

BRK Global Healthcare Journal, 978-1-5323-4858-7

Volume 1, Issue 1, 2017

Global Perspective on Violence of Women and Children: Advocacy on Preventing 21st Century Slavery

Bernice Roberts Kennedy, PhD, APRN, PMN-CNS, BC

Correspondences Address:
Bernice Roberts Kennedy, PhD, APRN, PMN-CNS, BC
Research Consultant
BRK Global Healthcare Consulting Firm, LLC
P.O 90899
Columbia, South Carolina, 29209
Website: brkglobalhealthcare.com
e-mail: brkhealthcare@gmail.com

Abstract

Violence against women and children is a public health problem. Furthermore, violence against women is a human rights issue affecting women and children around the globe. Structure violence is often embedded in the world system which is centered on social inequalities among various populations in countries especially women and children. Lack of equality and empowerment socially, culturally and politically keep women from overcoming subjugation of violence. Around the globe, women and children lack basic rights of protection from the abuse from perpetrators. Globalization has increased the condition for “new slavery” because it transcends national borders. Therefore, knowledge and awareness of global violence of women and children have increased globally. This paper identified the common global violence acts toward women and children around the globe. The author developed a model used as a guide for conceptualizing the social inequalities of women and children around the globe contributing to their violence: *Global Model for Conceptualizing Violence against Women and Children*. In this model, access to health and human services are needed for women and children victims of violence around the global. The current status and future needs of policy development are addressed.

Copyright BRK Global Healthcare Journal, 2017, 978-1-5323-4858-7

Key Words: Women, children, global violence; Inequalities; structure violence; health disparities.

Secretary Hillary Rodham Clinton, *Democratic Candidate for President in 2016* and the *First Women Candidate for President of the United States* declared that “Human rights are women’s rights, and women’s rights are human rights.”

Introduction

Violence against women and children is a public health problem (Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008; Garcia-Moreno et al., 2014 a, b; Jewkes, Flood, & Lang, 2015; Quaraisha, Sengeziwe, & Cheryl, 2010). Furthermore, violence against women is a human rights issue affecting women and children around the globe. Violence affects women and children contributing to social and economic cost (Garcia-Moreno et al., 2014, a, b). Every day, millions of women and children experience violence around the globe. These groups experience a diversity of violence to include intimate partner violence, sex trafficking, genital mutilation, child forced marriages and rape.

Hillary Rodham Clinton, Democratic Candidate for President in 2016 declared that “Human rights are women’s rights, and women’s rights are human rights.” Lack of equality and empowerment socially, culturally and politically keep women, in addition to children from overcoming subjugation to violence. More women around the globe continue the struggle for human rights and lack basic rights of protection and from abuse. Globally, up to 6 out of every 10 women experience physical and/or sexual violence in their lifetime (UNIFEM, 2003). However, violence against children also is a human right issue because of their lack of voice due to ‘minor’ status in our society.

Our society is becoming increasingly desensitized to violence (Carter, 2014). Over the globe a patriarchal structure contributed to the violence of women and children. Most societies were shaped by religious doctrine with male authority dominating over women and the inferiority of women (Carter, 2014).

Around the globe violence has been promoted as a way of solving problems from the death penalty and mass incarceration in addressing crime (Carter, 2014). In addition, many societal structures are built around the expectation of violence to include the existence of brutality in the family. Violence of females may range from partner violence to honor killings (Carter, 2014).

The violence against women in diverse forms is happening around the globe (Kennedy, 2015). Women around the globe may experience rape, sexual violence caused by friends, strangers, and relatives (Ellsberg et al., 2008; Jewkes et al., 2015; Quaraisha et al., 2010). These women may experience trafficking, female genital mutilation (FGM) and forced marriages, killings in the name of honor. Intimate Partner Violence (IPV) is a pandemic proportion because of prevalence throughout the world (Gupta et al., 2008). At least one third of women around the world have been abused by their partners. Approximately 160 million girls are missing around the world due to selective abortion of female fetuses or female infanticide (Carter, 2014). In some cultures, families believe a son will be a better provider than a girl. Girls may be deprived of an education or gainful employment (Carter, 2014). Dowry deaths have been described by the United Nations as a form of domestic violence (Kennedy, 2015). In countries as Asia, women experience such abuse as sex-selective abortions, infanticide and neglect (Kennedy, 2015).

Globally, (1 in 3) women and girls are experiencing abuse to include beaten or sexually abused during their life time (Kennedy, 2015). It was reported that one third of Ethiopian women experience forced sex by their partner. Today, human trafficking is equivalent to modern day slavery (CORRC, 2011; Kennedy, 2015). Victims of human trafficking are subjected to force, fraud, or coercion for the purpose of exploitation in commercial sex or forced labor (CORRC, 2011). Also, victims of trafficking include men, however, women and children are often trafficked into the U.S. from foreign countries for the purposes of commercial sex,

including prostitution, stripping, pornography and live-sex shows (CORRC, 2011). Studies show domestic trafficking victims are growing around the globe (CORRC, 2011).

Approximately, 100 to 140 million girls and women around the world have undergone female genital mutilation (FGM) (Ellsberg et al., 2008). Also, 3 million girls are at risk for FGM every year in Africa (Ellsberg et al., 2008). Currently, women are also sold to men as brides and concubines on an international level (Kennedy, 2015). A World Health Organization study of 24,000 women in 10 countries found that the prevalence of physical and/or sexual violence by a partner varied from (15%) in urban Japan to (71%) in rural Ethiopia, with most areas being in the (30–60) range (UNIFEM, 2011).

This paper will first define the common global violence acts toward women and children around the globe. The author developed a model for conceptualizing the social inequalities of women and children around the globe contributing to their violence: **Global Model for Conceptualizing Violence against Women and children.** The concepts of this model will be discussed. Last, suggestions for policy development to improve violence against women around the globe will be discussed.

The Violence of Women and Children

Common Global Violence Acts

Some social and culture practices on a global level contributed to the abuse of women and children. *Intimate partner violence, human trafficking consisting of trafficking for sex and labor trafficking, child brides/ child marriages or brothel customs, female genital mutilation or female circumcision and honor “honour” killing* are practices in our society which places vulnerable groups in a position of inequality. These practices will be discussed briefly as follows:

- *Intimate partner violence (IPV)* is defined as intentional, emotional, or physical abuse by a spouse or ex-spouse, boyfriend, or date (Center for Disease Control and Disease [CDC], 2014). Also, IVP is broadly defined as a pattern of abusive behaviors by one or both partners in an intimate relationship such as marriage, dating, family, or cohabitation.
- *Human trafficking* is defined as the recruitment, transportation, transfer, harboring or receipt of persons, by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation (UN Human Trafficking Protocol, Article 3, 2000).
 - *Sex trafficking* is defined as a commercial sex act induced by force, fraud, or coercion, or in which the person induced to perform sex act which has not attained 18 years of age. The recruitment, harboring, transportation, provision or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery (8 U.S.C. § 1101) (UN Human Trafficking Protocol, Article 3, 2000).
 - *Labor trafficking* is defined in the TVPA as the recruitment, harboring, transportation, provision, or obtaining of a person for labor services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery (Clawson, Dutch, Salomon, & Grace, 2009). These persons may be abducted or be coerced by deception, and

placed in a position of the abuse of power and vulnerability and giving, receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation (UN Human Trafficking Protocol, Article 3, 2000).

- *Child brides, child marriages or child brothel customs* are culture practices in numerous countries whereas children are given in matrimony before the age of puberty or under the age of 18 (Kennedy, 2015). In most cases, the female is a virgin (Kennedy, 2015). In developing countries, females may have fewer resources for support. These undeveloped females, experience physical and emotional problem because of their lack of physical and mental growth and development (Kennedy, 2015).
- *Genital mutilation AKA female circumcision* is the partial or total removal of the external female genitalia or other injuries to the female genital organs for cultural or other non-therapeutic reasons (Kennedy, 2015). Typically, female genital mutilation or circumcise is performed under unsanitary or unsterile condition using an unclean sharp instrument such as a piece of glass, knives or razor blades(Kennedy, 2015).
- *Honor killing or honour killing* is defined as the homicide a family member or social killing of both men and women in a culture practice (Kennedy, 2015). The term “honor crime” is often used interchangeably with the term “honour killing”, which is a femicide crime of tradition or crime of honor. The family members believe the person has brought shame to the family or community (Kennedy, 2015). The perceived dishonor is normally the result of suspicious of such behavior as dressing in a manner unacceptable to the family or community, waiting to terminate or prevent an arrange marriage or desiring to marry by own choice especially if a member of social group deemed inappropriate, engaging in heterosexual act outside marriage and engaging in homosexual act (Kennedy, 2015).

Global Model for Conceptualizing Violence Against Women and Children

Globalization

Globalization has increased the condition for “new slavery” because of it transcends national borders (Kennedy, 2015). *Global Model for Conceptualizing Violence against Women and Children* is a global model for conceptualizing violence against women and children on a global level (Refer to Figure 1, page 7).

Figure 1: Global Model for Conceptualizing Violence Against Women and Children



In the model, structural factors and sociodemographic factors impact on the violence of women contributing to their ability to obtain the needed treatment and services. The structural factors include: (a) political and policy structure of countries; (b) geographic regions of the world; and (c) health and human services have a great impact on women and children living in violence environments on a global level. Also, in the model, socio-demographic factors include demographics, socioeconomic factors and cultural factors. Therefore, structural factors and socio-demographic factors need to be considered when implementing policy development for violence against women and children around the globe.

The contemporary world's main characteristics are the extremely unequal distribution of wealth between regions and countries, and among populations within the countries. This unequal distribution of wealth leads to a similar unequal distribution in the equality, living and health condition (Kennedy, 2015). Women and children are often in lower status in numerous countries contributing to inequalities. However, in most cases, the inequalities are more prevalence in the poorest living conditions, poorest countries and population groups (Kennedy, 2015). Social, cultural, and economic factors cause substantial inequality in access to resources and services (Kennedy, 2015). Because of the status of women and children in our society, they often experience violence and abuse resulting in poor outcomes. For example, within certain nations, poverty and a society prone to violence, corruption and gender and age discrimination contribute to the prominence of violence such as prostitutions and sex trafficking (Kennedy, 2015; Schauer & Wheaton, 2006). Economic factors within countries, however, resulting in gender inequalities contributed to a growing demand for sex work (Kennedy, 2015; Schauer, & Wheaton, 2006).

Global Violence Against Women and Children

On a global level, structure violence is often embedded in the world system which is centered on social inequitable among various populations in countries (Farmer, Nizeye, Stulac, & Keshavjee, 2006). Structural violence is a term first used in the 1960s commonly identified by Johan Galtung as three types of violence: (a) direct, (b) structure, and (c) cultural. Sexism, classism, and racism have been the focus of cultural and political resistance for generations. It refers to a form of violence based on the systematic ways in which a given social structure or social institution kills people by preventing them from meeting their basic needs. Institutionalized elitism, ethnocentrism, classism, racism, sexism, adultism, nationalism, heterosexism and ageism are just some examples of structural violence. Johan Galtung asserts that structural violence, as opposed to personal or direct violence, is indirect in that a person can't be identified as causing direct harm to another person in the structure. This violence is built into the structure of system resulting from unequal chances for certain vulnerable groups such as women and children. However, if structural violence is not resolved overtime it results in direct violence because of inequality and social injustice of oppress groups (Galtung, 1990; Kennedy, 2015). An increase in direct violence has penetrated our society.

Life spans are reduced when people are socially dominated, politically oppressed, or economically exploited (Kennedy, 2013). Numerous vulnerable groups such as women and children in developed and developing countries have a lack of access to resources and services resulting in victims' violence acts (Kennedy, 2015).

Structural Factors

In this model, structural factors include political and structure, geographic regions of the world and health and human services. These factors will be discussed individually:

Political and Policy Structure

Regardless of developed and developing countries in this world, structure violence is found in the social, political and economic structure of our society (Kennedy, 2015). Structural violence, which consists of racism and sexism, has become such a common occurrence in a society that they appear almost invisible.

In diverse countries to include developed and developing countries, the political and policy structure, to include economic stability and technological advances vary related to the violence of women and children (Kennedy, 2015). Countries that have technological advances will be able to have knowledge of the initiatives, programs and policy changes on a global level. It will be beneficial to communicate with other advocates and health professionals about violence against women and children.

In these various countries when vulnerable groups especially women and children are placed in a position of disadvantage by political, legal, economic and culture traditions, it creates inequalities resulting in suffering and even death (Kennedy, 2015). This violence is built into the structure of a system resulting from unequal treatment. For example, women and children in developed and developing countries are vulnerable to human trafficking because of social inequalities based on class and gender of position in our society.

Social, political, economics and culture factors affect women's lives in relation to domestic violence (Alhabib, Nur & Jones, 2009). These factors include poverty, inequalities, a new articulation of patriarchies in specific regions and the legacies of colonialism and racism (Sokoloff & Pratt, 2005). In certain countries such as Arab and Islamic, domestic violence is not considered a major issue; however the incidence of violence is increasing (Alhabib et al., 2009). Domestic violence may be considered a private matter and the wife may consider the abuse is justified. Certain excerpts from religious beliefs have been used to promote violence against women (Alhabib et al., 2009). However, the abuse is more likely to be that of culture practices than of religion. Regardless of developed and developing countries in this world, structure violence is found in the social, political and economic structure of our society.

Poverty. Poverty is a global issue that influences every person directly or indirectly (Kennedy, 2013). Those who have financial means to obtain a healthy environment and lifestyle are also impacted by poverty through social and political and economic strain. Poverty is a factor that affects societal structure contributing to the violence of women and children (Carter, 2014). Women are more poverty stricken than men in developed and developing countries. For example, women in the United States earn less income contributing to poverty. Employment, education, vocational training and economic opportunities are limited in poverty-stricken vulnerable groups such as women and children (Getu, 2006; Kennedy, 2013). In addition, unemployed and dropouts youth are more prone to human traffickers (Kennedy, 2015). Because of young people and girls' vulnerability, they are more prone to human trading with the promise of marriage, employment, education opportunities and a better life (Kennedy, 2015). Therefore, young girls will fall in the hands of perpetrators (Getu, 2006; Kennedy, 2015).

Females who have financial means to obtain a healthy environment and lifestyle are also impacted by poverty through the social and political impact of the economic strain (Nour, 2006). For example, in many cases of child marriages, poverty plays a central role in promoting child marriages (Nour, 2006). In some countries, parents want to ensure the financial security of their daughter. In many cases, daughters are considered an economic burden (Nour, 2006). The provision of care for daughters is very costly to the family. It is costly to feed, clothe and educate daughters. In many cases, the family will recover its investment in a daughter is to have her married in exchange for a dowry. Dowry deaths have been described by the United Nations

as a form of domestic violence (Kennedy, 2015). Women are often attacked and murdered if their in-laws deem their dowry to be insufficient (Kennedy, 2015). In addition, to dowry-related violence, bride burnings are also prevalence, sometimes called “stove deaths” (Kennedy, 2015).

Because of poverty-stricken status, women in violence situation may lack support, information, health care and education (Kennedy, 2015). These women may lack decision-making concerning their basic life needs, in addition, to protection from violence. In some countries, laws may exist for their protection; however, enforcement of these laws may not be enforced.

Geographic Regions of the World

Developed countries are referred to those countries with a stable economy and a wide range of industrial and technological development (Kennedy, 2015). The commonly developed countries comprised of the United States, Canada, Japan, the United Kingdom, Sweden, France and Australia. The developing countries are not yet stable with respect to their economy and technological development. The developed and developing countries are found in all parts of the world and in all geographic and climatic zones. The common developing countries comprised of Bangladesh, Zaire, Haiti, Guatemala, countries in sub-Saharan Africa and the island nation of Indonesia. Countries can consist of urban to rural remote isolated areas (Kennedy, 2015; Quaraisha et al., 2010.) Women in the most poverty-stricken areas are typically in rural location (Kennedy, 2015; Quaraisha et al., 2010). These women may migrate to urban areas in search of jobs. They may enter sex trafficking for survival or be given in marriage at an early age for a dowry. For some, they may stay in an abusive marriage because of depending on spouse and limited opportunities.

Poverty, lack of economic opportunities is very pronounced in a rural and geographically remote and isolated area (Quaraisha et al., 2010.) Often, women may migrate in search of employment and income. When, away from home, they may engage in sexual activities for survival (Quaraisha et al., 2010).

Women in developed and developing countries are vulnerable to violence because of social inequalities based on class and gender or position in our society (Kennedy, 2015. Violence directed at women exists at all levels: local, national and global.

Health and Human Services

Health and human services are needed for victims of abuse (Kennedy, 2015). In many countries, victims of abuse may access the emergency department with other health conditions or with injuries resulting from the abuse. In some cases, the victims may be referred to social services for assistance. In addition, victims may enter in the criminal justice because of criminal charges. Laws vary in countries; therefore, the treatment of women will differ based on the structure of the country.

Health Services. Around the globe, women from various countries may access care in different health services organizations to include an antepartal care, family planning, gynecological, post-abortion services, child services and family medicine (Garcia-Moreno et al., 2014, a,b). Emergency services are more likely to treat women who are injured or raped (Garcia-Moreno et al., 2014, a, b).

Health is the foundation for civil society, for social and cultural growth, for political stability, and economic sustainability (Kennedy, 2015). The health care system is often unresponsive to the poor and increases their vulnerability to impoverishment (Carr, 2004). Both structural and socio-demographic barriers are imposed on vulnerable populations such as women and children in which influences access to care and health behavior. These barriers affect this group in

developed and developing countries in the nation. Services and resources are key factors impacting on health care and health outcomes for women and children who are victims of abuse and violence. These two factors affect specific vulnerable populations globally.

Women have poor access to care (Garfield, Majerol, Damico & Foutz, 2013). Disparities in access to care vary in developed and developing countries. Women who lack access to care have poor health outcomes and a shorter lifespan. Inadequate access to care has resulted in premature deaths of women worldwide. In most countries women live longer than men but are less healthy.

Access to health care may be limited in rural area and lack adequate skilled staff. Other barriers include the stigmatization, discriminatory attitudes and the limited practice of health provider (Quaraisha et al., 2010). Victims of sexual violence face challenges in access to care and scarcity of resources (Quaraisha et al., 2010). Survivals of rape may fear perpetrator and the repeated episode of violence from the perpetrator. Victims of domestic violence typically will not disclose the abuse unless direct questions are asked (Rose et al., 2011).

Services provided to persons who are poverty-stricken have been often poor in quality (Kennedy, 2013). For example, women are often in the lower socioeconomic status in the world, few countries have taken measures to track progress in reducing socioeconomic disparities in health (Carr, 2004). The women who experience abuse to include sex trafficking, child marriages and women circumcision experience an abundant of health problems. In developing countries improving the health status of women remain unmet challenges with great disparities existing between low and high-income countries resulting in deaths due to HIV/AIDS, pregnancy, and tuberculosis which primarily affect poor women (Carr, 2004).

In the United States, victims of domestic violence have increase contact with health services (MacMillian, Wathen, Jamieson et al., 2006). Women who have a history of intimate partner violence are more likely to seek health care than non-abused women raped (Bonomi, Anderson, Rivara, & Thompson, 2009; Garcia-Moreno et al., 2014a,b). These victims access the health care system more in comparison to the general population (MacMillian, Wathen, Jamieson et al., 2006).

In developing countries, gender inequities, sexual coercion and violence by intimate partners undermine women's sexual and reproductive autonomy and jeopardize their health and well-being (Mercuio, 2007). Women in low-resources, refugee or conflict settings and economically vulnerable circumstance experience higher levels of violence and more routine societal undervaluing of their lives and health. For example, FGM results in other health problems such as prolonged labor, obstetric laceration, hemorrhage, difficult delivery and maternal death (Garcia-Moreno et al., 2014a,b).

Women who experience partner abuse or sexual assault have a greater likelihood of having reproductive problems, mental health problems, chronic health problems and more negative behavior including substance abuse, and even death (Kennedy, 2015). Women exposed to childhood violence may result in increased alcohol abuse, substance abuse, self-harm and victimization later in life (Garcia-Moreno et al., 2014a, b). Female genital mutilation has resulted in prolonged labor, obstetric lacerations, hemorrhage and difficult delivery and maternal death (Garcia-Moreno et al. 2014 a, b). Biomedical evidence reported that long-term effects of violence will result in chronic stress, trauma-related responses and accelerated aging (Garcia-Moreno et al., 2014a, b).

In many countries, lack of empowerment prevents women and children from receiving basic health care (Kennedy, 2015a, b). Women compose of half of the world population; they

represent (70%) of the people in the world living in poverty (OECD, 2008). Health services to poverty-stricken woman and children are often poor in quality.

Social Services. Social services will vary based on countries (Kennedy, 2015). Victims of violence are in such great need of social services (Salett, 2006). However, in some countries women may access the needed services through social services or other may be referred to social services. Some countries have social barriers limiting women in overcoming sexual abuse. In other countries, health and social services systems may have limited staff to assist victims and lack resources (Salett, 2006). It is important for social workers to make the appropriate referrals to the advocacy and the needed services (Salett, 2006).

On a global level, women are more poverty-stricken than men (Kennedy, 2015). Because of social and economic constraints, women have less access to so many resources in developing countries, therefore sex becomes a commodity to ensure survival (Quaraisha et al., 2010).

Criminal Justice System. The way women and children victims of violence are treated when they entered the criminal justice system varies in countries (Kennedy, 2015). Women and children participating in prostitution are often involved in the criminal justice system (Kennedy, 2015a,b). For example, the act of trafficking is an illegal act, when women and girls are caught, they may enter into the criminal justice system (Kennedy, 2015; Salett, 2006). Trafficking has become a fairly lucrative industry. In some countries, human trafficking is controlled by large criminal organizations for the sole purpose of making money (Kennedy, 2015). The international community has begun to mobilize itself in an effort to combat human trafficking (Winterdyk & Reichel, 2010). This effort involves the trafficking of states or countries of designation, origin and transit for criminal activities (Winterdyk & Reichel, 2010). However, most of the activities of human trafficking transcend borders, not all case involve transcend border migration.

Many countries have begun to address the violence against women (United Nations Statistics Division, 2015) However, these changes have been incremental. Countries vary with laws regarding domestic violence and other violence acts.

Legal Services. The prevalence of violence has increased overtime regardless of legal services for victims of violence (Alhabib et al., 2009). More than 600 million women worldwide live in countries where domestic violence is not considered a crime (WHO, 2013). Some countries don't recognize marital rape (WHO, 2013). In approximately 53 countries; marital rape is not recognized as a crime (WHO, 2013). The government in many countries plays a vital role in eliminating violence. They are vital in developing laws promoting equality and eliminating gender inequality. Some countries have laws that discriminate against women and girls in such cases as property and inheritance, age of marriage and ability to enter and leave the marriage (Garcia-Moreno et al. 2014a, b). Also, in some countries, state laws operate with traditional religious, customary or indigenous laws that promote male pre-eminence to include penalties for female victim violence (Garcia-Moreno et al. 2014a, b).

Socio-Demographic Factors

In this model, socio-demographic factors include (a) demographics, (b) socioeconomic factors(c) and material resources. These factors will be discussed individually:

Demographics

When describing a population such variables as age, sex, gender and ethnic groups, the demographics need to be considered (Kennedy, 2013). Demographic factors, risk factors, other variables affect the utilization of health services and other services. In a population age, sex and gender are variables which will affect access to health care, utilization of health services and health outcomes (Kennedy, 2013).

Age. Age affects the utilization of services (Kennedy, 2015). Young people may not be able to access services for violence such as health services and legal services (Kennedy, 2015). They may be in their parents' home. For example, children may be sold in human and sex trafficking for money for the survival of the family. In some cultures, children are sold in as child brides for dowry.

The interaction of gender with age is an important determinant of distribution related to power in our society (Quaraisha et al., 2010). Whereas older members of society having more power over younger members. Therefore, children have less power to make decisions about their lives. Also, younger women have less power than younger boys in most countries. Age is the greatest factor in promoting child sex trafficking and child sexual exploitation (Kennedy, 2015). The demand is for younger females such as children is greater in sex trafficking. The average age for introduction into prostitution is 13 (Clawson & Grace, 2007). Also, younger women have less power than younger boys in some countries.

Gender. Gender may contribute to violence and the victim role in our society (Kennedy, 2013). For example, in countries whereas females are not employed they may be sold in prostitution and sex trafficking. Gender based violence contributed to the power imbalance between women and men (Quaraisha et al., 2010). Gender inequalities related to difference and unequal socio-cultural expectations and treatment of women as compared to men contribute to in many health disparities experienced by women and their children (Kennedy, 2015). The victims of gender-based violence are primary women and the risk of violence that women face is aggravated by poverty and political instability to include inadequate access to reproductive health services contributing to unwanted pregnancy, unsafe abortion, inadequate antenatal and lack of skilled birth (Carr, 2004).

Race and Ethnicity. The race is a social classification, not a biologic descriptor but a measure of exposure to racism (Kennedy, 2013a, b). Also, race and ethnicity affect the utilization of health services. For example, ethnic minority groups in some countries are typically more poverty stricken which places them in a position to be abused or treated unfairly in society.

Socioeconomic Factors

Socioeconomic status (SES). SES also called socioeconomic position, is a core concept of sociology (Kennedy, 2013; Kennedy, 2015). It represents a form of an individual's place in a society's status hierarchy (Kennedy, 2013). Where SES is taken as a single concept, it is not directly observed, but instead measured through its manifestations in indicators such as income, education and occupational class (Kennedy, 2013; Kennedy, 2015). Women in our society are in lower socioeconomic status in most countries. Their status places this group in a position of violence and abuse. Low SES is usually associated with poor access to care, riskier behavior, fewer community resources and higher mortality (Kennedy, 2013). Also, socioeconomic barriers include knowledge issues on the part of person, cultural values and practices (Kennedy, 2013). Women in lower socioeconomic status, low resources, refugee or conflict settings and economically vulnerable circumstance experience higher levels of violence and more routine societal undervaluing of their lives and health (Kennedy, 2015).

Class. Heredity and race are nonmodifiable risk factors that cannot be changed (Kennedy, 2013; Kennedy, 2015). The class is difficult to measure; however, variables such as income, wealth, education and employment are often used as a determinant of class (Kennedy, 2013; Kennedy, 2015). People in lower classes die earlier than do people in higher socioeconomic levels (Kennedy, 2013). Also, people in lower classes die younger and are less healthy than

people in higher classes (Kennedy, 2013). Women especially in developing countries in lower class status will have poor health in comparison to men (Kennedy, 2015).

Income. Overall, women have less income or money than men whereas placing her in a more vulnerable situation in joining the sex industry (Demleitner, 2001). In many countries, women have lower income than their men counterpart prevents women and children from receiving basic needs. Women make less income than men therefore, they are placed in a position to stay in violence relationships for environment for survival.

The results of unemployment in poor countries are an unmistakable source of violence (Kennedy, 2015). Deteriorating nutritional conditions and mental health, along with difficulties accessing care medical care and medicines, are among the obvious cause of unemployment and the worsening overall health situation (Kennedy, 2015). Therefore, females may look for other opportunities (e.g., prostitution, sex or human trafficking etc.) for survival because of lack or limited income.

Education. A person's education has a large impact on utilization of services in society (Kennedy, 2013). People with more education usually have resources such as insurance to access the health care system, utilize health services and other resources. Also, the lack of higher education, low wage jobs are contributing factor violence for marginalized groups. People of high education have more access to resources (Kennedy, 2013).

Education and employment in particular seems to provide important material resources in our society (Kennedy, 2013). While knowledge does not ensure appropriate behavior, lack of knowledge can prohibit it. In addition, support for health education and prevention programs is needed for victims of violence. Contextual factors such as culture, low education levels, lack of opportunities for women and subservience status contribute to their participation in human trafficking because of the survival of their families (Kennedy, 2015).

Material Resources. Material resources are clearly linked to both individual income and distribution of income. Income has a significant relationship on material resources in our society (Kennedy, 2013). Typically, income determines accessibility to resources such as housing, food, clothing, health care and recreation opportunities (Kennedy, 2013). As mentioned, in some countries, inequalities exist in women related to owning of property, the age of marriage and the ability to leave the marriage (Garcia-Moreno et al., 2014, b).

All over the globe victims of abuse have issues of income poverty, unemployment, hunger, disease and illiteracy (Getu, 2006). Women have poor access to care and material resources. The lack of material resources has an impact on their quality of life (Kennedy, 2013). For example, factors such as unemployment and civil unrest are contributing to human trafficking. In addition, because of the inequality of economic resources in countries, persons who want a better life are encouraged to participate in human trafficking for survival. Therefore, people look for other opportunities which may contribute to sex trafficking or young girls are sold as child brides for dowry.

The lack of material resources in our society has a direct effect on health care and other resources to include the availability of food, housing and job opportunities (Kennedy, 2013). Persons with greater resources are able to purchase better medical care, obtained access to health information, in addition, to greater psychosocial resources (Kenney, 2013).

In some countries, there is a lack of material resources especially for women and children. (Nikolic-Ristanovic, 2003). The expansion of neoliberal capitalism has extended the gap between poor and rich countries (Nikolic-Ristanovic, 2003). The cost of economic changes is very high for the poor and war-torn countries. Disparities exist related to the gender gap between

men and women with the imbalance of power to include illiteracy levels, employment patterns, access to credit, land ownership and school enrollment rates (Quaraisha et al., 2010). In addition, unemployment, wage gaps, literacy levels and occupation segregation are greatest for poor women.

Cultural Factors

Cultural Practices, Tradition and Norms

Cultural violence consists of a certain cultural tradition of a particular group used to justify or legitimize direct or structural violence which may be exemplified by religion and ideology, language and art, empirical science and formal science (Galtung, 1969). Structure violence has become a normal part of the social structure on an international level (Kennedy, 2015). However, the culture of developed and developing countries may vary based on different cultural perspective.

Much structural violence, which consists of racism and sexism, has become such a common occurrence in society that they appear almost invisible. This unequal distribution of power places a person in a position of abuse. The problem arises when those with power to hurt others. Anyone with power over others is a potential abuser. In many cultures, women may lack sexual autonomy are powerless to refuse unwanted sex or to use conception which causes a greater risk of unwanted pregnancies, STDs and HIV (Jenkins & Kennedy, 2013). Women who lack sexual autonomy often are powerless to refuse unwanted sex or to use conception which causes a greater risk of unwanted pregnancies, STDs and HIV. In some countries, cultural factors related to gender inequities, sexual coercion and violence by intimate partners contribute to negative health outcomes of women's sexual and reproductive health and well-being.

The meaning of violence varies in a culture based on the norms of the countries (Alhabib et al., 2009). At times, violence varies within the same culture. For example, a woman from Asian culture is brought up to believe in the greater need for the family instead of the individual. Women in the poorest nations may believe that beating wives are justified. However, in developed and developing countries, women tend to hold beliefs that justify violence against women (Alhabib et al., 2009).

Policy Development

Policy development is needed on a global level for victims of violence (Kennedy, 2015). Despite this fact, sexism, and racism have been the focus of intense cultural and political resistance for many decades. Although, significant reform has been accomplished, policy implementation remains incomplete. Some countries have developed protocols to address violence against women. In some countries, policy changes for improving the status of women are not considered. As mentioned many women live in countries where domestic violence is not considered a crime (Garcia-Moreno et al., 2014a, b).

Many countries have begun to address the violence on against women. However, these changes have been incremental (Garcia-Moreno et al., 2014a, b). Countries vary with laws regarding domestic violence or abuse of women and women (United Nations Statistics Division, 2015). Some countries don't recognize marital rape as illegal (WHO, 2013). Spouses may not be charged for raping wife (WHO, 2013). Therefore, policy development and law changes are needed for improving the condition of women in certain countries. In some countries, inequalities exit in women related to owning of property, age of marriage and the ability to leave the marriage (Garcia-Moreno et al., 2014a, b). Therefore, women may stay in an abusive environment.

Since the year of 2014, 143 countries promoted equality between women and men in their constitutions. (UN Women, 2016). However, 132 of these countries equalized the minimal the age of marriage without parental consent at 18 years or older. In addition, 119 countries have passed legislation on domestic violence and 125 countries have passed laws to make the workplace and public places safer for women prohibiting sexual harassment (UN Women, 2016).

Collaborative efforts are needed by organizations and programs for advocacy and legal changes (Carter, 2014; Jewkes et al., 2015; Kennedy, 2015). Countries need to develop policies and laws against violence against women and children. Women and children need interventions such as information and support to help them access health care, community support and resources. These interventions include treatment (e.g. health care, mental health services), legal assistance, placement, housing, financial, psychological or psycho educational support (Garcia-Moreno et al., 2014a).

More evidenced-based practice research would be useful to address violence against women to develop more protocols, capacity building, effective coordination between agencies and referral networks (Quaraisha et al., 2010). This research is useful to make policy changes in the political arena. Gender-based violence protection is needed for women all over the globe. Few countries have developed a comprehensive health care policy integrated to multisectoral societal response to violence (Garcia-Moreno et al., 2014 a, b).

Working to solve global health problems will help reduce needless suffering and preventable deaths of millions of women and children especially girls around the globe. It is important to address global health issues for humanitarian, equity, direct impact and indirect impact issues related to violence in our society. The structural violence in our society resulted in suffering and death as often as direct violence (Galtung, 1990; Kennedy, 2015). These factors are essential in policy development for violence against women and children:

- Some countries lack the trained services providers, coordination between services to include police and making the referrals of women to the appropriate services (Quaraisha et al., 2010). Health providers need to adequately assess and address violence against women and children. Therefore, they need to be equipped to deal with this issue. Based on the culture and structure of these countries, readily reporting violence will vary among countries.
- The government can support programs and policies promoting gender equalities (Kennedy, 2015). Structure violence contributes to interpersonal violence in our society (Nikolic-Ristanovic, 2003). Perpetrators need to be involved in treatment especially in high income countries (Jewkes et al., 2015; Quaraisha et al., 2010). Often, the perpetrators are seen in the healthcare setting especially mental health, drug and addiction, general practice, and emergency services and employee assistance program. These programs often don't address intimate partner violence. Interventions need to focus on changing social norms on gender relations and differences between men and women (Jewkes et al., 2015).
- Culture and social barriers need to be addressed by healthcare professionals, in addition to limited resources (Jewkes et al., 2015; Quaraisha et al., 2010). In some countries; healthcare services are inadequate and inappropriate to address violence against women.
- The scarcity of training and equipment, poor coordination of services and associated cost of services are challenges for victims of sexual violence (Garcia-Moreno et al., 2014a).

- Databases will be useful for reporting violence(Garcia-Moreno et al., 2015 a, b).Some countries are beginning to track data on violence against women (Garcia-Moreno et al., 2015 a, b). However, some countries have limited data. An international reporting system is needed for monitoring tracking progress (Satlett, 2006).
- Technology to include the internet will be a useful venue in communicating with other advocates around the globe on these issues (Satlett, 2006). For example, human trafficking is the illegal sale, transport or profit from human beings who are forced to work for others against their will (Satlett, 2006).
- Increase awareness and education need to be provided to health providers, legal system, policymakers and the general public (Garcia-Moreno et al., 2014 a, b; Jewkes et al., 2015). Violence against women needs to be included in the curricula of health professionals, social services, police and law enforcement and the legal system (Garcia-Moreno et al., 2014 a, b).
- The government in many countries plays a vital role in eliminating violence (Nikolic-Ristanovic, 2003). They are vital in developing laws promoting equality and eliminating gender inequality. The government can support programs and policies promoting gender equalities. Structure violence contributes to interpersonal violence in our society (Galtung, 1990; Nikolic-Ristanovic, 2003).
- Research studies on violence against women and children need to include broader issues related to violence than single explanations (Garcia-Moreno et al., 2014a; Jewkes et al., 2015). In the 20 century, research focused on understanding the cause of violence against women and girls and risk factor associated with perpetration and victimization (Ellsberg et al., 2008). Previous research on violence against women and girls has focused on understanding the risk factor associated with perpetration and victimization (Ellsberg et al., 2008). Future research needs to take into consideration the culture perspective of violence in the family and ethnics groups (Alhabib et al., 2009). Research is needed in policy development and evaluation (Tyldum, 2010).

Conclusion

Violence is a growing concern in our society. In numerous cases of violence, there is an array of factors contributing to cause of violence. However, gender inequalities, social norms around masculinity, and economic inequality have impacted on violence of women and children in our society. Lack of equality and empowerment socially, culturally, and politically keep women from overcoming subjugation to violence. Around the globe, women and children lack basic rights to protection and from abuse; especially to intimate partner violence. The structural violence in our society resulted in suffering and death as often as direct violence. However, the effects of structure violence are more subtle, slower and complex in finding solutions. As mentioned, if structural violence is not resolved overtime, it results in direct violence because of inequality and social injustice of oppressed groups such as women and children. Collaborative efforts are needed from advocates around the globe for the protection of women and children. Health policymakers need to be involved in using evidence-based research of effective interventions to assist others in preventing violence against women and children on a global level. Violence against women is a public health issue. A global approach is needed for health systems to play their part in a multisectoral response to violence against women in promoting of human rights of women and children.

References

Alhabib, S., Nur, U., & Jones (2009). Domestic violence against women: Systematic review of prevalence studies. *Journal of Family Violence*, 25, (4), 369-382.

Bonomi, A.E., Anderson, M.L., Reid, R.J., Rivara, F.P., Carrell, D. & Thompson, R. R. (2009). Medical and psychosocial diagnoses in women with a history of intimate partner violence. *Archives of Internal Medicine*, 18, 169 (18), 1692-1697.

Carter, J. (2014). Patriarchy and violence against women and girls. *Lancet*, 385 (9978), 40-41.

Carr, D. (2004). Improving the health of the world's poorest people, population, retrieved from http://www.prb.org/pdf04/ImprovingtheHealthbrief_Eng.pdf

Centers for Disease Control and Prevention , Injury Prevention and Control: Division of Violence Prevention (CDC, 2014). *Intimate Partner Violence*, <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/>

Central Ohio Rescue and Restore Coalition (CORRC). (2011). Victims of human trafficking, from <http://www.centralohiorescueandrestore.org/>.

Clawson, H., Dutch, N., Solomon, A., Grace, L. G. (2009). *Human trafficking into and within the United States: A review of the literature*. Office of the Assistant Secretary for Planning and Evaluation (ASPE), U.S. Department of Health & Human Services. Retrieved from <http://aspe.hhs.gov/hsp/07/HumanTrafficking/LitRev/index.pdf>.

Clawson, H. & Grace, L. G. (2007). *Finding a path to recovery: Residential facilities for minor victims of domestic sex trafficking*. Office of the Assistant Secretary for Planning and Evaluation (ASPE), U.S. Department of Health & Human Services, Retrieved from <http://aspe.hhs.gov/hsp/07/humantrafficking/ResFac/ib.htm>

Demleitner, N. V. (2001). The law at a crossroads: The construction of migrant women trafficked into prostitution. In D. Kyle & R. Koslowski (Eds.), *Global human smuggling Comparative perspectives* (pp. 257-293). Baltimore: Johns Hopkins University Press.

Ellsberg, M., Jansen, H.A., Heise, Watts & Garcia-Moreno (2008). Intimate pattern violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study. *The Lancet*, 371 (9619), 1165-1172.

Farmer, P. E., Nizeye, B., Stulac, S., & Keshavjee. S. (2006). Structural violence and clinical medicine. *PLoS Medicine*, 1686- 1691, Retrieved from <http://www.humantrafficking.org/organizations/356>.

Galtung, J. (1969). Violence, peace and peace research. *Journal of Peace Research*, 6, (3), 167-191.

Getu, M. (2006). Human trafficking and development: The role of microfinance. *Transformation*, 23 (3) 142-148.

Garcia-Moreno C., Hegarty, K., Lucas d'Oliveia, A. F., Koziol-Maclain, J., K., Colombini, M. & Felder, G. (2014a). Violence against women and girls 2. *Lancet*, 385 (9977), 1567-1579.

Garcia-Moreno C., Zimmerman, C., Morris-Gehring, A., Heise, L., Amin, A., Naeemah, A., Monotoya, O., Bhate- Deosthali, P., Kilozno, N., & Watts, C. (2014b). Violence against women and girls: Addressing violence against women: A call to action. *Lancet*, 385 (9978), 1685-1695.

Garfield, R., Majerol, M., Damico, J. & Foutz, J. (2013). The uninsured: A primer-key factors about health insurance and the uninsured in the wake of national health reform. *The Henry Kaiser Foundation*, retrieved from, <http://kff.org/uninsured/report/the-uninsured-a-primer-key-facts-about-health-insurance-and-the-uninsured-in-the-wake-of-national-health-reform/>.

Jenkins, C.C., & Kennedy, B.R. (2013). An exploratory study of sexual assertiveness and characteristics of African American women in negotiating condom. *Journal of Cultural diversity: An Interdisciplinary Journal*, 20 (2) 139-145.

Jewkes, R., Flood, M., & Lang, J. (2015). From work with men and boys to changes of social norms and reduction of inequities in gender relations. *Lancets*, 385 (9977), 1580-1589.

Kennedy, B. R. (2013). Health inequalities: Promoting policy changes in Utilizing transformation development by empowering African Americans' communities in reducing health disparities. *Journal of Cultural Diversity: An Interdisciplinary Journal*, 20 (4) 155- 161.

Kennedy, B. K. (2015). *Global structural violence, social injustice, and inequality of women and children: Confronting 21 century slavery*, BRK Healthcare Publications, ISBN-13:978-0-9897244-5-6.

MacMillan, H.L., Wathen, C.N., Jamieson, E., Boyle, M., McNutt, L., Worster, A., Lent, B., Webb, M. & (2006). Approaches to screening or intimate partner violence in health care settings: A randomized trial, *JAMA*, 296 (5), 530-536.

Mercuio, B. (2007). Resolving the Public Health crisis in the developing world: Problems and barriers of access to essential medicines, *JIHRHome*, 5 (1), <http://www.law.northwestern.edu/journals/jihr/v5/n1/>

Nikolic-Ristanovic, V. (2003). Sex trafficking: The impact of war, Militarism, and globalization in Eastern Europe. *Michigan Feminist Studies* 17,1-26.

Nour, N.M. (2006). Emerging Infectious Diseases • www.cdc.gov/eid • 12 (11), 1644-1669.

OECD (2008). *OECD Database on family outcomes and family policies*, www.oecd.org/els/social/family/database.

Quaraisha, A. K., Sengeziwe, S. & Cheryl, B. (2010). Preventing HIV infection in women: A Global health imperative! *Clinical Infectious Diseases*, 50 (Suppl 3), S122-S129.

Rose, D. Trevillion, K., Woodall, A., Morgan, C. Feder, G., & Howard, L. (2011). Barriers and facilitators of disclosures of domestic violence by mental health services users. A qualitative study. *British Journal of Psychiatry*, 198m 189-194.

Salett, E.P. (2006). Human Trafficking and Modern-day slavery, National Association of Social Work, retrieved from of http://www.naswdc.org/diversity/affirmative_action/humanTraffic1206.PDF

Schauer, E.J. & Wheaton, E. (2006). Sex trafficking into the United States. *Criminal Justice Review*, 31 (2), 146-169.

Sokoloff, N., & Pratt, C. (Eds.). (2005) *Domestic violence at the margins: Readings on race, class, gender and culture*. New Brunswick, NJ: Rutgers University Press.

Tyldum, G. (2010). Limitation in research on human trafficking, *International Migration*, 48 (5)doi:10.1111/j.1468-2435.2009.00597.x
http://www.unifem.org/resources/item_detail.php?ProductID=7.

UN Human Trafficking Protocol, Article 3, 2000).<http://www.unodc.org/> (unodc/human-trafficking/

United Nations Statistics Division (2015): *The World's Women 2010: Trends and Statistics* retrieved from http://unstats.un.org/unsd/gender/downloads/WorldsWomen2015_report.pdf

UN Women (2016) Progress of the world's women 2015-2016: Transforming economies, realizing rights, retrieved from <http://www.unwomen.org/en/digital-library/publications/2015/4/progress-of-the-worlds-women-2015>

Winterdyk, J., Reichel, P. (2010). Introduction to special issue human trafficking: Issues and perspectives. *European Journal of Criminology*, 7(1), 5-10.

World Health Organization (WHO) (2013). Responding to intimate partner violence and sexual

violence against women: WHO clinical policy guidelines, World Health Organization, Geneva

Bernice Roberts Kennedy, PhD, APRN, PMH-CNS, BC, is a research consultant at BRK Global Healthcare Consulting Firm, LLC, P.O. 90899, Columbia, South Carolina, 29290. Dr. Kennedy may be reached at: brkhealthcare@gmail.com