

# [Female victims in the criminal justice system](https://assignbuster.com/female-victims-in-the-criminal-justice-system/)

Victims, Violence and the criminal justice system

Women fall victim to many forms of violence depicted in the Criminal Justice System. Domestic Violence (DV), Workplace Violence (WPV) and Sexual Violence (SV) are three key areas in which women are let down by the Criminal Justice System continuously.

A factor in any analysis of violence against women is gender. Gender refers to the socially constructed roles, behaviours and expectations that are given to men (and boys) women (and girls). Because of the socially structured norms and values placed on men and women, the two genders experience life differently.

Violence against women is a salient and pervasive issue; it can affect women at any stage of their lives, and takes many forms, including physical, physiological, sexual and/or economic abuse (McMillian, 2007).  Men’s violence against women takes many forms, including, but not restricted to, domestic abuse, rape, sexual violence, child abuse, sex work/prostitution and trafficking and so called ‘ honour’ crimes (Lombard and McMillan, 2013).

Domestic Violence (DV) against women is a social issue that occurs in nearly every corner of the world, ‘ There is virtually no place where it is not a significant problem, and women of no race, class, or age are exempt from its reach’ (Joni Seager).

Workplace Violence (WPV) has existed throughout history. It is also one of the most difficult crimes to prove and thus prosecute. There are one million people in the workplace who are the victims of some form of violent crime, which includes physical attacks, threats, harassment, or property crimes (Kenny Joseph, A.)

Sexual Violence against women – particularly intimate partner violence and sexual violence is a major public health problem and a violation of women’s human rights. Most of this violence is committed in intimate relationships. Global estimates published by WHO indicate that 1 in 3 (35%) women who have been in relationships have experienced some form of physical and/or sexual violence by an intimate partner in their lifetime.

Violence against women is not the result of random, individual acts of misconduct, but rather is deeply rooted in structural relationships of inequality between women and men…Violence constitutes a continuum across the lifespan of women, from birth to old age and it cuts across both the public and private spheres (United Nations, 2006).

There are still in many instances, no complete definition to what ‘ workplace violence’ is, and is continuously debated by academics, researchers, employees and governments. WPV is a serious threat, with Robert Wood Johnson Foundation describing that violence against nurses is at epidemic levels.

The Bureau of Labour statistics notes that in 2014, 15, 980 private industry workers experienced a traumatic or non-fatal violence, 67% being female. The health care industry experiences almost as many violent injuries as any other industry combined. Wilkins agrees stating that ‘ Social workers, nurses, care staff and others are often expected to work in tense, fraught situations in which emotions can run high’.

The National Nurses United (2016) noted a 110% increase in the rate of violent incidents against health care workers in private hospitals between 2005 and 2014. The increase in this industries workplace violence shows us that WPV is normalised and accepted as ‘ part of the job’ by elected officials, employees, management, educators and staff. It is not acceptable and should not be deemed so.

The National Institute for occupational safety and health (2017) notes that ‘ Violence in the workplace is a major disruption to providing quality care and has a negative impact on the therapeutic setting and is a prime example of why nurses leave the profession’.  There is a vicious cycle in which nurses leave the profession indefinitely, as a response to the WPV they have experienced, this can lead to financial impacts to the victim, such as loss of wages which can progress to further implications on mental and physical health.

According to Whitman (2017) and the joint commission only 20% of disruptive and violent behaviours that occur are reported. Therefore, data and analysis collected does not and cannot reflect the true danger of WPV.  The focus of hospitals and staff is primarily on patient satisfaction, another factor contributing to why nurses deter from reporting workplace violence.

Management structure within the workplace is a major factor which contributes the underreporting of workplace violence.  For example, patients cannot be held responsible for inappropriate conduct due to their wellbeing. This has an impact on psychiatric nurses as they hesitant to label their patients as violent or aggressive, and instead believe it is the manifestation of the patient’s disease making them act in this manner (Brous, 2018). Other nurses believe it is just part of the job.

Nurses roles are highly demanding and so may find reporting an incident too time consuming or complex.

In a case study carried out by Chapman, Perry, Styles and Combs (2009) they noted three factors in which were a consequence of WPV. The participants in this study came to terms with WPV as part of the job, and other consequences were named as feeling incompetent as well as physical and mental attributes. Some respondents went on to discuss the physical impacts they experienced such as bruising, back injury, pain and in some extreme cases fractured ribs.

Others began to question their competence in completing the job due to relationships with patients becoming strained.

Of the respondents in this study 92 were female, with 35 consenting to interviews, with the large majority being again, female.

Lifetime prevalence rates tend to offer us the most reliable indicator of the extent of the problem and these suggest that one in four women will experience domestic abuse in her lifetime (Dominy and Radford 1996; Henderson 1997; McGibbon, Cooper and Kelly 1999) and between one in five and one in seven women will be raped or sexually assaulted (UNICEF, 1997).

Furthermore, we already know that women are more likely to be at risk from men they already know, and often men they either currently have, or have previously had an intimate relationship with. Amnesty International (2004) tell us that ‘ At least one out of three women has usually been beaten, coerced into sex or otherwise abused in her lifetime…usually the abuser is a member of her own family or someone known to her’.

Domestic abuse has been legitimised and accepted in certain cultures for centuries. As far back as 2500 BC women were burnt at the stake for committing adultery and were expected to portray this ‘ childlike’ quality of obeying their husbands. Men had complete authority over the women’s behaviour and actions, as divorce was not granted until 1968, this was the way of life for many women.

Domestic violence can take many forms, including physical, psychological, economic and sexual. Although domestic violence is a worldwide phenomenon, it can have various definitions and explanations according to the culture in which it occurs. Domestic violence, also referred to as ‘ wife abuse’, ‘ martial abuse’, ‘ family violence’, and intimate partner abuse’ are all other terms used when referring to violence which takes part in the home.

Domestic violence is well known towards the women in India. Domestic violence is understood as women are placed in an inferior position to men, reinforced by the gender norms and values in society. A study conducted by Choudhary, Kaithwas and Rana (2014) tell us that domestic violence against women continues to prevail in Indian society, with women unaware of the laws and organisations available to help in dealing with DV.

The various forms of physical violence are: female foeticide and female infanticide, incest, martial rape, slapping, punching, and in extreme cases murder. Gender based violence was recognised as a human rights violation in 1993 at The World Human Rights Conference in Vienna.  The United Nations declaration then defined violence against women as ‘ any act of gender- based violence that results in, or is likely to result in, physical, sexual or physiological harm or suffering to a woman, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring public or in private life’.

The case study stated above found that, 20% of the respondents are being hurt physically by their in-laws/family members, and 34% of the respondents were being hurt mentally by in laws/family members. Another 32% of respondents were facing physical violence from their husbands, and 44% facing mental abuse from their husbands.

A recent review by Naeemah Abrahams and colleagues found that worldwide, 72% of women have been victim to non-partner sexual violence.

Anita Raj and Lotus McDougal’s focus on sexual violence in India found that a statistic of 8. 5% of rape within marriage was recorded.

There are a variety of levels of explanations which have been proposed to explain domestic violence offending (Gilchrist and Kebbell, 2004). Socio cultural explanations of DA argue that patriarchal society or aggressive societies are seen to allow, and even support, male use of violence to control women (Penze, 1989).

Feminist ideologies argue that the reason behind domestic violence is the gender-based inequality across society. The evidence supporting a feminist analysis tends to be predicted on the observed gender disparity in those seeking help in responses to DA (Archer, 2006).

Teenage relationships and experiences of partner violence receive little attention but are more common occurrences than expected. Those involved in abusive and violent relationships in their teens are among the many who suffer from anxiety and unhappiness in their lives (Barter et al, 2004; Utting 1997).

The term partner violence is applicable to this research as it covers a wide variety of relationships from long term partnerships and intimate relationships compared to that of a one-night stand.

The violence experienced in these instances ranged from physical, emotional, sexual and verbal. The findings in the study carried out by Barter and McCarry were like those found in the works of Arriaga and Foshee (2004), Foshee (1996), Gamache (1991), and Jackson, Cram and Seymour (2000) in which they found that girls suffer more severe forms of violence than boys.

In the research carried out by McCarry and Barter, they found that the impact against girls was much higher than against boys, with over 75% of female respondents agreeing that the violence they suffered had a negative impact (e. g. feeling scared, frightened, upset, angry etc) in comparison to 14% of males.  It also became clear in some interviews that the women felt a sense of protection and love from the violence they had experienced, again another form of coercive control, which was common in many aspects of young girls’ relationships. Some described being given ‘ rules’ and ‘ curfews’ by their partner and restricting their socialisation with friends and family.

New Zealand also has the highest rate of domestic violence in the world, and 80% of incidents of family or intimate partner violence goes unreported.

Earlier this year, New Zealand legislators passed a new bill granting victims of domestic violence 10 days of extra leave from work, separate from holiday and sick pay. the bill was passed at the parliament in Wellington with a vote of 63-57. This was described as a ‘ huge win’ and is a huge step in the right direction for crimes like domestic violence being taken seriously. New Zealand is the second country to pass a bill helping victims of domestic violence, with the Philippines passing the bill in 2004. Although the UK, states that Domestic Violence is a criminal offence, there is no support in place for victims of domestic violence yet. However, Prime Minister Theresa May, Home Secretary Amber Rudd and Justice Secretary David Gauke are seeking measures to be included in a drafted Domestic Abuse bill (GOV. co. uk, 2018).

The new bill proposes a tougher shield in protecting victims further in cases like domestic abuse. This can include using electronic tagging to monitor the perpetrator, attending help programmes, and/or compulsory alcohol testing/monitoring. A breach of any of the above, would be again a criminal offence and could lead to incarceration.

Whilst all this comes under the category domestic violence; some factors and impacts correspond to what constitutes as sexual violence too. Domestic and sexual violence are similar in the way that one rarely happens without the other occurring.  This is common in cases such as marital rape.

Intimate partner violence in marriage affects one in three married women in India, this includes physical and sexual abuse.  The impacts the women face through this violence is possibility to test positive for HIV, as well as other mental factors such as anxiety, depression and PTSD.

In the last 30 years, the demand for commercial sex has soared Western countries. Sex is now a multi-billion-dollar industry, thriving alongside efforts by governments and police forces to regulate and obliterate it (Bernstein, 2011). It is likely that sex workers will experience violence. This can appear in many forms, this includes harassment, robbery, physical assault, rape and murder.

Sex workers can experience these forms of violence in both public and private spheres, and from a range a variety of perpetrators, this includes clients, pimps, other sex workers, police, partners or members of the local communities (Benson 1998 cited in Sanders 2004; Campbell, Coleman and Torkington 1996 cited in Sanders 2004; Hubbard 1998; May, Harocopos and Hough 2000).

Between early 1990’s and 2000s, at least 60 sex workers were known to have been murdered in the UK, most working on the street (Penfold et al., 2004, p. 366) and it is estimated that street sex workers are 12 times likely to die from violence at work than any other woman (Sanders and Campbell 2007, p. 2).

Some feminists would see the selling and buying of sex as causing harm and sex work itself as a form of violence against women (Dworkin, 1981; Jeffery’s 2008). Within this theory, it allows the argument that the sex industry is an ideal environment built upon men’s rights to purchase and use women’s bodies. Women who work in the sex industry are considered a high risk to experience serious forms of violence (Busch et al 2002; Jeal and Salisbury 2004b; Penfold et al 2004; Sanders 2008a).

Although women who work on an ‘ indoor’ basis are portrayed as consensual and non-violent (McElroy 1998; Weizter 2000) it makes them more susceptible to other crimes, such as stalking due to the close bonds they form with their clients.

In a 2001 study of three British cities, 81% of sex street workers had experienced some form of violence (Church et al, 2001). Another study conducted in 2004 found that rape and physical violence with the use of weapons such as guns, machetes and chainsaw had been experienced by 73% (Jeal and Salisbury 2004a).

There is little data on sex workers’ experiences of violence and general emotional wellbeing (Jackson, Bennett and Sowinski, 2007). However, evidence collected from various studies tells us that they suffer from post-traumatic stress disorder (PTDSD), anxiety, insomnia and depression among many other factors (Farley and Barkan, 1998).

The impacts of such violence can lead to a list of mental, physical and health problems. Some of which include sexually transmitted diseases, a high likelihood of infertility and in many cases the women have suffered broken bones, bruising and scarring. 80% of women involved in sex work are more likely to suffer from depression (Bagley, 1999) with other links to lack of confidence, incompetence and low self-esteem. Some of these symptoms are like those who are survivors of domestic and workplace violence.

Some young women had difficulty identifying their experiences as abusive and conceptualised it as ‘ normal behaviour’ in their relationships.

Previous work by Cawson (2000) notes that sexual violence has recognised the role that both physical force and sexual coercion or pressure play in young women’s sexual victimisation.  When being interviewed in this study, 70% of girls responded yes to an act of sexual violence having a negative impact on their mental health and wellbeing.

A gendered analysis of violence view’s men violence against women as a manifestation of male power that is replicated and endorsed through individual experiences and wider structural inequalities (Dobash and Dobash 1979; Radford and Kelly 1996; Rowland and Klein 1990).

Whilst society continues to conform to the gendered structured norms and values enforced on its members, women will continue to be victims of workplace, sexual, and domestic violence. Throughout the research surrounding violence against women, a repeating issue is the gender imbalance enforced on men (and boys) and women (and girls).

Violence against women is a broad topic, and each individual act of violence has little conclusions as to what each act consists of. What we can understand from the research we do have is that male power and privilege outweighs what the women receive.

Secondary victimisation, or the fear of secondary victimisation needs to be erased from police methods. Although, not intentional in most cases, the fear of having to relive a traumatic incident is a reason as to why many cases go unreported.

Recognising the importance that the effects and impacts have which underlies in the inequality against the female gender is important to move forward and lessen the male power held over society.

Sexual violence, workplace violence and domestic violence are three key areas of crime which women are affected by in particular ways, linking into their position in what is still a patriarchal society.

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