly affected as a result of political instability. Women have often been viewed as bearers of cultural identity and thus, because of their gender, they become primary targets during armed conflicts. Gender-based and sexual violence have increasingly become weapons of war and revenge in many regions that have experienced internal or external armed conflicts. Violence against women during conflicts takes various forms, such as forced impregnation, the deliberate spread of sexually transmitted diseases (STDs), including human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), various forms of torture, murder, psychological trauma and the displacement of women and their families from their homes. The Waki Commission Report on the Kenyan 2007 post-election ethnic violence learnt of:

Family members being forced to stand by and witness their mothers, fathers, sisters, brothers, and little children being raped, killed, and maimed…husbands abandoning their wives who had been defiled…and the inevitable psychological burden of powerlessness and hopelessness that left the individuals who had experienced sexual violence feeling alone, isolated, and unable to cope…possibly forever (Philip Waki Commission Report, 2008: 237).

The psychological trauma of rape and rejection by relatives as a result of defilement is the most difficult situation to come to terms with. This is
because it is accompanied by other depressive emotional states, including pessimism, shame and loss of self-esteem. As one of the victims of the previous ethnic violence recalls:

...some children, young girls, were raped, it took us a year when we started talking to them to realize that they were even affected by venereal diseases – something they are so closed about they don’t want to talk about it (Dewhirst, 1998).

Violence that involves acts such as rape or sodomy frequently goes unreported because of the disparagement by society against the victims. Therefore, most sexually abused victims choose not to disclose sexual atrocities against them. Consequently, silence from fear of being humiliated or ostracised by society heightens the trauma. Political ethnic violence has also led to the breakdown of the basic infrastructure in many parts of Kenya. It is apparent that gendered and economic violence are at play, which makes women’s bodies as well as their source of livelihood vulnerable, especially during conflicts. The appalling media images (especially after the December 2007 elections) of women with children strapped on their backs/sides scrambling for safety or women without any food for themselves or their children at the internally displaced persons (IDP) camps is a clear illustration of the effects of ethnic violence against women. Additionally, the massive amount of people’s suffering as a result of bad governance is depicted by the consequences of violence.

The United Nation’s 2001 Declaration on the Elimination of Violence against Women defines violence against women and girls as:

Any act of gender-based violence that results in or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts as coercion or arbitrary deprivation of liberty, whether occurring in public or in private life...(United Nations, 2001: 89)

Women are particularly vulnerable to the violence that is directed towards them, especially during times of conflict. For instance, according to the Waki Report (2007), sexual violence in Kenya mainly took the form of gang and individual rapes, many of which were ethnically driven; ‘women and children’s labia and vaginas were cut using sharp objects and bottles were stuffed into them.’(Philip Waki Commission Report, 2008: 348). From the manner in which sexual violence was directed at women we can infer the results of such brutality. Moreover, the consequences of sexual violence were likely to result in unwanted pregnancies and/or children who are HIV positive and sexually assaulted women are more likely than other women to become infected with HIV/AIDS because, during rape, they cannot negotiate for condom use. It is very likely that many healthy women were sadistically raped and infected during ethnic violence and left to bear the brunt of the after-effects of
violence, both for themselves and their relatives, including their spouses and children.

Sexually abused women are disgraced by the rapists. Consequently, the majority of rape victims may be reticent and choose to suffer silently instead of reporting the sexual atrocities mounted against them. (Ibid.: 237) In most cases, such women avoid reporting this kind of violence (Ibid.) because it not only brings shame to their menfolk, but also causes stigmatisation and the fear of being abandoned by their spouses and other family members, who may consider them unclean. Scholars have indicated that, in some Kenyan patriarchal societies, extra-marital relations are not condoned and therefore such victims may be disowned and humiliated by society. In such societies, sexually dishonoured women are not only blamed for their defilement but they are also renounced and ridiculed by their families. In others, sexually despoiled women may need to be cleansed before they are accepted again by their partners (Silberschmidt, 1999). Although it is advisable to report rape for immediate remedy, there is a need to recognise the consequences of reporting. For instance, the manner in which ritual cleansing is performed and the publicity it is given in some communities, especially among the Gusii of Western Kenya, cause further humiliation for the defiled victims. Hence, women are discouraged from reporting rape incidents (Nyamongo, 2007). Additionally, sexual violence against men remains under-reported because doing so would challenge men’s egos. During the 2007 Kenyan ethnic violence, insecurity was so intense that the lack of timely reporting of rape incidents or seeking medical services hindered the chances of preventing unwanted pregnancies or even treating HIV and other STDs, and there was also a lack of transportation. Hence, many victims of sexual violence were unable to access medical services, let alone report the abuse, because of societal stigmatisation and possible ostracism.

In fact, since women are the last ‘colony’ to be conquered by the enemy during war, rape symbolises victory and aggression over the enemy. Yet, during political conflicts, women’s roles multiply as they bear the burden of caring for the injured victims as well as looking after the orphans and displaced relatives and friends. However, the December 2007 ethnic violence, which led to the massive displacement of women and men from their original homes and farms, hindered women from performing their role of feeding their dependants as a result of lack of food and security. At the same time, displaced persons who are HIV/AIDS positive are vulnerable due to lack of medication and other food supplements to boost their immunity. The situation became worse as a result of unhealthy living conditions in the IDP camps.
Thus, based on these discussions, we can only deduce that the amount of insecurity that was experienced during the time of political instability adversely affected both men and women, even though women are doubly affected as they often undertake the huge responsibilities of caring for their dependants despite their vulnerability. In some cases, the loss of men through fighting forced women to take on functions that were normally performed by men, and in this way expanded their roles in society.

How men were affected

While the December 2007 political instability caused intensive loss for Kenyan women, men too experienced the impact of violence to a large extent. To reiterate, political violence mainly targeted people from ethnic communities who had allegedly voted for the Party of National Unity (PNU), whose president had won the contested election. Therefore, men from specific communities, who were believed to have supported a particular political party, especially the PNU, experienced various forms of violence. The Waki Report learnt that, ‘a number of men were brutally “circumcised” and, as a result, some of them bled to death; men and boys had their penises cut and were traumatically circumcised, in some cases using cut glasses; some men and boys were sodomised’ (Philip Waki Commission Report, 2008: 348). As one woman testified, ‘I found that his… penis had been cut and his testes were chopped off and placed on his hand… My brother was clobbered before he was mutilated…’ (Ibid.: 259) Other men, whose wives and daughters had been raped, were disgraced. At the same time some male survivors were disfigured as a result of the physical torture that was inflicted on them by members of rival communities; men who worked on plantation farms and in other towns that were not their places of birth lost jobs as a result of ethnic violence. Consequently, as a result of this violence, some who were regarded as ‘madoadoa’ lost their residential homes, businesses and other properties. At the same time, men whose wives, daughters or mothers were raped during violence were not only dishonoured but their egos and masculinity were also destroyed by their political opponents.

As a result of the violence, together with the news and horrible scenes of violence, some male survivors took revenge against people, both men and women, from rival communities. This act intensified the ethnic violence, which escalated into the camps (Mwaniki, 2008: 21) (show grounds, churches, and school compounds) where victims of violence had fled, believing they were safe. However, one such haven turned into a flaming hell as over 30 victims burned to ashes when the church in which they sought refuge was torched by arsonists believed to be political ri-
vals. (BBC News, 2010) Such an atrocious and vindictive act becomes a perpetual landmark among the survivors and the relatives of the dead.

**Effects on School Children**

Like women and men, children too were severely affected by the December 2007 post-election ethnic violence. During this period, children, especially school-going boys and girls, were displaced. Hence, they lacked shelter, food and a peaceful learning environment (Gitahi and Mwangi, 2008: 10). Apparently, some girls who were sexually abused either conceived or were infected with sexually transmitted diseases, including HIV/AIDS, and as a consequence have to face the aftermath of violence forever.

Many pupils in violence-affected areas were forced to quit school because of insecurity as well as the displacement of their families. Most schools in violence zones became sanctuaries for Internally Displaced Persons (IDPs). While this kind of school invasion interfered with normal learning, teachers from different ethnic communities who were deployed in schools located among rival communities quit work because of insecurity. Teachers in those few IDP schools where learning did continue lacked adequate teaching resources and were unable to handle a huge population of students.

The IDP schools lacked basic resources, such as adequate meals and shelter, uniforms and stationary to enable them to proceed with teaching. While many girls dropped out of school as a result of violence and the displacement of their parents from their homes, those who continued to learn in the IDP schools were badly affected as they lacked other basic amenities such as clothing and adequate water, as well as sanitary towels and sufficient sanitation in order to cope with learning in such an environment or even to perform their exams uninterrupted (Ngetich and Amadala, 2008). This situation has negatively affected children’s learning as well as their future academic performance as they cannot compete with students in ‘normal’ schools. Moreover, the psychological trauma of ethnic violence has probably affected their learning capability.

**Conclusion**

This paper has explored the effects of violence against women. I have argued that violence against women also affects all those who are closely associated with them, including their spouses and children. The excessive violence helps us to deduct the negative effects of violence on both women and men and children. Women as farmers and mothers have long-established commitments to feed their dependants,
and therefore political ethnic violence destroyed women upon whom society depends for their important responsibility of mothering. Sexual violence against women not only destroyed women’s status but also humiliated their men. As protectors of their families, men who experienced violence had their status in society destroyed. Likewise, children who experienced violence, or the consequences of rape and other forms of sexual violence, suffer from the repercussions of violence forever. Meanwhile the scars of violence create a landmark in people’s lives that will take decades to be healed. The situation of hopelessness has been exacerbated by the fact that, since the eruption of political ethnic violence, some families are still languishing in the IDP camps and the perpetrators of the violence have not been punished.

The effects of violence leave a significant scar on many people. However, only the survivors can explain the excessiveness and implications of violence as they reflect on its after-effects. I therefore conclude this discussion by depicting the effects of the 2007 post-election ethnic violence in a poetic form:

The Vote

Vote, vote, choose your candidate, your vote is your power
Or is it your death, displacement, hunger, rape and destruction?
After voting, Boom! Boom! are the sounds of
 tear gas canisters and doors banging
Enraged rivals used knives, sticks, swords,
bows and arrows against non allies
The voices of the enemies we heard, ‘Leave now or die,’ non allies escaped
They fled in lorries, handcarts, bicycles, and on foot for their dear lives.

Faithful voters were displaced, because of
 violence and threats of violence
Everywhere there were awful blasts, blasts
from guns and tear gas canisters
Silencing peaceful voices, voices of loyal voters, demonstrating for peace
Firing into the air, firing at the voters,
blameless voters, voted to be fired at
Voters raised their voices to pray, for their children, their safety and the country
Voters prayed to God, the only Protector,
greater than man, the vengeful enemy.
Inside the church, they took shelter and prayed, prayed for peace and security
Cruel rivals arrived, enraged with anger, ready for revenge against non allies
Full of animosity, they torched the church together with God’s people
God’s church, God’s people, many of them, like wood, they smouldered
Their smoke stained the skies; their ashes and bones polluted the ground
An everlasting memory to all the loved ones, and a curse to the murderers.

The 2007 post-election ethnic violence, hurtful memories for victims of violence
Carrying the burden, the burden of pregnancy and children of the rapist
A reminder of the sorrowful past, and a bleak future
Scars of violence, un-washable landmark, a broken bridge for co-existence
Distrust and hatred of humanity, the milestone product of ethnic violence.

Political violence, no sense of shame or guilt for rape, murder and brutality
Ethnic violence, without feelings, you mercilessly sodomised our men and boys
Forceful and brutal circumcision, a cruel tool for humiliating and silencing men
Violence the basis for loss of lives, mutilation of penises and maiming of voters
Violence against humanity, the worst enemy of peace and socio-political integrity
Everywhere, there was mourning and praying, for peace, and for the loved ones.

No time, no time to farm, no grain on the farm to harvest, it is time to run
Farms and homes are deserted, no security, no farming during violence
Farms, houses and roads, ideal battlefields for political ethnic violence
Everywhere you see burnt cars, houses, dead bodies and blood of violence
An island of peace became a battlefield and graveyard for disgraced voters.
Victims cramped in the IDP camps, like logs ready to light a fire
The IDP camps, not a haven of peace, warmth, prosperity or safety
We lay our heads on the ground, no mattresses,
no blankets, and no food
No bed to lay the empty stomachs, but a
thin deplorable rag is the mattress
Yet an endless call, a call persuading the IDPs to return to their homes.

Violence, you raped our peace, our mothers,
daughters and our economy
Violence, revenge and resentment, the enemies of peace and prosperity
Violence, the enemy of dignity, love, kindness and good neighbourhood
Violence, the enemy of brotherhood, humanity
and peaceful co-existence
Violence, the enemy of political and socio-
economic stability and development
Thanks to the international community for their intervention.

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Introduction

Within the studies of violence, and in particular clinical psychology, the notion of revictimisation is important, and thereby also to recognise the risk of revictimisation in meetings with formal bodies. It is well known and accepted that non-judgemental response from the surrounding society and social support are important factors for recovery after a traumatic experience (Noyes and Hoehn-Saric, 1998). Thus our analysis recognises the importance of working with and through the ecological-psychological model which recognises that ‘both vulnerability to victimisation and individually varied response and recovery patterns are multi determined by interactions among three sets of mutually influential factors: those describing the persons involved and their relationship to each other, those describing the events experienced, and those describing the larger environment’. Together these factors define the person-community ‘ecosystem’ within which an individual experiences, copes with and makes meanings of potentially traumatising events (Harvey, 1996:3).

We are also aware that clinical medicine still operates through a mind/body dualism (Grace, 1998). Even in therapeutical settings where this dichotomy has been addressed, the context that defines these clinical interventions still seem to over focus on the individual and has a relative under emphasis on environmental and structural aspects (Cromby, 2005). In relation to this model the importance of the notion of embodiment is understandable since embodiment posits ‘…a univocity of mind and body in place of Cartesian dualism’. Furthermore, Lois MacNay ar-
gues that ‘Embodiment expresses a moment of indeterminancy whereby the embodied subject is constituted through dominant norms but is not reducible to them’ (McNay, 1999:99).

Using an interdisciplinary approach, and drawing on the disciplines of anthropology, sociology, medicine and psychology, we want to explore the workings of symbolic violence in the everyday life and at the macrostructural level of institutions. We want to highlight that the experience of symbolic violence within the domestic domain (and its embodied disposition) can influence the ‘victims’ interaction with institutional structures (such as schools and hospitals) and likewise the symbolic violence prevalent in institutional structures can prevent people from disclosing violence within the domestic sphere. For example, feelings of guilt and shame can lead to non-disclosure of an abusive experience which could disadvantage the ‘victim’ vis-a-vis her immediate surroundings. Likewise, institutional neglect could support structures of ongoing physical and sexual violence within the domestic sphere.

Drawing on the work of French social theorist, Pierre Bourdieu, we explore the workings of symbolic violence through three inter-related conceptual categories: Misrecognition, Consent/Complicity and Strategies of Condescension. Before we explore these concepts in detail, we will provide a brief overview of our methodology.

Methodology

In-depth interviews with women who had experienced physical, sexual, and/or psychological abuse were conducted by the first author during spring 2003. In total, 50 interviews were conducted, but for the purpose of this paper we will draw on four interview narratives. All the interviews were conducted in Östergötland, Sweden, and the interviewees were white Swedish women, 18-60 years old. The participants were invited to take part in the interview through a three-step-selection. In step one we invited a population-based random sample of women aged 18-60 years, from the population register in the county of Östergötland (Wijma et al., 2007). Step two was a randomly selected sub-sample of the women who participated in step 1 (Samelius et al., 2007). From the participants of step two, 50 women who had reported experience(s) of abuse were selected through purposeful selection and invited to take part in the in-depth interview study. The interview lasted on average 1.5 hours (ranging from 40 minutes to 2.5 hours). The main purpose of the interviews was to understand the recovery process after abusive experiences.

In this paper, we draw on narratives that highlight women’s experiential accounts of the violences of everyday life. We are interested in
personal narratives at the interface between the public and the private. As Bette Krais (1993) suggests, ‘in the various social fields outside the family, and probably in the normal course of life inside the family, too, it is symbolic violence that acts upon women to maintain a relation of domination’ (Ibid.: 172).

**Ethics**

Major ethical concerns when doing research on violence are integrity of the participants, and how to ask questions about adverse life experiences without risk causing emotional harm (Ellsberg and Heise, 2002). In order to lessen potential harm, all participants were given detailed information about the procedure of the study when they were invited to participate, and participation was confidential. It was made clear that the interview could be stopped at any time that it was felt necessary. Contact details of the co-ordinator as well as information on where to apply for help if needed were provided. After conclusion of the interview, each participant was asked how she felt about having been interviewed and the questions asked.

**The Workings of Symbolic Violence**

Our starting point is to first state that we do not want to understate the seriousness of physical violence but at the same time we do not want to create dichotomies between physical and symbolic forms of violence. Instead, we agree with Bourdieu (1998):

‘that it is necessary to overcome the opposition between the physicalist vision of the social world that conceives of social relations as relations of physical force and a ‘cybernetic’ or semiological vision that portrays them as relations of symbolic force, as relations of meanings or relations of communication. The most brutal relations of force are always simultaneously symbolic relations. And acts of submission and obedience are cognitive acts which as such involve cognitive structures, forms and categories of perception, principles of vision and division’ (Bourdieu, 1998: 52-53).

Moreover, Beate Krais (1993) argues, ‘physical violence just draws attention to the fact that in the oppression of women elementary modes of domination play an important part and that, therefore, we have to look at the complementary mode of domination- namely, at symbolic violence’ (Ibid: 172). Bourdieu supports this by suggesting that when-
ever overt physical and economic violence is negatively sanctioned, ‘symbolic violence, the gentle invisible form of violence, which is never recognised as such...for ex. the violence of credit, gifts, generosity’ takes over (Bourdieu, 1977:192a).

Closely associated with the concept of symbolic violence is the key idea of symbolic power. Symbolic power, Bourdieu argues, rests on two conditions. First, symbolic power has to be based on the possession of symbolic capital. ‘Symbolic capital is a credit; it is the power granted to those who have obtained sufficient recognition to be in a position to impose recognition’ (Bourdieu, 1989: 23). Second, symbolic power is the ‘power of consecration or revelation, the power to consecrate or reveal things that are already there. Thus, a group, a class, a gender, a region or a nation begins to exist as such, for those who belong to it as well as the others, only when it is distinguished from others according to one principle or another that is through knowledge and recognition’ (Ibid: 24). For example, medical staff in health care institutions is the embodiment of knowledge and recognition- knowledge of the medical procedures and recognition of their professional capabilities. An interaction between a patient and a doctor is not one that is to be seen per se but as one in which the doctor becomes the ‘substitute for the group (from which they receive, in return, their power) which exits only through this delegation and which acts and speaks through him...’ as Bourdieu states in Social Space and Symbolic Power (Bourdieu, 1989: 24).

Symbolic violence serves to conceal the use of symbolic power, with which definitions as well as relationships of power and control are reproduced e.g. through language and gestures. John Thompson states that ‘...variations in accent, vocabulary and syntax ... reflect different positions in the social hierarchy...Words can be used as instruments of coercion and constraint, as tools of intimidation and abuse, as signs of politeness, condescension and contempt’ (Thompson, 1984: 42). The power of words is often related to the position that the person has in the institution, since the institution gives legitimacy to the words that are spoken. The social conditions and context (where power is embedded) is important for understanding the legitimacy of language and the ability to use a certain vocabulary by some who has status and power.

Paradoxically, while physical violence is a great deal more visible to others, women experience psychological violence as more debilitating than physical violence. In studies of psychology and violence, it has recently been recognised that psychological abuse will have more long term consequences than physical abuse in terms of psychosocial problems. For example, psychological violence can lead to self-doubt, lack of self-esteem, confusion and depression (Sackett and Saunders, 1999: 1).
Thus it is not surprising that women respondents suggested that physical violence was in many ways better than psychological abuse.

Some of the narratives suggested that physical violence was in many ways better since it was visible. With reference to her father Kristina said, ‘When he beat me, I kind of felt that it was nice... that it hurt physically. It is easier to feel the physical pain’.

It is also well known that psychological abuse can cause anxiety problems. In conjunction with this, ‘self injury is most often performed to temporarily alleviate intense negative emotions...and help resist suicidal thoughts (Klonsky and Muehlenkamp, 2007). ‘The functional nature of self-injury is not always recognised by nurses. According to patients, nurses tend to see self-injury as a form of irrational and pathological behaviour arising from a lack of control, and as something that must be stopped’ (Bosman and Van Meijel, 2008:183).

‘In Högstådiet, I sometimes cut myself and sometimes, I put needles in myself when I felt really bad. I cut only where it would not be visible and once or twice I went out in the snow and lay down with just my underwear. It is as if the physical pain lowers the anxiety...’ (on a direct question she says that she is not cutting herself anymore but after some probing she said that on one occasion when she was having an argument with her boyfriend which evoked anxiety in her, then she poured hot wax over her fingers to deafen the anxiety (Kristina).

We now demonstrate the workings of symbolic violence through the concepts of misrecognition, consent/complicity and strategies of condescension which are interrelated and difficult to disentangle. We draw on narratives and we would reiterate that we place these narratives at the interface between the public and the private.

Misrecognition

Misrecognition is the fact of recognizing a violence which is wielded precisely in as much as one does not perceive it as such. ‘Misrecognition does not fall under the category of influence...being born in a social world, we accept a whole range of postulates, axioms, which go without saying and require no inculcation’ (Bourdieu and Wacquant, 1992:168).

Bourdieu (1977a) while talking about the co-existence of physical and symbolic violence in the same social formation and sometimes in the same relationships argued that while domination can only be exercised in its elementary forms, i.e. directly, between one person and another, ‘it cannot take place overtly and must be disguised under the veil
of enchanted relationships...in order to be socially recognised, it must get itself misrecognised’. Furthermore, ‘...the only way in which relations of domination can be set up, maintained, or restored, is through strategies which, being expressively oriented towards the establishment of relations of personal dependence, must be disguised and transfigured lest they destroy themselves by revealing their true nature’ (p.191). Thus, subjective misrecognition can become a necessary condition for symbolic violence.

Symbolic domination rests on misrecognition and therefore on the recognition of the principles in whose name it is exerted. This, Bourdieu argues, ‘is valid for masculine domination, but also for certain work relations such as those which, in Arab countries, unite the khammes...to his master...and to become attached in this manner, the relation of domination and exploitation must be enchanted in such a way as to transform it into a domestic relationship of familiarity through a continuous series of acts capable of symbolically transfiguring it through euphemisation (Taking care of his son, marrying of his daughter and giving him presents)’ (1998:101). Bourdieu illustrates through examples such as the gift exchange in the Kabylia society whereby ‘giving is also a way of possessing’, because in the absence of coercion of the ‘ways of ‘holding’ someone is to maintain a lasting asymmetrical relationship such as indebtedness and because the only recognised, legitimate form of possession is that achieved by dispossessing oneself- i.e. obligations, gratitude, prestige, or personal loyalty’ (1977a: 195).

Often the perpetrator tries to ‘hold’ someone through similar strategies so that the indebtor adopts an obsequious attitude. As we are all aware, in situations where violence has occurred, often the perpetrator indulges in gifts, flowers, dinners and it is not surprising that certain levels of intimacy are established.

‘It was devilishly clever, because in this way...he beat me and pushed me away and then he, well, gave me a little love, and it became sexual as well. So he gave me a little love and a little sexual tenderness, and then he beat me again. And this pushing away and pulling back, it breaks you down in a terrible way, because after a while you have no trust at all. And the lack of trust, I still work with that because it [trust] disappeared completely.’ (Lena)

This narrative implies that the perpetrator through intermittent acts of ‘love’ was creating a sense of indebtedness in Lena and a sense of gratitude that the violence had ended. One of the consequences of this is that the ‘victim’ is forced to see the relationship as normal and perhaps also
lose their ‘own ‘voice’ in such relationships. The victims are therefore left uncertain and confused as to what exactly is happening and unable to articulate to themselves or to others what they are going through.

Let us look at another narrative which is from an interaction within an institutional structure of the school:

Kristina- ‘When we had breaks at school, the boys pulled me into the toilets and took off my clothes and touched me and also forced me to touch their sexual organs’.

On being asked whether she had informed a teacher, Kristina responded:

‘I told the teacher about the boys. The teacher just said ‘you understand that the boys do that only because they like you’.

The teacher, who embodies symbolic capital and, thus, symbolic power, ‘[has] obtained sufficient recognition to be in a position to impose recognition’ (Bourdieu, 1989:23). ‘Symbolic power is defined in and through a given relation between those who exercise power and those who submit to it, i.e. in the very structure of the field in which belief is produced and reproduced…what creates the power of words and slogans… is the belief in the legitimacy of words and of those who utter them’ (Bourdieu, 1991:170). The teacher embodies the power of the institution and uses her symbolic power to ‘make things with words’, and stands as the ‘substitute for the group (from which they receive, in return, their power) which exists only through this delegation and which acts and speaks through [her]...’ (p. 24). Consequently, the teacher creates a belief in Kristina that the conduct of the boys was acceptable because it was an expression of their ‘like(ness)’ for Kristina. Kristina states that she was ‘drawn to the boys because at least they talked to me and as the teacher had said that they did that because they liked me…I started to think that perhaps it was like that…perhaps they liked me’.

One way in which power operates is through subjective misrecognition of the meanings implicit in the action, practice and ritual, and ‘[a]ny language that can command attention is an authorised language, invested with the authority of a group, the things it designates are not simply expressed but also authorised and legitimated’(Bourdieu, 1977b: 170-171).

Consent/ Complicity

Particularly in relation to symbolic domination, Bourdieu stresses the need to move beyond dichotomies such as constraint and consent, a mechanical coercion and voluntary submission.
‘Any symbolic domination presupposes on the part of those who are subjected to it a form of complicity which is neither a passive submission to an external constraint nor a free adherence to values. The specificity of symbolic violence resides precisely in the fact that it requires of the person who undergoes it an attitude which defies the ordinary alternative between freedom and constraint’ (1992:166). Thus, symbolic violence refers to...’ the coercion which is set up only through the consent that the dominated cannot fail to give to the dominator (and therefore to the domination) when their understanding of the situation and relation can only use instruments of knowledge that they have in common with the dominator, which, being merely the incorporated form of the structure of the relation of domination makes this relation appear as natural...’ (Bourdieu, 2000:170)

In referring to consent, however Bourdieu is not suggesting that individuals are willingly and knowingly putting themselves in positions where they may be open to abuse. The state of compliance ‘is no way a ‘voluntary servitude’ and this complicity, is not granted by a conscious deliberate act: it is itself the effect of a power, which is durably inscribed in the bodies of the dominated, in the form of schemes of perceptions and dispositions (to respect, admire, love), in other word, beliefs which make one sensitive to certain public manifestations, such as public representations of power (2000:171). This often leads to victims making exceptions and embedding acts of demeanours as situations brought about by themselves. As described by Lundgren (1991) in the ‘normalisations process’, the abused woman gradually adapts to the demands of the abuser in order to avoid violence. However, this adaptation also leads to a change in her perception of the situation and, gradually, to her internalising the abuser’s explanations for the violence. Lundgren’s emphasis on non-blame of the abused woman tows the Bourdesian analysis that the ‘submissive dispositions that are sometimes used to blame the victim are the product of the objective structures, and also that these structures only derive their efficacy from the dispositions which they trigger and which help to reproduce them.’ (Bourdieu, 2001:40).

Lena in her narrative reflects on how she was never ‘obsessed with my (her) body’ but ‘it could start with him saying, ‘are you really going to have...that cake...and then I thought that no...but of course I should not...I might become really fat. And then he would not say anything more but it left me with this feeling that something is not right’. Describing an incident from New Years’ Eve, when he first beat her, Lena states that ‘he thought that I had not behaved the way he had expected. And
I have always thought that I have behaved well but I forgave him...I thought that he is not feeling well and it's hard for him to move together with me because it's dramatic for him with the children coming every second weekend...its so much change for him...so I found so many excuses for him to beat me.'

These attitudes also shape her interactions with the institutions such as the hospital. In linking with the earlier point on misrecognition, we would like to point out that women despite the emotional, psychological and sometimes even physical violations, often fail to recognise the 'enchantment' of the relationship. This enchantment, we would argue, allows the victim to internalise the perpetrator's world view- i.e. 'that she has not behaved well' or to make excuses for the perpetrator's behaviour- 'he is not feeling well', or 'its hard for him'. As illustrated by these comments, Lena recognises that she was subjected to some form of exercise of power, yet it was not until she was away from the abusive situation that she recognised it for what it was. During a visit to the hospital emergency ward, Lena, states: "I and ‘this’ (the perpetrator) person thought that I had a heart attack, but they could not find anything wrong...and they kind of decided that it was stress and I did not tell them about the situation at home...so they decided that it was work that was very stressful and they bought it and I bought it and then I went home.' At the hospital she adopts the explanation given to her rather than questioning it, 'they bought it and I bought it and then I went home'. Lena, in a vulnerable help-seeking situation, complies to the caregiver's explanation - the 'official point of view... expressed in official discourse' (Bourdieu, 1989: 22) - while at the same time communicating a certain awareness of doubt towards the given explanation. This doubt, however, has no space in the official dominant language and cannot be expressed without challenging the symbolic capital of the hospital staff as well as of the husband. In some way Lena bought the situation to maintain peace.

Strategies of Condescension

Referring to the communication between settlers and natives in a colonial/postcolonial context, Bourdieu argues that the dominant might embrace the language of the dominated as a token of his concern for equality through a strategy of condescension, by temporarily but ostentatiously abdicating his dominant position in order to 'reach down' to his interlocutor, the dominant profits from this relation of domination which continues to exist by denying it (1992:143). The strategies of condescension can be a means of reinforcing the effect of misrecognition and thereby of symbolic violence.
Bourdieu argues that:

‘strategies of condescension, those strategies by which agents who occupy a higher position in one of the hierarchies of objective space symbolically deny the social distance between themselves and the others, a distance which does not thereby cease to exist, thus reaping the profits of the recognition granted to a purely symbolic denegation of distance...one could use objective distances in such a way as to cumulate the advantages of propinquity and the advantages of distance, that is, distance and the recognition of distance warranted by its symbolic denegation’ (Bourdieu, 1989:16).

Thus we often notice the doctor or the nurse leaning besides the patient but which does not reduce the ‘real’ social distance between them.

Lena: ‘I think I would have denied violence but if someone had...if they had kept me at the hospital for 24 hrs and pressed me about where it comes from, then I would have told...If I had been alone in the hospital room with the personnel when the man was not there, he was of course there...he did not leave me a second...he was there when the doctor made the examination and I think that it should be routine that one should be alone at the examination. Yes one should be alone with the doctor when you are an adult...and he did the talking...and he said that it was a reaction from having separated from my children and all of that. And they took it as an explanation.’

Lotta: Did they give you an opportunity to speak for yourself-to speak alone?

Lena: ‘No, he was there all the time. The psychologist came and, because they apparently do after a suicide and she sat beside me but she spoke to him. She did not talk to me...’

The husband can be seen as symbolically supporting the wife by sitting by her side, – so the impression we have is that the power hierarchies are dissolved but actually the social distance that is reduced serve only to reinstate the power hierarchies- the husband takes the opportunity to talk to the doctor and thus carve a ‘story’ around the ongoing abuse and secondly the doctor accepts that as an explanation.

Lena: ‘When I was there with my physical collapsing, my whole back was full...because I had been thrown down the staircase a
couple of times ...so that I looked as if someone had gone over my back with a baseball bat—but they did not ask’.

Similarly, Karin, a 34 year old respondent disclosed that she and her mother were beaten and psychologically abused by Karin’s father. Karin and her mother separated from her father just before Karin turned 16 and she went to live with her maternal grandmother for some time during that period. She mentions that her gymnasium teacher was extremely sympathetic to the concerns that she raised...

Karin: ‘I had just started high school and then at that time I lived with my grandmother...and then I talked with the teacher and told him that I had a tough time at the moment...for I felt that it was just about the time we were about to move and it was chaos...and talked to him because I wanted to be excused and I had not had time to do it.. and yes it was fine with him. But then at the end of the term...when we were going to get our grades...I had talked a little with him about this during the whole term and he had asked about how things were and so on...and then all of a sudden he said that you only get a three (average grade) because you did not do that assignment. It was just like a smack again (hinting about previous happenings in the house)...and I felt that all trust in this adult vanished. Thus, in a way, one was not taken seriously...and it made one feel that I would not talk to anybody at all after that. Then one realised that they (teachers) would only think that one is trying to get out of doing certain things such as homework.’

Lena’s and Karin’s narratives suggest moments of loss and betrayal vis-à-vis the silent (and silencing) workings of institutional power. However, these, we would suggest, cannot be seen as deliberate acts. As Bourdieu argues in the context of symbolic exchange of goods: ‘the player, having deeply internalized the regularities of a game, does what he must do at the moment it is necessary, without needing to ask explicitly what is to be done...Thus, the exchange of gifts ... conceived as a paradigm of the economy of symbolic goods, is opposed to the equivalent exchanges of the economic economy as long as its basis is not a calculating subject, but rather an agent socially disposed to enter, without intention or calculation, into the game of exchange.’ (Bourdieu, 1998: 98). Even though actions may not be intentional within a symbolic economy of exchange, their effects could violate, silence and oppress individuals.
Conclusion

Symbolic violence helps to perpetuate inequality, and it also has deleterious effects on the health and welfare of the disadvantaged. Thus, argu-ably, symbolic violence leads to social suffering. So where do we go from here? Is there a way of redressing any of this? We lean back on Bourdieu again to possibly understand the processes of combating symbolic and direct physical violence.

Bourdieu clearly states that it would be illusory to think that symbolic violence can be overcome by means of consciousness and will alone, as these socially inculcated schemes are inscribed in the bodies in the form of dispositions, ‘While making things explicit can help, only a thorough-going process of counter training, involving repeated exercises, can, like an athlete’s training, durably transform habitus’ (2000:172). In talking about symbolic violence, Bourdieu states:

‘the conditions of its efficacy are durably inscribed in bodies in the forms of dispositions, which, especially in the case of kinship relations and social relations conceived of this model, are expressed and experienced in the logic of feeling or duty, often merged in the experience of respect, effective devotion or love, and which can survive long after the disappearance of the social conditions of production’ (2000:180).

So we argue, consciousness raising is important but not enough. Instead falling back on what we proposed at the start of this paper, a deeper rootedness in the ecological model could provide a way forward and here we agree with Bourdieu who also argues, that

‘habitus is not destiny: but symbolic action cannot, on its own, without transformations of the conditions of the production and transformations of dispositions, extirpate bodily beliefs, which are passions and drives that remains totally indifferent to the injunctions or condemnations of humanistic universalism…’ (2000:180).

The ecological model by situating the individual with the community enables us to understand how interventions targeted to individuals alone will not be able to sustain or change the context. Neither do we propose that community interventions per se will suffice. Instead we suggest that community interventions first, have to be aware of the community in which they are operating and second, within the specific community, the positionalities and subjectivities of individuals will affect intervention strategies.
References


Introduction

Until recently, abuse in health care (AHC) was an almost unexplored research field. There are studies on similar topics, e.g.; about physician-patients communication (Annandale and Hunt, 1998; Ong et al., 1995), nurse-patient relationships (Halldórsdóttir, 1996), various kinds of assaults against patients, e.g. abusive caring of demented patients (Eriks-son and Saveman, 2002), sexual involvement between physicians or psychotherapists and patients (Fahy and Fisher, 1992; Dehlendorf and Wolfe, 1998; Hetherington, 2000), abuse of children in psychiatric care (Kaplan et al. 2001), and abuse within maternal care in developing coun-tries (Jewkes, Abrahams, and Mvo, 1998; d’Olivera, Diniz, and Schraibe-ber, 2002). Different kinds of patient evaluations of care could also be considered a research field related to AHC. Patient satisfaction and pa-tient dissatisfaction are concepts that have been commonly used in such patient evaluations (van Campen et al., 1995; Annandale and Hunt, 1998; Coyle 1999; Coyle and Williams 1999). However, such studies have been subjected to profound critique, both because of a lack of theo-retical and conceptual basis and also due to methodological weaknesses, as personal experiences are measured by using quantitative means (van Campen et al., 1995; Coyle and Williams, 2000, 2001; Rogers, Karlsen and Addington-Hall, 2000; Edwards and Titchen, 2003; Staniszewska and Henderson, 2005; Turris, 2005; Eriksson and Svedlund 2007).

In 1999, a Nordic research network called NorVold performed preva-lence studies on experiences of four kinds of abuse in female patients vis-iting five Nordic gynaecological clinics; emotional, physical and sexual abuse, and AHC (Wijma, Schei, Swahnberg, Hilden, Offerdal, Pikarinen, Sidenius, Steingrimsdottir, Stoum and Halmesmäki, 2003; Swahnberg et al. 2007). The NorVold Abuse Questionnaire (NorAQ) was constructed and validated to operationalise those four kinds of abuse (Swahnberg,
Lifetime prevalence of AHC ranged between 13 and 28% in patients in the Nordic study (in Sweden 20%) (N=3641). (The abuse questions in NorAQ are shown in Table 1.). At the different clinics, 8–20% of all patients (in Sweden 13%) reported that they currently suffered from AHC (Swahnberg, 2003; Swahnberg et al., 2005) (Swahnberg, 2003; Swahnberg, Wijma, et al., 2004; Swahnberg et al., 2007).

In 2005, a male version of NorAQ was sent out to male patients at six clinics at a university hospital in Sweden (N= 1767), and in (2007) to a random male population sample (N=2924) (Swahnberg, Hearn and Wijma, 2009; Swahnberg et al., 2011).

The prevalence of AHC was lower in the male than in the female sample: 8% in male patients and 7% in the male population sample. In the two samples, 4–5% of all participants reported that they currently suffered from AHC.

Except for these studies based on the NorAQ (Swahnberg et al., 2004; Swahnberg, Hearn and Wijma, 2009; Swahnberg et al., 2007), there are no general reports on examining patients’ lifetime experiences of abuse in any health care setting.

To my knowledge, there are no studies on gender and ill-health in patients victimised or revictimised in health care. By revictimised, I mean patients who have a background of childhood abuse, e.g. in their home, but not in a health care setting, and who are later victimised as adults in health care (Swahnberg et al., 2004; Edholm et al., 2011).

A background of childhood emotional, physical and/or sexual abuse is a risk factor for adult experiences of AHC in both female and male samples. Moreover there is a dose-response relation; the more kinds of abuse reported in childhood, the higher the risk for of revictimisation in health care in adulthood (Swahnberg et al., 2004).

An altered cognitive schema is one mechanism for revictimisation described by psychologists, e.g. D Jehu and D Finkelhor (Finkelhor and Browne, 1985; Jehu 1986, 1992, 1992; Beck, 1995). A schema is a cognitive framework that helps us to organise and interpret information. Schemas can be useful, because they allow us to make shortcuts in interpreting a vast amount of information, but there is also a risk that our schema leads us to exclude important information in favour of such information that confirms our pre-existing beliefs and ideas. Victimisation is believed to alter individual schemas towards negative expectations. Based on the assumption that childhood sexual abuse creates insecurity, lack of trust and expectations of being hurt again, Jehu’s theory has the character of ‘a self-fulfilling prophecy,’ verifying the victims’ worst fears. Jehu’s theory was originally developed in order to understand revictimisation.
sation in sexually abused girls and women. However, this theory could be valid also for male victims and for other kinds of abuse than sexual abuse, i.e. also for emotional and physical abuse.

When a patient reports AHC, the involved health care staff member(s) (agent(s)) is/are often male, but the significance of the agent’s sex has not been investigated. Why would the sex of the agent and the respondent matter?

First, existing power gaps between women and men are brought into the consulting room, which might add to the power imbalance that already exists between patient and staff due to the patient’s dependent position, e.g. staffs’ predominant right, legitimised by the medical profession, to interpret what is normal or abnormal and what are the proper actions to be undertaken.

Secondly, female and male patients’ relationships to their bodies might differ in a way that gives a certain procedure, e.g. to undress with other people in the room, different meanings to women and men.

The aim of the present study was to study examine gender differences and ill-health in male and female respondents (re)victimised in health care.

Methods

Sample and procedure

The material in this study was collected at three hospitals and in two random population samples in Sweden (Table 2).

The original sample consisted of 9144 male and female respondents. Only respondents who reported adult AHC, or no experiences of AHC, were included in the present study, i.e. respondents reporting childhood and both childhood and adult AHC were excluded.

Clinical samples

Female patients were recruited from Women’s clinics at three hospitals, and male patients were recruited from six clinics at one hospital: 360 from a Centre for Orthopedics, 94 from a Centre for Reconstructive Medicine, 1011 from a Centre for Surgery and Oncology (including urological patients), 282 from a Dermatology and Venereology Clinic, 479 from a Heart Centre, and 53 from an Infectious Diseases Clinic. Since only a few patients were recruited at the Infectious Diseases Clinic, we administered 84 additional questionnaires to men visiting the vaccination reception desk at this Infectious Diseases Clinic.

Reception staff orally invited consecutive patients at the departments to participate in the study by handing out an information letter.
Criteria for inclusion were age ≥ 18 years, and speaking/understanding Swedish. Approximately two weeks after the index visit, the participants received an information letter by post and the NorVold Abuse Questionnaire (NorAQ). Returning of the filled-out questionnaire was taken to indicate that informed consent had been given. Two reminders were sent at two-weeks’ intervals in all samples.

Population-based sample
Two samples from the county of Östergötland in Southern Sweden were randomly selected from the Population Register among women and men aged 18-64 (Table 2). The procedure was otherwise the same as that described above for the clinical samples with the exception that three reminders were used in the male sample. The regional ethical review board had approved all studies.

Instrument and main outcome measures
NorAQ was developed for a Nordic multicenter study on gender violence (Wijma et al., 2003; Wijma, Schei and Swahnberg, 2004). Without modification, NorAQ has been used in more than ten independent female samples. Later a male version of NorAQ was developed, the m-NorAQ (Swahnberg, Hearn and Wijma, 2009). Both versions have been validated with satisfying results in both a male and in a female Swedish sample (Swahnberg and Wijma, 2003; Swahnberg, Hearn and Wijma 2009).

The female version of NorAQ consists of 80 questions about life situation, general and reproductive health, and medical history and experiences of EA, PA, SA and AHC. The section about reproductive health and the word “vagina” in the question about penetrative sexual abuse were removed in the male version of NorAQ; leaving 67 questions.

The four forms of abuse questions are specified by three to four questions each with concrete examples of different kinds of abuse in three degrees of severity (Table 1). If someone answered “yes” to one or more of these questions, (s)he was considered to have experienced that kind of abuse. If abuse had been experienced at more than one degree of severity, it was classified according to the most severe degree.

Agent’s were categorised according to sex and profession; gynaecologist, physician, midwife, other nursing staff or other (e.g. dentist).

Questions measuring ill-health were:
Self-estimated general health: How do you feel your health has been, generally speaking, for the last 12 months?
Answering alternatives were: good, fairly good, fairly bad or bad. Variables were dichotomised into: good = good, or fairly good; and bad = bad or fairly bad; when used in a multivariate model.

Flashbacks: “During the last 12 months, have you experienced unpleasant recollections intruding into your mind and disturbing you, and which you can do nothing about?”

Depression: During the last 12 months, have you suffered from depression for a longer period and to such an extent that you have found it hard to cope with your daily life?

Physical complaints: During the last 12 months, have you suffered from various physical troubles (e.g. stomach ache, headache, dizziness or muscular pain) to such an extent that you have had problems coping with your daily life?

Answering alternatives to the last three questions were: no; yes, but rarely; yes, sometimes; yes, often.

The latter three variables were dichotomised into no = no, or yes, but rarely; and yes = yes, sometimes, or yes, often; when used in a multivariate model.

Statistics

The statistical analyses were computed in SPSS, version 16.0. The chi-square test was used to compare outcomes on categorical items between groups. Binary logistic regression was used to calculate Odds Ratio for the relation between AHC and health outcomes. In analyses regarding revictimised respondents, only childhood experiences of EA, PA and/or SA were included. In all analyses, mild physical abuse was coded as no physical abuse. In the text we refer to differences only when they were statistically significant at the level of p<0.05.

Results

The sample for the present study contains almost fifty-fifty male and female respondents; female 4259 (48,5%), male 4519 (51,5%), N = 8778. Respondents in the female sample were younger (mean age for women 44 years and for men 50 years) and reported higher educational levels than respondents in the male sample. AHC was almost three times more commonly reported by female than male respondents. Adult AHC was reported by 619 (15%) of the female (mild 200, moderate 275, severe 144), and by 242 (5%) of the male respondents (mild 99, moderate 93, severe 50) (n total= 861; 10%). There was a greater proportion of male (n=68: mild 27, moderate 31, severe 10) (28%) than female respondents (n=138: mild 42, moderate 63, severe 33) (22%) who reported having
been revictimised in health care, but this difference disappeared when adjusted for other variables (Table 4). Severe AHC often involved a male physician or gynaecologist. However, when the agent was male, moderate AHC was the most commonly reported form of AHC; while the distribution was more equal between mild, moderate and severe AHC when the reported agent was female. When all degrees of AHC were included, a male physician was the most commonly reported agent by both female and male respondents, followed by a male gynaecologist and a female physician in the female sample, and a female physician and a female member of the nursing staff in the male sample.

To summarise the information in Table 3, poor self-estimated health, flashbacks, and depression and physical complaints during the previous year were strongly associated with AHC in the total sample. When the same model was run in the female and male samples separately, the associations remained approximately doubled, with one exception; the association between flashbacks and AHC was more than tripled in the male sample (Table 3).

Table 4 presents Odds Ratios for the relationship between revictimisation and different background variables and health outcomes in four subsamples reporting AHC. Being female and of young age was strongly associated with revictimisation in health care. These two variables showed an independent association with revictimisation, e.g. men aged 34 or younger reported a four times elevated association than men aged 50 or more.

The association with flashbacks also remained high in these analyses and again this association was strongest in the male sample. The analysis also showed that female respondents revictimised in health care were almost twice as likely to report physical complaints (Table 4). The sex of the agent was not statistically associated to with revictimisation in health care (data not shown).

**Discussion**

Abuse in health care was almost three times more common among female than male respondents, and the agent was mostly a male in both male and female samples. However, the sex of the agent was not associated with revictimisation in health care.

Apart from this result, there were few differences in reported ill-health among males and females abused in health care. The higher prevalence of AHC among female respondents might be due to the fact that female patients more often are subjected to intimate examinations. The examination situation might in itself be experienced as stressful and embarrassing for the patient, and the line between acceptable and unacceptable
behaviour on behalf the part of the examiner might be perceived as am-
biguous by the patient; thus increasing the risk for experiences of AHC
(Moore et al., 2000).

Why was the sex of the agent not associated to revictimisation in
health care? One hypothesis could be that position rules out sex. Female
gender is presumed to be structurally subordinated to male gender. This
notion is also recognisable in health care, and might also explain why
AHC was more commonly reported by female respondents. However,
another structure, based on position, has to be added on top to the gen-
der system, i.e. profession (Lindgren 1992). Existing power asymmetries
can be reinforced if the patient is female and the physician is male.

So far this study has raised more questions than provided answers.
However, it is clear that AHC is a prevailing problem and little is known
about the role of gender in relation to AHC. These kinds of questions
need other approaches than epidemiological studies. This study also
shows that health care staff needs more training in handling patients
with a history of abuse. There is a need for gender- specific, (as in terms
of both agent and patient), intervention studies in order to find out what
strategies could be useful in counteracting AHC and revictimisation in
health care.

Acknowledgements

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Vold, a research network established in 1997 to explore the prevalence
of violence against women and its effects on women’s health. The Nor-
Vold research network was supported by grants from the Nordic Coun-
cil of Ministers.

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   Norway: Berit Schei, Hildegunn Stoum-Hinsverk, Kristin Offerdal, Swe-
   den: Barbro Wijma, Katarina Swahnberg.

   This work was conducted during a period of post doc research fi-
nanced by the Centre of Gender Excellence (GEXcel), Department of
Gender Studies, Linköping University, Sweden.
Table 1. Questions in NorAQ about emotional, physical and sexual abuse, and abuse in health care.

<table>
<thead>
<tr>
<th></th>
<th><strong>EMOTIONAL ABUSE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild abuse</td>
<td>Have you experienced anybody systematically and for any longer period trying to repress, degrade or humiliate you?</td>
</tr>
<tr>
<td>Mod. abuse</td>
<td>Have you experienced anybody systematically and by threat or force trying to limit your contacts with others or totally control what you may and may not do?</td>
</tr>
<tr>
<td>Severe abuse</td>
<td>Have you experienced living in fear because somebody systematically and for a longer period has threatened you or somebody close to you?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>PHYSICAL ABUSE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild abuse</td>
<td>Have you experienced anybody hitting you, smacking your face or holding you firmly against your will?</td>
</tr>
<tr>
<td>Mod. abuse</td>
<td>Have you experienced anybody hitting you with his/her fist(s) or with a hard object, kicking you, pushing you violently, giving you a beating, thrashing you or doing anything similar to you?</td>
</tr>
<tr>
<td>Severe abuse</td>
<td>Have you experienced anybody threatening your life by, for instance, trying to strangle you, showing a weapon or knife or by any other similar act?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>SEXUAL ABUSE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild abuse, no gen. cont.</td>
<td>Has anybody against your will touched parts of your body other than the genitals in a “sexual way” or forced you to touch other parts of his or her body in a “sexual way”?</td>
</tr>
<tr>
<td>Mild abuse, emot. / sexual humiliation</td>
<td>Have you in any other way been sexually humiliated; e.g. by being forced to watch a porno movie or similar against your will, forced to participate in a porno movie or similar, forced to show your body naked or forced to watch when somebody else showed his/her body naked?</td>
</tr>
<tr>
<td>Mod. abuse, gen. cont.</td>
<td>Has anybody against your will touched your genitals, used your body to satisfy him/herself sexually or forced you to touch anybody else’s genitals?</td>
</tr>
<tr>
<td>Severe abuse, penetration</td>
<td>Has anybody against your will put his penis into your vagina, mouth or rectum or tried any of this; put in or tried to put an object or other part of the body into your vagina, mouth or rectum?</td>
</tr>
</tbody>
</table>
ABUSE IN THE HEALTH CARE

Mild abuse
Have you ever felt offended or grossly degraded while visiting health services, felt that someone exercised blackmail against you or did not show respect for your opinion - in such a way that you were later disturbed by or suffered from the experience?

Moderate abuse
Have you ever experienced that a "normal" event, while visiting health services, suddenly became a really terrible and insulting experience, without you fully knowing understanding how this could have happened?

Severe abuse
Have you experienced anybody in the health service purposely - as you understood it - hurting you physically or mentally, grossly violating you or using your body and your subordinated position to your disadvantage for his/her own purposes?

answer alternatives (the same for all questions)
1 = No, 2 = Yes, as a child (< 18 years), 3 = Yes, as an adult (≥ 18 years), 4 = Yes, as a child and as an adult

Note: Abbreviations: Mod. = moderate, emot. = emotional, and gen. cont. = genital contact.

All Each section in NorAQ about abuse had its own introduction. The section about AHC was introduced as follows: The following questions deal with abuse in the health services. We ask you to mark indicate if you have experienced any of the following events; as a child or as an adult. If you answer yes to any of the questions listed below we define it - in this study - as meaning that you have been subjected to abuse in the health services.

Table 2. Overview of the study samples

<table>
<thead>
<tr>
<th>Study sites</th>
<th>Sex</th>
<th>Participants</th>
<th>Year of data collection</th>
<th>Response rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linköping*</td>
<td>F</td>
<td>1688</td>
<td>1999-2000, -03, -04</td>
<td>64-84</td>
</tr>
<tr>
<td>Västervik*</td>
<td>F</td>
<td>766</td>
<td>1999-2000</td>
<td>77</td>
</tr>
<tr>
<td>Jönköping*</td>
<td>F</td>
<td>831</td>
<td>1999-2000</td>
<td>83</td>
</tr>
<tr>
<td>Östergötland**</td>
<td>F</td>
<td>1168</td>
<td>1999, 2001</td>
<td>61</td>
</tr>
<tr>
<td>Linköping*</td>
<td>M</td>
<td>1767</td>
<td>2005</td>
<td>75</td>
</tr>
<tr>
<td>Östergötland**</td>
<td>M</td>
<td>2924</td>
<td>2007</td>
<td>50</td>
</tr>
<tr>
<td>Total (N)</td>
<td></td>
<td>9144</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: *Clinical samples
**Random population sample from the county of Östergötland.
Table 3. Odds Ratios for the relationship between AHC and background variables and health outcomes, adjusted for all included variables.

<table>
<thead>
<tr>
<th>Sample</th>
<th>All N8590</th>
<th>Women n4165</th>
<th>Men n4425</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent variable</td>
<td>AHC +/-</td>
<td>AHC +/-</td>
<td>AHC +/-</td>
</tr>
<tr>
<td>Sex of patient</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Female</td>
<td>2.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤ 34</td>
<td>NS</td>
<td>1.4</td>
<td>NS</td>
</tr>
<tr>
<td>35-49</td>
<td>1.3</td>
<td>1.5</td>
<td>NS</td>
</tr>
<tr>
<td>≥ 50</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Education yrs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤ 9</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>10-12</td>
<td>1.4</td>
<td>NS</td>
<td>1.6</td>
</tr>
<tr>
<td>≥ 13</td>
<td>2.2</td>
<td>2.3</td>
<td>2.0</td>
</tr>
<tr>
<td>Self-est. health</td>
<td>2.1</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td>Flashbacks</td>
<td>2.3</td>
<td>1.9</td>
<td>3.2</td>
</tr>
<tr>
<td>Depression</td>
<td>1.8</td>
<td>1.7</td>
<td>1.8</td>
</tr>
<tr>
<td>Physic. Compl.</td>
<td>1.7</td>
<td>1.6</td>
<td>1.9</td>
</tr>
</tbody>
</table>

Note: AHC = abuse in health care, N = total sample, n = subsample,
1 = reference, NS = not statistically significant.
Table 4. Odds Ratios for the relationship between revictimisation and background variables and health outcomes, adjusted for all included variables.

<table>
<thead>
<tr>
<th>Sample</th>
<th>Reported AHC n477</th>
<th>Women n350</th>
<th>Men n127</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent Variable</td>
<td>Revict +/-</td>
<td>Revict +/-</td>
<td>Revict +/-</td>
</tr>
<tr>
<td>Sex of patient</td>
<td>-</td>
<td>-</td>
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Note: AHC = abuse in health care, Revict = Revictimised, N = total sample, n = subsample, 1 = reference,. NS = not statistically significant
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Chapter 10
The State, Violence and Sex Workers’ Subjectivities in Istanbul, Turkey

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Focusing both on legal and illegal prostitution in Istanbul, this paper investigates the intimate politics of the Turkish state by tracing the ways in which the state links prostitute bodies to its domains of power as marginal subjects. To scrutinize the intimate politics of the state necessitates looking at three different yet closely interrelated processes: (1) the state’s discursive strategies for categorizing different kinds of sex worker groups, (2) their spatial strategies, which establish strictly regulated places of prostitution such as brothels for registered sex workers, while subjecting unregistered ones to constant displacement from the public sphere, (3) their government of violence, which aims at controlling and regulating sex workers’ bodies at multiple levels depending on their sexual (female, male, trans woman) and legal (registered or unregistered) identity.1

Prostitution in Turkey is legal and is facilitated by the state through privately owned brothels based on special legal codes, which date back to the 1915 (Toprak, 1987). According to these codes, only women are allowed to work as licensed sex workers. By enclosing women sex workers and placing them under constant state control through medical examinations, high tax payments, and stringent restrictions concerning their visits or stays outside the brothels, this legal framework provides the Turkish state with ample room to strictly regulate their everyday lives.

At the same time, outside of these legal but highly disciplinary spaces, there are many illegal sex workers—female, male, and trans woman. The Turkish state has also been effective in developing distinct modes of control and management toward each of these groups, through the constant chase-and-catch strategies of the police, sexual and monetary bribery practices, exclusionary mechanisms, and the acts of physical or symbolic violence. Thus, to provide the reader with a more clear perspective on

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1 By identity I am referring to “an ongoing process of ‘relations of difference’” rather than taking it as a kind of fixed position produced by the investments of each sex worker group (Napolitano, 2002: 2).
the state’s involvement in sex workers’ lives, my paper is organized into registered and unregistered sex work sections respectively.

Registered sex work

What prompted me to investigate state intimacy originates in my master’s research in 2006 on prostitution in Istanbul as well as my more recent pilot study in 2008. While conducting my master’s research on female sex workers, I was struck by the unwillingness of state actors to share institutional information about prostitution, and by their meticulous and systematic efforts to transform the information into a state secret. In fact, not only the institutional knowledge on prostitution was rendered secret, but also the registered women working in the brothels were kept away from the public eye and spatially confined in specific places of legal prostitution.

When I returned to Istanbul for my preliminary fieldwork in the summer of 2008, the situation had not changed a great deal, despite the independent candidacy of two retired women sex workers for the Summer 2007 general elections. This case has been crucial in the sense that their campaigns focused on their experience of state brutality in the brothels, signifying for the first time that the accounts of the brothel sex workers had been publicized at large. They demanded recognition of what the state had taken from them. They revealed how their lives were filled with the state and its discriminatory, violent and deceitful policies. These accounts revealed several brutally intimate acts that had occurred to these women. For example, Ayşe Tükrükçü, one of the candidates, participated in all meetings and public speeches cuddling a plastic doll in her arms, which was a symbol for her lost capability to reproduce due to the huge number of abortions she was forced to have. She blamed the state for her inability to give birth to a child because the state did not take precautions to prevent unwanted pregnancies, and exposed women to the desires of clients. These desires, as articulated by her, mostly composed of the clients’ demands to have unprotected sex. Another instance demonstrates the cruelty of everyday life in the brothels. Both candidates told of how they were forced to serve ten to fifteen men each day, and were not permitted the “right of refusal” (Pheterson, 1993). They said they reached a point where they could no longer feel their vaginas.

In fact, women find themselves in the brothels for different reasons. For example, some sought protection from the state rather than selling sex on the streets, whereas some were caught by the police while doing illegal sex work and then placed in the brothels. However, once they started working in the brothels, their experiences coincided. This was put forth in a few accounts that were elicited from retired legal
sex workers, revealing the state’s effective expropriation of prostitute bodies as its own asset through police violence and extortionate fees and taxes (Firmalı, 1997; Kandemir, 2000; Yıldırım, 2000; Urus, 2008). These accounts have largely been silenced and denied legibility in the public sphere. One reason for this silencing is the Turkish state’s regulations and disciplinary mechanisms towards registered women sex workers that are successful in terms of enclosing them into specific places of prostitution and having an overwhelming control over their lives, thus resulting in their exclusion and marginalization.

This exclusionary and marginalizing process is facilitated by a government commission called Fight against Prostitution (CFAP) (Fuhuşla Mücadele Komisyonu), which was established as an outcome of the legal codes on prostitution. CFAP is composed of the head of Provincial Health Directorship, a police chief, officers from the vice squad, civil police, clerks, a consultant from the dispensary of venereal diseases, a certain number of doctors and nurses and a specialist from the social service department. They are all responsible for determining and registering women who are involved in sex work, identifying and exposing the locations where illegal sex work takes place (e.g. illegal brothels), bringing women who are suspected of sex work to the hospital for medical examination, maintaining the medical examinations of the sex workers and the health conditions in the brothels, closing places of prostitution if necessary, and forcing implementation of the Prostitution Code.

In theory the CFAP’s raison d’être is to prevent the spread of venereal diseases. Its policies and practices are therefore intended to control the transmission of sexually transmitted infections. However, the effects of its organizational design expand further into the everyday lives of registered women sex workers through diverse institutional actors. These institutional actors are responsible for registration, surveillance, health controls, and spatial controls in the brothels.

Concerning the spatial controls employed by the CFAP, there are special codes that allow only men to visit brothels, and prohibit women from entering the brothels unless they work as registered sex workers or cleaning ladies in these places. Hence, two major functions of the legal codes are (1) to organize the interactions between the registered women sex workers and the rest of the public, and (2) to minimize, or even eliminate, encounters between women prostitutes and all other women. Moreover, the situation as a whole illustrates how the state constructs particular legal definitions of female and male sexuality. As Rajan (2003) astutely argues, on the one hand, state regulations on prostitution construct female sexuality as deviant or criminal, and thus requiring institu-
tional surveillance and control; on the other hand, they serve for reproducing the dominant idea of male sexual need as incessant and urgent.

Another crucial result of the legal codes on prostitution is a license (vesika) given to the registered female sex workers under various legal calculations based on age, Turkish nationality, criminal records of illicit sexual activity and marital situation. This license represents an entry into a category established by the state, and this moment of entry into dominant groups’ categories, in fact, signals “a moment of occupying an essentialised identity” (Mathur, 1995: 284). The license represents a prostitute identity that is constructed by the state, through which women are stigmatised and essentialised as state prostitutes by the signature of legality, as well as linked to many institutions and control mechanisms.

This condition, while granting legality, simultaneously blocks their access to full citizenship in myriad ways. For instance, they are banned from travelling outside the city they live,\(^2\) required to pay exorbitant taxes, and not allowed to live outside the brothels.\(^3\) According to the code of prostitution, their children are not allowed to be either an army officer or a policeman. Moreover, no married woman can register as a sex worker. Additionally, the state regularly collects and registers information about licensed women sex workers through health checks and brothel controls, but does not make this information publicly available. In other words, through state institutions and the ideologies operating within these institutions, the state produces and reinforces specific sex worker subjectivities. This whole process grounds itself on a discursive and material production of inequality, which takes a particular form of terror that is made visible in the unfreedom of one’s body (Allen, 1986).

Unregistered sex work

Essential to the formation of the normative, legal realm of the Turkish state regulated sex trade is an informal, illegal sex industry that employs not only women, but men and trans women as well. The goal of the Turkish state is not to eliminate criminality by legalizing prostitution, but rather to maintain particular forms of sexuality as criminal. The state is powerfully effective in shaping the subjectivities of these groups, as well as their unequal conditions as citizens.

\(^2\) The regulations that ban women from travelling can be revoked in cases of emergency if the woman could provide sufficient evidence to the police station. Once her condition is found convincing enough, she is issued a short-term travel permit.

\(^3\) This situation is specific to the registered female sex workers living in cities other than Istanbul, Ankara and Izmir, which compose the three biggest urban spaces in the country.
In contrast to licensed women sex workers, these groups are not isolated in fixed places. As previously stated, the CFAP is also responsible for chasing and catching prostitutes involved in illegal sex work, as well as for exposing the hidden places of illegal prostitution. The police are the most effective CFAP actors in this “chase and catch” strategy. Through police raids and arrests, the state constantly deploys spatial mechanisms to regulate and (dis)place the bodies of unregistered prostitutes. Hence, they continuously change their sex work places.

In this situation, the police become the most crucial actors in constituting relations between the state and unregistered prostitutes. Through my master’s research, as well as the pilot study I conducted 2008 I found that the police construct and sustain different relations with each group. Although the police deploy various violent mechanisms against all illegal groups, the violence takes different forms depending on the prostitute’s sex. For example, when compared with male and trans woman sex workers, unregistered female prostitutes are more vulnerable to the sexual demands of the police in return for a release from the legal punishment. Perhaps not surprisingly, female prostitutes often provide sexual services to police in exchange for freedom from arrest or from forcible registration and incarceration in a brothel. Female prostitutes’ fear of being put in a legal brothel opens a wide space for the police either to enforce the law or to manipulate it according to their own desires.

This type of fear concerns only unregistered women since neither men nor trans woman sex workers face the threat of being placed in a brothel. However, male and trans woman sex workers articulate other kinds of fears. The trans woman body represents the most unfamiliar body in the Turkish public since it fails to be categorized either as female or male, subverting the dominant sexual and gender categories. In another context, Reddy (2005) makes a similar argument regarding the figure of the hijra, the third gender, in India. She describes the hijra as a prominent figure in destabilizing hegemonic structures through not only ridiculing maleness but also threatening normative gender, sexual and familial values. In a similar vein, the bodies of trans woman prostitutes in Turkey create a sexual anxiety in the public due to their illegibility in the sex-gender system. They are among the most stigmatized and unwanted bodies in the public life since they reject being classified and gendered according to the dominant sexual norms, which would guarantee their insertion into the appropriate formation of social and familial ties (Kandiyoti, 2002). This cognition, in turn, places them at greater risk for police violence that ceaselessly tries to forbid them from appearing in the public.
Recent years have witnessed an ascending level of extreme violence against trans women in Turkey. Trans woman prostitutes have reported many killings in their community, and for most of them, the police were held responsible due to their dismissive attitude toward the security concerns of trans women. Contrary to the case of female sex workers, the hatred towards the trans woman body in Turkey provides trans woman sex workers with little space to bargain with the police in either sexual or economic terms. As I previously stated, the trans woman body is commonly seen as deriding maleness since most of the trans women in Turkey have surgical operations or take hormones to change their sex from man to woman. This situation constitutes a threat, especially in a country where masculine values are attributed the dominant norm in shaping and organizing public life in general. In this context, trans women’s bodies are constantly made out of place, sometimes even to the extent that murder becomes a tool of this displacement. These examples show how “erasure” of transsexuality becomes a rule, as well as a tool for the management of transsexuality in culture, ultimately inscribing transsexuality as impossible (Namaste, 2000). Namaste talks about erasure in relation to three mutually supportive social factors that include “a reduction of trans women to rhetorical figures, institutional procedures that make trans women disappear, and the literal annulment of trans woman bodies” (2000: 52). These three factors are respectively linked to different cultural representations, institutional practices, and social policies. What I would also suggest as a fourth meaning for erasure is the physical violence of the police (as well as of people) acted upon trans woman bodies to make them out of place, or to erase them from the public.

In contrast to the case of trans women, it is not easy to portray the relations between male prostitutes and the police. My informal conversations with some male prostitutes revealed that they hide their prostitute identities and prefer not to look for clients on the street, unlike female and trans woman prostitutes. Rather, friend networks or gay bars provide the most effective connections with their clients. Nevertheless, they also talk about experiences of violence, for example, during police raids of gay bars and clubs. These violent acts do not reach the level of brutality that trans women experience, and more often take the forms of arrest, extortion, and severe humiliation.4

In addition to depicting the police’s relation to the unregistered sex workers, it is important to point out the diverse responses from each sex worker group to the violent disciplinary functionings of the state

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4 According to the accounts of the male sex workers I had casual conversations with, it can be said that most of their clients are males. In Turkey, it is culturally and socially rare to come across a female involving in sex trade as a client.
power. Each group develops a distinct repertoire of strategies for managing their relationships with police, clients, and pimps. For example, Kandiyoti (2002) describes trans women as being “part of an ‘illegal’ urban subculture with its own networks of support and communication and its own coded dialect” (278). Moreover, the degree of violence that trans women are exposed to motivates them to work in groups for purposes of mutual protection (Berghan, 2007; Yıldırım, 2002). In contrast, unlicensed women sex workers are less fearful of working alone on the street since they use sex to bargain with the police. Moreover, prostitutes’ sexual identities play a crucial role in shaping their relations not only with the state, but also among one another. For instance, there can be observed strong claims over the streets by both trans woman and female sex workers. Trans women occupy certain districts during specific times of the day and use threats of physical violence to prevent women prostitutes from working on the same street. Similarly, many of the bars or clubs through which unregistered prostitutes find clients are segregated according to these sexual divisions. Even though some concurrences can be observed with the use of particular bars and clubs by different sex worker groups, the map of those places is dominantly drawn according to sexual identities. For example, while some places are marked as trans woman spots, some are known for being gay bars, most of which are used by male sex workers to find clients.

Consequently, there occur severe contestations between sex worker groups about space to determine to whom those places rightly belong. These contestations, as well as sex workers’ employment of the different strategies towards the police, can also be seen as a means for (re)producing their (ever changing) communities. In other words, the investments of women, men and trans woman sex workers into different “communities” are very much shaped by their different relations with both institutional and social actors as well as their a priori sexual and gender identities. I find these various practices regarding each sex worker “community” significant in exploring how intimate state power and subjectivities of sex workers mutually shape each other.

**Conclusion**

Overall depiction of the state’s involvement in prostitution shows that the Turkish state develops diverse forms of violent acts and mechanisms regarding each sex worker group. I suggest that this diversity should be seen as an arena to analyze how the state constructs intimate yet marginal subjects as well as spaces to exercise its power in a sexual way. In other words, scrutinizing the relation between the state and prostitution in Turkey opens a possibility to grasp how the state articulates power
and sexual violence in multitudinous ways and links sex workers to its body in intimate ways. Such an attempt develops not only a creative approach to the studies of sex work, but also an alternative way to understand the intimate politics of the state in relation to its marginal subjects.

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