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Gender Violence

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GENDER VIOLENCE

JILLIAN MORRIS GABRIELLA ANDERSON BELLA BACOKA MICAELA BASTIANELLI

What I Didn't Know

A poem about statutory rape and manipulation

By Jillian Morris

In late September, he told me I was his.
I, at fourteen, felt blessed
No boy had ever called me beautiful before
Especially one at his age.

In early November, I let him touch me
There was a lot I still didn't know
But I figured
I'd learn
From him.

I'd learn
To stay away from men
Who were not him
To think about my future
A future with him.

In late January, he made me promise
I would never leave
That it was written in the stars
Set in stone.

And he told me he loved me
When I lifted my shirt up in front of the screen
And he told me
What a good girl I was
Breathing hard through the phone.

In March things were different
As a gradual numbness washed over my heart
My body was his
But my mind was a nest of wasps.

It was a numbness
Desensitizing me from his predatory glances
My isolation from friends and family
The erosion of my innocence.

hid in the bathroom
between classes, during lunches
sighing with my thighs touching the porcelain
And not his hands.

I fought
Fought hard
To get myself a break
But he was
Always
There.

He would graduate in June
But he told me
He would still be there.

He would be there because it was fate and
He would be nothing without me and
I would be nothing without him.

And in June I had enough
And in June I broke it off
And I strayed
My soulless body running rampant
Through the minds of other selfish men.

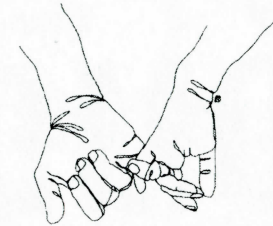
So in August I came back to him
He took me in his arms
Squeezed me a little too hard
And I re-entered his world.

In September his fist closed around my neck
As he monitored my every move
I told you, he said
You can't get away.

In October, no one knew
Until
They saw him on my street
And October is where this story concludes
As I saw flashing lights
And he

went

away.



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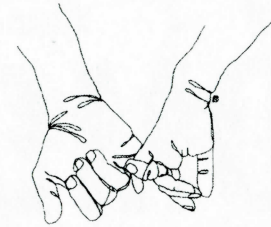
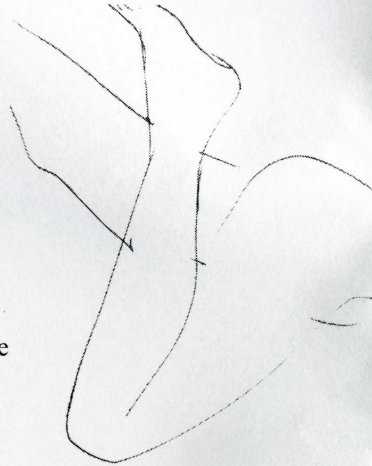
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← PUSH AND PULL →

BY GABRIELLA ANDERSON

There are a lot of 'push and pull' factors in an abusive relationship that can make it difficult for a victim to leave. It's important to understand that even if the victim is able to leave, leaving can also harm the victim because the abuser's power and control is threatened, which can cause violent retaliation from the abuser. Some factors that can make it hard for a victim to leave an abusive relationship include:

Dependency:

- Having a disability or lacking financial resources to go anywhere can hinder someone from leaving.ⁱ

Pressure:

- Having children or being pregnant or for cultural/religious reasons can create pressure for the victim to stay.ⁱⁱ

Emotions:

- Victims may be fearful of their abusers. Also, a lot of abusers groom their victims to believe that abuse is "normal" and equates love.

ⁱ "Why Do People Stay in Abusive Relationships?" *Loveisrespect.org*, www.loveisrespect.org/is-this-abuse/why-do-people-stay/.

ⁱⁱ "Why Do People Stay in Abusive Relationships? - The Hotline." *The National Domestic Violence Hotline*, www.thehotline.org/is-this-abuse/why-do-people-stay-in-abusive-relationships/.

The War on Women

By Jillian Morris

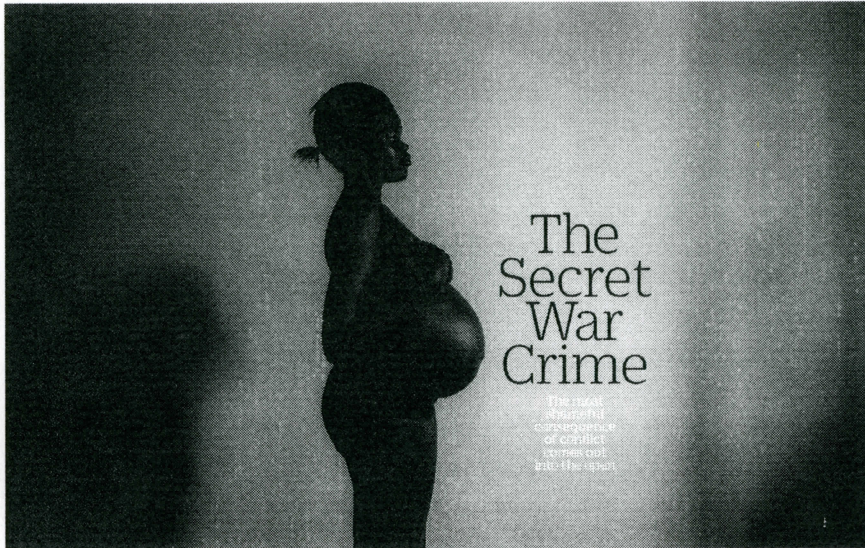
"They said they would only rape us. As if rape were different than death."¹

Mary of the Nuer tribe in South Sudan was 27 years old when her home was raided by an enemy tribe. The war so far had killed upwards of 50,000 people and decimated the entire northern part of the country. The Nuers in Mary's home were seen by the enemy soldiers as rebels, and were treated without a single ounce of mercy.

They murdered her 5 and 7 year old sons, yanked her daughter from her arms and brutally raped her while her mother was forced to watch. Then, the group of men turned to Mary herself.

"I couldn't even see my little girl anymore. I could only see blood."

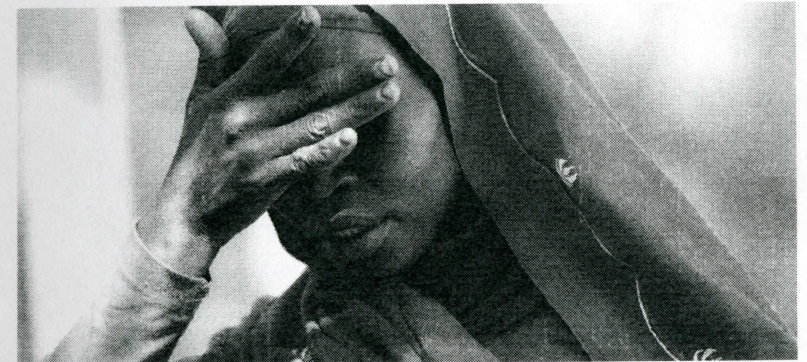
¹ Baker, A. (n.d.). Survivors of Wartime Rape Are Refusing to Be Silenced. Retrieved December 11, 2018, from <http://time.com/war-and-rape/>



Rape has been used as a weapon as long as war has been in existence. Unlike the traditional warfare that we usually think of - troops lined up for battle with their guns and uniforms, technology being developed specifically for the killing of massive numbers of people - rape is a weapon that is so intimate, so personal and so damaging that it can rip communities apart without the need for weaponized machinery.

Rape can be worse than death. First of all, it is torture in its most personal form. A report from Time Magazine stated that in 2004, during the factional war in Congo, soldiers killed the men but left the women with stakes in their arms and legs to be raped by any passing soldier. One of the women, Mukuniwa, claims that she had no idea how many men had raped her when she was in that state, but she remembers the use of sticks or rifle barrels.

Dr. Neema Rukunghu, a gynecologist working in a clinic for sexual violence survivors in an area similar to that of Mary and Mukuniwa, has treated some horribly injured women. She has seen women crippled by bullets shot into their vaginas, retrieved inserted objects, treated infections, and stitched up tears. Many women with fistula tears cannot control their bodily secretions, and therefore cannot go about their daily lives. Others are permanently disabled and cannot continue to make a living. Some are also ridden with deadly sexually transmitted diseases and infections that cut their lives incredibly short.



The physical wounds to these women, despite their severity, are next to nothing compared to the emotional damage that rape has on both the individual female and her community. Many women suffer from post-traumatic stress from the assault, often having fear, anxiety, and/or intrusive memories. This overwhelming fear that rape causes is often enough to persuade women not to return to their previous jobs, for example, in the Congo, some women refuse to return to the fields to cultivate crops due to their trauma. The Congo is also an area where rates of starvation and malnutrition are high, so many women cannot even afford to indulge their fears.

When women are raped in conflict, in some cultures, they carry a social burden and are shunned by the people they once trusted. Since the stigma around sexual violence is still so prevalent, women become isolated from not only their communities, but their families as well. Cultures such as that in the Congo deem women who are illegitimately impregnated - rape or not - as a disgrace, causing husbands to abandon their wife if she has been raped in conflict, even if she is carrying a baby. In other cases, husbands report strong feelings of hatred toward the illegitimate child and its mother. This may lead to domestic abuse and neglect in the household, contributing to the existing trauma that the woman already holds onto.

"Rape or not rape, having sexual intercourse outside the conjugal house...means being definitely rejected out of the house."²

In the Security Council Resolution passed in June of 2008, the UN noted that women are particularly targeted by the use of sexual violence as a tactic to humiliate, dominate, or forcibly relocate civilians of a certain group³. Rape is such an effective weapon in armed conflict because it decimates the structure of communities. When mass rape is practiced, the perpetrators' side gains quantitative and qualitative power, while the victimized side is left traumatized and impoverished. To this day, the United Nations, NGOs and other causes are fighting to bring the perpetrators of this horrid crime to justice.

² Clarkson, H. (2004). War Crimes. Retrieved December 11, 2018.

³ Rape: Weapon of War. (n.d.). Retrieved December 11, 2018, from <https://www.ohchr.org/en/newsevents/pages/rapcweaponwar.aspx>

Why Are Healthcare Professionals Central to the Response?

By: Micaela Bastianelli

Violence against women is socially acceptable in many societies, and abused women may be left with little choice but to suffer in silence. Health care organizations are in a key position to break the silence and offer critical care to women who might otherwise face violence and its health consequences for many years. Health professionals are often the earliest point of contact for survivors of violence. As respected members of society, they are also in a unique position to change societal attitudes by reframing violence as a health problem.

Health professionals who are not trained to recognize abuse may treat only the immediate complaints and miss an opportunity to provide more comprehensive care. Or worse, caregivers may be condescending toward women survivors, believing the women must have done something wrong to warrant the violence.

Moreover, health care personnel should be trained to ensure that confidentiality is not breached, and that they do not put women and girls at risk of retribution and additional violence.

The Crucial Role of Health Services in Responding to Gender-Based Violence, Retrieved from https://assets.prb.org/igwg_media/crucial-role-hlth-srvics.pdf

Why is Combating Gender-Based Violence Important?

In 1996, the World Health Assembly declared violence against women to be a major public health problem that urgently needed to be addressed by governments and health organizations. Studies conducted since the 1990s confirm that, while the prevalence of gender-based violence varies across and within countries, it is a significant problem nearly everywhere. For example, national surveys in 12 developing countries found that between 18 percent and 53 percent of women had experienced violence by a spouse or intimate partner at some point in their lives. Gender-based violence causes a host of health problems that strain health systems' resources, limit women's growth and productivity, impede the well-being of families and communities, and hinder governments from achieving their national goals related to health and women's advancement. The impact of gender-based violence on women's health, in particular, is well documented:

It is a major cause of disability and death among women worldwide.

Gender-based violence has health consequences ranging from physical injury, chronic pain, and anxiety and depression to deadly outcomes such as suicide and homicide. It is a risk factor for many physical, mental, and sexual and reproductive health problems.

It has adverse consequences for women's sexual and reproductive health.

Physical and sexual violence can limit women's ability to use contraceptives or persuade their partners to use condoms and other contraceptives, putting women at increased risk for unintended pregnancies and unsafe abortion as well as sexually transmitted infections (STIs), including HIV/AIDS. Gender-based violence has also been linked to increased risk of gynecological disorders and pregnancy complications, including pelvic inflammatory disease and miscarriage.

Violence during pregnancy can cause serious harm to both the mother and fetus. Research shows a close association between intimate partner violence during pregnancy and fetal or infant mortality, developmental abnormalities, low birth weight infants, and maternal mortality.

Health services in developing countries have been slow to address gender-based violence. Health care professionals may not recognize the impact of violence on women's health or they may consider it a private, domestic matter that is not relevant to their work. Moreover, they may be ill-equipped to deal with the problem because medical and nursing education does not include it as a health concern.

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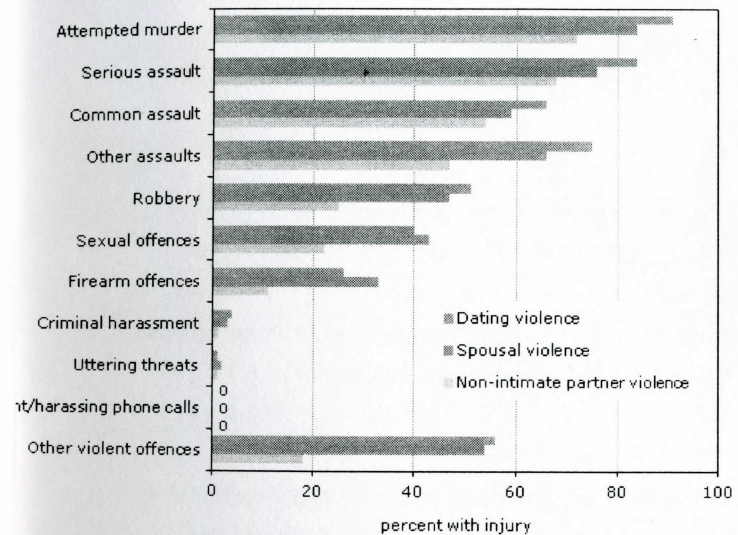
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Negative Impacts of Violence Against Women

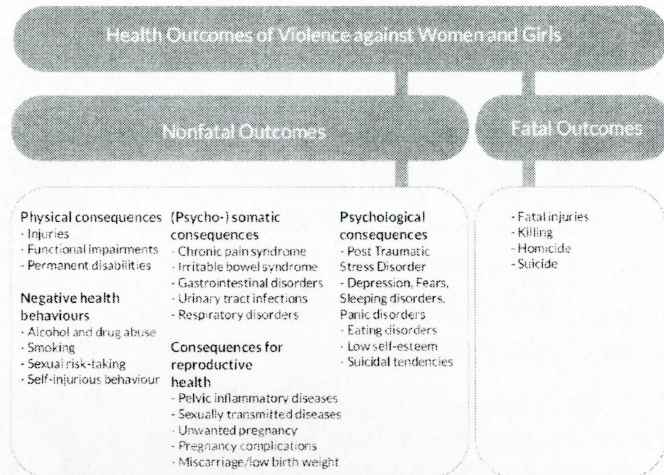
By: Micaela Bastianelli

Injuries Experienced by Women in Violent Relationships

By: Micaela Bastianelli



<https://www150.statcan.gc.ca>



Source: Hellbernd et al 2004, CHANGE 1999, all cited in PRO-TRAIN 2009

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What Should Health Services Do to Assist Women Survivors?

By: Micaela Bastianelli

A System Approach:

- Improving health workers' and managers' understanding of local and national laws and policies related to violence;
- Integrating attention to gender-based violence within health services rather than setting up parallel services;
- Supporting long-term efforts to sensitize and train health professionals at all levels about gender-based violence;
- Incorporating routine screening for violence in health services *provided that* women's confidentiality and safety can be ensured; and
- Ensuring adequate monitoring and evaluation of services to survivors of violence.

 The Crucial Role of Health Services in Responding to Gender-Based Violence, Retrieved from

https://assets.prb.org/igwg_media/crucial-role-hlth-srvices.pdf

Once Violence Has Been Detected:

- Medical support, including attending to women's injuries and specialized care for survivors of sexual violence. According to the World Health Organization, specialized care includes emergency contraception where it is approved, provision of safe abortion services in places where abortion is not against the law, and post-exposure preventive treatment for HIV and other STIs;
- Emotional support, assuring women that the abuse is not their fault and that they can receive help;
- Documentation that can be used to access the legal system and support legal proceedings. The required information is usually spelled out in national laws and regulations regarding violence against women (where they exist); and
- Information about and referrals to legal aid, counseling services for survivors of violence, support groups, and places of safety if women cannot return home.

The Crucial Role of Health Services in Responding to Gender-Based Violence, Retrieved from https://assets.prb.org/igwg_media/crucial-role-hlth-srvices.pdf

Making a Difference

Movements, Networks, and Icons Eliminating Gendered Violence

By: Isabella Bacoka

Gendered Violence, whether identified as sexual, domestic violence, physical, economic, psychological abuse, is a prevalent epidemic towards women; particularly women on color. With this epidemic in full swing, it is important to understand what steps have been taken to address the real issues that cause perpetration towards those who lack power. Historically unequal power dynamics engrained in the structures of the United States and the rest of the world between gender are contributing to the prominence of the issue. It is also important to deconstruct and understand the useful strategies used by these powerful components to induce a successful war against gendered violence.



“It’s on Us”

September 29, 2014 - Campaign

This campaign was launched as a national movement to end sexual assault, gearing a focus on college campuses. [1] They ask individuals - students, community leaders, organizations, parents - to join the 300,000 and take the pledge to realize the conversation on sexual assault begins with us. A grassroots approach ingraining creative content to form a local and national discourse against sexual violence. Barack Obama and the White House Council of Women and Girls launched this progressive movement using political agency.



White House Council on Women and Girls[2]

March 11, 2009

"With passion and courage, women have taught us that when we band together to advocate for our highest ideals, we can advance our common well-being and strengthen the fabric of our nation." - **President Barack Obama**

[1] Civic Nation. "Our Story." *It's on Us, It's on Us*, 2018, www.itsonus.org/our-story/.

[2] Source: <https://thecaucus.blogs.nytimes.com/2009/03/11/obamas-and-clinton-honor-women/>

RAINN is the nation's largest anti-sexual violence organization.

Helping Survivors

Educating The Public

Improving Public Policy

Consulting & Training

Learn More

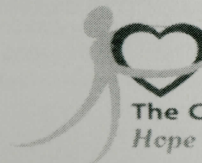
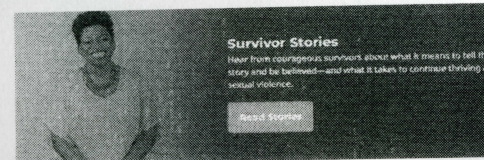
Donate

RAINN

<https://www.rainn.org/after-sexual-assault>

RAINN (Rape, Abuse, and Incest National Network) is

the world's largest anti-sexual violence organization that began in 1994.[3] This Network is considered a safe space for victims, offering services for those who are victims, public education for protection, public policy advocacy, and training/consultations for all from individuals to corporations.



The Center for Family Justice
Hope Starts Here.

<https://centerforfamilyjustice.org/get-help/services/advocacy-guiding-safety/>

Advocacy That Guides Safety

The Family Justice Center (FJC) offers services to break the cycle of violence, in a safe place, all in one place.[4] This place is supposed to make it easier for victims to go through the process of holding perpetrators accountable and the healing process.

[3] <https://www.rainn.org/about-rainn>

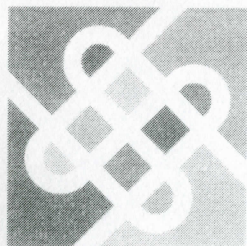
[4] centerforfamilyjustice.org/about-us/who-we-are/



Source: <https://www.bwjp.org/services.html>

The Battered Women's Justice Project (BWJP)

This is a national resource center on both civil and criminal justice responses to intimate partner violence. [5] Something fascinating about this network is that it promotes systemic change within civil and criminal justice systems. This systematic change is to ensure an effective and JUSTE response to victims of intimate partner violence.



Projects include:

- National Resource Center on Domestic Violence and Firearms
- FVSPA Resource Center
- Improving Criminal Justice Responses
- Intimate Partner Violence Intervention
- Safer

[5] <https://www.bwjp.org/about-bwjp.html>



CARE

<https://www.care.org/about/mission-vision>

CARE is a global leader within a worldwide movement to end poverty. Commitment to and dignity towards people is what pushes movements to save lives, defeat poverty, and achieve social justice.[6] Empowering women and girls is one of their foundational approaches to ending poverty.

“In practice, this means that we can’t just build a school – we must ensure girls rights to education. In means not only providing HIV and reproductive health information, counseling and testing, but also fighting for every individual’s rights to be free from abuse or violence.”
-CARE

GENDER-BASED VIOLENCE

Globally, one out of three women will be beaten, coerced into sex or otherwise abused in her lifetime. We offer support and services for victims and educate community members to prevent further violence.



CARE reveals that gender-based violence is one of the most prevalent yet most ignored human rights abuses globally. They also dive into the action of rape as a weapon of war, one of the most horrifying actions of disturbing women’s peace in places like the Democratic Republic of Congo and Burma.

[6] <https://www.care.org/about/mission-vision>



Alice Walker^[7]

Women's activist and author of *The Color Purple*. In this novel, the narrator, who identifies as a poor black woman who is physically abused by her father and husband.^[8] The story exposes a narrative about a powerless woman rising up after

being mistreated for so long. This narrative is to inspire oppressed woman who face abuse, especially women of color.

bell hooks^[9]

Switching the phrase "Domestic Violence" to "Patriarchal Violence," bell hooks is an author, feminist, and activist. Hooks argues that gendered violence is a derivative of sexist thinking and patriarchal domination.

"Masculine identity offered men as the ideal in patriarchal culture is one that requires all males to invent and invest in a false self. From the moment little boys are taught they should not cry or express hurt, feelings of loneliness or pain, that they must be tough, they are learning how to mask true feelings."^[10] -bell hooks



Tarana Burke^[11]

A civil rights activist and founder of the "Me Too" movement in 2006. This movement quickly turned into a worldwide campaign to advocate against sexual harassment, assault, and abuse. She is currently senior director of Girls for Gender Equity in Brooklyn, New York.

[7] <https://www.thestranger.com/events/26248687-alice-walker>

[8] <https://www.bartleby.com/essay/Domestic-Violence-in-The-Color-Purple-by-PKJU7VUAVJ>

[9] <https://medium.com/applied-intersectionality/from-domestic-to-patriarchal-violence-92f973b5deb7>

[10] <https://medium.com/@jamelle.wd/reflections-on-domestic-violence-and-bell-hooks-6c37a742d626>

[11] <https://www.biography.com/people/tarana-burke>