

The narrative of male violence on women's bodies

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Abstract:

The term narrative, according to the New Oxford English Dictionary means a 'written account of connected events.' With reference to male violence against women's bodies, it seems to me to be clear that women's bodies are the surface upon which male violence writes its narrative. While this is not an entirely new concept in the realms of feminist studies, it appears to have lost some of its force in the abstraction of much theoretical work and the notion that women allegedly have gained the equality second wave feminism focussed on. In order to deconstruct the many instances of violence against women's bodies, one needs to survey both the superficial level i.e. the one which we see clearly on a day to day basis, but also the more profound invisible structures that perpetuate male violence and leave the integrity of women's bodies constantly in danger of being violated.

1 On the 27 August 2003, while wondering how to start this article, I watched a programme on the German television channel 3SAT called "Thema." It deals with controversial and often highly politically or socially sensitive issues. A report by Andrea Puschel presented the case of a young woman asylum seeker whose grounds for leaving her home in Mali without knowledge of any of her family there, including her husband, were simply that she refused to allow her daughter to be mutilated. The pressure to conform to the traditional customs of her family line was so great that Ms Serubuga recounted how every day she lived in fear that her family would mutilate her daughter's genitals while she was at work. In the evening, she would return home and immediately strip her daughter naked to check that she was still intact. The family was adamant that a female child had to undergo this "minor" operation in order to have the chance of ever finding a husband, to free her from being obsessed with sex and to be loved by god. Ms Serubuga refused just as adamantly and fled with her daughter. Austria refused her appeal for asylum on the grounds that the Belgian visa she used to flee her country meant that only Belgium could process her request for asylum. However, Ms Serubuga's brother-in-law often visited Belgium on business and made it quite clear that he would find her and have the daughter mutilated by force. According to Ms Serubuga, this had already occurred with other women who had been in her position and were living in Belgium. Despite the assault being against Belgian law, the family ties and contacts there were sufficiently large to warrant that Ms Serubuga believed the threats. From the tenth century on in China, it was considered to be a sign of great status to mutilate women's feet by breaking female children's toes and then strapping them tightly with strips of cotton to maintain the feet at a size of three and a half inches. The practice continued up until the

1930s.¹ It is beyond my comprehension and the motivation for this article how any woman (or man) can condone any practice which will impair their daughter's or any female child's wholeness in the name of tradition especially when one analyses that tradition to be a male-defined one, as I will argue, which perpetuates the notion that the natural form of women's bodies needs to be altered for them to be acceptable as subjects.

2 The term narrative, according to the *New Oxford English Dictionary* means a "written account of connected events." With reference to male violence against women's bodies, it seems to me to be clear that women's bodies are the surface upon which male violence writes its narrative. While this is not an entirely new concept in the realms of feminist studies, it appears to have lost some of its force in the abstraction of much theoretical work and the notion that women allegedly have gained the equality second wave feminism focussed on. In order to deconstruct the many instances of violence against women's bodies, one needs to survey both the superficial level i.e. the one which we see clearly on a day to day basis, but also the more profound invisible structures that perpetuate male violence and leave the integrity of women's bodies constantly in danger of being violated. It is necessary to see women as individuals and to treat each and every violation as unacceptable.² It is a well-known strategy to make excuses for male violence against women most often by putting the blame on the woman as Marian Meyers's 1997 study of media reports on violence against women points out "all women who are the victims of violence - regardless of race or class - are represented within the news media as potentially to blame for their own victimization" (Meyers in Hammer, 2002: 144).

3 This makes it clear that the focus must remain firmly on the perpetrators to ensure that change will ever be successful. The media, she contends, present violence against women as isolated incidents, as

a matter of isolated pathology or deviance, related only to the particular circumstances of those involved and unconnected to the larger structure or patriarchal domination and control. This mirage of individual pathology denies the social roots of violence against women and relieves the larger society of any obligation to end it. (Ibid.: 145)

4 Astonishingly at first sight, much violation is perpetrated by women on their own bodies, or by women on other women's (or rather female children's) bodies. This is often used

¹ There is extensive information and links on Chinese foot binding and its history, with photographic evidence at <http://www.rotten.com/library/sex/foot-binding/>

² This is a similar approach to the "zero tolerance" campaign for example, implemented in Edinburgh to stop male violence against women and children. The motto of the poster campaign was simply "No Man Has The Right." This makes it clear that the absolute focus must remain on the roots of male violence, not only on the effects on women or the reasons for their behaviour. This is discussed extensively in Evelyn Gillan and Elaine Samson's chapter (19) in Hammer, Jalna et al. 2000

to substantiate the argument that it is not in fact male violence at all. On closer inspection, however, this view is revealed to be vacuous as will be shown below. Violence committed by women on their own bodies illustrates the vast power that male-defined expectations of femininity, which have become social imperatives, exerts on women. Pierre Bourdieu (2001) discusses these forces and restrictions on women's bodies and their behaviour illustrating exactly how even the body space that is allotted them is restricted:

This symbolic *confinement* is secured practically by their (women's) clothing which (as was even more visible in former times) has the effect not only of masking the body but of continuously calling it to order [...] without ever needing to prescribe or proscribe anything explicitly [...] either because it constrains movement in various ways, like high heels or the bag which constantly encumbers the hands, and above all the skirt which prevents or hinders certain activities (running, various ways of sitting, etc.), or because it allows them only at the cost of constant precautions, as with young women who constantly pull at a too-short skirt, use their forearms to cover a plunging neckline or have to perform acrobatics to pick up an object while keeping their legs together. (Bourdieu, 2001: 28-9)

5 These daily restrictions can be considered the milder form of control of women's bodies that can in some circumstances, however, also lead to major violations. One need only consider the defence lawyer's use of the term *provocative clothing* for a justification for rape or sexual assault. By wearing a short skirt or plunging neckline the woman is commonly considered to have *asked for it*, on the other hand the same short skirt and high heels prevent her from escaping from the perpetrator. Instances of violation without male assistance such as eating disorders, self-starvation and the removal of body hair by waxing serve only to highlight the array of measures expected of women to create the illusion "woman" and to exert constant control over her. More severe forms of violence such as self-harming reflect more severe causes.

6 The skin is the body's largest organ; a constant source of great pleasure, but also a site of the most extreme pain. Even the smallest paper cut on the tip of the index finger can constitute a source of great pain to a cellist, while the carving of deep gashes in one's own arm constitutes relief to a woman who self-harms. Jane Kilby's article "Carved in skin" illustrates how the skin becomes a "deeply eloquent form of testimony" (124) for women who have been so traumatised on the whole due to violence against them as children that there are no words to express their pain. They use their skin as a means of speaking their pain and this, Kilby contends, is the reading we must give it:

The cutting of skin is thus a way of speaking the past by re-enacting it with a difference: matching pain for trauma.....It is a language that communicates the real of past trauma by rendering it more real through a repetition of pain. Arguably, there is a sense in which the pain expressed by cutting one's own skin is, albeit belatedly, the

trauma of past violation. (Kilby in Ahmed: 125)

She highlights the dangers that this implies for self-harmers as they withdraw from language and she shows how Judith Butler's argument that subjects who speak impossibly are no longer given validity as subjects and may end up incarcerated in psychiatric institutions can often be applied to them. Citing the experiences of Louise Pembroke and others,³ she shows the self-harmer's encounter with the medical profession as one of a lack of understanding and the inability to "read" the testimony of cut skin. They are considered "time-wasters" or "attention-seekers" and deemed pathological. This illustrates two problematic points: first of all, the self-harmer is not taken seriously as a person in need of someone who reads their cuts as testimony of past trauma and therefore, she is compelled to constantly repeat the action only to be injured again and again both physically by their own cuts and psychologically by the reproach of the unsympathetic carer. Secondly, the self-harmer is chastised for seeking attention as though it were inappropriate that she do so. These attitudes reflect the bias of underlying patriarchal power mechanisms which constantly reinforce the notion that a woman's role is of one who should put up her lot without complaint, and most certainly as one who is probably to blame for that lot in any case. From a rational perspective, it is understandable that women who have had their bodies violated by men turn the trauma and pain against themselves because, not only have they been socialised to do so, but in the wider social and especially legal context, men are persistently exonerated from responsibility. In the majority of cases of sexual violation or physical violence, there are no witnesses and no chance of retribution or justice for the victims. Kilby cites Pembroke as offering one way out for the self-harmer namely that the reader will respond to the act of self-harm with the speech act: "I hear you" (Kilby in Ahmed, 139).

7 When women perpetuate violence on other women's (or their female children's) bodies, the fact that it happens between members of the same sex is used to imply that it is not connected to males in any way. In the case of clitoridectomy, this is not the case. Using this term in itself constitutes an abstraction and a move away from the true horror of female genital mutilation. A similar example is the term *domestic violence* where there is no clear association with what the term means,⁴ who commits the violence and why. The reality of the

³ Louise Pembroke's detailed accounts of her treatment by doctors and nurses illustrates the complete lack of sympathy with the violation trauma that she must have experienced to feel the need to self-harm, but also reflects a certain unsympathetic social attitude towards this practice reminiscent of attitudes towards women who return to battering male partners.

⁴ Many researchers in the area of violence against women take exception to the non gendered terms "intimate partner violence", "spouse abuse", "marital aggression" and "domestic violence" (Jones in Hammer, 2000:136) on the very grounds that they veil the true perpetrators by implying this kind of violence is unrelated to gender.

violence on the women's bodies is thus sterilised in a pseudo medical term which implies either an illness or a necessity, a procedure sanitised by science given social justification. At the same time however, it also reveals that the forces that underlie the perpetuation of this violation are rooted in male-defined culture. Just as the medical profession is an institution of male power which determines definitions of sick and healthy, rational and irrational, the arguments supporting this mutilation are clearly justified by a patriarchal culture where men decide on what place women may have in their culture. Firstly, as Ms Serubuga pointed out, the "operation" is deemed necessary to prevent the woman from becoming possessed by sex reflecting a male-defined cultural image of women as allegedly "naturally" promiscuous and used to justify male control of their sexuality. Secondly, it is allegedly necessary to ensure her marriageability, which is based on the idea that a woman cannot be married or rather that a man will not choose her if she is not mutilated. This presumes that a woman of this culture has no other role in life than to become a man's wife. Her body must be moulded or in this case mutilated to please a potential husband. Her genitals are not her own to enjoy, but solely seen as excess skin and therefore cut off. She is deprived of any other choice of identity and furthermore, the social structure itself silences the possibility that there may be lesbian women in the culture who would perhaps choose not to marry. This rigidity reflects the patriarchal vision of womanhood as motherhood and wifehood and again reflects alleged "natural" roles for women based on dubious biological essentialism.

8 There are of course other problems involved in this criticism of female genital mutilation (FGM). From a global perspective, there are two main viewpoints. The first sees FGM as a human rights issue whereby female children are mutilated in horrendous circumstances with no anaesthetic, unsterilised knives, pieces of sharpened glass or rusty razors. The child is held down and in the worst cases her clitoris and labia are carved out and the wound is sewn together leaving only a pinhole-sized hole for urination and menstruation (infibulation). This can result in haemorrhaging, infection, abscesses around the wound, septicaemia, tetanus and urinary tract infections and even exsanguination resulting in the child's death. When the woman then marries and wishes to have a child, penetration causes unspeakable pain to her since the vaginal opening is so small. In childbirth, this needs to be cut open and in many cases Caesarean delivery is necessary.⁵ The highest rate of maternal

Hammer also cites bell hooks' use of the term "patriarchal violence" which "continually reminds the listener that violence in the home is connected to sexism and sexist thinking, to male domination" (hooks in Hammer, 136).

⁵ There are extensive accounts both statistical and personal on the horrors of these practises and enough research to illustrate that it endangers women's lives in for example Ndubuisi Eke's article "Female genital mutilation: what can be done?" in *The Lancet*, December 2000: 356 and the website: <http://www.umke.edu/sites/hsw/sexabuse/mutilation.html>

mortality is in the countries which practise FGM.⁶ The practice allegedly dates back to the Pharaohs justifying its continuation as part of ancient traditions and yet the practice of slavery or other inhuman acts committed in this period are not considered worthy of upkeep. If a community in England chose to revitalise the practice of ducking women suspected of being witches whereby some of them drowned (therefore being proven innocent), I wonder if there would be any discussion about whether this were a cultural tradition that had to be maintained to secure culture integrity?

9 This leads to the second perspective on this issue which propounds the maintenance of cultural differences. With the vast spread of information technology and Western cultural values, it is understandable that minority cultures resist being consumed into one global culture dictated by the West. For women, however, this often means a return to so-called traditional values which place them again in the role of a second-class citizen who does not enjoy the same rights and privileges as men. Renata Salecl's article "Cut in the body. From Clitoridectomy to body art" (Salecl in Ahmed, 2000) adds another element to the view of FGM as the maintenance of "ancient traditions" which define a culture by interpreting this as "a way in which the contemporary subject deals with the deadlocks and antagonisms of so-called post-modern society" (Ibid.: 21) and compares it to the widespread fashion of tattooing and piercing. Salecl contends that women from the ethnic groups which practise FGM are trying to ensure through this "initiation" the survival of their culture. In a psychoanalytical analysis, she sees them as subjects who are attempting to "find some stability in today's disintegrating social universe" (Ibid.: 24). She sees the *mark* (my emphasis) or cut on the body as the post-modern "subject's answer to the nonexistence of the big Other" (Ibid.: 25). Using Freud's notion of "shyness" and Lacan's notion of "lack" to explain why FGM should be viewed as respecting women by initiating them as adult members of the community, giving them a secure identity as women and thus according them honour seem to offer only a further abstraction away from the fact that real women's (in most cases children's) bodies are being brutally violated. Moreover, the arguments Salecl lists as an explanation of the reasons justifying this practice are not clearly criticised at any point. Rather, she asks, "[w]hat role does clitoridectomy play in the formation of women's sexual identity and how essential is this ritual for transmission of sexual norms from generation to generation?" (Ibid.: 22).

10 She, too, seems to be duped by the concept that it is still acceptable that heterosexuality be propagated as *the* norm and mutilating women's bodies to ensure they can marry (men) is the only option which these ethnic groups should offer their women members.

⁶ <http://www.umke.edu/sites/hsw/sexabuse/mutilation.html>

This surely constitutes cultural stagnation and a regression to principles which perpetuate women's inequality. Amnesty International point out the clear gender stratification that is introduced with this so-called initiation veiled under the auspices of respect and honour:

FGM is rooted in a culture of discrimination against women. It is a human rights abuse that functions as an instrument for socializing girls into prescribed gender roles within the family and community. It is therefore intimately linked to the unequal position of women in the political, social, and economic structures of societies where it is practiced.⁷

11 Compulsory heterosexuality is taken for granted and the notion that a woman should have the right to choose her sexual identity and what choices she would like to offer her daughters, should she have any, are subsumed under the assumption that no alternatives exist but the ancient traditional ones. All of the cultural arguments favouring this practice rely on the antiquated male-defined expectations of women's roles and power structures which ostracize women who resist the practice, as well as subjecting them to immense pressure, sometimes using force, to conform. The dilemma the women face is excommunication from the culture they are embedded in or subjecting themselves to this barbarity. When female children are subjected to FGM they are denied any choice about their sexual identity and if infibulation is practised, they will never know the particularly female body's potential for pleasure from the clitoris which has been robbed from them. Salecl describes the dilemma of seeing an educated woman who knows of the violent nature of FGM and still insists on undergoing the procedure, which one can empathise with, however what she does not point out is that FGM is practised on children, not fully grown adult women. In *The Whole Woman*, Germaine Greer also approaches this topic and comments on how because women have been mutilated, it does not necessarily mean that they do not have any sexual pleasure. Further, she notes the fact that despite its criminalisation, FGM is still seen as the most significant initiation from child to woman and these cultures still need some kind of initiation rite. Like Salecl, however, Greer does not point out that as with foot binding, these practices serve male structures and do not help maintain the *whole* woman. Simply because mutilation of women's and girls' bodies occurs in Western cultures too, for example as standard paediatric policy in the USA where "clitorises of more than three-eighths of an inch in length should be removed from baby girls before they are fifteen months old" (Greer, 94), does not mean it is justifiable. A woman who chooses this freely as an adult could be compared to a woman who practises self-torture in the name of body art or one who chooses to undergo cosmetic surgery, but it seems to me that there is a huge gap in the question of what truly constitutes choice when

⁷ This and other information can be found on the Amnesty International website: [http://www.amnestyusa.org/women/fact sheets/female genital mutilation.html](http://www.amnestyusa.org/women/fact%20sheets/female%20genital%20mutilation.html)

applied to these practices when so much social recognition or integration relies on them.

12 Violence on women's bodies perpetrated directly by men can be seen in the huge rise in hysterectomies, episiotomies and cosmetic surgery. While I am aware that there are female surgeons who do these procedures, the overwhelming number of doctors is still male and the whole institution of medicine and medical philosophy is similarly male-biased.⁸ The reasons for this lie in the manifold power mechanisms which make up the fabric of our patriarchal society. Germaine Greer points out that hysterectomies are all too often prescribed for heavy periods and some 90% of referrals are reported to be unjustified: "In the United States a third of all women will have had their wombs removed by the time they are sixty. One-fifth of women in England and Wales will have had a hysterectomy by age sixty-five" (Greer, 104).

13 The womb, it appears is seen as having no other function than to produce children and if this is not desired, the attitude appears to be simply to cut it out. It begs the question of why male testicles are not removed just as precipitously if a man does not wish to or in fact is not able to have children?

14 Episiotomies are seen as making childbirth easier for the "male" obstetrician attending who is oblivious to idea of the often long-lasting post-partum pain he may be inflicting. It is a cut in the perineum which is in most cases completely unnecessary. Midwives consider a successful birth to be one where the woman who bears the child is left intact. The increasing adherence to prescriptive policies in obstetrics means that women are no longer seen as individuals who need differing amounts of time to deliver their babies. A time limit is set for labour and if the woman does not react according to this limit, medical intervention is often the result. This means the woman is divorced from any natural time for birthing and slotted into the hospital's imperative. If she then responds with anxiety, a hindrance to the progress of labour, even more intervention is seen to be needed. This is an inherent part of the institution of medicine which deems the patients the "objects" of the doctor-patient relationship in that the doctor constitutes the agent/subject with an object of study. When that "object" is a pregnant woman, she is considered incapable of full subjective autonomy, that is, the ability to make informed rational choices. The number of forced Caesarean sections made on the basis that a woman who decides to act in defiance of doctors' instructions must be considered irrational is striking. When the mother's interests conflict with those of the foetus, she is often disregarded as the one who may make a decision about her own body. Many courts in both Great Britain and the USA "have intervened to order women, regardless of lack of consent, to undergo Caesarean sections when that is medically indicated for the well-being of the

⁸ Magrit Shildrick discusses the philosophy and ethics of medical practice and how they exhibit bias against women's bodies in *Leaky Bodies and Boundaries*.

prospective neonate" (Shildrick, 1997: 202). The gender bias regarding the rights and autonomy of the individual that becomes apparent in such circumstances are revealed especially poignantly in two cases where it was deemed unethical to force a father to donate a kidney to his dying child: "To compel the defendant to submit to an intrusion of his body would change every concept and principle upon which our society is founded,' the judge wrote in one such decision. 'To do so, would defeat the sanctity of the individual'" (Faludi, 1991:432).

15 Cosmetic surgery battles to achieve the perfect object of male desire.⁹ Most cosmetic surgery is enacted on women's bodies by men. Women are cut open and remodelled to try to adapt to an idea of femininity dictated by dominant cultural discourse. Although women seem to be acting of their own free will, it is clear that the complex weave of power mechanisms in social discourses lead them to subject themselves to the narrative of male violence on their bodies. Foucault (1990) pointed out how power relations inform social discourses in which subjects are constituted and how force relations discipline their bodies.¹⁰ Using Bentham's notion of the *Panopticon*, he shows how individuals monitor their own behaviour. For women, this means that they grow up in the knowledge of what is expected of them as women, transmitted with the aid of constant monitoring through thousands of images of the "ideal" woman, regulatory behaviour from parents or through language itself, and they try to conform to these expectations. In order to become an accepted member of their social environment, they must at least create the illusion of "woman"; which Judith Butler (1990) termed "performativity", meaning that women *perform* womanhood and femininity. They create and recreate an arbitrary image of what it means to be a woman. This image is defined by the cultures women are born into and as subjects they must conform to the given image in order to recognise themselves as the respectively gendered subjects. What is unfortunate and detrimental for women is that they encounter restrictions on their bodies and more importantly violence simply on the basis of their sex. The truly *natural* development of their bodies is violated at every juncture in their development and as Greer points out, as an individual, she is still equated with her body:

Every woman knows that, regardless of all her other achievements, she is a failure if she is not beautiful. She also knows that whatever beauty she has is leaving her, stealthily, day by day. Even if she is freakishly beautiful as the supermodels whose images she sees replicated all around her until they are more familiar than the features

⁹ It is clear that there are many cases of necessity for hysterectomy for example cancer, or episiotomy if, very rarely, there is a medical emergency and the child has to be born without delay, or cosmetic surgery for accident victims, reconstructive breast surgery after mastectomy and similar cases. It must be stressed, however, that these cases do not constitute the largest percentage in the statistics (Greer, 100-5).

¹⁰ See also Bourdieu, 2001

of her own mother, she cannot be beautiful enough. There must be bits of her that will not do, her knees, her feet, her buttocks, her breasts. Even if all these are fine and flawless, she knows that within she has guts full of decomposing food; she has a vagina that smells and bleeds. She is human, not a goddess or an angel (Greer, 1999:19).

6 Germaine Greer's damning representation of the struggles women face in their male-defined societies brings the narrative back to Ms Serubuga and her resistance against the power structures that would have her mutilate her daughter's body. It seems to me that resistance can only come in this form. One individual woman making an individual decision to keep the body of her daughter intact. The underlying structures in societies which perpetuate this violence against women's bodies, whether it be socializing young girls into believing there is no voice for their trauma but cutting their own bodies, persuading older women that they do not need a womb if it is not producing children, terrorizing pregnant women into believing they can only deliver their babies with the intervention of doctors, or teaching generation after generation of girls and women that purely by the fact that they are female, that they are in some way deficient and in need of the cosmetic surgeons' scalpel for repair or that they are to blame for any male violence committed against them. These are old criticisms, but Ms Serubuga's tale of the threats of her family make it apparent that just as there may be a resurgence of traditional ideas about the *value* of FGM, there must also be a resounding condemnation of any practice that serves to uphold power structures which sanction male violence against women's bodies.

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