Gender, Power and Intimate Partner Violence

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Objectives

- Understanding of gender and power analysis and its application
 - To Hong Kong
 - To helping professionals
- Awareness raising of myths which
 - Prevent disclosure
 - Prevent intervention

Workshop Process

- Empowerment
- Best practice
 - From Intervention perspective
 - From Victim perspective

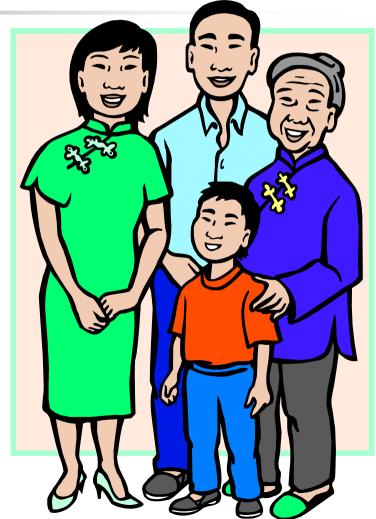
Outline

- Introductions
- Our expectations of each other
- Agreements for safe productive exploration of topics
- Gender analysis
- Exploring power and privilege
- Myths and Misconceptions
- Helping Survivors Effectively

What is Gender?

■ 性別

- social and cultural <u>differentiation</u> between girls and boys, women and men,
- different from biological, sexual difference



Gender Vs Sex

- Everyone is born male or female biological 'sex'.
- But what does it mean to be 'male' or 'female'?
 - What kind of names can you have?
 - What clothes can you wear?
 - What kind of behaviour are you supposed to have?
- This is social and cultural 'gender' which we learn



What is Gender Analysis?

Gender analysis

- Scientifically examines the structural differences in women's and men's lives
- Identifies differing needs
- Applies this understanding to the development of policies and services
- Aims to achieve equitable access to benefits for all women and men

CEDAW: Convention for the Elimination of All Forms of Discrimination Against Women

- Set if force by UN on 3-09-1981 (already 20 years old!)
- defines what discrimination against women is
- sets up agenda for national action to end such discrimination
- 1996 Hong Kong and China signed



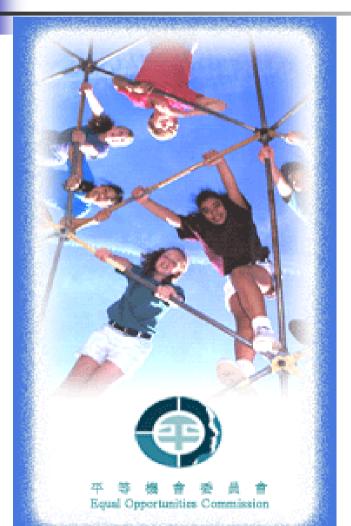
What does it mean for Hong Kong?

- Countries that have ratified or acceded to the Convention are
 - legally required to put its provisions into practice



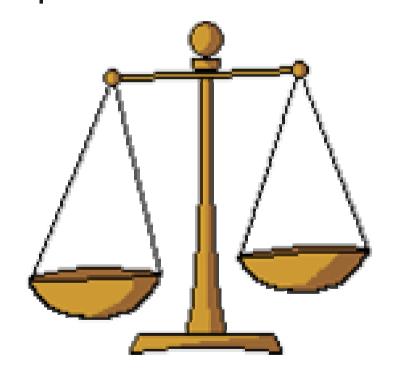
required to submit national reports on their compliance, at least every four years:





 Equal Opportunities Commission established





Sex Discrimination
 Ordinance

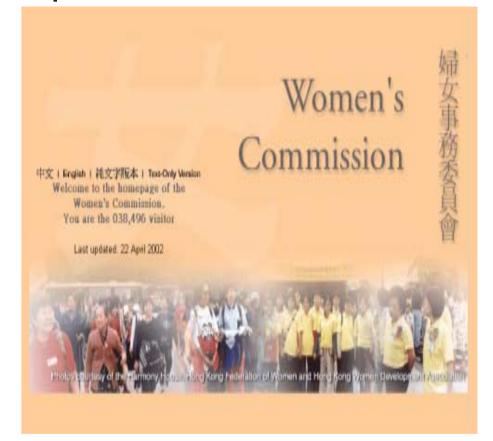
<u>性別歧視條例</u>

- Family Status Ordinance
 家庭崗位歧視條例
 - Disability Discrimination Ordinance



Rape within Marriage

Jan 2001



- Women's
 Commission set up under Health and
 Welfare Bureau
 - Despite women's advances in recent years, there are still explicit and implicit barriers facing women

http://www.women.gov.hk/women/index.htm

Application to Social Work

What do you think is the gender of X in these (real) cases? Why?

- Case 1:
- X was sexually, physically, and emotionally abused throughout childhood by family (since about four years old). At school teachers considered X to be very slow possibly with a learning disability. One teacher began sexually abusing X when X was 11 years of age. X started drinking and using drugs at 13. SWD put X in a hostel for young people. X ran away and became a sex worker at 15 to finance the drugs. You find X, now 18 years old, lying in a back street in Mong Kok. X is unconscious, and smells strongly of alcohol, and has fresh needle marks on the arm.

Case 2

 X, age 39, is violently assaulted by spouse on a regular basis. They have 3 children. X tells spouse that X is leaving. Spouse becomes violent and threatens that if X leaves then X will never see them again.



Gendered assumptions

- We all have assumptions based on our observations and experience. What are the conclusions we draw from these observations?
- For example, the majority of convicted prisoners are male or female?
- The majority of violent crime victims are male or female?



Case a

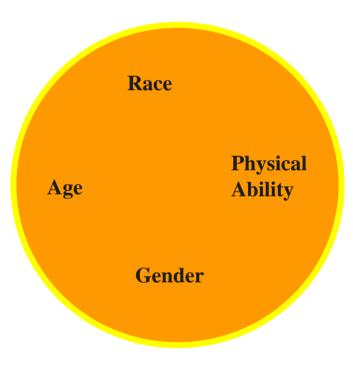
Tom has been living with his partner Jim for three years. Jim had always been very jealous and his jealousy sometimes led to violence. Tom had always felt that there was nowhere to turn to for help. Tom finally left Jim after a big fight where Tom ended up in the hospital. Three weeks later Jim comes back into the flat (Tom had not thought to change the locks) and violently rapes Tom.

Case b

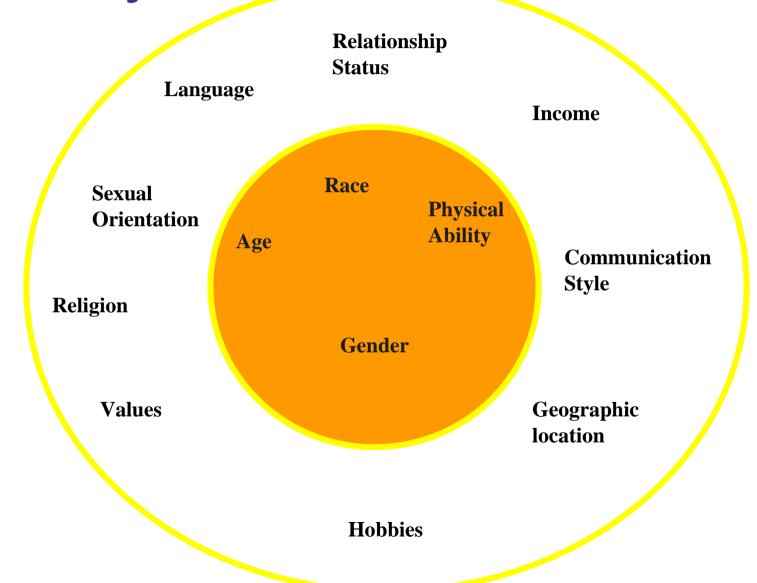
Mary has been living with her partner Jim for three years. Jim had always been very jealous and his jealousy sometimes led to violence. Mary had always felt that there was nowhere to turn to for help. Mary finally left Jim after a big fight where she ended up in the hospital. Three weeks later Jim comes back into the flat (Mary had not thought to change the locks) and violently rapes Mary.

Power, Privilege and Social Norms

Primary and Secondary Dimensions of Diversity



Primary and Secondary Dimensions of Diversity



Heterosexual privilege

- When you turn on TV or watch a movie do you see reflections of your type of relationship affirmed.
- Can you marry the partner you love?
- If your partner is sick in hospital could you visit, and hold his/her hand, and comfort her/him, without receiving hostile looks from other people.
- If you got a job in another country, could your partner go with you as your dependent?

Able-bodied privilege

- When you want to travel two MTR stops, do you have to allow at least an hour to organize lift access at the beginning and end of your journey
- If you want to change your job do you have to first ask whether there is appropriate access structures in and around the agency building?
- How about going out for dim sum?

Myths and Misconceptions

The Victims The Offenders

The Sexual Abuse Paradox

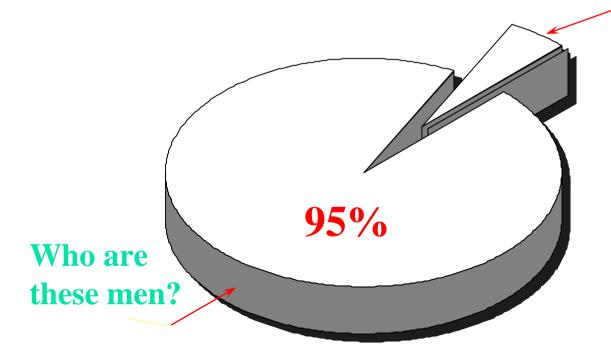
Millions of victims...

Relatively few perpetrators incarcerated...

Where are all the

perpetrators?

Sexual Assault Perpetrators



perpetrators who go to prisons or treatment centers (and who are studied)





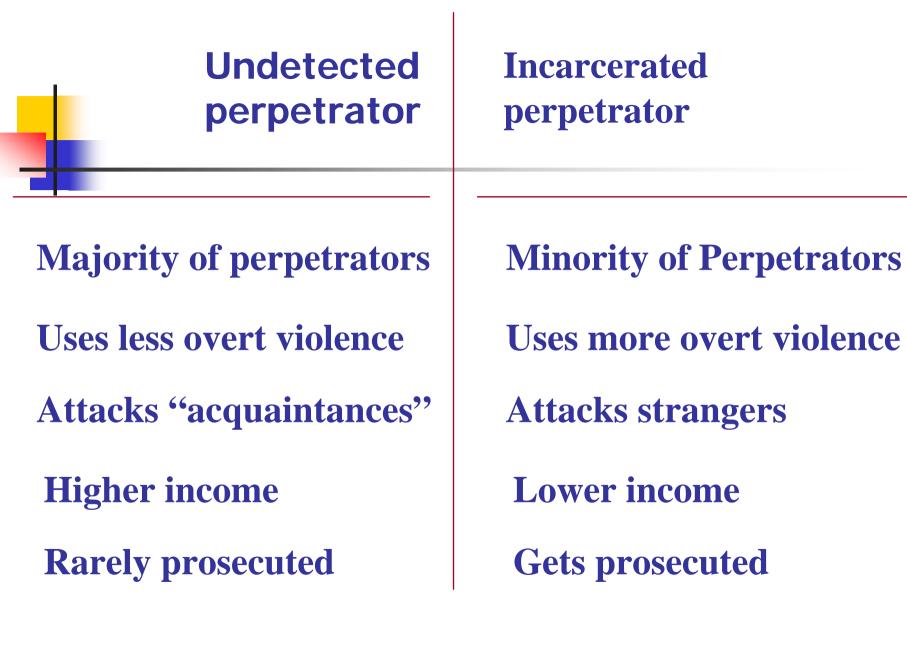
- They are mentally ill
- They attack strangers
- They usually use knives and guns
- They usually inflict brutal injuries

Real Perpetrators

- Plan carefully
- Maneuvers victims into a position of vulnerability
- Use alcohol/drugs deliberately
- Increase violence as needed

Common Characteristics Perpetrators

- Angry at women
- Desire to dominate women
- View women as objects to be conquered
- View violence in relationships as normal
- Believe in rape myths
- Adopt hypermasculine attitudes and beliefs
- Less empathic than non-rapists



Making sense of Myths and Misconceptions

- Victims
 - Lack of physical resistance
 - The role of gender socialization
 - Delayed reporting
- Perpetrators
 - Are recognizable
 - Always have a weapon
 - Are insane
 - Impulsive, with uncontrollable sexual urges

Doctors' Attitudes

- Wong, Wong, Lau & Lau, (2002)
 - 33% of emergency ward doctors in Hong Kong believe that women are partly to blame for rape (appearance, behaviour etc)
 - 36% believe a woman should be responsible for preventing her own rape
 - 7% believe women secretly desired to be raped
 - 10% believe a woman can successfully resist rape if she wants to
 - <u>78% had received no formal training in dealing</u> with rape victims

Social Workers' Attitudes

- Tang, Pun & Cheung (2002) compared (a) social workers, nurses etc. with (b) police, lawyers etc.
- Which group was more likely to have victimblaming attitudes, (a) or (b)??
- How many of us here today have had any formal specialized training (one or more full semester courses) as part of our basic training??

Gender and power sensitive approach to helping

Socio-political framework

- Why are women more likely to be poor?
- Why do many women blame themselves for domestic violence?
- Why is "promiscuity" not used in reference to boys/men?
- Egalitarian relationship
 - The client is the expert in her own life and problems, not the social worker



Empowerment

- Responsibility and blame the perpetrator or the victim?
 - Why does she stay so long in the relationship? What's wrong with her?
 - Why does he stay so long in the relationship? What's wrong with him?
- Focus on strengths
- Access to resources
 - Structural barriers, e.g. to continuing education.

Long term effects of abuse (Briere, 1992 etc)

- Relational (trust, attachment, DV)
- Thinking (self-hate, self-blame)
- Emotion (depressed, shamed, angry)
- Behavioural (alcohol, and drug abuse, suicide, self-harm, prostitution, sexual assault)

Implications for helpers

- Transference
 - Traumatic
 - Shame-based
 - Abandonment
 - Loss-based
 - Anger-based

- Particular characteristics of the trauma will influence the type of transference
- Betrayal
- Secrecy/silence
- Entrapment / intrusion
- Lack of protection and intervention
- Abandonment and neglect
- Lack of empathy
- Used for others needs and gratification
- Blame
- Divided loyalty/ attachment issues
- Self identity

Countertransference

- Fascination/ over involvement
- Boundaries
- Shame/ guilt
- Sadness/ grief
- Horror, disgust, fear
- Disbelief, denial, underinvolvement
- Powerlessness/ overwhelmed/ helplessness
- Incompetent
- Anger/rage/irritation
- Sexualisation/exploitation

Secondary or vicarious traumatisation

- Sleep disturbance
- Anxiety, fear, hypervigilance
- Depression, despair
- Anger, irritability
- Hyperarousal
- Intrusive symptoms
- Numbing

Professional Strategies for secondary trauma.

- Training: specialized and general
- Caseload management
- Focus on hope and recovery possibilities
- Boundaries between work and private life.
- Personal support network
- Recreation
- Exercise
- Rest

Practical tips (reminders) for helpers

- Non-verbal behaviour
 - Sit relaxed in a non-confrontational position
 - Avoid lots of arm or body movements
- Pauses and interruptions
 - Why do people pause?
 - What to do about a pause when time is a factor?
- Paralanguage
 - Speak slowly and with a soft tone

Do not say...

- I know how you feel
- Everything is going to be alright
- Don't cry
- You shouldn't feel that way
- You must get on with your life
- Time heals all wounds
- It could have been worse
- At least you are not injured

Do not...

- Ask too many questions (you are not an investigator!)
- Give advice (eg. If I were you I would...)
- Criticise (e.g. that was silly)
- Blame (e.g. wearing that short skirt is asking for trouble...)
- Diagnose (eg. I'll tell you what your problem is...)
- Moralise (e.g. You should know better)

Reflecting Questions

- Which of the "do not's" do I most dislike being done to me?
- Which of them do I do most to others?

Inconsistent or untrue statements from the victim (NOT false allegations)

- Understand why
 - Discomfort with sexual details
 - Fear of doubt or blame
 - Own illegal behaviour e.g. drug taking, prostitution
 - Trauma and dissociation

What to do

- Acknowledge that it is difficult to talk about it.
- Reassure victim that she did nothing to deserve the sexual assault (No one deserves to be assaulted)
- Keep a safe non-judgmental environment and attitude

Case 1

You are a family service social worker. Ms A is a client of you for three months. She first came to you for marital problems. She has attended one other session with you beyond the first interview, and did not show up for five appointments for reasons of having to take care of her three daughters, aged 2, 4 and 8.

Today, she showed up at your office and requested to see you without an appointment. She claimed that her husband beat her up last night for no apparent reason. There were bruises on her face and left forearm. She also reported that similar incidents had happened in the last three years, with the abusive incidents being more frequent and severe nowadays. She did not know what to do.

Background Information:

Ms A is now 30 years old and married for 10 years. She has F3 level of educational attainment, and worked as a waitress for a Chinese restaurant for two years. After her marriage, she remains a homemaker. Her husband is now 35 years old and a cross-border truck driver who sometimes needs to station in China. Ms A said her relationship with her husband has not been good since the birth of their eldest daughter. She suspects that he is disappointed in her for not being able to give him a son. She also suspects that he may have a second wife in China.

Case 2

Ms B, a 22-year-old married teacher, is referred by the local rape crisis center for counseling. She had called the crisis center because she began having nightmares about being raped by her stepfather when she was 13. She reported waking up and feeling very anxious.

Background Information:

Ms B got married five months ago. Before that she lived with her mother and step-father. She got to know her husband while they were studying at the teacher training school. She has never told anyone about the sexual abuse until last week when she called the crisis line. Prior to reporting her previous sexual abuse incident to the crisis hotline, she was told by her doctor that she was pregnant for two months. She was horrified at the information. She thought she might have contacted AIDS from her stepfather. She had always thought her husband had suspected that she was "dirty". She felt like she was going crazy. In addition, her stepfather is going to celebrate his 60-year-old birthday next week.

She and her husband were being invited to his birthday dinner.

Where does the perpetrator get his/her power?

- From us the bystanders
 - Gender stereotypes
 - Fear of acknowledging the world is not safe and that anyone of us may be vulnerable.
 - Complicity with the perpetrator what does the perpetrator want us to do? What does the victim want us to do?

Best practice in self-care for individual workers.

As long as people deny the impact of their own personal trauma and pretend that it did not matter, that it was so bad, or that excuses can be made for perpetrators they are likely to identify with the perpetrators and treat others with the same lack of empathy and compassion with which they treat the wounded parts of themselves. (McFarlane & van der Kolk, 1996)