10.17: Violence Against Women (Part 3)

Interventionist Approaches

There exist several approaches that were set up by international health organizations and civil societies (for example, Tostan) aimed at eliminating the practice of Female genital mutilation (FGM) in implemented countries:

1. FGM as a Health issue (also known as health risks approach)
2. FGM as a Human Rights issue (also known as Human Rights-based approach)

Some scholars suggests that, when dealing with FGM, it is necessary to take lessons from history, particularly 19th-century campaign against foot-binding in China[194] which was successful.

As a Public Health Issue

The existing approaches to eliminate FGM are principally founded on health-based arguments and methods. Supporters of that approach established their arguments on the need to protect women’s health from hazards caused by FGM. It is acknowledged that FGM affects women’s health, reproduction, and sexual functioning. According to the World Health Organization’s findings[195] “women who have had FGM) are significantly more likely to experience difficulties during childbirth and that their babies are more likely to die as a result of the practice”.[192] Moreover, it can “result in myriad complications, from infections, menstrual difficulties and painful intercourse to…stillbirths and brain-damaged infants, increased risk of HIV infection, and psychological and emotional stress.”[196] Therefore, in order to eradicate the procedure, advocates of the health risks approach designed strategies to raise public awareness of negative impacts of FGM to women’s bodies and health. The health approach was commonly used and promoted, until it was criticized and, to a certain extent, replaced by the Human rights approach.
As a Human Rights Issue

In 1993, at the Vienna World Conference on Human Rights, the issue of FGM was for the first time addressed as a form of violence against women under the framework of International Human Rights. Since then, the elimination of FGM has taken a prominent place in the agenda of the international human rights discourse, leaving behind the health risk approach.¹⁹²

“The global human rights discourse differs from earlier Western policies, which focused on health in relation to female genital mutilation. It modifies earlier Western feminist arguments that read female genital mutilation as patriarchal control over women’s bodies and sexuality, and as a symbol of women’s subordination”.¹⁹⁷

The human rights-based arguments are founded principally on a concept of universal human rights. Supporters of that approach emphasize the flagrant violation of fundamental rights, and they consider FGM as a violent violation of woman’s and child’s fundamental rights including the right to life, the right to be protected from cruel treatment, the right to physical integrity, and the right to health. According to Shell-Duncan FGM is violence against not only women, but it also constitutes a violation in the rights of child not yet achieved puberty.¹⁹²

The use of International Human Rights discourse to tackle FGM has, however, faced challenges such as “there are no international human rights instruments that specifically address female genital cutting”.¹⁹² Therefore, advocates of FGM’s elimination, building their arguments upon the UN Declarations, Conventions, and a Theory of Justice¹⁹³ suggest that the issue of FGM can be addressed under the legal framework of the three legal instruments such as: Violation of Rights of Child, violation of rights of women, and the right to be protected from torture.¹⁹²

Debates about Best Approaches

There are growing debates about what is the most appropriate approach to tackle FGM. Both the health and the human rights-based approaches have been criticized.

The critique of the health approach is related to the medicalization of FGM,¹⁹² meaning that concentration on health risks neglects the other aspects of FGM practice(for example, legal) and leads not to the banning of practice, but to medically safe performance of FGM. This critique is defined by Shell-Duncan:

“A final problematic aspect of the health approach as a rationale for abandoning FGC is that the emphasis on health risks is believed by anti-circumcision advocates to have inadvertently promoted the conceptualization of FGC and obstetrical complications.”¹⁹²

The human rights approach notices the lack of legal instruments to address FGM. In addition to that, the usage of universal human rights language might be at a variance with collective identity and cultural understandings of indigenous people. That is why “the post-colonialist critique as an approach to the politics of female circumcision stresses the need for contextualised understandings of indigenous meanings arguing against the human rights approach.”¹⁹⁷
Breast Ironing

Breast ironing (also known as “breast flattening”) is the practice of pounding and massaging the breasts of a pubescent girl, using hard or heated objects, in an attempt to try to make them stop developing or disappear.[198][199][200] It is typically carried out by the girl’s mother, with the aim of making the girl less sexually attractive to men and boys, so that her virginity is preserved.[199] It is practiced primarily in Cameroon, but has also been reported across other areas in West and Central Africa.[198][199][201] Breast ironing is very painful and can have negative emotional and physical consequences.[198][199]

Obstetric Violence

“Obstetric violence” refers to acts categorized as physically or psychologically violent in the context of labor and birth. In most developed and many developing countries, birth takes place in an increasingly medicalized environment; with numerous surgical interventions that women can sometimes be coerced into accepting, or which are done without her consent. Medicalized birthing practices and interventions such as Caesarean sections, episiotomies and hormonal birth induction; which should normally be restricted to only a minority of cases where risks for the mother are clear, are increasingly being used during births that could otherwise take place naturally. Some organizations and scholars consider this a violent act against the woman and her child.

The concept also includes the unjustified use of instruments and maneuvers that have been recognized as risky to the health of the mother and child, or whose benefits and risks have not been sufficiently examined (use of forceps, Kristeller maneuver,[202] vacuum extraction[203]). The World Health Organization warns that “the boom in unnecessary surgeries is jeopardizing women’s health”, that Caesarean sections have reached “epidemic proportions” in many countries (46% in China, 25% and above in many Asian, European and Latin American countries), and that sometimes financial incentives for doctors and hospitals have an influence too.[204]

Concerning episiotomies, the World Health Organization informs that they “carry a greater risk of getting infected, and can cause a higher blood loss, than (natural) tears”, and that “Limiting the use of episiotomy to strict indications has a number of benefits: less posterior perineal trauma, less need for suturing and fewer complications”. England’s National Health Service informs that episiotomies may cause pain and discomfort for the woman for many months after their child’s birth,[206] and the American Congress of Obstetricians and Gynecologists also recommends a restriction on their use.[207] Some sources refer to North American obstetricians and gynecologists, especially between the 1950s and 1980s, practicing what was called the husband’s stitch: placing extra stitches in the woman’s vagina after the episiotomy or natural tearing, supposedly to increase the husband’s future sexual pleasure and often causing long-term pain and discomfort to the woman. However, there is no proof that such a practice was widespread in North America,[208][209] but mentions of it frequently appear in studies about episiotomy, also in other American countries such as Brazil.[210]

The WHO recently stated that “in normal birth, there should be a valid reason to interfere with the natural process. The aim of care is to achieve a healthy mother and child with the least possible level of intervention compatible with safety.”[211] Practices that should be stopped (in normal labor), according to the WHO:

- Shaving the pubic hair
• Giving an enema to empty the bowels
• Electronic fetal monitoring
• Not letting the woman eat or drink
• Telling the woman to hold her breath and push during the second stage of labor (rather than leaving it to do her own way)
• Stretching and interfering with the entrance to the vagina when the baby is being born
• Episiotomy
• Taking the baby away from its mother at birth
• Getting the woman to lie down on her back during labor and/or delivery

The Fight for a More Humane and Respectful Birth

In Latin America, with the increasingly medicalized and surgical context of birth, many organizations propose a rediscovery of natural, unmedicated birth. Different scholars such as O. Fernández have analyzed the link between Post-traumatic Stress Disorder and obstetric violence, as have Olde et al. Various NGO's around the world have the purpose of defending “the right to a respectful and humane birth”, such as the Canadian organization Humanize Birth, or the Spanish association El Parto es Nuestro (“Birth Is Ours”). In the United States, Young Women United engages in policy and advocacy efforts to improve the access that low income and pregnant people of color have to midwifery care, as well as improve breastfeeding rates in New Mexico communities (Medicaid funding is also available for home births). Other organizations such as The Birth Trauma Association claim to “support women suffering from Post Natal Post Traumatic Stress Disorder (PTSD) or birth trauma”; which rather than being the result of the birth process itself, is caused by “factors such as loss of control, loss of dignity, the hostile or difficult attitudes of the people around them, feelings of not being heard or the absence of informed consent to medical procedures”. The WHO’s Reproductive Health library states that a de-humanized, highly medical context for normal births can “promote the use of unnecessary interventions, neglect women’s emotional needs and contribute to a high overall cost of medical services”.

Legal Action Against Obstetric Violence

In Venezuela, as well as in the Mexican states of Veracruz, Chiapas, Guanajuato and Durango, laws have been passed to give women the right to a life free of obstetric violence. Venezuela’s Organic Law on the Right of Women to a Life Free of Violence, approved November 2006, defines on its Article 51 the following acts as forms of obstetric violence:

• Failing to timely and efficiently take care of obstetric emergencies
• Forcing the woman to give birth in a face-up (lithotomy) position and with legs on stirrups, when the means are available for vertical birth,
• Blocking the child’s early attachment to the mother without a justified medical cause, denying the mother the possibility of picking up the child and breastfeeding immediately after birth,
• Altering the natural process of the low-risk birth, by use of induction and acceleration techniques, without obtaining the mother’s voluntary, explicit and informed consent.
• Practicing caesarean sections when the conditions are available for natural birth, without obtaining the mother’s
voluntary, explicit and informed consent.[223]

Mexico’s GIRE (Group for Information on Planned Reproduction) has issued a report where it also mentions the “normalization of obstetric violence”, as well as psychological and emotional mistreatment by care providers being common during childbirth. It also mentions forced sterilization as a form of severe violence against women; one which might disproportionally affect indigenous women.[224] Psychological and verbal abuse during childbirth, as well as coercion into accepting surgical intervention, are also documented in Goer’s “Cruelty in Maternity Wards: Fifty Years Later”; published in the Journal of Perinatal Education.[225]

Sport-Related Violence Against Women

Sport-related violence against women refers to any physical, sexual, mental acts that are “perpetrated by both male athletes and by male fans or consumers of sport and sporting events, as well as by coaches of female athletes”. [226]

The documenting reports and literature suggest that there are obvious connections between contemporary sport and violence against women. Such events as the 2010 World Cup, the Olympic and Commonwealth Games “have highlighted the connections between sports spectatorship and intimate partner violence, and the need for police, authorities and services to be aware of this when planning sporting events”.[226]

Sport-related violence can occur in various contexts and places, including homes, pubs, clubs, hotel rooms, the streets.[226]

Sport-Related Violence By Male College Athletes

Violence against women is a topic of concern in the United States’ collegiate athletic community. From the 2010 UVA lacrosse murder, in which a male athlete was charged guilty with second degree murder of his girlfriend, to the 2004 University of Colorado Football Scandal when players were charged with nine alleged sexual assaults,[227] studies suggest that athletes are at higher risk for committing sexual assault against women than the average student.[228][229] It is reported that one in three college assaults are committed by athletes.[230] Surveys suggest that male student athletes who represent 3.3% of the college population, commit 19% of reported sexual assaults and 35% of domestic violence.[231] The theories that surround these statistics range from misrepresentation of the student-athlete to an unhealthy mentality towards women within the team itself.[230]

Controversy Over Contributing Factors

Sociologist Timothy Curry, after conducting an observational analysis of two big time sports’ locker room conversations, deduced that the high risk of male student athletes for gender abuse is a result of the team’s subculture.[232] He states, “Their locker room talk generally treated women as objects, encouraged sexist attitudes toward women and, in its extreme, promoted rape culture.”[232] He proposes that this objectification is a way for the male to reaffirm his heterosexual status and hyper-masculinity. Claims have been made that the atmosphere changes when an outsider (especially women) intrude in the locker room. In the wake of the reporter Lisa Olson being harassed by a Patriots
player in the locker room in 1990, she reflected, “We are taught to think we must have done something wrong and it took me a while to realize I hadn’t done anything wrong.” Other female sports reporters (college and professional) have claimed that they often brush off the players’ comments which leads to further objectification. Other sociologists challenge this claim. Steve Chandler notes that because of their celebrity status on campus, “athletes are more likely to be scrutinized or falsely accused than non-athletes.” Another contender, Stephanie Mak, notes that, “if one considers the 1998 estimates that about three million women were battered and almost one million raped, the proportion of incidences that involve athletes in comparison to the regular population is relatively small.”

Response to Violence by Male College Athletes

In response to the proposed link between college athletes and gender-based violence, and media coverage holding Universities as responsible for these scandals more universities are requiring athletes to attend workshops that promote awareness. For example, St. John’s University holds sexual assault awareness classes in the fall for its incoming student athletes. Other groups, such as the National Coalition Against Violent Athletes, have formed to provide support for the victims as their mission statement reads, "The NCAVA works to eliminate off the field violence by athletes through the implementation of prevention methods that recognize and promote the positive leadership potential of athletes within their communities. In order to eliminate violence, the NCAVA is dedicated to empowering individuals affected by athlete violence through comprehensive services including advocacy, education and counseling.”

Online Violence Against Women

On September 24, 2015, the United Nations Broadband Commission released a report that claimed that almost 75% percent of women online have encountered cyber violence.

References:


30. Addressing Gender-Based Violence: Advancing Human Rights. UNFPA.

31. “Papua New Guinea: Police Cite Bride Price Major Factor in Marital Violence”. Violence is not our Culture.
34. Before 1981, Art. 587 read: He who causes the death of a spouse, daughter, or sister upon discovering her in illegitimate carnal relations and in the heat of passion caused by the offence to his honour or that of his family will be sentenced to three to seven years. The same sentence shall apply to whom, in the above circumstances, causes the death of the person involved in illegitimate carnal relations with his spouse, daughter, or sister.[2]
38. R. v. Jackson [1891]. 1 Q.B. 671
50. WHO Factsheet "Violence against women”. World Health Organization (1 September 2011).
51. Maffly, Brian (21 March 2009). “BYU study links women’s safety, nation’s peace”. The Salt Lake Tribune
53. This table is an excerpt from (1997). Violence against women: Definition and scope of the problem. World Health


56. “Rape at the National Level, number of police recorded offenses”. United Nations.


96. a b c “Ethics guide: honour crimes”. BBC Religion and ethics(BBC).
114. “How many acid attacks are there?”. BBC News. 9 August 2013.
   - “Girls as young as 5 and as old as 19 had to drink up to five gallons of fat-rich camel’s or cow’s milk daily, aiming for silvery stretch marks on their upper arms. If a girl refused or vomited, the village weight-gain specialist might squeeze her foot between sticks, pull her ear, pinch her inner thigh, bend her finger backward or force her to drink her own vomit. In extreme cases, girls die, due to a burst stomach. The practice was known as gavage, a French term for force-feeding geese to obtain foie gras.”
Winning A Pulitzer”. Fresh Air. NPR. WHYY.


188. “Maldives girl to get 100 lashes for pre-marital sex”. BBC News. 26 February 2013.


190. a b “WHO | Female genital mutilation”. Who.int. Retrieved2016-04-03.


204. *NBC News*. “C-section rates around the world at “epidemic levels””.


206. *National Health Services, United Kingdom*. “NHS Choices: Episiotomy”.


212. Última Hora (December 1, 2013). “Proponen Volver al Parto Natural, ante el Aumento de Cesáreas”.


266. Take action Say NO UNiTE | UN Women – Headquarters. (n.d.).


284. CEDAW, General discussion on women and access to justice, UNOG, February 18, 2013.


292. Grotian Moment Blog > Frederick K. Cox International Law Center > Case Western Reserve University School of Law