

**Violence Against Women:
Global Health Issues and Trauma Narratives**

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Abstract

Gender violence -- including rape, domestic violence, mutilation, sexual trafficking, dowry death, honor killings, incest, breast ironing c all are part of a global pattern of violence against women. The effects of violence can be devastating to a woman's reproductive health as well as to other aspects of her physical and mental well-being. In addition to causing injury, violence increases women's long-term risk of a number of other health problems, including chronic pain, physical disability, drug and alcohol abuse, and depression. Only recently has gender violence become recognized as a human rights issue that has serious implications for public health. This paper discusses the prevalence and types of gender violence, and explores the psychological impacts of trauma and the processes of healing through an analysis of interviews with women who contributed to the Central Pennsylvania Clothesline Project. Ultimately, recovering from trauma is not just an individual act but a collective process: it demands dialogue. Recognizing it takes courage to listen as well as to speak, the final section addresses the historical and cultural factors that influence whether one is likely to speak and able to listen and bear witness.

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Violence is every bit as much a public health issue for me and my successors in this century as smallpox, tuberculosis, and syphilis were for my predecessors in the last two centuries.

---C. Everett Koop, M.D., Former Surgeon General of the United States (1984)

Introduction

The United Nations= *Universal Declaration of Human Rights* proclaims that All human beings are born free and equal in dignity and rights,@ yet women=s freedom, dignity, equality, and health are persistently compromised by law, custom, and religious tradition in ways that men’s are not.¹ Gender violence – including rape, domestic violence, mutilation, sexual trafficking, dowry death, honor killings, incest, and breast ironing -- all are part of a global pattern of violence against women, a pattern supported by educational, economic, and employment discrimination. The effects of violence can be devastating to a woman's reproductive health as well as to other aspects of her physical and mental well-being. In addition to causing injury, violence increases women's long-term risk of a number of other health problems, including chronic pain, physical disability, drug and alcohol abuse, and depression. Women with a history of physical or sexual abuse are also at increased risk for unintended pregnancy, sexually transmitted infections, and adverse pregnancy outcomes.²

Although gender violence is a significant cause of female morbidity and mortality, it rarely has been recognized as a public health issue.³ This is slowly beginning to change after decades of work by women’s organizations that have drawn attention to the issue. In 1996, the Forty-Ninth World Health Assembly adopted Resolution WHA49.25 that declared violence a major and growing public health problem across the world. In this resolution, the Assembly addressed the serious consequences of violence – both in the short-term and the long-term – for individuals, families, communities and countries, and stressed the damaging effects of violence on health care services. The 1994 World Bank report, “Violence Against Women: The Hidden Health Burden”⁴ examined the implications of gender violence for health and socio-economic development, and estimated that gender-based victimization is responsible for

one out of every five healthy years of life lost to women of reproductive age. "Female-focused violence also represents a hidden obstacle to economic and social development. By sapping women's energy, undermining their confidence, and compromising their health, gender violence deprives society of women's full participation."⁵

Resistance to change, however, is strong. Violence against women is a complex phenomenon, deeply rooted in gender-based power relations, sexuality, gender roles, and identity that are embedded in cultural values and institutional practices as well as in individual values, beliefs, and behavior. Efforts to eliminate or ameliorate gender violence must therefore confront underlying cultural beliefs and social structures that reinforce and perpetuate it.

Definition, Types, and Prevalence of Gender Violence

The first official UN definition of gender violence was adopted by the General Assembly in 1993. According to Article 1 of the declaration, violence against women includes:

any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life (Economic and Social Council 1992).⁶

Violence against women and girls includes physical, sexual, psychological, and economic abuse. It is often referred to as "gender-based" violence because it derives in part from women's subordinate status in society. Many cultures have beliefs, norms, and social institutions that legitimize and therefore perpetuate violence against women. The same acts that would be punished if directed at an employer, a neighbor, or an acquaintance often go unchallenged when men direct them at women, especially within the family.

Statistics paint a bleak picture of the social and health consequences of gender violence. Violence against women is a major cause of death and disability for women 16-44 years of age worldwide.⁷ According to several surveys from around the world, half of women who die from homicides are killed by their current or former husbands; this includes the United States.⁸ It is as serious a cause of death and incapacity among women of reproductive age as cancer, and a greater cause of ill-health than

traffic accidents and malaria combined.⁹ Several studies have shown that there are links between violence against women and HIV/AIDS, especially in countries where women are not allowed to “say no” to their husbands or demand that a condom be used if a husband is HIV positive. A survey among 1,366 South African women indicated that women who were beaten by their husbands were 48% more likely to be infected with HIV than those who were not.¹⁰ In terms of sexual violence, it is estimated that world-wide, one in five women becomes a victim of rape or attempted rape in her lifetime.¹¹

Certain types of violence have been practiced for so long that they are considered by many to be part of accepted cultural practice. These include: female genital mutilation or cutting (FGM), dowry murder, “honor” killings, and domestic violence – all of which lead to death, disabilities, and physical and psychological dysfunction for millions of women annually. It is estimated that more than 130 million girls and women alive today have undergone FGM, mainly in Africa and some Middle eastern countries, though there have been cases in Europe and the U.S. as well; two million girls a year are at risk of mutilation. According to official crime statistics, 6,822 women in India were killed in 2002 as a result of dowry murders.¹² Acid attacks, often linked to dowry disputes, maimed or killed 315 women in Bangladesh in 2002 alone. Such attacks often lead to blindness, disfigurement, and death.¹³ Honor killings, which are committed in order to redeem a family’s honor after a woman has been raped or violated or accused of adultery, take place in a variety of Middle Eastern, Mediterranean, and Gulf countries. “In a study of female deaths in Alexandria, Egypt, 47% were killed by a relative after she had been raped.¹⁴ In Jordan and Lebanon, 70 to 75 percent if the perpetrators of “honor killings’ were the women’s brothers.¹⁵ While there has been an international public uproar about the November 2007 case in Saudi Arabia where a woman, gang-raped by 7 men, was held responsible for herself being raped and sentenced to 200 lashes and six months in prison, there is less public uproar about the most common form of violence against women: intimate partner violence.

The most endemic form of violence against women is intimate partner violence (IPV) – whether in dating¹⁶ or marital relationships. Studies from 35 countries, including the U.S., indicate that between ¼ and ½ of women report having been physically abused by a present or former partner. An even larger percentage has been subjected to on-going emotional and psychological abuse.¹⁷ The Centers for Disease Control estimate that each year women experience 4.8 million intimate partner related physical

assaults and rapes. In 2004, 1,544 people died as a result of intimate partner violence; of these deaths, 75% were women and 25% were men.¹⁸ An Irish study of 127 battered women found that women, when asked “What was the worst aspect of the battering experience?” listed the following responses: mental torture (30), living in fear and terror (27), physical violence (27), depression or loss of all confidence (18), and the effect on children (17).¹⁹ Victims of marital violence also have the highest rates of internal injuries and unconsciousness.²⁰

The health, social, and economic costs of gender violence are enormous in the United States. Costs of IPV against women in 1995 exceeded \$5.8 billion. These costs include nearly \$4.1 billion in the direct costs of medical and mental health care and nearly \$1.8 billion in the indirect costs of lost productivity.²¹ When calculated to 2003 dollars, IPV costs exceeded \$8.3 billion, which included \$460 million for rape, \$6.2 billion for physical assault, \$461 million for stalking, and \$1.2 billion in the value of lost lives.²² Victims of severe IPV lose nearly 8 million days of paid work—the equivalent of more than 32,000 full-time jobs—and almost 5.6 million days of household productivity each year.²³ And women who experience severe aggression by men (e.g., not being allowed to go to work or school, or having their lives or their children’s lives threatened) are more likely to have been unemployed in the past, have health problems, and be receiving public assistance.²⁴ Women with a history of IPV are more likely to display behaviors that present further health risks (e.g., substance abuse, alcoholism, suicide attempts). IPV is associated with a variety of negative health behaviors,²⁵ and studies show that the more severe the violence, the stronger its relationship to negative health behaviors by victims.²⁶

Telling Lives: Trauma Narratives

Statistics are people with their tears wiped away.
(Bertell)²⁷

Intimate Partner Violence (IPV) both sends women to emergency rooms for treatment of physical injuries, and affects the emotional and psychological well-being of women, children, and men. While the medical and legal communities tend to focus on the physical signs and consequences of IPV, interactions with and impact on mental health and psychological functioning also need to be considered. Recognizing that violence against women is not just a personal problem but a social issue, the remainder of this paper will analyze trauma narratives, the psychological impacts of trauma, and the processes of healing.²⁸

As part of the 1995 Fourth World Conference on Women held in Beijing, women from all corners of the earth came together to speak about their personal experiences of violence: village massacres, genital mutilation, abduction, torture, dowry burnings, domestic violence, and honor killings. In the Court of Women, the wise council bore witness to the stories of women from Rwanda and Bosnia, Korea and the Philippines, India and Egypt, North and South America. In speaking from and of these violations of the human body, spirit, and community, the Tribunal pushed for the passing of a paradigm that had placed women at the periphery of power. There was recognition that “all sorts of crimes against women and children had been personalized and privatized, their fundamental human rights as human beings submerged.”

The stories I listened to and presented at the Fourth World Conference on Women (screening *Clothesline*, a video documentary of the Central Pennsylvania Clothesline Project), represented far more than a collection of individual stories. Together they revealed the problems and prevalence of systematic violence and its impact on women’s and children’s health, the unequal distribution of power, and the duplicity of denial. As Judith Herman writes in *Trauma and Recovery*,

Violence is inflicted, replicated, resisted - it can be repressed but it is not forgotten. The ordinary response to atrocities is to banish them from consciousness. Certain violations of the social compact are too terrible to utter aloud: this is the meaning of the word *unspeakable*.

Cited by the New York Times as “one of the most important psychiatric works to be published since Freud,” Herman’s analysis emerges from her work as a psychiatrist with war veterans and survivors of sexual violence who were exhibiting similar symptoms of Post-Traumatic Stress Disorder (PTSD): hyper-arousal, intrusion of past memories, flashbacks, dissociation, and constriction as a result of experiencing sustained trauma. Her ground-breaking work provides insight to the narratives of contributors to the Central Pennsylvania Clothesline Project.

The Clothesline Project

Organized in conjunction with the national project based in Massachusetts--and part of the international movement against violence directed at women, the Central Pennsylvania Clothesline Project invited women to construct T-shirts that expressed not only the violence they suffered but also the healing and recovery they were experiencing. The Women’s Center at Dickinson College organized the exhibit

that was assembled as part of the Public Affairs Symposium on Violence in America. A colleague, Professor Lonna Malmshheimer, and I initially interviewed twenty women about the making and the meaning of their shirts; follow-up interviews were then conducted at the national exhibit in Washington D.C. where over 5000 shirts were displayed. We asked three basic questions: 1) Can you please tell us about the making and the meaning of your shirt? 2) What would you like to tell your perpetrator(s)? 3) What would you like to tell the society at large?

The resulting video documentary, *Clothesline*, integrates images of these shirts and interviews with women who speak about the making and meaning of their shirts. The documentary opens with a clothesline of shirts made by women: white shirts (contributed by family or friends) represent women who had been killed; blue or green shirts had been made by victims of childhood sexual abuse or incest; red, pink, or orange shirts had been constructed by victims of rape and sexual assault; and purple shirts by women who had suffered violence because of being targeted as lesbian. The women drew upon different images and materials to portray the abuse and healing they experienced: black felt and burlap hearts, pieces from childhood dresses, broken candles, ripped out hearts, lace daggers, and photographs of graduation day.

As the artwork and interviews with women who contributed to the Clothesline Project reveal, both silence and absence are powerfully present in visual representations and narratives of trauma.

On her shirt, Liz portrayed herself as a little purple girl without arms situated in the corner of a black heart:

I knew I wanted to have a black heart on it. Maybe it was because I just felt that way about hearts, and about love. That is was all very black. That's me - the little purple girl. I cut out little felt arms. And then...I left them off.' Liz cannot articulate just why she left off the arms - but she knows it is significant that she cannot attach or position them: 'they didn't fit, I just couldn't get them to fit right.

The absence of arms or hands is commonly found in drawings of traumatized children, and is often interpreted as representing a loss of power and ability to act.²⁹ Liz, now a successful magazine editor and lay-out designer, has chosen to speak out publicly about her abuse. When asked what she wanted to tell the public, she immediately replied:

It's important for people to realize that those statistics represent people. Behind every one of those numbers [of abuse] is a person.... [who is] struggling.... It's not just something you get over. And so there's all those hundreds of thousands of walking-wounded women out there. And we're all struggling. I'm trying to find ways to make it less black....

Liz reports that she always remembered the physical abuse inflicted upon her by her father who 'became quite violent after a brain tumor.' She recalls, too, being sent to her aunt's and uncle's for the summers after her mother died when she was 5. While she talked about 'the vivid memories' she had about the summers there, she also says, ' I just don't remember anything about [the sexual abuse] within that time frame. Although it went on for six summers [from the age of 6 to 12], it's like I remember it as one summer." After graduation from college she experienced a flooding of memories.³⁰

While culture shapes how we interpret experience, what meaning we attach to it, biology contributes certain constraints. In the case of inescapable trauma, the psychobiological response is more likely to numb than to mobilize one for flight or fight.³¹ As psychologist Elizabeth Waites describes it:

Traumatic experience typically produces an overwhelming need to escape what is, in reality, inescapable. Dissociation is a psychobiological mechanism that allows the mind, in effect, to flee what the body is experiencing.... The shock of trauma produces states that are so different from ordinary waking life that they are not easily integrated with more normal experience. As a result of this discontinuity, the traumatic state may be lost to memory or remembered as a dream is sometimes remembered, as something vague and unreal.³²

This phenomenon is well described in the narratives of adult survivors of childhood sexual abuse. Dissociation, which gives rise to a form of temporary transcendence, is one of the major defense mechanisms resorted to by those who have been traumatized. Liz recalled her escape into the wallpaper when her uncle sexually abused during the summers:

I remember being on their bed and he was lying on top of me. And I had my hands stretched out. And I was touching the wallpaper. And it was that flocked wallpaper, you know, the kind with the white stuff with gold specks, and just feeling it.....I was trying to focus on it...rather than on ... yeah, I (was) dissociating.

Liz, like many survivors of childhood sexual abuse, rape, and domestic violence have described the experience of becoming observers of her own abuse, of symbolically leaving her body and watching the enactment of abuse from another place, for example, from the ceiling or through a window. This figurative flight can protect them from abuse that might otherwise be impossible to experience and recover from, given the psychological meanings for the self. As Ferenczi, Freud's student, analysand, and colleague wrote in a 1933 paper shunned by his psychoanalytical peers:

It is difficult to fathom the behavior and the feelings of children following such acts of (specifically sexual) violence. Their first impulse would be: rejection, hatred, disgust, forceful resistance. "No, no, I don't want this, it is too strong for me, that hurts me. Leave me be." This...would be the immediate reaction, were it not paralyzed by tremendous fear. The children feel physically and morally helpless.... The overwhelming power and authority of the adults renders them silent.³³

The mind or spirit may leave the body and the person may come to feel no pain, may leave the scene entirely, neither experiencing the trauma at the time nor remembering it afterwards. The escape from self - from what is being done to the self - creates a safer space, a retreat. It may be temporary or more long-lasting, depending on the severity and frequency of abuse.

Such responses are common not only for survivors of childhood sexual abuse but also war veterans who suffered from shell shock. Sassoon, a decorated W.W. I war hero whose *Soldier's Declaration* (1917) reads as an antiwar manifesto, went through intense psychotherapy. Although Sassoon survived the war, like many survivors with combat neurosis, he was condemned to relive it for the rest of his life. In *Sassoon's Long Journey*, Fussell writes:

Shell shock. How many a brief bombardment had its long-delayed after-effect in the minds of these survivors, many of whom had looked at their companions and laughed while inferno did its best to destroy them. Not then was their evil hour; but now, now, in the sweating suffocation of nightmare; in paralysis of limbs, in the stammering of dislocated speech. Worst of all, in the disintegration of those qualities through which they had been so gallant and selfless and uncomplaining—this, in the finer types of men, was the unspeakable tragedy of shell-shock.... (quoted in Herman 23).³⁴

The effects of trauma on personality formation and integration vary according to the type and severity of the trauma, and whether or not one is able to speak of, and thereby process the trauma. This helps explain too why various generations of war veterans from WWI, WWII, Vietnam, and Iraq may have had similar experiences during wartime and yet very different trajectories afterwards. Experience, expression, and reception are all critical here. As Elizabeth Waites argues,

The integration of identity is closely allied to the development and experience of autobiographical memory, a sense of personal continuity and consistency over historical time that forms the background for the individual's interactions with others and serves as a reference point for self-reflective activities.³⁵

Such autobiographical memory is influenced by those close to one and by the culture at large – is the trauma recognized in the first place, and if so, is it considered honorable, shameful, accidental? Is one encouraged to speak of the trauma or to forget it as quickly as possible?

For Liz, the sexual abuse was not acknowledged – she survived by escaping - splitting off the consciousness of what was happening to her body and spirit. Recovery then involved re-remembering the connections between her body and mind and spirit. It involved picking up the threads of discontinuity and making sense of them, of reweaving the fabric of her being. In the process of recovery, the abuse became redefined as it became more fully understood. For Liz, it became integrated in new ways as the adult-she and the little girl-she become more aware of one another. The little purple girl with no arms could now be embraced by the adult woman who was re-claiming parts of herself, a process that Liz described as a journey.

For some, the experience of severe abuse led to dissociative identity disorder (DID), formerly referred to as multiple personality disorder (MPD). Cathy, who self-identifies as having MPD, symbolically portrays the divides within by splitting her shirt in half:

Well, this is the side that is the part of me that was in bondage. And then over here, this side, is freedom from it.... And then I put this name, Audrey here because I have another persona and her name is Audrey Katherine Lovett. And she gets me out of a lot of jams and she's my best friend, but it's really me. I give her a lot of credit when it should be me that takes the credit-- because she does all the good. And, so, it's really me. She's gotten me into a couple of jams though, too, along the way. And then this represents my arms because I was very, very destructive. I've got scars all over my arms.

Cathy points out quite literally the outer manifestations of her inner pain, and the ways in which her abuse led to internal divisions and multiple personas. She also divides the shirt with the words "despair" and "hope:"

So I put here... "despair." And then I come over here and I put "hope".... In some ways I did this the way I thought people would want to see it, and to portray it in a better way than sometimes I feel.... sometimes I feel that to survive is punishment.... But I didn't feel it was offering survivors anything. And so I decided to put "hope" there instead. And for the most part I feel more hopeful than I ever have in my life.

This sense of hopefulness grew out of supportive dialogue with professionals, other survivors, and her selves: "There's no reason why I should be breathing, but for some reason I am a survivor. And I need to learn to accept that, and go with it, instead of resisting it. And I know it will take the rest of my life." After years of severe familial abuse, foster care, and recurrent hospitalizations, Cathy is for the first time living on her own and employed. She is grateful to a supportive community of people who can listen to the stories of abuse she has to tell, help her sort out the meaning of those experiences, and move on.

It's great to know that there's people that are there for you, who believe you.... I might have a long

journey ahead of me but I'm willing to do it. And I've got the support to do it this time. And there ain't no stopping me.

For another contributor, the split is displayed through the images she drew on the front and back sides of her shirt. As Marty describes it:

It's got sort of a healthy family on one side and a very dysfunctional family on the other.... Actually this is the front. What I always did in the past was, I sort of used the good things in my life to sort of cover up the bad things and that contaminated the good things, because it made them unclean. So, what I did was, I put this on the front so I could just... be out with this. And just say, this was wrong, it was wrong, and it was reality. And then the good things won't be contaminated.

Marty then discusses her motivation for working through her childhood experiences of abuse:

I live apart from myself. You know, I kind of float around. And I want, I'm 26 years old, and I want to experience the rest of my life. And there's something that follows me around. And it's just terrible. And I need to admit that it exists because otherwise, you know, I get real crazy inside. And I feel separate from my life. I'm just sort of watching it from a distance. And it's not feeling real to me. And I have a real sense that I don't want to lose the next 25 years of my life (like my mother did) and wake up and be, you know, have lost all those years.

Many theorists and therapists argue that until the selves are integrated, re-united, and one is able to tell the story of the abuse as experienced and witnessed, the self cannot alter the meaning, and therefore the impact of the abuse. Awareness of one's experiences and recognition of the *complexity* of one's self/selves is fundamental to embracing rather than 'losing oneself.'

Linda Cutting discusses this explicitly in her beautifully--even musically--written memoir on family violence, incest, and suicide. The daughter of a minister, Cutting recalls being safe when playing the piano: "the piano was sacred. No one would touch me there"(57). Her memoir, *Memory Slips*,³⁶ tells of a life lived in music and a life lived between the notes, as she struggles to reclaim herself after years of sexual abuse and the suicide of two of her brothers. As a professional concert pianist, Cutting reflects that: "In music one measure can expand to contain a lifetime. And a lifetime can disappear in just one beat" (5). "There are three kinds of memory slips, [she] tells [her] students."

One, when memory slips but you find your way back without losing a beat. Two, when you don't find your way back until the downbeat. Three, when you don't find your way back in time and must stop and restart the music. I don't tell them about the fourth possibility, when one memory slips, another intrudes, and you don't find your way back for a very long time (p. 6).

The day Cutting reported her minister-father to the National Association of Congressional Churches was the day she canceled her first concert as a professional pianist. "Maybe," she writes, "it was an unconscious exchange – words for music. A breaking of the ancient bargain I'd made with my father. Instead of playing the piano, I told" (p. 136). When she entered therapy and began telling her story and the truth about her brothers, she "became the family traitor" (p.104) and it took three and a-half years before she was able to play again professionally. Her first concert was a relief effort for the survivors of an earthquake in Kobe, Japan and a chance to perform music that she loved, this time "finally free to make music for its own sake...when I finally feel I can take my time" (p. 240).

Speaking out takes courage; it involves risk as well as promise. But as the narrators of the Clothesline project remind us, we need to consider what it means not to risk. While there are dangers involved in speaking out, there are also dangers in remaining mute. Although silence may serve as a refuge, it is also a place of bondage. Silence stifles the soul, affects the quality of relationship with others, and affects one's physical and mental health. It also reinforces an unjust and abusive system of power that renders the victim powerless, and enables abusers without holding them accountable.

In the process of breaking silence, survivors are not only finding their own voices, they are also collectively creating new narratives that challenge the individual and collective denial of abuse and the reproduction of violence. They are constructing oppositional narratives that challenge traditional narratives; they often encounter skepticism and resistance to the telling of their stories for speaking out is a political as well as a therapeutic act, and as such, is a claim to power. As Milan Kundera writes in *The Book of Laughter and Forgetting*, 'Man's struggle against power is the struggle of memory against forgetting.'

In daring to remember and speak about what they remember, survivors often encounter both loss and gain. Sylvia Fraser, in *My Father's House: A Memoir of Incest and Healing*, discusses this as she describes her process of recovering and integrating memories of childhood abuse:

In retrospect, I feel about my life the way some people feel about war. If you survive, then it becomes a good war. Danger makes you active, it makes you alert, it forces you to experience and thus to learn. I know now the cost of my life, the real price that has been paid. Contact with inner pain has immunized me against most petty hurts. Hopes I still have in abundance, but very few needs. My pride of intellect has been shattered. If I didn't know about half my own life, what other knowledge can I trust? Yet even here I see a gift, for in place of my narrow, pragmatic world of cause and effect... I have burst into an infinite world full of wonder.³⁷

In dialogue with others who can bear witness, survivors are redefining the experiences that once rendered them powerless. And as Audre Lorde writes in *Sister Outsider*, "When I am most powerful and use my strength in service of my vision, then it becomes less and less important whether I am afraid."

Cultural and Historical Contexts: Denial and the Reproduction of Violence

*If it happens to you for racial reasons, it's a human rights violation.
If it happens to you for political reasons, it's a human rights violation.
If it happens to a woman, it's cultural.* (U.S. Senator Pat Schroeder
quoted in Parrot and Cummings 2006 x)

The processes of knowing, forgetting, and remembering are as complex as “we” human beings who have to continually negotiate our social worlds, and our understanding of what is true in the present as well as in the past. These are philosophical, political, and sociological issues as well as psychological ones. It is clear that one's position of power in society (marked by 'race,' class, gender, age, etc.) influences whether one is seen as credible and authoritative. It is no coincidence that formal resistance to memory recovery comes not with survivors of car accidents, stroke victims, or even war veterans but with survivors of childhood sexual abuse.

Judith Herman's analysis of the opening and closing of the collective consciousness when it comes to dealing with trauma is insightful here. She argues that, “The study of psychological trauma has a curious history – one of episodic amnesia.”³⁸ Periods of active investigation have alternated with periods of oblivion, not because interest is lacking but because the subject is so controversial and painful that many want to deny or bury it. She observes that three times across the past century:

...a particular form of psychological trauma has surfaced into public consciousness: Each time, the investigation of that trauma... flourished in affiliation with a political movement. The first to emerge was hysteria, the archtypical psychological disorder of women. Its study grew out of the republican, anticlerical political movement of the late nineteenth century in France. The second was shell shock or combat neurosis. Its study began in England and the United States after the First World War and reached a peak after the Vietnam War. Its political context was the collapse of a culture of war and the growth of an antiwar movement. The most recent trauma to come into public awareness is sexual and domestic violence. Its political context is the feminist movements in Eastern Europe and North America.³⁹

In the late nineteenth century, the goal of the movement was to establish secular democracy. In the early twentieth century, its goal was the abolition of war. In the late twentieth century, its goal was the liberation of women. All of these goals remain. All are, in the end, inseparably connected.⁴⁰

These periods of investigation fluctuated with periods of denial. And there are many reasons why denial may seem an easier, if less effective, mechanism than acknowledging and dealing with violence and violation. And violence takes its toll in so many ways. Perhaps the greatest of these is the structural violence of poverty. Richard Wilkinson, Paul Farmer, and James Gilligan all examine the impact of structural violence on the health of societies as well as individuals.⁴¹ As poverty, lack of access to health care, food, potable water, and war are killing millions, the ‘body politic’ relies on the same defense mechanisms (denial, minimization, rationalization, projection) as individuals. Collectivities, as well as individuals, can be in denial.

Listening and Bearing Witness

Ultimately, recovering from trauma is not just an individual act but a collective process: it demands dialogue. But it takes courage to listen as well as to speak. And while bearing witness to trauma is a process that involves the listener, many people are unable or unwilling to listen, and trauma-survivor narratives often meet with great resistance from the larger society. A backlash against speaking out occurs because it exposes the atrocities in our midst and challenges both those who abuse power and those who stand by as muted witnesses. It is 'easier' to side with abusers than to serve as effective witnesses to the abused, as Herman clearly articulates:

All the perpetrator asks is that the bystander do nothing. He appeals to the universal desire to see, hear, and speak no evil. The victim, on the other contrary, asks the bystander to share the burden of pain. The victim demands action, engagement, and remembering.⁴²

It is hard to listen to stories of abuse for they threaten our identity as human beings; they challenge our notions of family and our sense of our selves as belonging to a civilized society. The strongest resistance, as Alice Miller argues, stems from self-defensiveness, for listening to such stories may unearth the listener's own repressed experiences of pain.⁴³ Being hard to believe, we conveniently find ways out, ways to bury and conceal that which is not supposed to be. While earlier studies and writings reveal the periodic awareness of the existence and consequences of domestic violence and political torture, and of the coping strategies of victims and witnesses, the opening through which recognition can turn to action is quickly sealed off from collective investigation.⁴⁴ Silence protects both perpetrators and the notion (no matter how illusory) of a harmonious community and family; it also re-traumatizes victims.

The contrast in consequences for those who are enabled to tell their stories and for those who are silenced, however, is revealing, as psychologist Lenore Terr shows in her work on childhood trauma. In a systematic, longitudinal research study of children who had experienced a range of traumatic incidents (from kidnapping to car accidents to sexual abuse), Terr found that the psychological and social adjustment of traumatized children depended less on the severity or duration of the trauma and more on whether or not the child was able to speak of the trauma, and if so, how people responded.⁴⁵ Were others able to listen, and to act as witness in support of the child without blaming or silencing the child?

Pat clearly articulates the patterns of denial that enable the perpetuation of abuse:

What I would say to the public is that I strongly believe you are the problem. The perpetrators are given permission. It's the people like my mother who had to turn their back -- and I say that to myself too, because that's how I survived, turning my back on people.... Like being at work where people would make abusive comments or make fun of people sexually, I just couldn't deal with it. And it's only going to change if we've got the guts to turn and look at ourselves and ask 'Why? Why are we so afraid to face it?'

The resistance to acknowledging and then acting upon the reality and pervasiveness of intimate partner violence and child sexual abuse in the United States is well documented. It is difficult to deal with the number of women and children who are taken to emergency rooms and who die each year as a result of abuse. But denying that that reality exists does not alleviate the suffering of those children or prevent the reproduction of violence.

In order to create more healthy societies, we (at individual, institutional, and cultural levels) need to deal with the problem and prevalence of violence. And this is going to require challenging patriarchy. It is important to remember that while gender violence is a global issue, it is neither inevitable nor common in every society. In the context of relatively egalitarian gathering and hunting societies (in which the majority of human history has been lived), violence against women and children is uncommon. As Kathleen Gough argued,

Hunting and gathering societies have less control over women and their sexuality - to deny it or force it upon them or rob them of their children; to confine them physically or prevent their movement (through the veil, foot-binding, corsets); to use them as sexual property; or to isolate them from sources of travel and activity. Especially lacking is male possessiveness, savage punishment for female adultery, the jealous guarding of female chastity and virginity, and the denial of divorce to women.⁴⁶

As patriarchy emerged with greater economic surpluses and economic stratification, women's status relative to men's declined and violence against women increased. In less patriarchal societies, where women's work is valued commensurate with men's work and economic contributions to the household are relatively equal, violence against women is less.⁴⁷

Conclusion

Violence against women is, perhaps, the most shameful human rights violation. And it is perhaps the most pervasive. It knows no boundaries of geography, culture, or wealth. As long as it continues, we cannot claim to be making real progress toward equality, development, and peace.

Kofi Annan, United Nations Secretary General
 ("A World Free of Violence against Women,"

Conference, United Nations Inter-Agency Global Video
March 8, 1999)

Judith Herman convincingly argues that:

Atrocities... refuse to be buried. Equally as powerful as the desire to deny atrocities is the conviction that denial does not work... Remembering and telling the truth about terrible events are prerequisites both for the restoration of the social order and for the healing of individual victims.⁴⁸

What kind of social order is to be restored, however, is open to question. In the context of patriarchal societies, one-half of the population (men) holds the power to define the parameters of the social order and what constitutes culture and religious tradition.⁴⁹ Women's rights are not recognized as human rights. And the most common rationale given for denial of human rights to women is the preservation of family and culture. While international bodies and treaties are beginning to seriously address this issue (with the United Nations in the mid-1990s declaring that rape does constitute a crime even in the context of war), many countries -- including the United States -- have a long way to go in implementing gender equality. And we know from various cross-cultural studies, the greater the equality between men and women, the less violence against women.⁵⁰

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), adopted in 1979 by the UN General Assembly, is often described as an international bill of rights for women. Article 16 of *CEDAW* obligates states parties to take affirmative steps to insure the equality of women and men in marriage and in parental responsibilities.⁵¹ As of April 200, *CEDAW* had been ratified by 185 countries with the United States remaining only one of eight countries yet to ratify it.

In both the developed and developing world, violence against women continues to be a problem that threatens the health and welfare of women. While acknowledging cultural differences, and striving for greater understanding of both are own and others' cultures, we also need to recognize and examine the social pathologies of violence and how they play out in their various forms and intensities within and across cultures.⁵² While critiquing the violence that exists "out there" may be easier, it is not sufficient; we must also examine the violence and dis-ease that exists close to home. As Joan Brumberg and Jacquelyn Jackson observe:

Whether it's the dark, sad eyes of a woman in purdah or the anxious darkly circled eyes of a girl with anorexia nervosa, the woman trapped inside needs to be liberated from cultural confines in whatever form they take. The burka and the bikini represent opposite ends of the political spectrum but each can exert a noose-like grip on the psyche and physical health of girls and women.⁵³

And so, the voices of the wise women from the *Women's Tribunal* speak to us:

We need to listen to those who do not share the power. To see the violations through the eyes of the powerless, of those who are on the edges - the indigenous, the tribals, the dalits, the disabled, the dispossessed, knowing that from the peripheries of power, the world is seen differently.

Knowing that from the margins comes a new sense of hope, another way of being.

And the Public Hearing seeks to be a voice from the peripheries of this power

For it seeks to speak of this great violence. It comes from an overwhelming silence; a silence that speaks.

*It speaks of retrieving memory from forgetting;
It speaks of victims as witness;
of hearing as listening; and listening as caring;
It speaks of caring as healing.*

*And so the women speak
Of their anger, their anguish, their agony
They speak strong in the knowledge
that as much as they are victims they are survivors
who resist, who rebel
who dare to dream, differently.*

Notes

¹ See Charlotte Bunch. 1995. "Transforming Human Rights from a Feminist Perspective," in Julie Peters and Andrea Wolper (eds.), *Women Rights Human Rights*, NY: Routledge 14; Courtney W. Howland, "The Challenge of Religious Fundamentalism to the Liberty and Equality Rights of Women: An Analysis Under the United Nations Charter." *Columbia Journal of Transnational Law*, Vol. 35, No. 2, 1997.

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<http://www.infoforhealth.org/pr/l11edsum.shtml>

³ Heise, Lori with Jacqueline Pitanguy and Adrienne Germain. 1994. *Violence Against Women: The Hidden Health Burden*. World Bank Discussion Papers #255. Washington, D.C., World Bank: ix.

⁴ Heise.

⁵ Heise ix

⁶ Economic and Social Council. "Report of the Working Group on Violence Against Women." 1992. United Nations, Vienna. E/CN.6/WG.2/1992/L.3.

⁷ "Facts and Figures: Violence Against Women." 2007. United Nations Development Fund for Women (UNIFEM) Report. Retrieved 18 June:
http://www.unifem.org/gender_issues/violence_against_women/facts_figures.php

⁸ Krug G, and L Dahlberg, J Mercy, A Zwi, R Lozano. 2002. *World Report on Violence and Health*. Geneva: WHO.90-93; "Facts."

⁹ "Investing in Health." 1993. World Bank Report. New York: Oxford University Press.

¹⁰ "Violence" 1; "Women and HIV/AIDS: Confronting the Crisis." UNAIDS, UNFPA, UNIFEM Report. Geneva: 2004. 47-48.

¹¹ *The Promise of Equality: Gender Equity, Reproductive Health and the Millennium Development Goals*. 2005. State of World Population. UNFPA. 65.

¹² "Facts" 3

¹³ Carrie Benninger-Budel and Anne-Laurence Lacroix. World Organization Against Torture, *Violence against Women: A Report*. Geneva; "Bangladesh: Death for Man who Maimed Girl." *New York Times*, 30 July 2003.

¹⁴ Krug et al. 93.

¹⁵ "Facts" 3.

¹⁶ JG Silverman, Raj A, Mucci L, Hathaway J. 2001. Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. *Journal of the American Medical Association*. 286(5):572-9.

¹⁷ Heise 4.

¹⁸ Centers for Disease Control. 2006. "Understanding Intimate Partner Violence: Fact Sheet." Available from URL: http://www.cdc.gov/ncipc/dvp/ipv_factsheet.pdf and Centers for Disease Control, "Costs of Intimate Partner Violence" http://www.cdc.gov/ncipc/pub-res/ipv_cost/ipv.htm (both retrieved 2 December 2007); Andrea Parrot and Nina Cummings. 2006. *Forsaken Females: The Global Brutalization of Women*. Lanham, MD: Rowman and Littlefield Publishers, Inc.; S. Loue. 2001. *Intimate Partner Violence: Social, medical, legal and individual responses*. New York: Kluwer Academic/Plenum Publishers.

¹⁹ Maeve Casey. "Domestic Violence against Women: The Women's Perspective." 1988. Dublin, Ireland: Federation of Women's Refugees. Cited in Heise 15.

²⁰ Heise 14.

²¹ Centers for Disease Control and Prevention. (CDC). 2003. "Costs of Intimate Partner Violence against Women in the United States." http://www.cdc.gov/ncipc/pub-res/ipv_cost/ipv.(retrieved 18 June 2007).

²² Centers for Disease Control. 2006. "Costs of Intimate Partner Violence." http://www.cdc.gov/ncipc/pub-res/ipv_cost/ipv. Retrieved 2 December 2007. Max Rice DA, E. Finkelstein RA, and S. Leadbetter. 2004. "The economic toll of intimate partner violence against women in the United States. *Violence and Victims*. 19(3):259–72;

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²⁴ S. Lloyd, Taluc N. 1999. The effects of male violence on female employment. *Violence Against Women*. 5:370–92.

²⁵ Heise L, Garcia-Moreno C. Violence by intimate partners. In: Krug E, Dahlberg LL, Mercy JA, et al., editors. *World report on violence and health*. Geneva (Switzerland): World Health Organization; 2002. p. 87–121; Plichta SB. Intimate partner violence and physical health consequences: policy and practice implications. *Journal of Interpersonal Violence* 2004;19(11):1296–323; Roberts TA, Auinger P, Klein JD. Intimate partner abuse and the reproductive health of sexually active female adolescents. *Journal of Adolescent Health* 2005;36(5):380–5; Silverman JG, Raj A, Mucci L, Hathaway J. Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. *Journal of the American Medical Association* 2001;286(5):572–9.

²⁶ Intimate Partner Violence. Retrieved 20 June 2006. <http://www.cdc.gov/ncipc/factsheets/ipvfacts.htm>

²⁷ Bertell quoted in Parrot and Cummings 3.

²⁸ See C. Wright Mills. *The Sociological Imagination*. London: Oxford University Press, 1959.

²⁹ For more detailed discussions of drawings as diagnostic tools and the significance of the omission of hands, arms and feet as well the uses of art therapy, see: M. E. Peacock, 'A Personal Construct Approach to Art Therapy in the Treatment of Post Sexual Abuse Trauma', *The American Journal of Art Therapy* 29, (1991),100-109; G. Spigelman, A. Spigelman, and I. Englesson, 'An Analysis of Family Drawings', *Journal of Divorce and Remarriage* 18 (1/2), (1992), 31-53; A. Magwaza, B. Killian, I. Petersen, and Y. Pillay, 'The Effects of Chronic Violence on Preschool Children Living in South African Townships', *Child Abuse and Neglect* 17, (1993), 795-803; A. Burgess and C. Hartman, 'Children's Drawings' in *Child Abuse and Neglect*, (1993); and A. Burgess, 'Children's Drawings as Indicators of Sexual Trauma', *Perspectives in Psychiatric Care* 19, (1981), 50-58; J. Di Leo, *Children's Drawings as Diagnostic Aids*, (New York, 1973); S. Kelley, 'The Use of Art Therapy with Sexually Abused Children', *Journal of Psychosocial Nursing* 22, (1984),12-18; B. Lemley, 'Pictures of the Pain', *Social Issues Resources Series--Mental Health* 4 (22), (1990).

³⁰ For current brain and memory research exploring the ways in which experience is recorded and how the processing and storage of traumatic memories may be quite different to the processing of more ordinary experiences, see the work of Bessel van der Kolk, particularly van der Kolk et al., (1996). As we gain better data about the interactions between bio-chemical, neurological processes, and trauma, we will be able to better assess the processing, storage, and retrieval of a range of events along the spectrum from ordinary to traumatic. See Herman 1992 and 1996 for a review of studies that indicate that traumatic memories from childhood have been retrieved after a period of dense amnesia and later confirmed beyond a reasonable doubt. See also L. Terr, *Unchained Memories True Stories of Traumatic Memories, Lost and Found*, (New York, 1994)

³¹ Inescapable shock tends to produce lasting and deleterious psychobiological changes. See Krystal (1990 in Waites), (1993); B. van der Kolk, *Psychological Trauma*, (Washington, DC, 1987), 31-62; B. van der Kolk, B., A. McFarlane, and L. Weisaeth (eds.), *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society*, (New York 1996); Waites, 1993.

³² Waites 1993, 14.

³³ S. Ferenczi, 'Confusion of Tongues', (1933) quoted in P. Greven, *Spare the Child: Religious Roots of Punishment and the Psychological Impact of Physical Abuse*, (New York 1990), 158; see also L. Terr, *Too Scared to Cry*, (New York 1990).

³⁴ See also P. Barker's trilogy of historical novels about WWI, Sassoon, and Dr. Rivers.

³⁵ Waites, 14.

³⁶ Linda K. Cutting. 1997. *Memory Slips: A Memoir of Music and Healing*. New York: Harper Collins.

³⁷ Sylvia Fraser. 1987. *My Father's House: A Memoir of Incest and Healing*. New York: 253.

³⁸ Herman 5.

³⁹ Herman 9.

⁴⁰ Herman 32.

⁴¹ Richard Wilkinson. 1996. *Unhealthy Societies: The Afflictions of Inequality*. New York: Routledge; Paul Farmer, 2003. *Pathologies of Power: Health, Human Rights and the New War on the Poor*, Berkeley: University of California Press; James Gilligan. 1997. *Violence: Reflections on a National Epidemic*. New York: Vintage Books.

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⁴³ Alice Miller. 1990. *For Your Own Good Hidden Cruelty in Child-rearing and the Roots of Violence*. (trans. By H. and H. Hannum), (New York, 1990); A. Miller. *Prisoners of Childhood* (published in paperback as *The Drama of the Gifted Child* [1983], (New York, 1981).

⁴⁴ See Herman; Greven; L. Gordon, 1988. *Heroes in Their Own Lives: The Politics and History of Family Violence*, New York; E. Pleck, 1987. *Domestic Tyranny: The Making of American Social Policy against Family Violence from Colonial Times to the Present*. New York; Miller; S. Rose. 1993. 'Child Sacrifice: Projective Christianity', *Anima* 20 (1), 1-18.

⁴⁵ Lenore Terr, *Too Scared to Cry*. New York 1990.

⁴⁶ Kathleen Gough, "The Origin of the Family" in *Journal of Marriage and the Family*, Vol. 33, No. 4, Special Double Issue: Violence and the Family and Sexism in Family Studies, Part 2. (Nov., 1971), 760-771.

⁴⁷ Randall Collins. "A Conflict Theory of Sexual Stratification," *Social Problems*, Vol. 19, No. 1. (Summer, 1971), 3-21.

⁴⁸ Judith Herman, 1992. *Trauma and Recovery*. New York: 1.

⁴⁹ Michael Singer. "Relativism, Culture, Religion, and Identity" in Howland 45-54.

⁵⁰ See Ernestine Friedl. 1978. "Society and Sex Roles." *Human Nature*; Collins; Gough; Peggy Sanday. 1981. *Female Power and Male Dominance: On the Origins of Sexual Inequality*. Cambridge University Press, New York, 1981. Sanday. The Socio-Cultural Context of Rape, *Journal of Social Issues*, 1982, Vol. 37, No. 4, pp. 5-27.

51. Women's Convention, G.A. Res. 34/180, December 18, 1979, UN GAOR, 34th Sess., Supp. No. 46, UN Doc. A/34/46 (1979); See Donna Sullivan, "The Public/Private Distinction in International Human Rights Law," in Peters and Wolper 125-134.

⁵² Vytautas Kavolis. 1969. *Comparative Perspectives on Social Problems*. Boston: Little, Brown, and Co.

⁵³ Joan Jacobs Brumberg and Jacquelyn Jackson. "The Burka and the Bikini". *New York Times* Op-Ed. 11/23/2001. See also the excellent article about cultural understanding versus cultural relativism, and social pathology, in Isabelle Gunning. 1992. "Arrogant Perception, World-Traveling, and Multicultural Feminism: The Case of Female Genital Surgeries." 23 *Columbia Human Rights Law Review* 189.