

Turkish and Moroccan Muslim rape victims in the Netherlands

How the Dutch government could create an atmosphere in which the academic tool of intersectionality can be incorporated for professionals in women's shelters and psychology practices in regular Dutch care sector.



A Muslim woman... a rape victim... a prisoner of her own body?

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Gender Studies Department

Faculty of Humanities

Utrecht University

First Reader: Dr. I. van der Tuin

Second Reader: Dr. E. Midden

Namrata de Leeuw, 3083896

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Introduction

My internship at the Dutch emancipation advice- and knowledge centre Enova, as an integral part of the Master's programme '*Comparative Women's Studies in Culture and Politics*', made me aware of the fact that the Dutch government did not seem to realise that there is great diversity among female victims of rape in the Netherlands. Hence, I found out that no one has ever worked on a so-called rape-policy for other women than the dominant Dutch group of white, middle/upper-class (Christian) rape victims. During my internship I wrote a policy memorandum about other groups of female victims of rape in the Netherlands, in which I chose to focus on Muslim women with a Turkish and/or Moroccan background. In this memorandum I investigated the influence of their ethnicities, religious view(s) and social class positions when these two ethnic groups of women speak overtly about their traumatic experience of being the victim of rape in front of professionals in the field of sexual violence in Dutch society. The memorandum was divided into several chapters for professionals in three different work fields: 1) the police and judicial bodies 2) psychologists 3) Turkish and/or Moroccan religious leaders.¹

Initially, the focus was on the work method of the police and the judicial bodies and the dominant discourse of raped Islamic Turkish or Moroccan women in their willingness to inform the police. Statistics were added, in order to look critically at the way the vice police work. In this way, one could clearly notice that the vice police – as well as judiciary – do not work with a policy that takes gender and ethnicity into account in the registration of sex crimes.² Based on how these two ethnic groups of rape victims are positioned in Dutch society, (Botman, Jouwe, & Wekker (Eds.) 2001) I accentuated the meaning of gender, ethnicity and social class for a traumatized rape victim (Yerden 2001, 2008). These axes of differentiation are decisive in the manner a Muslim Turkish or Moroccan raped woman thinks or speaks about the negative sexual experience (Aanen (Ed.), Aipassa, Bakker & Saro 1994 & Boedjarath & Van Bekkum (Eds.) 1997). Furthermore, the (in)transparency and complexity of the operating procedure of the police was highlighted: matters of honour in the private sphere of Islamic families, rape in court, and how patriarchal principles can be considered to be of negative influence during legal proceedings following the rape.

¹ De Leeuw, N. (2009) *Verkrachting van islamitische Turkse en Marokkaanse vrouwen in Nederland: een 'gift' van Allah of een patriarchale erfenis die mannen willen 'delen' met vrouwen?*. Assen: Enova, emancipatie adviesbureau Drenthe.

² In June 2009 I interviewed the chief superintendent, Jos Dekker, who works at the vice police Groningen. He explained that the policy of the police is to register one's ethnicity, but not one's gender or religiosity.

In the next chapter of the policy memorandum, attention was paid to the (white, Western) psychological discourse – particularly, how Western orientated psychologists think and speak about Islamic Turkish or Moroccan raped women in the Netherlands. Findings were based on a literature study in which I used the following main sources: Vennix & Vanwesenbeeck 2005, Boedjarath & Van Bakkum (Eds.) 1997, Yerden 2008, Tjin A Djie & Zwaan 2007, Aanen et al (Eds.) 1994. The focus was on the regular Dutch care sector, in which the importance of the client’s gender and ethnicity was overlooked by professionals (Aanen et al. (Eds.) 1994 & Tjin A Djie & Zwaan 2007). In order to create more awareness (of what it means to *not* belong to the dominant category of white, Western clients) alternative work methods were suggested, for instance: introducing the process of interculturalisation (Tjin A Djie & Zwaan 2007) among all professionals. Moreover, attention was called to how professionals might think in terms of binary categories and hierarchical positions (‘the West’ versus ‘the Rest’) with respect to notions of rape in a patriarchal context. In order to avoid the pitfall of working with an ethnocentric view, the professionals were recommended to work with an intersectional approach (Crenshaw 1989 & Wekker & Lutz 2001) based on the feminist theory of transversalism (Yuval-Davis 1997 & Tjin A Djie 2007).

In the last chapter, the role of religious leaders was emphasized – for instance: imams. They play a significant part in the aftermath of negative sexual experiences, since rape also can be considered as a crisis in faith for the victims (Fortune 1983). This is to say that the Muslim rape victims not only go to psychologists and the police, but also speak about it with religious leaders. For a contextual understanding of what rape means for a Muslim woman, I re-interpreted several passages from the Quran. It was my intention to show that the Quran is situated in a social/historical/cultural context and instead of a patriarchal view; I explained several passages in a non-chauvinistic way. In other words: what is said and known by Dutch professionals (including non-Western orientated religious leaders) is based on a male-biased view. For the re-interpretation of these passages, I used the following sources: Wadud 1992 & Hassan 1993.³ Since a religious leader is a dignitary person in the Turkish or Moroccan community, (s)he could mediate between the female victim and her family. Especially this aspect of the imam’s work is of great significance, because the topic of rape is surrounded by an “unmentionable” taboo (Fortune 1983 & Yerden 2001, 2008).

³ Dr. Amina Wadud is professor at Virginia Commonwealth University (*Islamic Studies*) and author of the book: *‘Qu’ran and Woman: Reading the Sacred Text from a Woman’s Perspective’*. Riffat Hassan is (feminist) professor at the University of Louisville (*Religious Studies*) and she also advises the Dutch Minister of Foreign Affairs in Islamic related issues.

In my view, there were two ambiguities in the position that was taken by the Dutch government. In the recommendations of the policy memorandum I concluded that the Dutch government did not seem to stimulate the professionals, in the aforementioned three different work fields, to gain more knowledge about sexual violence issues among originally non-Western women in Dutch society.⁴ According to the literature I read for the policy memorandum, I noticed that the notion of rape is universal and this gender-based violence transcends all boundaries, including race, ethnicity, class, age and religious views. This fact makes it vague why all the experts in the field of sexual violence talk about ‘the experiences of all women’, but at the same time they do not acknowledge that their knowledge is situated (and thus produced according to Haraway, 1991) in a certain context; the very often white, middle-class Western view, which actually *excludes* certain women from the category ‘all women’. I would argue that most assumptions of these experts are generalisations about their own experiences, instead of an inclusive look on what one really might consider as all women – black and white women (Hooks 1984 & Mohanty 1991).

Furthermore, during the research I did for the policy memorandum, it became clear that one has to be careful *not* to speak of women’s experience in a monolithic way, because all these women come from different classes, they have different ethnicities, and they live in Western as well as in non-Western cultures. The women, in other words, are situated too, so one has to be careful with univertalisations and generalisations. This finding is supported by Schwartz (1997)⁵ in his research about sexual violence.

Moreover, on the one hand, the Netherlands is often labelled as multicultural and being very tolerant towards diversity among the population. If this is so, how can the notions of multiculturalism and diversity be failed to notice with respect to issues of sexual violence in the Netherlands? One might conclude that there is a blind spot in paying attention to e.g. gender and ethnicity as so-called axes of differentiation in researching the topic of rape. In this sense, the question is if there is a lack of knowledge in taking gender and ethnicity into account with respect to rape? Or is it the case that the knowledge is available, but not used at all?

⁴ On the next page the recommendations for the professionals in the three different work fields are mentioned.

⁵ Schwartz, M.D. (Ed.) (1997) *Researching Sexual Violence against Women: Methodological and Personal Perspectives*. California/London/New Delhi: Sage Publications, Inc.,p.179

It seems as if there is not an eye for the different effects of Dutch multicultural society on different women. In other words: the Dutch government seems to realise that rape crosses gender- and ethnic lines (rape is seen to ‘transcend’ these lines), but keeps silent about gender and ethnicity in its policy towards female victims with other ethnicities or religious views than the dominant group of Dutch, white (Christian) women. Therefore, I did several recommendations addressing several bodies in the policy memorandum, in which I argued that it would be wise to look after these suggestions for the professionals in the three different work fields:

- 1) The police and judicial bodies → it would be very wise to pay more attention to the meaning of gender and ethnicity in the curriculum for students of the police academy and for students of law studies. Furthermore, it would be strongly recommended to train the chief superintendent specifically on Islam related questions, because there is not enough knowledge at the police to work with women who do not belong to the dominant category of white, middle/upper-class, Western (Christian) rape victims. This means that a Muslim Turkish or Moroccan rape victims will be treated the same in front of the vice police, but this *equality* treatment will not be successful, since a Muslim Turkish or Moroccan woman is situated *differently* than a (Christian) autochthonous woman in Dutch society. In this sense, it would be more effective for the police and judicial bodies to acknowledge the ethnic, cultural, and religious diversity among rape victims in Dutch, multicultural society.
- 2) Psychologists → besides how psychologists work in women’s shelters, it would be advisable for psychology practices to base their work methods on feminist principles with respect to non-Western women. One could think of the feminist theory of system therapy (e.g. *The Collective of Transcultural Therapists Amsterdam*) in which there is an eye for the client’s gender, class and diverse cultural, - ethnic, - and religious backgrounds.⁶ System therapy would be strongly recommended with regard to sexual violence related issues. The topic of sexual violence is sensitive to different women, but especially in Islamic cultures it is an unmentionable taboo for female victims (Fortune 1983 & Yerden 2001, 2008). It might help rape victims if psychologists have knowledge about the Islam, Turkish and Moroccan cultural habits, and gender-relations in Turkish and Moroccan communities.

⁶ Information from the website:
http://www.ctt.nu/index.php?option=com_content&view=article&id=46&Itemid=55.

- 3) Religious leaders in Turkish and Moroccan communities in the Netherlands → it would be recommendable to pay attention to the notions of rape, female sexuality and female bodies, and power-relations between men and women in the curriculum of the training to become imam. In this sense, an imam could share his/her knowledge with other Muslims during the Friday prayers.

In this thesis, concretely, it is my intention to explore the theme of rape among Muslim women in the Netherlands more in-depth, because I would like to continue arguing that it is of great importance to raise more awareness – in Dutch society, especially regarding the government – as to how these two ethnic groups of female rape victims could be effectively helped in the regular Dutch care sector, especially the women's shelters and psychology practices. The memorandum, so to speak, was just a start, and I will go more in-depth theoretically towards (Harding 1991, Haraway 1991, Tjin A Djie & Zwaan 2007, Yuval-Davis 1997, Höing et al. 2003, Vennix & Vanwesenbeeck 2005, Aanen et al. (Eds) 1994, Boedjarath & Van Bekkum (Eds.) 1997 & Deug 1990, in this thesis.

There is a fundamental difference between experiences that are kept silenced and experiences that never occurred. Besides, according to the report *Seksuele gezondheid in 2009*, the researchers of the *Rutgers Nisso Groep* reported that 33% of the women, who live in the Netherlands, between the ages of 15-70 years, have (ever) been personally confronted with sexual violence. Among these women, 12 % were the victims by which the violation of rape was inflicted on them.⁷ Therefore it is of great significance to continuously pay attention to sexual violence related problems, and thus implicitly the notion of rape; because as long as there are people, sexual violent acts will be inflicted upon different women.

In this thesis, concretely, I will try to find a way out of the two ambiguities mentioned: how to deal with the question that rape is a *women's* issue yet there are *different* women and how to deal with the *different* effects of Dutch, multicultural society for these different women whereas multicultural society proposes an *equality* treatment for all. The thesis, as all theses of *Comparative Women's Studies* is thus theoretical in nature with a clear eye to applicability. This means that gender, ethnicity, class position, religiosity are notable axes in dealing with the implications of being a rape victim.

⁷ Information from the website: <http://www.rng.nl/news/productenendiensten/onderzoekpublicaties/rapport-seksuele-gezondheid-in-nederland-2009> (The report 'Seksuele gezondheid in 2009' was published on the 6th of July, 2009.,p.7) The *Rutgers Nisso Group* was instructed by the Dutch Ministry Public Health.

One could argue that it is an indication if the female victim belongs to the so-called dominant powerful group and is addressed in policies or to the deviated group and disappears in the margins with their negative sexual experience(s). From this point of departure, I will explore the following main question:

“To what extent is intersectionality ignored in regular Dutch care sector with respect to Muslim women in the Netherlands and to what extent is this ignorance bad for women⁸?”

In chapter 1 I will try to answer the following sub question: *“How can rape be connected to suffering from a specific traumatic life-event for Muslim women that live in a dominant white society?”*

In this chapter will be elaborated on the meaning of suffering from a rape-specific trauma, Post-Traumatic Stress Disorder (in general and specifically for Muslim women), the link between trauma, memory and language for Muslim Turkish and Moroccan rape victims, Muslim women and the connection between their bodies and sexuality within the private and public sphere, and the marginalized position of Muslim women in Dutch society. Theoreticians that I will discuss are, among others: Davies (Ed.) 1994, Richters 2007, Cling (Ed.) 2004, Lees 1997, Bergen, Edleson & Renzetti 2005, Brownmiller 1975, Pilcher & Whelehan 2004, Anderson & Doherty 2008, Van Alphen, 1998, Deug 1990, Blommaert, Bock & McCormick 2000, Vennix & Vanwesenbeeck 2005.

The aim of this chapter is to investigate how the theoretical dilemma of *equality-difference* among rape victims can be addressed. In chapter 1 I make clear that Muslim Turkish and Moroccan women experience a sexual trauma differently than Dutch, white (Christian) women. I explain that each rape victim is situated in a certain social/cultural/historical context, what automatically makes it impossible for a professional to approach/treat each raped woman the same. A different approach makes treatment more equal, in this sense.

Subsequently, in chapter 2 the second sub question will concentrate on: *“What is the dis-connection between rape (both as an empirical practice and as a discursive feature), intersectionality and Muslim women in Dutch society?”*

In this chapter attention is paid to the idea that rape transcends the boundaries of one’s ethnic, - cultural, - and religious background.

⁸ Moller Okin, S.,Cohen, J., Howard, M. & Nussbaum M.C. (Eds.) (1999) *Is Multiculturalism Bad for Women?* Princeton N.J.: Princeton University Press.

Furthermore, the universal 'truth' of the Western psychological rape-theories is deconstructed, in order to make clear that these theories are *not* applicable to Muslim women without any cultural translation.⁹ In this sense, the experience of being raped is closely looked at from two angles: rape from the Eurocentric view versus rape as an intercultural phenomenon.

Additionally, there will be critically looked at 'the experiences of all raped women', instead of the individual experiences of these female victims. The chapter ends with a workable tool for raped Muslim women in Dutch society and how professionals can support these women with a cross-cultural method of work. Theoreticians that I will discuss are, among others: Tjin A Djie & Zwaan 2007, Wekker, Åsberg, van der Tuin & Frederiks 2007, Wisker 2007, Hall 1997, Buikema & Van der Tuin 2007, Boedjarath & Van Bekkum (Eds.) 1997, Aanen (Eds.) et al. 1994, Amsterdamse en Groningse Stichtingen '*Tegen haar Wil*' en Utrechtse Stichting '*Tegen Seksueel Geweld*' (Eds.) 1990.

In chapter 2 I show that the Muslim women's perception of sexuality might be totally different than Dutch women. Thus, a Western orientated professional can not offer standard solutions to originally non-Western and Western women (and their ideas about femininity, sexuality and accountability) in supporting rape victims. *Equality* treatment for *different* rape victims will only be equal for each woman, if professionals acknowledge differences among these women and thus work with an intercultural policy towards differently situated rape victims – gender, ethnicity, culture and religiosity are proven to be notable axes of differentiation.¹⁰

In chapter 3 I will focus on the third sub question: "*How can Dutch governmental policy benefit from deconstructing the dominant (non-)discourse of raped Muslim women by taking the academic tool of intersectionality, translated to a policy context, into account?*"

In this chapter I elaborated further on what I already discussed in chapter 2, namely that professionals in women's shelters and psychology practices in regular Dutch care sector have to consider Western psychology as a social activity, in which diversity among female victims of rape is taking into account.

⁹ The focus is specifically on Western, psychological rape-theories, because the general focus in this thesis is on psychologists in women's shelters and psychology practices that work in regular Dutch care sector.

¹⁰ Driessen, H. (Ed.) (1997) *In het huis van de Islam. Geografie, geschiedenis, geloofsleer, cultuur, economie, politiek*. Nijmegen: Uitgeverij SUN., p.107 → The term 'muslim' is complex, since different people have different views on what they consider as 'muslim(s)'. However, in scientific literature about Islamic people, researchers often speak about the three axes of differentiation of the dominant discourse, namely: ethnicity, culture and religiosity. The rationale is that one can not simplify muslims as religious people, since the Islam can also be considered as a way of life and thus culturally present in many societies.

I will argue that if professionals want to reach the goal of creating an atmosphere in which there is *equality* treatment for all, one needs to take into account the *different* effects of Dutch, multicultural society on different women. In the end, each professional has to keep in mind that the client's ethnicity can be a negative axis of differentiation – a mechanism of oppression – in the relation between professional and e.g. a (Muslim) Turkish or Moroccan female client. The focus is thus on gender- and ethnic blindness towards Muslim female victims of rape. The theoretical instruments that are mentioned in chapter 2 will be worked out in detail, in order to make clear how professionals can work with (a) cross-cultural view/knowledge in practice. Furthermore, the blind spot of professionals, in which they argue that rape does not occur among Muslim women, will be proved to be invalid with statistics of rape victims with different ethnicities in the Netherlands.

Finally, I will show that *equality* treatment, in a situation of *different* differences, has the potential to be an effective work method. I will make clear how the analyzing model of intersectionality can be combined with the feminist theory of transversalism (Yuval – Davis 1997), in order to show that the women's shelters and psychology practices in regular Dutch care sector need an intercultural policy as the best method to support Muslim female victims of rape. Theoreticians that I will discuss are, among others, are Hoodfar 1993, Höing et al. 2003, Davies (Ed.) 1994 & Yuval-Davis 1997.

The theoretical dilemma of *equality-difference* is based on Yuval-Davis' creed 'universality in diversity', what means that equal treatment can be reached if professionals work on the principle of *solidarity* towards *differently* situated clients, thus different approaches make it possible to speak of *equality* treatment.

In chapter 4 I will summarize the main findings with the intention to answer the main question properly. Each research raises new questions for the future, which will be discussed at the end of the thesis.

1: “How can rape be connected to suffering from a specific traumatic life-event for Muslim women that live in a dominant white society?”

“Rape victims live in the domain of the unspeakable, suffering the ultimate humiliation. Their invisible scars will never heal. Their lives are ruined...”¹¹

§1.1: Rape and trauma

Rape is synonymous for being traumatized. Victims of rape have to deal with a specific trauma, in which the psychological reaction of these women can be conceptualized as suffering from a ‘Rape Trauma Syndrome’ or ‘Post-Traumatic Stress Disorder’ (in short: PTSS). In this case, the stressor is rape.¹² This term was recognized by Burgess and Holmstrom (1974) – although, the first time experts referred to this traumatic syndrome was right after World War I – and was ultimately categorized in the DSM in the 1980’s.¹³

In the policy memorandum (2009) is described thoroughly that each raped woman – irrespective of her ethnic or cultural background – is confronted with feelings of shame and guilt in the aftermath of her personal traumatic event. However, in all psychological reviews that are about sexual traumas, no one has ever paid attention to the diversity among raped women in Dutch, multicultural society. In other words: the rationale of how all these women feel ashamed and guilty is not investigated at all. This is ambiguous, since each raped woman is positioned differently within the diverse (sub)cultures Dutch society counts, yet experiences PTSS in one way or another. The (clinical) researchers – within the field of sexual violence – solely have concentrated on Western theories and thus implicitly white, middle/upper-class Western women.

There have been scarcely any analyses done among non-Western (female) victims of sexual violence and/or how they – as a specific category of women – are positioned and how they experienced the traumatic event of rape in their culture(s) and/or religion(s).

¹¹ Davies, M. (Ed.) (1994). *Women and Violence: realities and responses worldwide*. London: Zed Books.,p.178

¹² This term is used to designate the mainly psychological consequences of violent conflicts. Because of the distressing events, the person’s autonomy can be violated at the level of basis bodily integrity and/or the level of psychological structures of the self: Richters, A. (2007). Trauma and Healing: Cross Cultural and methodological perspectives on post-conflict recovery and development. In: Zarkov, D. (Ed.) *Gender, Violent Conflict, Development. Challenges of Practice*.,pp.273-274

¹³ Rape Trauma Syndrome or Post-Traumatic Stress Disorder in which the stressor is rape, is a normal psychological reaction to the trauma of being raped. It manifests in two phases – an acute phase in which the prominent feeling is fear and a long-term second phase and is characterized by nightmares and phobias. According to many clinical researchers it is a reliable psychiatric phenomenon, and is a normal, traumatic response to non-consensual sex: Cling, B.J. (Ed.) (2004) *Sexualized Violence against Women and Children*. New York: Guilford Press.,p.18

In other words: the definition of PTSS and how this syndrome has similar effects on women according to psychologists in Dutch women's shelters and psychology practices, can *not* be unambiguously applied to all raped women in the Netherlands. In this chapter it becomes clear that the effects of rape are different for Muslim Turkish and Moroccan women than autochthonous, white (Christian) women. This is because of the fact that a Dutch rape victim is situated differently than a (migrated) Muslim Turkish or Moroccan raped woman; which means that approaching the diagnosis PTSS from a Western orientated angle will not be effective for originally non-Western orientated victims in Dutch society.¹⁴

§1.2: Rape as a gender oppressive act

What counts for the category of 'all raped women' is that all of them afterwards consider this life-event as traumatic and life-threatening: a form of forced sex aimed to humiliate rather than a pleasurable act, in which their main concern is to survive.¹⁵

The feminist Susan Brownmiller (*Against Our Will* 1975) provided a good framework to understand this form of gender oppression, by arguing that rape embodies the nature of gender oppression at the expense of women.¹⁶ The slogan of Brownmiller's colleague feminist Andrea Dworkin thus was:

*"All men benefit from rape, because all men benefit from the fact that women are not free in this society; that women cower; that women are afraid; that women cannot assert the rights that we have, limited as those rights are, because of the ubiquitous presence of rape."*¹⁷

Based on the aforementioned, one could argue that rape is a form of victimizing a woman. It is the process of becoming a victim. The first raped woman that voluntarily, thus without feelings of shame and guilt, wants to share this negative sexual experience with her surroundings, must be 'invented'. Nevertheless, the feelings of shame and guilt are dependent on the situatedness of the raped woman. In this sense, the way a raped woman is situated differs among (other) rape victims.

For an autochthonous, white, Dutch (Christian) woman it might feel completely different to have become a rape victim than for a Muslim Turkish or Moroccan women.

¹⁴ Deug, F. (1990) *En dan ben je pas echt ver van huis: Turkse en Marokkaanse vrouwen en meisjes over seksueel geweld en de hulpverlening*. Utrecht: Stichting Tegen Seksueel Geweld.,p.204

¹⁵ Lees, S. (1997) *Ruling Passions: Sexual Violence, Reputation and the Law*. Buckingham: Open University Press,p.60

¹⁶ Bergen, R.K., Edleson, J.L. & Renzetti, C.M. (2005) *Violence against Women: classic papers*. New York: Pearson Education, Inc.,p.8

¹⁷ Dworkin, A. (1993) *Letters from a War Zone*. New York: Lawrence Hill Books.,p.142

The different feelings of shame and guilt can be connected to the moral codes of conduct in Western and non-Western societies.¹⁸

§1.3: The agency of raped women in patriarchal societies

The reason that a raped woman often does not want to talk about what happened to her, is often grounded in the assumption that she could lose her subject-position and become an object of abuse, instead – in feminist theory the term losing ‘agency’ is used for this phenomenon.¹⁹ In this sense, Brownmiller translated the shift from ‘subject to object-position’ as if rape is synonymous for the male purpose to intimidate and control women. In this case, a woman is automatically seen – by the male perpetrator – as an object which a man has the right to possess.²⁰ However, preferably a raped woman should create an opportunity to share her negative sexual experience with someone she trusts, because this is necessary to regain the feeling of self-determination. It is the key to give her the feeling that she is in control of herself, instead of the male perpetrator who considered her as a direct object. Furthermore, sharing the experience of being raped, might give the female victim the feeling that she is not a prisoner of her own body anymore. In sum: a raped woman has been confronted with an inhuman life-event, but her life will not be human again if she keeps the rape a secret.²¹

The fact that a raped woman often does not want to talk about what happened to her and the way Brownmiller’s looks at the notion of rape can be connected to the way second-wave feminists positioned sexual violence as central to the analysis of patriarchy.²²

¹⁸ Groen, M. & Van Lawick, J. (2003) *Intieme Oorlog: over de kwetsbaarheid van familierelaties*. Amsterdam: Uitgeverij Van Gennep.,p.106, 111, 116 & Bakker, H. & Van Alten, N. (2001) *De Grenzen Overschreden: migratie, relatie en geweld. Handleiding voor het organiseren van steungroepen voor zwarte, migranten- en vluchtelingenvrouwen*. Assen: IVOM.,p.23

¹⁹ In *Gender/ Women’s Studies* one refers to the term ‘agency’, what means that every human being has the innate right of self-determination. In this context, a raped woman is represented as if she loses her agency through her status as victim of rape. The debate about agency is often linked to other related debates about women’s autonomy versus vulnerability, women as victims versus agents and women’s dignity versus oppression. The way in which the power structures that impact upon gender are conceptualised tends to portray women as vulnerable victims and as eternally oppressed. Information from the website: http://www.sciencedirect.com.proxy.library.uu.nl/science?_ob=ArticleURL&_udi=B6VBD-4MWGYTG-1&_user=3021449&_coverDate=02%2F28%2F2007&_rdoc=1&_fmt=high&_orig=search&_origin=search&_sort=d&_docanchor=&_view=c&_searchStrId=1462336302&_rerunOrigin=scholar.google&_acct=C000021878&_version=1&_urlVersion=0&_userid=3021449&_md5=0341f2bde0cd7ec09959c7dec17e153e&_searchtype=a. (*Bun-Baking mums and subverters: The agency of network participants in a Rural Swedish county*), Gustafsson-Larsson, S., Thurén, B., Dahlgren, L. & Westman, G. (2007).

²⁰ Brownmiller, S. (1975) *Against Our Will*. New York: Alfred A. Knopf, Inc.,p.17

²¹ Geerdink, F. (1999) *Als je misbruikt bent*. Utrecht: Publisher Jan van Arkel.,pp.37-38

²² In *Gender Studies* the term ‘patriarchy’ refers to the social system of masculine domination over women. However, this concept also refers to gender relations in a broader sense; it is not only a limited conceptualisation as only occurring between women and men. Patriarchy also involves relationships between women and women. Pilcher, J. & Whelehan, I. (2004) *50 Key Concepts in Gender Studies*. London: SAGE Publications Ltd.,pp.93-94

As an extension of patriarchal concepts, rape was categorized as a political act of domination – which was possible for men towards women, due to the unequal power relations and gendered norms of behaviour. At the same time, rape was also considered as a tremendous violent action, because it carries the threat of death for the woman in the moment that she gets raped.²³

Beforehand, we might not run the risk of generalizing violence against women as an expression of hierarchical gender positions. In this thesis, the intention is to investigate if gender-based violence – like the act of rape – can be connected to the unequal status that women possess worldwide compared to men. There could also be other ‘drives’ for men than preserving the concept of patriarchy. Though, maintaining patriarchal ideas might well be the impetus of those who benefit from a system that forces women to restrict their freedom in the broadest sense.²⁴

§1.4: The connection between victims of rape and trauma

In order to diagnose rape victims with PTSS, professionals in the work field focus on the following four features:

- 1) The features of the traumatic event itself transcend the experiences of an average human being. Very often the rape coincides with a life-threatening situation and/or violation of one’s physical integrity.
- 2) The victim falls into a circle of re-experiencing the moment of the rape – e.g.: flashbacks or nightmares.
- 3) The victim tends to avoid all stimuli that can be associated with the traumatic event. Painful memories are denied as if they do not exist at all – the denial does not mean that the victim does not feel emotional.
- 4) The victim is in a continuous state of edginess – typical manifestations of this characteristic are sleep- or concentration disorders.²⁵

Based on the aforementioned four features, it becomes clear that professionals in regular Dutch care sector approach PTSS from a Western orientated angle, in which there is not made any distinction among differently situated rape victims in the Netherlands.

²³ Anderson, I. & Doherty, K. (2008) *Accounting for Rape. Psychology, Feminism and Discourse Analysis in the Study of Sexual Violence*. New York: Routledge).,p.6,20

²⁴ Muehlenhard, C.L., Harney, P.A. & Jones, J.M. (1992) From “victim-precipitated rape” to “date rape”: How far have we come? *Annual Review of Sex Research* (3),p.221

²⁵ Höing, M., Van Engen, A., Ensink, B., Vennix, P. & Vanwesenbeeck, I. (2003) *Hulp aan slachtoffers van seksueel geweld: een inventarisatie en kwaliteitsevaluatie van de behandeling van slachtoffers van seksueel geweld in de GGZ en de vrouwenopvang in Nederland*. Delft: Eburon.,p.3

§1.5: Trauma goes beyond language

As already mentioned, it is very difficult for each raped woman to overtly speak about that fact that she is a rape victim. I argued that it is of great importance for victim to break through the silence and thus the feelings of shame and guilt afterwards; however, this seems to be a very complex process for a rape victim as well as for a professional. The explanation of why it is complex to overtly speak about being a rape victim is that a trauma goes beyond language. In this sense, a professional has to 'read' the language (thus, signs) of the female client. This means that professionals in Dutch women's shelters and psychology practices have to be aware of the following pitfall: the definition of PTSS and how this syndrome has similar effects on women, can be applied to *all* raped women in the Netherlands. In this paragraph it becomes clear that the effects of rape are *different* for Muslim Turkish and Moroccan women than autochthonous, white (Christian) women. The aim of this chapter is to investigate how the theoretical dilemma of *equality-difference* among rape victims can be addressed.

Whereas psychologists in women's shelters and psychology practices propose an *equality* treatment for all raped women, the effects of suffering from PTSS differ among originally Western and originally non-Western rape victims due to how each of these women are situated differently in a specific social/cultural/historical context.²⁶

There are several similarities for Western and non-Western women in the aftermath of their negative sexual experience(s), in which the notion of trauma is significant. For all raped women, irrespective of one's ethnic, - cultural, - and religious background, the notion of being traumatized is the decisive factor for these women whether they are willing to share this event with the surroundings. Inherent of being traumatized is thus the given that one could not talk about it, especially not overtly to e.g. professionals in women's shelters or psychology practices. Besides, the feelings of shame and guilt play a major role, in which a rape victim believes the so-called false claim that she is blame-worthy herself, because she was not able to prevent the rapist's will. Notions of the woman's own accountability before/during/after the rape are an important indication of how a traumatized victim has to deal with a confusing mental state of mind.²⁷ In other words: a sexual trauma is for all women an outcome of an unwanted physical experience, but it ends in a confusing mind game.

²⁶ Deug, F. (1990),p.204

²⁷ Schoenmaker, B.C. (1991) *Niet gehoord en niet gezien. Verwerking van sexuele trauma's bij vrouwen en mannen*. Amsterdam/Lisse: Swets & Zeitlinger.,p.23

Because of all these mixed feelings, one could argue that a trauma goes beyond language. In this sense, language can not provide the terms that truly represent the atrocities a raped woman went through – this train of thoughts counts for all raped women in Dutch society. That means that the experience of rape must be seen in the light of women who are traumatized by their rapist.²⁸

What makes dealing with a trauma even more complex, is the fact that traumatic events are neither comprehensive for the victim nor for the interlocutor (e.g. a psychologist).²⁹ Partially, this is because ‘forgetting’ (one could also describe this partial forgetting as memories that are fragmented) is a defining characteristic element of a trauma. That does not mean that the victim can not remember anything, but what is remembered may be silenced. Talking about a trauma is very often too painful and can lead to a re-experiencing of the traumatic event.³⁰ In this sense, memory is tangled in trauma and unravelling the tangle itself can be traumatic.³¹ This means that a careful listener has to be aware of the pitfall that a raped woman also could speak through silence. It happens often that a victim remains silent, but this can only be recognised as a legitimate discourse of pain, if the listener understands that silence is a language. In this situation, the listener needs to probe the cadences of silence carefully, the gaps between fragile words, in order to hear what these women really try to say.³² Thus, silence in women’s speech is meaningful, because this is also a way to speak about their traumatic experience. The difference is that silence is often not considered as a language among two persons.

What makes the situation of dealing with a sexual trauma different for Muslim Turkish or Moroccan rape victim compared to the dominant category of Dutch (Christian) raped women in Dutch society?

²⁸ Van Alphen, E. (1998) Testimonies and the Limits of Representation. In: *Caught by History. Holocaust Effects in Contemporary Art, Literature and Theory*. London: Stanford University Press.,pp.43-44

²⁹ If a raped woman is able to seek for help, the majority of raped women prefer a female psychologist This is a culturally worldwide phenomenon instead of a typical Western aspect of seeking help in the aftermath of rape and being traumatized: Deug, F. (1990).,p.204

³⁰ Information from the website: <http://bank.rug.ac.be/lpi> (Blommaert, J., Bock, M., & McCormick, K. (2000) Narrative inequality and the problem of hearability in the TRC hearings). In: *Working Papers on Language, Power and Identity* (8). Gent. page: unknown

³¹ Richters, A. (2007).,pp.290, 295: Memories also can be kept silences as a strategy to survive. In this sense, a raped woman who is not willing to share her memories with others can disguise the distress she feels. It is a conscious decision of the victim not to put the inner pain on the foreground.

³² Information from the website: http://truth.wvl.wits.ac.za/doc_page.php?did=1376&li=cat (*Existing in Secret Places: Women’s Testimony in the first five weeks of public hearings of the TRC*), Ross, F. (undated)

Mainly, it is a hindrance for Turkish and Moroccan Muslim raped women to speak overtly about their negative sexual experience(s), because the (patriarchal) notion of accountability³³ applies to both cultures for them: the Dutch culture and the culture of their homelands. This double feeling of so-called accountability for Muslim Turkish and Moroccan women automatically means that their sexual trauma have to be seen in the light of dealing with their negative sexual experience(s) in two different cultural settings.

For professionals in women's shelters and psychology practices in regular Dutch care sector, this implies that these Muslim rape victims have to deal with 'double victimisation'.³⁴ The aforementioned notion makes it impossible, for the experts in the field of sexual violence, to uphold the idea that the definition of PTSS and how this syndrome has similar effects on women can unambiguously be applied to *all* raped women in the Netherlands.

The specific social/cultural/historical situatedness of Muslim Turkish and Moroccan rape victims are of great importance of how these two ethnic groups of women experience the effects of PTSS in such a way that *equality* treatment for all rape victims will only be successful if Western orientated psychologists acknowledge that a sexual trauma is always connected to one's ethnic, - cultural, - and religious background. In this case one could speak of the ethnic, - cultural, - and religious background(s) of minority group of non-Western women versus the dominant category of white, Dutch (Christian) women; in which the last mentioned group feels often less ashamed to speak overtly about femininity and sexuality, in general.

Equality treatment for sexually traumatized victims will only be reached if professionals in Dutch women's shelters and psychology practices acknowledge that the intercultural phenomenon of rape – which is clearly a culture-sensitive topic – has to be approached in such a way that professional help will be effective for differently situated women in Dutch, multicultural society. In other words: a Western orientated view on PTSS for originally non-Western traumatized women will never have a desirable effect. This statement can be clarified if one looks critically at the other way around, in which a Dutch, Christian, traumatized raped woman seeks for help e.g. in Turkey or Morocco. Since Turkish and Moroccan Muslim women are situated differently in their homelands than Dutch (migrated) women, these Western orientated rape victims will never be effectively helped if they are not able to speak overtly about sexual violence.

³³ The next paragraph elaborates further on the notion of accountability as mentioned in Anderson, Doherty, I. & Doherty, K. (2008)..p.37

³⁴ Bakker, H. & Van Alten, N. (2001)..p.23

The topic of e.g. rape is considered to be a taboo as woman in these non-Western countries – not to mention the open-minded ideas and used terms with respect to speaking overtly about femininity and sexuality. Thus, *equality* treatment for all rape victims – as mentioned in both scenarios – will only lead to the desired effect if Western as well as non-Western orientated professionals understand that a sexual trauma has different effects on *different* raped woman.

§1.6: Femininity, sexuality and accountability of Muslim women

Particularly the status of Muslim people in Dutch society is a precarious topic since 9/11.³⁵ The fear of contributing to the own stigmatization as being Muslim is not encouraging to break through the silence of being raped. Moreover, living in a patriarchal society is synonymous for living in a so-called ‘rape-supportive’ culture.

In the Netherlands there are many people who have certain beliefs about the ‘accountability’ of the female victims of rape.³⁶ In the private sphere of an average Turkish or Moroccan religious family, it is absolutely not done to provoke the cultural customs of the native country. That means that there are stringent rules about the way a ‘good’ Muslim must behave in the public sphere. In other words: the norms of femininity and sexuality are fundamentally different from the norms in the Netherlands.³⁷ The fact that Dutch society is based on the cultural lens of patriarchal principles makes it even more complex for Muslim female victims to frankly speak about their traumatic experience. This is because both cultural backgrounds – the patriarchal Dutch and Turkish/Moroccan and the religious customs – do not let any space left to ask other questions than about the degree to which the rape was caused by the woman’s character, her behaviour before she got raped, the question in which she was the kind of person who gets herself into such situations, to what extent it can be argued that the rape was her own fault, and if there are reasons to assume that the rape was due to the ‘bad luck’ of the victim.³⁸

Australia’s most senior Muslim cleric, called Sheik Taj Din al-Hilali, declared the following about femininity and sexuality of Muslim women.

³⁵ Information from the website:
<http://publishing.eur.nl/ir/repub/asset/15669/Debating%20Cultural%20Differences.doc>. Snel, E. & Stock, F. (2008) *Debating Cultural Differences: Ayaan Hirsi Ali on Islam and Women*. In: Grillo, R. *Immigrant Families in Multicultural Europe: Debating Cultural Differences*.,p.2

³⁶ Anderson, I. & Doherty, K. (2008).,p.37

³⁷ Rape-myths can only be embedded in these societies where traditionally demarcated gender roles and gender stereotyped behaviour are supported and/or approved by a substantial part of the population: Anderson, I. & Doherty, K. (2008).,p.36

³⁸ Anderson, I. & Doherty, K. (2008).,p.39

“If you take out uncovered meat and place it outside... without cover, and the cats come to eat it... whose fault is it, the cats’ or the uncovered meat’s? The uncovered meat is the problem. If she was in her room, in her home, in her hijab (the headdress worn by some Muslim women), no problem would have occurred.”

(Guardian, October, 26, 2006)³⁹

This quotation is a good example of how women can be perceived by men in different religions and cultures. Within the male view, a Muslim woman can not blame others besides herself when she becomes the victim of sexual violence as she goes out in public without wearing her traditional clothing. This citation also can be considered as a relevant counter-argument, in which is claimed that blaming of the victim is a typically ‘rape-supportive’ Western practice (Rozee & Koss: 2001).⁴⁰

The famous feminist bell Hooks (1989) also referred to this male biased view upon women and she argued: *“Within patriarchal society women who are victimized by male violence, have failed in their ‘feminine’ role to sensitize and civilize the beast in man.”*⁴¹ This makes clear that women are held responsible for the so-called uncontrollable sexual needs of men. Moreover, the aforementioned citation of Sheik Taj Din al Hilali also implies that certain religious customs and beliefs function to control female sexuality.⁴²

Based on how Muslim women are perceived in patriarchal societies, the main task of feminist activists should be that they place any type of gender-based violence in a historical and social context. In this sense, more awareness might be accomplished with respect to the male domination and the female subordination.⁴³

§1.7: The clash of loyalties

Especially for raped Muslim women it is delicate to speak overtly about female sexuality and female bodies. One might think that this is because of their religious views, but this is not necessarily true. One could rather argue that the different cultural (patriarchal) backgrounds clash with each other: the cultural background of a Turkish or Moroccan raped Muslim woman is at right angles to the professional’s background of being born and raised in a dominant white, Western society.

³⁹ Sheik Taj Din al-Hilali as cited in: Anderson, I. & Doherty, K. (2008),p.2

⁴⁰ Anderson, I. & Doherty, K. (2008),p.10

⁴¹ Lees, S. (1997),p71

⁴² Ibid.,p.29,68

⁴³ Kerr, J. (Ed.) (1994) *Calling for Change. International Strategies to end Violence against Women*. The Hague: Ministry of Home Affairs. Information service of oreign aid.,p.25

In this sense, citizens in Dutch society live up to the expectations of a so-called ‘I’-culture. This is the opposite of Turkish or Moroccan Muslim women, who stem from a so-called ‘We’-culture.⁴⁴

In these societies it is strongly stimulated to be silent about the kind of practices that can be proved to be unacceptable within the community. In Turkish or Moroccan communities the codes of conduct have great significance for the population. The feelings of shame (in the aftermath of having been raped) are looked at in a broader perspective by the victim’s family. In this sense, the roles of victimhood are turned around: the fact that a member of the family has been exposed to a negative sexual traumatic experience is subordinate to the given that this experience caused the rest of the family a bad reputation within the community.⁴⁵ The twist in this process of victimhood implicitly means that Turkish or Moroccan female victims of rape have to deal with a so-called ‘double victimisation’. The specific cultural lens of looking at rape in the aforementioned way, automatically leads to the conclusion that these two specific ethnic groups of female victims feel different than Dutch raped women. The feelings of shame and guilt in the aftermath of rape are namely two folded for Turkish or Moroccan women. Moreover, in Dutch society the code of conduct differs from the Turkish and Moroccan moral values: in the Netherlands it is stimulated to speak overtly about negative sexual experiences, though it might be an obstacle for the group of Christian women to frankly speak about femininity and sexuality. At least, in Dutch society the message is clear for the citizens, namely that rape is liable to punishment and each victim can get help (anonymously) afterwards.⁴⁶

Based on the dissimilarities of living in an ‘I’- or ‘We’-culture, it becomes clear that a Western professional – thus, someone that is situated in an ‘I’-culture – has to be aware of the implications of female victims that are situated in a ‘We’-culture.

⁴⁴ Pinto (2004) compared Turkish and/or Moroccan culture to Dutch culture, based on the current moral norms and values in these societies. He made a distinction between living in a so-called ‘I’- and ‘We’-culture’. The Netherlands is categorized as an ‘I’-culture, in which the main focus is on the individual. In other words: someone’s identity is constructed based on the own norms and values and responsible for its own behaviour. The notions of self-development, acceptance and recognition are the main purposes. Furthermore, the notion of equality among men and women is an essential value. In a ‘We’-culture the main focus is on the group. The way of life and someone’s identity is dependent from the norms and values of the group. Each individual belongs to a group (e.g. a family) and each individual is situated within this group – one could speak of hierarchical positions. The notions of collective responsibility to maintain a good reputation is a significant feature. That means that everyone has the duty to protect the honour of the family. Furthermore, both sexes have to live up to very detailed roles that are applied to typical male and female behaviour: Vennix, P. & Vanwesenbeeck, I. (2005) *Seksualiteit en relaties van Turkse en Marokkaanse Nederlanders*. Delft: Eburon

⁴⁵ Groen, M. & Van Lawick, J. (2003), p.106, 111, 116

⁴⁶ Bakker, H. et al. & (2001), p.23

Turkish and Moroccan raped women are loyal towards their personal cultural backgrounds, in which there are other moral values than the Western orientated professional might be familiar with. The fact that these two ethnic groups of raped women seek for help implicitly means that they choose for themselves. This process of taking action shows that these victims put themselves on the foreground, which fits into the main feature of an 'I'-culture – the intrapsychological thinking that is aimed at individuals.⁴⁷

Because of the fact that a Turkish or Moroccan raped woman compromises continuously between two contrasting positions – the Dutch and Turkish or Moroccan (patriarchal) culture – a professional must not be surprised that the victim remains silent, in the beginning. It would be wise for a professional to have patience with these clients, since silence in a raped woman's speech is meaningful.

⁴⁷ Tjin A Djie, K. & Zwaan, I. (2007) *Beschermjassen, transculturele hulpverlening aan families*. Assen: Van Gorcum..p.80

2: “What is the dis-connection between rape (both as an empirical practice and as a discursive feature), intersectionality and Muslim women in Dutch society?”

§2.1: Rape from a Western angle

As mentioned in the introduction, the notion of rape is universal. This type of gender-based violence transcends all boundaries, including race, ethnicity, class, age and religiosity. However, the professionals in Dutch society do *not* acknowledge that the effects of having been raped can differ for each female victim individually and for different groups collectively. I have proven that this is the case in chapter 1. In the first chapter is already mentioned that the Muslim women’s perception of sexuality might be totally different than Dutch (Christian) women. On the one hand, Dutch professionals (e.g. psychologists) think, act and speak to what is known as the dominant discourse in the Netherlands: the intra-psychological way of thinking that concentrates on an individual.⁴⁸ On the other hand, the current methods to overcome the negative sexual experiences are developed for white, middle-/upper class Western (Christian) women. Contemporary Dutch, multicultural society does not fit into the picture of the experience(s) of white, Dutch, Christian female victims of rape, because *all* victims come from different classes, they have different ethnicities, and they live in Western as well as in non-Western cultures (Schwartz 1997). The fact that Dutch professionals focus solely on Western women, can be considered as a blind spot in the method of work in women’s shelters and psychology practices in regular Dutch care sector.⁴⁹

The researcher Febe Deug (1990), who works in the field of sexual violence among Turkish and Moroccan women in the Netherlands, argued that there is a ‘myth of generality’ towards migrant women in women’s shelters and psychology practices in regular Dutch care sector. The critique is pointed at the prejudices towards these two ethnic groups of victims, what is solely based on the fact that they are women. Deug also concentrates on other markers of difference, e.g. ethnicity and religiosity of the client.

⁴⁸ Tjin A Djie, K. & Zwaan, I. (2007),.p.80

⁴⁹ Deug, F. (1990),.p.11

§2.2: The intersectional approach

What Deug actually did is paying attention to how men and women – from diverse specific cultural backgrounds – live with each other. The focus is on how these women are perceived – due to the unequal power relations – and how they look at themselves (individually).

Deug's (progressive) focus on a minority group of rape victims in the Netherlands can be connected to the concept of 'intersectionality' in feminist theory: it is no longer sufficient to simply look at gender. You must also ask yourself what is happening, for example, with race/ethnicity, sexuality, religion, nationality, class, age, and Western – non-Western. All these named aspects are the so-called axes within society that are meaningful to people. This means that one can not separately focus on each category – one should look at these axes as if they are intertwined.⁵⁰ In this sense, the intersectional approach is a workable tool in women's shelters and psychology practices in regular Dutch care sector. It is functional to eliminate 'gender blindness' and 'ethnic blindness' with regard to sexual violence within Dutch, multicultural, and patriarchal society.

The common procedure in women's shelters and psychology practices in regular Dutch care sector is that individual experiences with rape are generalized to a so-called homogeneous group of female victims. From this perspective, it seems as if this traumatic life-event is considered to be a problem on its own. This is clearly not the case according to Deug's view, since she argued that rape never can be a problem by itself: each victim has a specific ethnic, - cultural, - and religious background. Deug made clear that each woman can be the victim of rape. The fact that Muslim Turkish or Moroccan women do not belong to the dominant group of victims in Dutch society, does not mean that their negative sexual experiences must be overlooked by professionals.⁵¹

If Western orientated professionals do not acknowledge that each victim has a certain background – that is meaningful for the way an individual experiences a problem – the theme of sexual violence will always be approached with a Eurocentric point of view.⁵² Without questioning the experiences of Muslim Turkish or Moroccan rape victims, the situation will never change that professionals speak about these two ethnic groups instead of these women speak for themselves as knowing subjects.

⁵⁰ Wekker, G.(Red.) (2002) 'Een staalkaart van kwesties.' In: *LOVER*, 29 (3) Amsterdam: IIAV.,pp.4-5

⁵¹ Deug, F. (1990),pp.79-80

⁵² Wekker, G., Åsberg, C., van der Tuin, I. & Frederiks, N. (2007). *Je hebt een kleur, maar je bent Nederlands- Identiteitsformaties van Geadopteerden van Kleur*. Universiteit Utrecht.,p.29 → Eurocentrism is a process in which (white) European citizens consider themselves as the norm compared to non-European citizens.

§2.3: The situatedness of a rape victim

Within feminist theory Harding (1991) and Haraway (1991) focused on the notions of how knowledge is situated and how one could speak of creating objective vision in our understanding of the world. Harding argued that our knowledge of the world is situated. Therefore, one can not speak of *all* raped women as a homogenized group, because no one can ever be able to speak about anyone else without inside experience of their subject position.⁵³ As a consequence of the recognition that each individual is culturally situated in a different way from other individuals and this also counts for different groups collectively, Haraway argued that our understanding of the world is related to our social position. Only if one looks at all these partial perspectives together we might create objective vision. This means that one needs to acknowledge that all of us live with limited and contradictory views. In this case, we might create a view from somewhere – an objective collective subject position; instead of the false God-trick position that merely “sees” from a certain perspective (as usually is done in the dominant clinical, Western, psychological discourses about female rape victims as a homogenized group).⁵⁴ In other words: the notions of how one’s knowledge is situated and how different standpoints might create objectivity are useful to look critically at the Western normative view on the negative sexual experience of rape. It also implies that the universal ‘truth’ of Western psychological rape-theories can be deconstructed.

§2.4: The dominant discourse: rape victims

The philosopher, sociologist and historian, Michael Foucault (1980), would interpret the aforementioned way of thinking as a typical example of what he meant with his definition of ‘discourse’⁵⁵: “...*a system of statements within which the world can be known. It is a system by which dominant groups in society constitute the field of truth by imposing specific knowledges, disciplines and values upon dominated groups.*” In this sense, Foucault’s notion of a discourse is a helpful ‘tool’ to describe that system in which that range of practices termed ‘female victims of rape’ come into being.⁵⁶

⁵³ Wisker, G. (2007). *Key-concepts in Postcolonial Literature*. Houndmills: Palgrave.,p.58

⁵⁴ Pilcher, J. & Whelehan, I. (2004).,p.163

⁵⁵ Ashcroft, B., Griffiths, G. & Tiffin, H. (Eds.) (1998). *Key Concepts in Post-Colonial Studies*. London & New York: Routledge.,pp.167-168

⁵⁶ *Ibid.*,pp.41-42

Foucault argued that a group of statements provide a language for talking about – a way of representing the knowledge about – a particular topic at a particular historical moment. In sum: discourse is about the production of knowledge through language.⁵⁷

A discourse simultaneously defines and restricts what one can say or think about a specific topic. In this sense, it is the intention that science and society develop together – in relation to and in relation with each other (Harding 1988). In this way of interacting it is important to look at the role of gender and race/ethnicity and how these axes are intertwined. The aforementioned axes of differentiation provide insight into the notion of power-relations if one thinks or speaks about a topic. In this case, the Western dominant psychological discourse will be unlocked from its inevitability, since in this approach one assumes that scientific disciplines are constructions. For instance: it implies that Western psychological rape-theories and the notion of speech and silence partly depend on the victim's social position in society – the role of gender and race/ethnicity is significant.

For a Turkish or Moroccan raped woman it means the following: a Dutch professional has to be aware of the fact that being Turkish or Moroccan implies that the client has a certain position in society – someone's gender and race/ethnicity determines to what extent one is powerful and belongs to the dominant (normative) group or the group of minorities.⁵⁸ Turkish and Moroccan clients belong to the minority compared to the dominant group of white, autochthonous, Dutch clients. That means that there exists a difference in power between the e.g. the professional and the female victim of rape. These different positions in power will be reinforced if the client's gender and race/ethnicity is left out of consideration in the relation between the professional and the client. Ultimately, this leads to the pitfall that one overlooks the given that power-relations are significant with respect to processes of in- and exclusion. Therefore, specific knowledge about rape of Turkish and Moroccan women will never be realised and general statements about 'victims of rape' will be preserved – whereas these statements are not applicable to Turkish or Moroccan female victims of rape. In sum: the Western psychological discourse will *not* make a movement forward with respect to the used method(s).

⁵⁷ Hall, S. (1997) *Representation. Cultural Representations and Signifying Practices*. London: SAGE Publications, Ltd., p.44, 47

⁵⁸ The Western orientated rape-theories in Dutch multicultural society prove that there is no room left for experiences of victims with other ethnicities, cultural and religious backgrounds. In other words: one has to be aware that the experiences of e.g. Turkish or Moroccan disappear into the margins.

Only if one considers Western psychology as a social activity – in which diversity among female victims of rape is taking into account – a new critical approach is possible with regard to producing knowledge. In this (new) method of work there will be room left for a more inclusive look at the diversity of raped women in Dutch, multicultural society.⁵⁹

§2.5: Rape as an intercultural phenomenon

Based on the aforementioned, one might conclude that the contemporary rape-theories in the Netherlands are *not* applicable to Turkish and Moroccan Muslim women without any cultural translation. The report of the *Rutgers Nisso Groep* (2009) showed that rape transcends gender- and ethnic lines, what leads to the following statement: in Dutch, multicultural society the professionals look at rape with a biased (Eurocentric) view instead of a so-called intercultural phenomenon.

By looking at rape with a male biased view (the Western, patriarchal approach), this will lead to the pitfall that each negative sexual experience is seen as an unproblematized criminal and sexual act. Out of the victim's cultural background and norms and values, a female victim decides what she is willing to share with professionals. In so doing, it becomes clear that every problem is psychologically, socially, and culturally related. However, one's culture is decisive in presenting which aspects of the problem are shared with a professional.⁶⁰ For a Muslim woman this means that her religious views are a part of her culture and the language she uses is an expression of her cultural background. Due to this train of thoughts, it is necessary to consider rape as an intercultural phenomenon for professionals in regular Dutch care sector.

§2.6: Calling for change

Each female rape victim is individually traumatized; a notion that is *not* truly recognized in the eyes of the Dutch professionals. Not every problem has a standard solution, which is, on a global level, emphasized by the *Forum against Oppression of Women* in Mumbai (1990). This group of women argued that one should look more closely at the stories of raped women on an individual level.

⁵⁹ Bracke, S. & Puig de la Bellacasa, M. (2007) Disciplinariteit als strijdtoneel: Antigone en het feministisch standpuntdenken. In: Buikema, R. & Van der Tuin, I. *Gender in media, kunst en cultuur*. Bussum: Uitgeverij Coutinho., pp.68-69

⁶⁰ Boedjarath, I. & Van Bekkum, D. (Eds.)(1997) *Een blik in de transculturele hulpverlening, 15 jaar ervaring met verlies en verrijking*. Utrecht: Jan van Arkel., p.125, 129, 140, 172, 180

These feminist activists made clear that Western theories of sexual violence can *not* be applied to non-Western countries without any cultural translation. They suggested that there are three ways of focusing on an individual woman's problem: 1) through her own perception of sexuality, 2) her position in class and her position in the culture, 3) her need for shelter, counselling and recovery.⁶¹ In other words: these women have tried to re-conceptualize the issue of rape on a contextual level, by arguing that individual cases of victim's experiences need to be focused on.

In order to effectively help *all* victims, a sensitivity training for professionals and religious leaders, can be very useful for Muslim raped women in the Netherlands. Sharing expertise might be a step forward in the regular Dutch care sector.⁶²

'*Calling for Change*' (the meeting in which the *Forum against Oppression of Women* lectured) can be considered as a serious attempt to convince the local governments of the following idea: the Eurocentric belief in the intrinsic value of Western knowledge and civilisation can *not* be applied to negative sexual experiences inflicted upon non-Western women. In this sense, Eurocentric thoughts are based on a 'white' policy, which is clearly not the case in Dutch, multicultural society.

Theories that are exclusively based on Western norms and values will thus never be effective, since (migrated) Turkish and Moroccan women are confronted with a completely different less powerful position in Dutch society than white, middle-/upper class, autochthonous raped women.⁶³ Without making any distinction between diversity among rape victims, the Western, psychological theories will lead to generalizing and stigmatizing myths about rape for *all* women. Conversely, it would not be wise to merely focus on the differences between the Dutch cultural norms and values compared to the Turkish or Moroccan habits, because this stimulates the idea of thinking in binary, hierarchical positions; an originally non-Western client is then considered as the 'Other'.⁶⁴

⁶¹ Davies, M. (Ed.) (1994), p.72

⁶² Bergen, R.K. et al. (2005), p. 134

⁶³ Deug, F. (1990), p.12

⁶⁴ Wisker, G. (2007), p. 205 & Ashcroft et al. (1998), p.171 → 'Othering' creates power positions among people and it is taking place in many different places and levels in societies. It is the outcome of Eurocentrism, because the non-Europeans are regarded, by Europeans, as opposite in every aspect of their social identity. This means that one could speak of thinking in binary categories: Europeans are the s-called norm and non- Europeans are the deviation (compared to the dominant category of people).

§2.7: Similarities among all rape victims?

In fact, there are a few similarities among all rape victims: how a woman experienced the violation, how she tried to protect herself during the violation, and the fact that she is confronted with Post-Traumatic Stress Disorder in the aftermath of her traumatic experience. However, the professionals in women's shelters and psychology practices in regular Dutch care sector have to acknowledge that the negative sexual experience of each client is 'coloured' because of the female victim's ethnic, - cultural, - and religious background.⁶⁵

For Muslim Turkish and Moroccan women there are several specific aspects in their status as victim of rape: they are often migrated, in which the cultural norms and values of the private sphere clash with the open-minded sexual atmosphere of Western people.

Moreover, these two ethnic groups of victims are frequently confronted with racism, discrimination based on sex, prejudices, and last but not least the fact that their families put a high value on virginity before marriage. Especially the notion of virginity gives rise to intimidate the victim with the intention to send her back to her native country.⁶⁶

§2.8: Further impediments

Another impediment is that Turkish or Moroccan raped women are often not familiar with the possibilities they have to seek for help in Dutch society. Due to the fact that sexual problems are considered to be a taboo in their own communities, they are frightened to trust a completely stranger – even a professional who has professional confidentiality. To cross this barrier is even more complex if a rape victim is not able to speak the Dutch language properly. In this sense, the situation might be created that the professional and the client will use two different languages in their communication. This means that they do not literally speak two different languages, but the professional and client use different terms to describe the same event. From this point of view, it might be wise for Dutch professionals to do a sensitivity training before they work with clients that originate from non-Western countries.⁶⁷ In this sense, it would be recommendable for a professional in regular Dutch care sector to support a Muslim raped woman in the way she wants to express her feelings of the atrocities she went through.

⁶⁵ Aanen, H. et al. (Eds.)(1994) *De blik naar buiten. Signaleren en bespreekbaar maken van seksueel geweld bij allochtone vrouwen en meisjes*. Utrecht: Medusa.,p.31; Deug, F. (1990)..p.56; Höing, M. et al. (2003)..p.23; Tjin A Djie, K. & Zwaan, I. (2007)..p.63

⁶⁶ Informatie from the website: <http://www.ctt.nu/publicaties/Zusters.pdf>. (Jessurun, C.M. & Limburg-Okken, A.G. (1993) *Wij zijn allemaal zusters: werken met een Marokkaanse vrouwengroep*..p.3); Aanen, H. et al. (Ed.)(1994)..p.71

⁶⁷ Deug, F. (1990)..p.131; Aanen, H. et al. (Eds.)(1994)..p.19,31; Tjin A Djie, K. & Zwaan, I. (2007)..pp.19-20, 26; Boedjarath, I. & Van Bekkum, D. (Eds.)(1997)..p.127

This can be achieved by not using explicit terms, e.g. vagina, rape, and sex.⁶⁸ In this method of work, a Dutch professional seems to understand that each rape victim is situated in a cultural context that might differ from the professional's background. Furthermore, it is crucial that a Dutch professional is aware of the fact that there does not exist the so-called 'Muslim raped woman'. Also among Muslim people there is great diversity with respect to the religious movements they belong to.⁶⁹

§2.9: Changing the internal policy in the Dutch care sector

The institutions in regular Dutch care sector, e.g. women's shelters or in psychology practices, can contribute to support *all* female victims of rape in two ways: first and foremost, the internal policy – the facilities of the institution – have to be adjusted to the needs of the clients. In this sense, it would be desirable to create an atmosphere in which all clients can be supported, instead of the dominant category of white, middle-class, (Christian) women in Dutch society. In this method of work, the professionals of the different institutions show that they attach importance to and also respect the wishes of e.g. Turkish or Moroccan rape victims with a Muslim background. Besides, it shows that the professionals are aware of the fact that each female victim has her own story, which can not be 'solved' with a standard solution.

Mainly in women's shelters the work method is based on the aforementioned notion. In the women's shelter *Fier Fryslân* (Leeuwarden) the policy reaches even further: not only there is diversity among clients, but the ethnicities, cultural - and religious backgrounds of the staff also are different from each other. The professionals do not work as if they are the knowing subjects; they ask their clients and the client's family or other confidants are involved in the sessions if this is desired by the victim.⁷⁰

Secondly, it would be wise to train the whole staff in such a way, that each professional is able to offer help to a rape victim – irrespective of the client's ethnic, - cultural - or religious background. This means that not only Muslim female professionals could help Turkish or Moroccan Muslim victims, but a Dutch, Christian, male professional also has to be capable of supporting these clients.

⁶⁸ Aanen, H. et al.(Eds.)(1994).,p.44

⁶⁹ It reaches too far in this research to discuss all movement exhaustively. Therefore, the focus is on the shared experiences of Muslim raped women.

⁷⁰ In June 2009 I had an interview with (Anke van Dijke) who works as director at *Fier Fryslân*.

§2.10: Blind spots in the Dutch care sector

Contrasting to the work method of women's shelters, it can be said that psychology practices in regular Dutch care sector do not pay enough attention to diversity among clients as well as diversity among professionals. This seems to be the biggest blind spot in the policy in the psychology practices in the Netherlands: no one works with specific methods for other clients than white, middle-class, Dutch clients. One might conclude that there are several obstacles in knowledge, attitude and competencies in the way professionals work in regular Dutch care sector:

- Dealing with cultural differences among professional and client → the professional's sex, ethnicity, norms, and values might be considered as a hindrance for the rape victim. She could be afraid that the professional is not able to understand how she experiences the problem (based on her situatedness). Conversely, one has to be careful that the focus is not solely on the cultural differences among the professional and the client.
- Dealing with linguistic barriers → many Turkish or Moroccan women speak properly the Dutch language, but talking about a painful event is something completely different for these women. Moreover, a substantial part of the clients belong to the so-called second-generation of migrants; a professional has to be careful in its approach towards these victims, since (s)he might assume that the second-generation of clients do not differ from the dominant group of autochthonous clients. This is a misunderstanding, because in this train of thoughts one might conclude that it is only necessary to speak the Dutch language properly to be helped effectively. The cultural background of Turkish or Moroccan women, in particular, can cause serious problems for these clients, since Dutch culture and the culture of the homelands have specific moral codes, as already mentioned in chapter 1.
- Observing violence → the notion of sexual violence is linked to culture and time. Each culture affects the norms and values and thus how one thinks about sexual violence (irrespective of a woman is raped by her husband or someone else.) However, no one has ever argued that rape is an accepted phenomenon – looking through a patriarchal lens might be the only reason to judge rape in the prejudice of a female victim. Moreover, for a Muslim Turkish or Moroccan woman the topic of sexual violence is surrounded by taboos. This means that a client is more or less dependent on the professional that makes signals negotiable.

- Personal hindrances of the professional → it is of great significance that a professional is familiar with his/her own cultural luggage. It is essential that the professional is able to 'park' temporarily the personal ideas about a topic that might have caused inner pain in the past, e.g. a certain religious view. It could be the case that the client has this specific religious view. The professional's task then is to start an open dialogue in a non-judgmental atmosphere; otherwise the raped woman might feel as if she is seen as the 'Other'.⁷¹

§2.11: Intercultural policy

In order to realise a successful integration of specific groups of clients in regular Dutch care sector, the work method needs to be changed into an intercultural policy.⁷² The process of interculturalisation means that one creates an atmosphere in which one could speak of *equal* quality in offering help to each client.⁷³ In other words: each client can be offered help, irrespective of the ethnic, - cultural, - and religious background.

In the aforementioned intercultural competencies, the focus is on the dialogue between the professional and the client. In the process of intercultural communication, it would be recommendable to acknowledge the internalized power-relation among the professional and the client. Being the victim of rape has implications for a woman that lives in a patriarchal society. Especially for Turkish or Moroccan Muslim raped women it is difficult to be confronted with two patriarchal lenses: the Dutch culture and the culture of the homelands in the private sphere. For these two ethnic groups of rape victims, this means that they have to manoeuvre between two completely different communities that have their own norms and values. Professionals in women's shelters and psychology practices in regular Dutch care sector have to keep in mind that these mixed feelings of loyalty are caused by the cultural atmosphere these women live in, instead of inherent characteristics of Islamic women.⁷⁴

⁷¹ Amsterdamse en Groningse Stichtingen 'Tegen haar Wil' en Utrechtse Stichting 'Tegen Seksueel Geweld' (Eds.)(1990)..p.137, 139; Boedjarath, I. & Van Bekkum, D. (Eds.)(1997)..p.127, 131, 139; Vennix, P. & Vanwesenbeeck, I. (2005)..p.42; Tjin A Djie, K. & Zwaan, I. (2007)..pp.47-48, 51; Römken, R. (1989) *Geweld tegen vrouwen in heteroseksuele relaties: een landelijk onderzoek naar de omvang, de aard, de gevolgen en de achtergronden*. Amsterdam: Socialistische Uitgeverij Amsterdam..p.212

⁷² Bakker, H. et al. (2001)..pp.7-8

⁷³ In July 2009 I had an interview with (Kitlyn Tjin A Djie) who works as transcultural therapist ALTRA (Amsterdam).

⁷⁴ Brownmiller, S. (1975)..p.123

3: "How can Dutch governmental policy benefit from deconstructing the dominant (non-)discourse of raped Muslim women by taking the academic tool of intersectionality, translated to a policy context, into account?"

§3.1: The situatedness of rape in 'I'- and 'We'-cultures

In § 2.4 is already discussed that professionals in women's shelters and psychology practices in regular Dutch care sector have to consider Western psychology as a social activity, in which diversity among female victims of rape is taking into account. This new approach is the key to produce (new) knowledge about clients that differ in ethnic, - cultural, - and religious background(s) from the dominant category of white, Dutch (Christian) clients. If professionals want to reach the goal of creating an atmosphere in which there is *equality* treatment for all, one needs to take into account the *different* effects of Dutch, multicultural society on *different* women. In the end, each professional has to keep in mind that the client's ethnicity can be a negative axis of differentiation – a mechanism of oppression – in the relation between professional and e.g. a Turkish or Moroccan female client. Moreover, working with different women would become more complicated if these women are used to, based on their (cultural) situatedness, handle a situation differently than in Dutch society.

Especially in Western countries one attaches importance to the ability to solve problems individually – with the help of a professional and/or family and friends, if desired. In Turkish or Moroccan cultural settings, problems are solved on the principles of living in a 'We'-culture, what means that problems are solved within families without professional help.⁷⁵ This non-Western way of dealing with problems can only be successful if the traumatized raped victim *dares* to take her family into confidence for support and protection. In addition, for migrant Turkish or Moroccan rape victims the way they are used to solve problems might be effective in their home-countries. However, due to the fact that these women have migrated, often without the whole family, there is no possibility to lean on the family members that stayed behind. For these two ethnic groups of rape victims the options to find someone that they *dare* to trust and to share their negative sexual experiences with are limited.⁷⁶ Though, the aforementioned scenario only counts for the so-called first-generation of migrated Turkish and Moroccan women.

⁷⁵ Groen, M. & Van Lawick, J. (2003), p.106, 111, 116

⁷⁶ Amsterdamse en Groningse Stichtingen 'Tegen haar Wil' en Utrechtse Stichting 'Tegen Seksueel Geweld' (Eds.)(1990), p.67, 138

It is remarkable that one can nowadays also speak of the second- and third-generation, that are born and raised in the Netherlands, but there have not been any analyses done with regard to Muslim Turkish or Moroccan women that belong to the second- and third-generations of rape victims. One could argue that this specific category of women has the opportunity to lean on their family members. However, it also counts for the second- and third-generation that these women continuously have to compromise between the two contrasting positions of the ‘I’-culture that is present in Dutch society and the ‘We’-culture of the private sphere in their own families. In this sense, the question still remains whether the second- or third-generation traumatized raped victim *dares* to take her family into confidence for support and protection. If a Turkish or Moroccan victim decides to consult a professional eventually, this can be considered as an enormous step; irrespective of she belongs to the first, - second, - or third generation. However, professionals have to take into account the *different* effects of Dutch, multicultural society on *different* women; thus also different generations of Turkish and Moroccan women that live in the Netherlands. Otherwise, *equality* treatment for all will not be reached in regular Dutch care sector.

On the one hand, the aforementioned means that a professional has to take into account how a victim is socialized and how she is situated in her country of birth as well as the Netherlands. On the other hand, a professional can give a *differently* situated client *equality* treatment if (s)he is able to work with an unbiased view, which means working from an inclusive perspective (Wekker & Lutz, 2001).⁷⁷

§3.2: Looking at rape intersectionally

In this paragraph I will argue that the academic tool of intersectionality (Crenshaw 1989 & Wekker & Lutz 2001) serves as a workable tool to put emphasis on getting a more inclusive view on how female rape clients are situated differently, by showing the diversity among women. Due to the inclusion of different differences among people in general, feminist theory wanted to get rid of the stigmatization/stereotyped visions of particularly women. In this sense, intersectionality focuses more on the danger to generalize people or even to ignore a substantial group of marginalized people. In my view this would mean the following for a professional:

⁷⁷ Aanen, H. et al. (Eds.)(1994).,p.76

without adequately contextualizing the experiences from originally non-Western clients, many Western people – thus, also professionals in Dutch society – make the Eurocentric assumption that what is good for Western middle-class women should also function as ‘the perfect example’ for the ‘Rest’ – the so-called all “other” women.⁷⁸ In my view, the analytic instrument of intersectional thinking has the potential to end the era in which professionals in Dutch society are embedded in the discourse of Eurocentrism. It can end the androcentric, stereotyped and even colonial image of non-Western clients. For Muslim Turkish or Moroccan female clients this means that professionals will not longer approach them with treatments that are based on assumptions, for instance: originally Western professionals that unambiguously interpret the descent of originally non-Western, Islamic women and approach these clients with ethnocentric biases.⁷⁹

§3.3: The ambiguities of rape-statistics in Dutch society

Based on the interviews in the policy memorandum (De Leeuw 2009), one could conclude that a substantial part of the (Dutch) experts in the field of sexual violence denied that female victims of rape stem from diverse ethnic, - cultural, - and religious backgrounds. These so-called facts can rather be considered as opinions, since statistics prove the opposite (reports: *Rutgers Nisso Groep* 2008 and 2009). It is not surprising that the professionals who work at the police, judicial bodies, and the institutions in regular Dutch care sector jump to other conclusions than the researchers of the *Rutgers Nisso Groep*. The different results can be explained through the way one registers the numbers of clients in the aforementioned fields of work. For example: the chief superintendent of the vice police Groningen, called Jos Dekker, explained that the policy of the police is to register one’s ethnicity, but not one’s gender or religious views. Truthful conclusions can not be drawn in this case, thus the police can not say how many Turkish and Moroccan Muslim women are the victims of rape in Dutch society.⁸⁰

⁷⁸ Hoodfar, H. (1993) The Veil in Their Minds and on Our Heads: Veiling Practices and Muslim Women. In: Lowe and Lloyd (Eds). *The Politics of Culture in the Shadow of Capitalism*. Durham: Duke University Press., p.249, 269. This means that many Western people take a critical standpoint only towards the other country, but not towards their own country/ situation.

⁷⁹ These Western professionals would probably not say about themselves that they are neither racist nor ethnocentric, since this is embedded in their culture, it goes mainly unnoticed. The associate director, Peggy McIntosh, of the Wellesley Collage Center for Research on Women, referred to the aforementioned advantages of whiteness in her article. Information from the website: <http://www.case.edu/president/aaction/UnpackingTheKnapsack.pdf>.

(McIntosh, P. (1989) *White Privilege: Unpacking the Knapsack*.,p.1)

⁸⁰ A substantial part of these two ethnic groups of raped women do not even report the rape to the police.

In courts there have never been rape-trials from Turkish or Moroccan Muslim women, according to the jurisprudence.⁸¹

The method of registration in women's shelters and psychology practices in regular Dutch care sector differs from the kind of help one needs. In the Netherlands there are three services a raped woman could ask for help:

First, there are women's shelters, in which a victim can live for a couple of months (with her children, if needed). In these shelters victims are protected 24/7 from their violent husbands and/or rapists. During the stay of the victims, they are supported in various ways – the idea is that each woman is ready to live on her own after a period of time and that she is able to deal with her traumatizing past. In the second place, there are rape victims who do not need shelter, but only psychological help. In this case these women can go to two institutions: a psychologist's practice with a short waiting list and at the most 8 sessions are paid for the clients by health insurance. This kind of professional help is called 'first line aid'. The third option is to go to a mental health service (e.g. *GGz*) where the waiting lists are much longer, but more sessions are paid for by health insurance and the client's own contribution is much lower. This kind of help is called 'second line aid'. Only *GGz* has a policy in which there is attention paid specifically to the target group of allochthonous clients.⁸² One could argue that there are two remarkable facts: 1) *GGz* seems to consider allochthonous people as a homogenized group. In other words: diversity among clients is not acknowledged, besides the fact that these clients are not autochthonous. 2) It would be strongly recommendable for first and second aid institutions to always register the sexual violence experiences of the clients in an intersectional way – thus, one's ethnicity, cultural and religious background. This is because of the fact that gender issues – in this case the violation of rape that was inflicted upon diverse women in Dutch, multicultural society – are always related to systems of oppression. As already mentioned in § 1.2 Brownmiller (1975) also argued that rape embodies the nature of gender oppression.

⁸¹ On the 15th of July 2010 I interviewed Renu de Leeuw, who is lawyer at *Friedberg Partners Advocaten* (Amsterdam). She told me that there was not any jurisprudence of rape-trials in the Netherlands in which a Turkish or Moroccan Muslim victim made her case public in front of a judge. Besides, I called on the 16th of July 2010 the following courts in the Netherlands: Dordrecht, The Hague, Groningen, Assen, Den Bosch, and Rotterdam. In none of these courts there has ever been a Muslim Turkish or Moroccan victim involved in a rape-trial. On the 20th of July I received an email from Hans Liemburg, who works as counsellor at information service *Postbus 51*, and he confirmed that there were not statistics available of rape-trials in the Netherlands in which Muslim Turkish or Moroccan had become victim. Liemburg's findings were founded upon statistics of *Centraal Bureau voor de Statistiek* (The Hague and Heerlen) and the knowledge centre *Wetenschappelijk Onderzoek- en Documentatiecentrum* (The Hague), that is an integral part of the Ministry of Justice.

⁸² Höing, M. et al. (2003), pp.101-102, 119

For the method of work in which professionals would always register, this implicitly means that there is empirical prove that rape ‘transcends’ the lines of those oppressive axes that are meaningful to people. Only in this scenario, one could reach the goal of *equality* treatment for all female clients, without the danger to *exclude* women from the category ‘all women/all female clients’. In other words: registration that is based on the paradigm of intersectionality thus shows that the classical models of oppression in Dutch society, e.g. gender, ethnicity/race, religious views, social class position, and nationality, are intertwined. The sum of these axes of differentiation is decisive whether a female victim belongs to the so-called dominant powerful group and is addressed in policies or to the deviated group and disappears in the margins with their negative sexual experience(s).

If structural registration were to take place, professionals would get a more inclusive view of what kind of problems different clients are confronted with and how this might be changed in course of time. In other words: due to structural registration of clients, the blind spot in women’s shelters and psychology practices in regular Dutch care sector becomes visible. In this case one could truthfully conclude which clients (predominantly) seek help and for which problem they and how they experience it – this is outcome of an intersectional way of registration.⁸³ Moreover, this new way of working also means the end of an era in which one misjudges his or her own clientele, and therefore never will achieve a climate of *equality* treatment in a country of *differences*.⁸⁴

Another remarkable fact is that only 16% of professionals in psychology practices in regular Dutch care sector make use of a so-called trauma protocol for clients that suffer from a negative sexual experience.⁸⁵ One could argue that it is ambiguous that the trauma protocol is not used more frequently, since suffering from a sexual trauma is inherent to raped clients.⁸⁶

⁸³ Amsterdamse en Groningse Stichtingen ‘*Tegen haar Wil*’ en Utrechtse Stichting ‘*Tegen Seksueel Geweld*’ (Eds.)(1990),p.162 → Based on the year of publication of this book, one could say that the authors were very progressive. The same can be said about Kimberlé Crenshaw, who introduced the paradigm of intersectionality in 1989.

⁸⁴ Höing, M. et al. (2003),p.185

⁸⁵ A trauma protocol is a policy for professionals in regular Dutch care sector. It prescribes, for example, in which way Dutch psychology practices can implement the care for clients that are traumatized. The Ministry of Social Affairs entitled this protocol as a good model to work with for professionals, and this specific protocol is introduced in 1999. Information from the website: <http://www.traumaopvang.com/publicaties/traumaprotocol>.

⁸⁶ Höing, M. et al. (2003),p.192

§3.4: Statistics: *Rutgers Nisso Groep*

Based on the aforementioned statistics, it becomes clear that the researchers of the *Rutgers Nisso Groep* did report other statistics in their annual research to sexual health in the Netherlands. As mentioned in §3.3, the *GGz* seems to consider allochthonous people as a homogenized group and diversity among clients is not acknowledged. Unlike the *GGz*, the *Rutgers Nisso Groep* proved that one could certainly speak of differentiation among rape victims in the Netherlands and thus in regular Dutch care sector.

In 2008 the *Rutgers Nisso Groep* did research among the 4 biggest groups of allochthonous people in the Netherlands: Turkish, Moroccan, Surinamese, and Antillean (migrated) people. The results of this research represent how many Turkish and Moroccan (Muslim) women have been confronted with the status of rape victim.⁸⁷ In this report became clear that, amongst others, 21% of the Turkish and Moroccan women have ever been exposed to an attempt of rape. In this sense, 11% of these two ethnic groups of women really have been raped – this happened to them as adolescents.

The *Rutgers Nisso Groep* made a distinction between Muslim or non-Muslim women and argued that religiosity could be considered as a protective factor. In other words: fewer Turkish and Moroccan Muslim women became rape victims than non-Muslim Turkish and Moroccan women. One's education, and thus social class position, was an important indication for Moroccan women to become rape victim. Highly educated women became less often rape victim compared to lower educated women, but there was not made any distinction between Moroccan women who were born in Morocco (the first-generation migrants) or in the Netherlands (the second-generation migrants). Because of the fact that the *Rutgers Nisso Groep* did not make any distinction between first- and second-generation of Moroccan women, one could argue that it seems as if the researchers consider these different generations to belong to the category of 'all Moroccan women'. This means that there is not explicitly acknowledged any differences in class position among these different generations of this ethnic group of women. This is ambiguous, since the cultural backgrounds of both generations (not to mention the third-generation) are completely different.

Finally, the distinction between first- and second-generation migrants was made among Turkish women, in which the first generation was a more risky group to become rape victim than the second-generation of Turkish women, in Dutch society.

⁸⁷ In 2008 the focus was specifically on Turkish, Moroccan, Surinamese, and Antillean women, but in 2009 the focus was on all ethnicities in the Netherlands; at least the dominant target groups – thus, all the results were compared to autochthonous, Dutch, white women as being the norm in Dutch society.

In contrast to the different generations of Moroccan women, the researchers made a distinction among two generations of Turkish rape victims, but still the third-generation is left out of consideration. It is not explained at all why there was made a distinction in first- and second-generations with regard to Turkish women and not among the different Moroccan generations. Besides, the fact that the third-generation is not mentioned at all in both ethnic groups is not explained in the research.

Another important aspect of the report in 2008 had to do with sexual victimisation. Among the 4 target groups of allochthonous women there was not a difference in victimhood of sexual violence. From each ethnicity at least 1/2 women were raped out of a group of 10.

Besides, patriarchal attitudes have been investigated among the male population and a substantial part of the participants confirmed the following statement: '*Based on how a woman gets dressed, a man knows whether she wants to have sex with him*'. This kind of statements can only be embedded in societies, in which one looks at demarcated gender roles with a cultural, patriarchal lens – a so-called 'rape-myth' is born (Anderson & Doherty 2008). Rape-myths are often utilized in patriarchal societies, with the intention to blame the victim instead of the rapist.⁸⁸

The report sexual health also was published in 2009, in which the researchers of the *Rutgers Nisso Groep* concluded the following: 33% of the women, who live in the Netherlands, between the ages of 15-70 years, have (ever) been personally confronted with sexual violence. Among these women, 12 % were the victims by which the violation of rape was inflicted on them.⁸⁹ The aforementioned research proves that rape does not select on gender, ethnicity, class position, religiosity, and so on. In this report there was not a specific focus on Turkish and Moroccan (Muslim) women – it reaches too far in this research to discuss all statistics separately, but the main results are summarized.

The annual reports showed that *different* women become rape victims in Dutch society. Therefore, professional help must work with the focus on an *intersectional* approach towards these raped women, in order to come to *equality* treatment.

⁸⁸ Information from the website: http://www.pharos.nl/uploads/site_1/Pdf/Jeugd/Rapport_Seksuele_gezondheid_van_Turkse_Marokkaanse_Surinaamse_Antilliaanse_Nederlanders.pdf. (The report 'Seksuele gezondheid van Turkse, Marokkaanse, Surinaamse en Antilliaanse Nederlanders' was published on the 8th of May, 2008. The *Rutgers Nisso Group* was instructed by the Dutch Ministry Public Health.

⁸⁹ Information from the website: <http://www.rng.nl/news/productenendiensten/onderzoekpublicaties/rapport-seksuele-gezondheid-in-nederland-2009> (The report 'Seksuele gezondheid in 2009' was published on the 6th of July, 2009.,p.7) The *Rutgers Nisso Group* was instructed by the Dutch Ministry Public Health.

In the next paragraphs attention will be paid to the political tool of transversalism, which can be considered as a functional work method for professionals that work with *differently* situated clients, in which one strives for an atmosphere of *equality* treatment in regular Dutch care sector.

§3.5: Creative therapy for different rape victims

In Dutch women's shelters one can already speak of an intersectional method of work, since (raped) women are offered to participate in workshops that focus on creative therapy. This type of professional help is based on the women's collective '*Sistren*'. As a cultural force, a women's collective of victims of sexual violence started in Jamaica (1977), in which a black group of 13 women got the chance to talk about their experiences. At the same time these women created a platform where they could speak out against the stigmatizing, negative, judgmental reactions they heard from their surroundings.

One could argue that the Jamaican method could be very effective to give these women a room for their traumatic experiences, since they had the opportunity to raise their voices by giving their own interpretations about what happened. Besides, the victims were able to share their experiences with other (traumatized or raped) women by discussing topics which are normally considered a taboo.⁹⁰

Creative therapy might be very empowering for these women and also are accessible for each woman – irrespective of their race/ethnicity, age, religious views or social class position. All of them could join the different organized workshops: dance, theatre, discussion-groups, and popular education. Maybe the scars of the traumatic event of sexual violence will never heal; however, providing them with new energy to enjoy life might be a step further in their lives. In the most successful scenario, creative therapy is the first step for e.g. Turkish and Moroccan (Muslim) raped women to speak overtly about the atrocities they went through – it might break down barriers.

§3.6: Transversalism: solidarity for different rape victims

In fact, one could consider creative therapy a good example of how the accurate political tool of transversalism⁹¹ (Yuval-Davis 1997) can be deployed in women's shelters and psychology practices in regular Dutch care sector. Yuval-Davis wanted to provide a room for women of minority groups, by giving them a voice to articulate their views.

⁹⁰ Davies, M. (Ed.) (1994), pp.225-226

⁹¹ Transversalism is a good example of feminist theory.

These views are based on a dialogue of solidarity between non-Western and Western people, at least people that are situated differently.

Transversalism and intersectionality are tools that can be perfectly combined for professionals in women's shelters and psychology practices in regular Dutch care sector. The academic tool of intersectionality puts all meaningful layers of someone's identity forward. The political tool of transversalism tries to connect these axes of differentiation with each other by involving one's context of the native country (e.g. Turkey or Morocco) and one's context of the 'new' country – thus, in this case the Netherlands. Both tools strive for the same goals: to highlight the different 'I's' of an individual, what means that each individual has multiple identities. Besides, in both feminist theories the focus is on taking gender- and ethnic blindness in consideration with respect to the process of in- and exclusion of clients. In other words: professionals in regular Dutch care sector are continuously aware of the fact that power-relations are significant in the relation with their clients. Without this acknowledgement, *equality* treatment, in a situation of *different* differences, will never be reached

§3.7: Transversalism as a political tool

Transversalism and transversal politics have the same meaning. Yuval-Davis coined the term in 1997, as a strategy to let different women talk with each other within a dialogue and co-operation. This approach involves maintaining a standpoint together with the flexibility to recognize other starting/standing points – as Sandra Harding also came up with in her standpoint epistemology in 1991. However, these other starting/standing points do not have to be homogenized.

According to Yuval-Davis transversal politics is developed by some Italian feminists and implies the idea of 'universality in diversity'. The terminology of 'rooting' and 'shifting' is invented to indicate that transversalism accounts for both one's own roots (sense of identity and value set), while simultaneously recognizing and acknowledging the need to shift in order to identify with other values, identities and social constructions; it is not about homogenizing the 'Other'. In this case, it is about *different* women who – in their different rooting – share compatible values and goals to one's own. Transversalism shows how *different* situated people could overcome the hindrances faced by e.g. a non-Western woman during a dialogue with a Western (wo)man, e.g. professional.

The principles of transversalism are perfectly suitable to work with for professionals in first and second line aid; and they are intersectional, in nature, as I said above. One could argue that it is the only method that reaches the goal of *equality* treatment for all *different* female clients, without the danger to *exclude* women from the category 'all women'. In §2.3 is already discussed that our understanding of the world is related to our social position (Haraway 1991). Dutch professionals could avoid the pitfall of the God-trick position, if they are willing to exchange ideas with their differently situated clients – the 'truth' is then based on partial perspectives that rather might be considered as objective vision.

Therefore, transversalism is a vehicle for feminist solidarity, which recognizes women's social and national, - religious, - and cultural divisions. One could interpret transversalism as a tool that can overcome the colonial idea of the Eurocentric belief in the intrinsic value of Western knowledges and civilisation.⁹² The women who participate in these dialogues are committed to repudiate the idea to contribute unconsciously to the reproduction of existing power relations. All of these (female) participants have in common that they want to find a fair solution for this conflict of unequal power relations. This means that transversal dialogues are possible, based on *different* groupings of women who are able to transcend binary divisions of those who are in diverse position(ing)s as well as who have different identities.

Nevertheless, while their different backgrounds and position(ing)s are respected, one could reason that it is important to note that one should be aware of romanticizing these 'transversal' dialogues. This tool is not based on negotiation until the participants reconcile on a so-called common political position.⁹³ Romanticizing in this sense means the following: with regard to the principles of 'rooting' and 'shifting', one could face difficulties to what extent and also *how* it would be feasible to 'shift'; to imagine yourself in someone else's position(ing). I would argue that the listener would unavoidably imagine the narrative of the messenger in a different way than the narrator intended. One could reason that this is a very important pitfall of 'transversalism'. In my view, it is too simplistic to assume that women – who are differentially positioned – will always be successful in 'shifting'.

⁹² Pilcher, J, & Whelehan, I. (2004), p.102

⁹³ This can be explained by the notion that, for instance, a Dutch professional is influenced by his or her own norms and values of his or her homeland. It is barely possible, (if not impossible) to transcend the framework in which you have always lived, since the notion of imagination is something different than the notion of knowing and experience.

Yuval-Davis mentioned this aspect in her article, by saying that we might not reconcile each conflict with transversal politics.⁹⁴ However, for female rape victims with a non-Western background, it is a tool that could help them further in the practice of a Dutch professional – transversalism thus emphasizes the idea of *equality* through *solidarity* instead of *difference* in power based on one's social position.

Another important aspect of the process is that the participants are mutually reconstructing themselves and the ones who are engaged with them in this dialogue. It might be the case that reciprocated respect and equal values are principles that are aimed for. However, one can not overlook the facet of (usually) power relations that is unequal as a result of how Western people historically have wielded power over non-Western people within the logic of colonialism.⁹⁵ After all, the differential power relations are inherent to the colonial past, in which there already exists differentiation between the power of the 'Occupier' (the West) versus the power of the 'Occupied' (the Rest).⁹⁶ In §2.10 and §2.11 I referred to the process of interculturalisation, in order to show the four competencies a professional must have to create an atmosphere in which one could speak of solidarity. The paradigm of solidarity implicitly 'forces' a professional to take his or her own ethnicity into account, and thus creates awareness of how whiteness is normative in Dutch (multicultural) society – being white thus implicitly means that one belongs to the dominant, powerful group in the Netherlands. If a professional acknowledges that being white is – in Dutch, multicultural society – synonymous for being powerful; the goal of *equality* through *solidarity* instead of *difference* in power based on one's social position, might be achieved.

In sum: one could argue that transversalism would be a very useful method for regular Dutch care sector, since it perfectly matches with the academic tool of intersectionality.

⁹⁴ Yuval-Davis, N. (1997), p.194

⁹⁵ Pilcher, J. & Whelehan, I. (2004), p. 103

⁹⁶ This given might also be an explanation why this tool stresses more importance to the message in the dialogue, rather than the messenger of the dialogue; the message to get rid of the patriarchal constraints each of these women has to deal with during their lives.

§3.8: Pros of transversal dialogues

In this sense, there are two important pros that will be in favour of the goal to reach *equality* treatment among Western situated professionals and non-Western *differently* situated clients:

- 1) In essence, transversalism is neither ethnocentric nor Eurocentric, because Western professionals do not exclusively focus on their viewpoints of interest.

The idea is that all of the participants, would bring with them the knowledge based on their own position(ing) and identity; the principle of the 'rooting'. Simultaneously, the participants make an effort to move with the intention to situate themselves in the position of the ones with whom they have this dialogue and differ from themselves; the principle of the 'shifting'.

- 2) Transversalism is an alternative strategy in which the basics of this political tool are not based on essentialism.
- 3) Transversalism does not 'stick' into the notion of hierarchical positions within different groupings of women. On the contrary, the members of the dialogue assume some sort of 'anticipated' respect for the position(ing)s of other women. This means that disparity within power relations are negotiated and acknowledged. Furthermore, the tools of situated knowledge (Harding 1991) and standpoint theory (Haraway 1991) do not have to be analysed as separate tools, because within transversalism they are already implicitly taken into account.
- 4) Since transversalism and intersectionality are tools that can be perfectly combined for professionals in women's shelters and psychology practices. Professionals in regular Dutch care sector are continuously aware of the fact that power-relations are significant in the relation with their clients. Due to this acknowledgement, *equality* treatment, in a situation of *different* differences, has the potential to be an effective work method.

§3.9: Transversalism in practice

How does a transversal dialogue work in practice? This can be explained based on what Hoodfar (1993) mentioned in her article about originally non-Western women with an Islamic identity. Hoodfar is a Muslim woman and she always had the feeling that she had to choose between fighting racism and fighting sexism in the presence of a Western (wo)man. In her article, she refers to the following interdependent and important hurdles that non-Western women have to take into account:

- 1) Racism
- 2) How to accommodate and adapt their own cultural values and social institutions – in this case, Hoodfar refers to the women with an Islamic identity – to those of the core and dominant cultures that are themselves changing very rapidly.
- 3) How to devise ways of resisting and challenging patriarchy within both the own community and that of the wider society, without losing sight and/or weakening the struggle against the racist dimension.⁹⁷

By focusing on these hurdles, one could look critically whether transversalism might be the solution for non-Western women to overcome these three aforementioned dimensions. One could reason that as long as there are many Western people (e.g. professionals) who stick with the static colonial images of oppressed and backwardness of non-Western women, it perpetuates the belief and assumption of Western superiority and dominance.⁹⁸ Furthermore, for non-Western women it creates enormous barriers to feel a part of the Western society in which they live nowadays⁹⁹; not to mention the lack of (female) agency, being limited by their ‘strange’ traditions and being seen as the inexplicable ‘Other’.

Based on the Yuval Davis’ transversal approach, a Western professional could examine what it means for a raped Muslim woman to seek help and to live in a Western society. In Hoodfar’s article (1993) the focus is on the representation of originally non-Western women with an Islamic identity.

⁹⁷ Hoodfar, H. (1993), pp. 267-268

⁹⁸ Ibid., p.273

⁹⁹ Ibid., p.268

In this sense, Hoodfar's findings are important to pay attention to, because of the fact that in this thesis the focus is on Western situated professionals; what is investigated and supported with the feminist theories of intersectionality (Crenshaw 1989 & Wekker & Lutz 2001) and transversalism (Yuval-Davis 1997).

Eventually, the question is how transversal politics works in practice? At first, the departure area of the researcher has to be her own 'roots' of Western values, which might regard the Muslim rape victim as a woman that lacks so-called female agency¹⁰⁰ – after all she was not able to prevent the will of the rapist. Besides, the professional's rooting perpetuates the colonial idea of women that are subjugated and are the 'Other' compared to 'civilized' and 'independent' Western women. Simultaneously, a Western expert has to 'shift', to consider the social constraints – as well as the personal choice to seek for help – in which women of an originally non-Western Islamic society operate.

Within the framework of the transversal approach, a Western professional might still assert that it was to a certain extent the client's own fault that she has become a rape victim (e.g. based on how she was dressed that moment and/or the things she said to the rapist before it happened). There are many examples one could think of, but in the end a professional has to be aware not to compare the social and thus different position of non-Western raped women to the social position of Western raped women in Dutch society.

After all, a Western professional has to realise that the raped non-Western orientated client must manoeuvre within a climate of cultural/social constraints which diverge fundamentally from Western societies – even though both societies can count as patriarchal. This implicitly means that non-Western rape victims are not used to methods of help and solutions that work for Western rape victims, simply because of the fact that non-Western and Western women are situated differently.

It can be argued that looking through this feminist lens could be very useful, since rape has to be seen in the light of a certain historical/social/cultural context. Departing from that area, Western professionals could create more empathy for a Muslim rape victim that lives in a Western society but is used to solutions in a non-Western context.

¹⁰⁰ As already mentioned in §1.3 in *Gender/ Women's Studies* one refers to the term 'agency', what means that every human being has the innate right of self-determination. In this context, a raped woman is represented as if she loses her agency through her status as victim of rape.

Instead of the biases, a Western professional might become conscious that an Islamic raped woman has used her own case as rape victim as method to loosen the bonds of patriarchy and as a site of resistance.¹⁰¹ In this sense, one could argue it is of great significance that an Islamic woman has the ability to tell her problem to a Western professional, and at the same time there is space left to adopt essential and positive aspects of her native country in the room of a Western professional – her Islamic identity might be less fractured in this scenario.

By focusing on solutions that are accepted in her native country, a Muslim raped client shows that she did not lose sight of the cultural/social values of her homeland and instead becomes a “white, Western woman”. She also ‘roots’ and ‘shifts’. Especially the idea of becoming like a white, Western woman might frighten an originally non-Western Muslim raped client, because she is *not* a white, Western woman. If a Western professional approaches her like Western raped clients, *equality* treatment will never be achieved. This is because of the fact that a non-Western raped client is situated *differently*. Therefore, one could argue that a professional can not offer standard work methods and solutions to clients, because what might be effective help for a Western situated rape victim could have an opposite effect on a non-Western situated rape victim. I have argued that the principles of the ‘rooting’ and ‘shifting’ done by both the professional and the client, has the potential to be effective. Therefore, one could state that from this starting point, solidarity is an achievable goal between Western and non-Western situated people.

¹⁰¹ Hoodfar, H. (1993).,p.272: Resistance in this context means that Muslim women in the Netherlands make use of the opportunity to seek for help. In this sense, cultural practices of the native country are resisted, but not with the intention to alienate from the family and also the communities in which they live.

§4: Conclusion

I will summarize the main findings, of the three sub-chapters, with the intention to answer the main question properly:

My internship at the Dutch emancipation advice- and knowledge centre Enova, as an integral part of the Master's programme '*Comparative Women's Studies in Culture and Politics*', made me aware of the fact that the Dutch government did not seem to realise that there is great diversity among female victims of rape in the Netherlands. Hence, I found out that no one has ever worked on a so-called rape-policy for other women than the dominant Dutch group of white, middle/upper-class (Christian) rape victims.

According to the literature I read for the policy memorandum I wrote at Enova (2009)¹⁰², I noticed that the notion of rape is universal and this gender-based violence transcends all boundaries, including race, ethnicity, class, age and religious views. This fact makes it vague why all the experts in the field of sexual violence talk about 'the experiences of all women', but at the same time they do not acknowledge that their knowledge is situated (and thus produced according to Haraway, 1991) in a certain context; the very often white, middle-class Western view, which actually *excludes* certain women from the category 'all women'.

Furthermore, during the research I did for the policy memorandum, it became clear that one has to be careful *not* to speak of women's experience in a monolithic way, because all these women come from different classes, they have different ethnicities, and they live in Western as well as in non-Western cultures. The women, in other words, are situated too, so one has to be careful with univertalisations and generalisations. This finding is supported by Schwartz (1997)¹⁰³ in his research about sexual violence.

In sum: in my view, there were two ambiguities in the position that was taken by the Dutch government: how to deal with the question that rape is a *women's* issue yet there are *different* women and how to deal with the *different* effects of Dutch multicultural society for these different women whereas multicultural society proposes an *equality* treatment for all.

In this sense, one might conclude that there is a blind spot in paying attention to e.g. gender and ethnicity as so-called axes of differentiation in researching the topic of rape.

¹⁰² De Leeuw, N. (2009) *Verkrachting van islamitische Turkse en Marokkaanse vrouwen in Nederland: een 'gift' van Allah of een patriarchale erfenis die mannen willen 'delen' met vrouwen?*. Assen: Enova, emancipatie adviesbureau Drenthe.

¹⁰³ Schwartz, M.D. (Ed.) (1997).,p.179

In other words: it seems as if there is not an eye for the different effects of Dutch multicultural society on different women. This implicitly means that the government keeps silent about gender and ethnicity in its policy towards female victims with other ethnicities or religiosity than the dominant group of Dutch, white (Christian) women.

In this thesis, concretely, it was my intention to explore the theme of rape among Muslim Turkish and Moroccan women in the Netherlands more in-depth, because I would like to continue arguing that it is of great importance to raise more awareness – in Dutch society, especially regarding the government – as to how these two ethnic groups of female rape victims could be effectively helped in the regular Dutch care sector, especially the women’s shelters and psychology practices.

In chapter 1 I tried to answer the following sub question: “*How can rape be connected to suffering from a specific traumatic life-event for Muslim women that live in a dominant white society?*” The aim of this chapter was to investigate how the theoretical dilemma of *equality-difference* among rape victims can be addressed. I made clear that Muslim Turkish and Moroccan women experience a sexual trauma (called *Post Traumatic Stress Disorder* (PTSS), in which the stressor is rape)¹⁰⁴ differently than Dutch, white (Christian) women. I argued that the definition of PTSS and how this syndrome has similar effects on women according to psychologists in Dutch women’s shelters and psychology practices, can *not* be unambiguously applied to all raped women in the Netherlands. This is because of the fact that a Dutch rape victim is situated differently than a (migrated) Muslim Turkish or Moroccan raped woman; which means that approaching the diagnosis PTSS from a Western orientated angle will not be effective for originally non-Western orientated victims in Dutch society.¹⁰⁵ Based on how a Muslim Turkish or Moroccan rape victim experiences the effects of PTSS, I also focused on related topics and/or issues: rape as a gender oppressive act (in which it was my intention to investigate if gender-based violence – like the act of rape – can be connected to the unequal status that women possess worldwide compared to men), the link between trauma, memory and language for Muslim Turkish and Moroccan rape victims, Muslim women and the connection between their bodies and sexuality within the private and public sphere, and the marginalized position of Muslim women in Dutch, patriarchal society, and specifically how the loyalties of these women might clash in both cultures; the norms and values of Dutch society and the norms and values of their homelands – the so-called living in ‘I’-cultures or ‘We’-cultures, according to Pinto (2004).

¹⁰⁴ Richters, A. (2007).,pp.273-274

¹⁰⁵ Deug, F. (1990).,p.204

Furthermore, I explained that each rape victim is situated in a certain social/cultural/historical context, what automatically makes it impossible for a professional to approach/treat each raped woman the same. I argued that a *different* approach makes treatment more *equal*, in this sense.

In chapter 2 the second sub question focused on: “*What is the dis-connection between rape (both as an empirical practice and as a discursive feature), intersectionality and Muslim women in Dutch society?*” I showed that the Muslim women’s perception of sexuality might be totally different than Dutch women. The focus was on how these women are perceived – due to the unequal power relations – and how they look at themselves (individually). Furthermore, I argued that the academic tool of intersectionality (Crenshaw 1989 & Wekker & Lutz 2001) serves as a workable tool to put emphasis on getting a more inclusive view on how female rape clients are situated differently, by showing the diversity among women. I made clear that an intersectional way of thinking is useful to avoid the pitfall of the danger to generalize people or even to ignore a substantial group of marginalized people. In this sense, I explained how a Western orientated professional could use intersectionality in his or her work method: without adequately contextualizing the experiences from originally non-Western clients, many Western people – thus, also professionals in Dutch society – make the Eurocentric assumption that what is good for Western middle-class women should also function as ‘the perfect example’ for the ‘Rest’ – the so-called all “other” women.¹⁰⁶

Moreover, I paid attention to how the universal ‘truth’ of the Western psychological rape-theories can be deconstructed; in order to make clear that these theories are *not* applicable to Muslim women without any cultural translation.¹⁰⁷ Thus, a Western orientated professional can not offer standard solutions to originally non-Western and Western women (and their ideas about femininity, sexuality and accountability) in supporting rape victims. Besides, in this chapter attention was paid to the idea that rape transcends the boundaries of one’s ethnic, - cultural, - and religious background. In this sense, the experience of being raped is closely looked at from two angles: rape from the Eurocentric view versus rape as an intercultural phenomenon. Additionally, there was critically looked at ‘the experiences of all raped women’, instead of the individual experiences of these female victims.

¹⁰⁶ Hoodfar, H. (1993).,p.249, 269.

¹⁰⁷ The focus is specifically on Western, psychological rape-theories, because the general focus in this thesis is on psychologists in women’s shelters and psychology practices that work in regular Dutch care sector.

The chapter ended with introducing a cross-cultural method of work for raped Muslim women in Dutch society and how professionals can support these women based on the so-called process of interculturalisation. I made clear that in order to realise a successful integration of specific groups of clients in regular Dutch care sector, the work method needs to be changed into an intercultural policy.¹⁰⁸ The process of interculturalisation means that one creates an atmosphere in which one could speak of *equal* quality in offering help to each client.¹⁰⁹ In other words: each client can be offered help, irrespective of the ethnic, - cultural, - and religious background. I argued that *equality* treatment for *different* rape victims will only be equal for each woman, if professionals acknowledge differences among these women and thus work with an intercultural policy towards differently situated rape victims. In other words: I showed that the acknowledgment of diversity among rape victims seems to be the biggest blind spot in the policy in psychology practices in the Netherlands. Therefore, I focused on 4 intercultural competencies, in which becomes clear for each professional that that gender, ethnicity and religiosity are proven to be notable axes of differentiation among their female clients of rape.

In chapter 3 I concentrated on the third sub question: “*How can Dutch governmental policy benefit from deconstructing the dominant (non-)discourse of raped Muslim women by taking the academic tool of intersectionality, translated to a policy context, into account?*” In this chapter I elaborated on what I already discussed in chapter 2, namely that professionals in women’s shelters and psychology practices in regular Dutch care sector have to consider Western psychology as a social activity, in which diversity among female victims of rape is taking into account. I argued that if professionals want to reach the goal of creating an atmosphere in which there is *equality* treatment for all, one needs to take into account the *different* effects of Dutch, multicultural society on different women. In the end, each professional has to keep in mind that the client’s ethnicity can be a negative axis of differentiation – a mechanism of oppression – in the relation between professional and e.g. a (Muslim) Turkish or Moroccan female client. Moreover, working with different women would become more complicated if these women are used to, based on their (cultural) situatedness, handle a situation differently than in Dutch society.

¹⁰⁸ Bakker, H. et al. (2001), pp.7-8

¹⁰⁹ In July 2009 I had an interview with (Kitlyn Tjin A Djie) who works as transcultural therapist ALTRA (Amsterdam).

Furthermore, I concentrated on what I already mentioned in chapter 1; namely that in Western countries one attaches importance to the ability to solve problems individually – with the help of a professional and/or family and friends, if desired. I argued that in Turkish or Moroccan cultural settings, problems are solved on the principles of living in a ‘We’-culture, what means that problems are solved within families without professional help.¹¹⁰ I showed that this non-Western way of dealing with problems can only be successful if the traumatized raped victim *dares* to take her family into confidence for support and protection. I argued that if a Turkish or Moroccan victim decides to consult a professional eventually, this can be considered as an enormous step; irrespective of she belongs to the first, - second, - or third generation. However, professionals have to take into account the *different* effects of Dutch, multicultural society on different women; thus also different generations of Turkish and Moroccan women that live in the Netherlands. Otherwise, *equality* treatment for all will not be reached in regular Dutch care sector. This means that a professional has to take into account how a victim is socialized and how she is situated in her country of birth as well as the Netherlands. On the other hand, a professional can give a differently situated client *equality* treatment if (s)he is able to work with an unbiased view, which means working from an inclusive perspective (Wekker & Lutz, 2001).¹¹¹

Moreover, based on the interviews in the policy memorandum (De Leeuw 2009), I made clear that a substantial part of the (Dutch) experts in the field of sexual violence denied that female victims of rape stem from diverse ethnic, - cultural, - and religious backgrounds. These so-called facts can rather be considered as opinions, since I showed that statistics prove the opposite (the main findings of both reports of the *Rutgers Nisso Groep* (2008 & 2009) can be found in §3.4)¹¹². The annual reports showed that *different* women become rape victims in Dutch society. Therefore, professional help must work with the focus on an *intersectional* approach towards these raped women, in order to come to *equality* treatment.

Based on the statistics of the aforementioned reports, in which the researchers empirically proved that rape ‘transcends’ the lines of those oppressive axes that are meaningful to people; I recommended for first and second aid institutions to always register the sexual violence experiences of the clients in an intersectional way – thus one’s ethnicity, cultural, and religious background.

¹¹⁰ Groen, M. & Van Lawick, J. (2003), p.106, 111, 116

¹¹¹ Aanen, H. et al. (Eds.)(1994), p.76

¹¹² The *Rutgers Nisso Groep* proved, in both reports, that one could certainly speak of differentiation among rape victims in the Netherlands and thus in regular Dutch care sector.

In other words: due to structural registration of clients, the blind spot in women's shelters and psychology practices in regular Dutch care sector becomes visible.¹¹³ In this case one could truthfully conclude which clients (predominantly) seek help and for which problem they and how they experience it – this is outcome of an intersectional way of registration.¹¹⁴ Moreover, this new way of working also means the end of an era in which one misjudges his or her own clientele, and therefore never will achieve a climate of *equality* treatment in a country of *differences*.¹¹⁵

Finally, I combined the analyzing model of intersectionality with the feminist theory of transversalism (Yuval – Davis 1997), in order to show that the women's shelters and psychology practices in regular Dutch care sector need an intercultural policy as the best method to support Muslim female victims of rape. I argued that creative therapy – as already offered in women's shelters – might be empowering for these women and also are accessible for each woman – irrespective of their race/ethnicity, age, religious views or social class position. Besides, I showed that this type of therapy is a good example of how the accurate political tool of transversalism can be deployed in women's shelters and psychology practices in regular Dutch care sector. I made clear how intersectionality and transversalism make professionals in regular Dutch care aware of the fact that power-relations are significant in the relation with their clients. I argued that due to this acknowledgement, *equality* treatment, in a situation of *different* differences, has the potential to be an effective work method. In this sense, I explained how transversal dialogues work in practice, in order to show that transversalism emphasizes the idea of *equality* through *solidarity* instead of *difference* in power based on one's social position.

Based on the findings in the thesis, I will try to answer the main question properly:

“To what extent is intersectionality ignored in regular Dutch care sector with respect to Muslim women in the Netherlands and to what extent is this ignorance bad for women?”

On the one hand, one could argue that the analytical instrument of intersectionality is incorporated, and thus not ignored, in a specific part of regular Dutch care sector, namely: women's shelters take the so-called (oppressive) axes of differentiation into account in their policy. First, there is not only diversity among clients, but the ethnicities, cultural - and religious backgrounds of the staff also differ from each other.

¹¹³ It shows whether a female victim belongs to the so-called dominant powerful group and is addressed in policies or to the deviated group and disappears in the margins with their negative sexual experience(s).

¹¹⁴ Amsterdamse en Groningse Stichtingen ‘Tegen haar Wil’ en Utrechtse Stichting ‘Tegen Seksueel Geweld’ (Eds.)(1990).,p.162

¹¹⁵ Höing, M. et al. (2003).,p.185

For an intersectional approach, in the broadest sense, this work method is effective to reach the goal of *equality* treatment in a country of *different* differences, since differentiation among professionals stimulates the idea of Yuval Davis' creed 'universality in diversity'. Thus, each professional of the 'mixed' staff is capable to offer help to a rape victim – irrespective of the victim's ethnic, - cultural – and religious background. This intersectional, and thus diverse, work method perfectly fits into the ambiance of an intercultural policy, because it would not be a desirable situation if only 'allochthonous' professionals are able to support 'allochthonous' clients; in this case Muslim Turkish or Moroccan rape victims. In other words: in women's shelters there is an atmosphere in which not only Muslim (female) professionals could help Turkish or Moroccan Muslim victims, but a Dutch, Christian, male professional also has to be (and is) capable of supporting these clients.

Secondly, In Dutch women's shelters one could speak of an intersectional method of work, since (raped) women are offered to participate in workshops that focus on creative therapy. One could argue that this method could be very effective to give rape victims a room for their traumatic, negative sexual experiences. Creative therapy might be very empowering for these women and also are accessible for each woman – irrespective of their race/ethnicity, age, religious views or social class position. All of them could join the different organized workshops: dance, theatre, discussion-groups, and popular education. In the most successful scenario, creative therapy is the first step for e.g. Turkish and Moroccan (Muslim) raped women to speak overtly about the atrocities they went through – it might break down barriers.

One the other hand, one could argue that in regular Dutch psychology practices, the tool of intersectionality seems to be ignored. In the Netherlands there are two options (if women do not need shelter): for psychological help a rape victim can make use of first- and second line aid. In the literature, this difference between first- and second line aid is not explicitly made; however, the mental second line aid health service *GGz* is mentioned in research about sexual violence in the Netherlands (Höing et al. 2003).

Only *GGz* has a policy in which there is attention paid specifically to the target group of allochthonous clients.¹¹⁶ One could argue that there are two remarkable facts: 1) *GGz* seems to consider allochthonous people as a homogenized group. In other words: diversity among clients is *not* acknowledged, besides the fact that these clients are not autochthonous.

¹¹⁶ Höing, M. et al. (2003), pp.101-102, 119

2) The fact that GGZ works with a specific policy for the target group of allochthonous clients, does not say anything about the notion of working intersectionally, in the general work method of this organisation; e.g. a ‘mixed staff’ and a cultural translation of Western orientated rape theories that are unambiguously applicable to Western rape victims, but not effective for non-Western rape victims.

In this sense, concrete statistics are left out of consideration and therefore one could not argue truthfully whether intersectionality is completely ignored in regular Dutch psychology practices, e.g. the mental health service GGZ. Therefore, it would be strongly recommendable for first- and second aid institutions to always register the sexual violence experiences of the clients in an intersectional way – thus, one’s ethnicity, cultural - and religious background. This is because of the fact that gender issues – in this case the violation of rape that was inflicted upon diverse women in Dutch, multicultural society – are always related to systems of oppression. Besides, in an intersectional work method the focus is on taking gender- and ethnic blindness in consideration with respect to the process of in- and exclusion of clients. In other words: in the method of working intersectionally, professionals in regular Dutch psychology practices would be continuously aware of the fact that power-relations are significant in the relation with their clients.

For the method of work in which professionals would always register, this implicitly means that there is empirical prove that rape ‘transcends’ the lines of those oppressive axes that are meaningful to people. Only in this scenario, one could reach the goal of *equality* treatment for all female clients, without the danger to *exclude* women from the category ‘all women/all female clients’. In other words: registration that is based on the paradigm of intersectionality thus shows that the classical models of oppression in Dutch society, e.g. gender, ethnicity/race, religious views, social class position, and nationality, are intertwined. The sum of these axes of differentiation is decisive whether a female victim belongs to the so-called dominant powerful group and is addressed in policies or to the deviated group and disappears in the margins with their negative sexual experience(s). Thus, due to structural registration of clients, the blind spot in regular Dutch psychology practices becomes visible. In this case one could truthfully conclude which clients (predominantly) seek help and for which problem they and how they experience it – this is outcome of an intersectional way of registration.¹¹⁷

¹¹⁷ Amsterdamse en Groningse Stichtingen ‘Tegen haar Wil’ en Utrechtse Stichting ‘Tegen Seksueel Geweld’ (Eds.)(1990).,p.162 → Based on the year of publication of this book, one could say that the authors were very

Moreover, this new way of working also means the end of an era in which one misjudges his or her own clientele, and therefore never will achieve a climate of *equality* treatment in a country of *differences*.¹¹⁸

Discussion

Each research raises new questions, which will be discussed below:

In other words: since the Netherlands have a minority right-wing government with the anti-Islam PVV¹¹⁹ as a ‘silent’ partner, there is a climate in which a substantial part of Dutch population focuses negatively on Muslims (in the Netherlands and in general). The leader of the PVV, called Geert Wilders, stimulates the ethnocentric biases with regard to Islamic people by solely focusing on the so-called negative aspects of living in Dutch, multicultural society as a country of *different* differences. In this sense, Wilders emphasizes these *different* differences with ‘coloured’ political statements, whereas it was my intention to break through the biased view(s) on Islamic people in the Netherlands.

In this thesis, concretely, I tried to produce (feminist) knowledge that could be used to challenge the stigmatizing, patriarchal view (among a substantial part of the Dutch professionals and Dutch population in general) on the position of Islamic women (of different generations) in the Netherlands.

Based on the policy memorandum (2009) and this thesis, which both investigated the topic of the traumatic, negative sexual experience of rape inflicted upon Muslim Turkish and Moroccan women in the Netherlands; I wonder if the experts in the Dutch government have the ‘tools’ to reach the goal of *equality* treatment for all female clients, without the danger to *exclude* women from the category ‘all women’. The question remains how this climate of *equal* treatment in a country of *different* differences can be achieved, that is whether intersectional registration is enough?

In my view, it is of great importance to elaborate (further) on Muslim Turkish and Moroccan women that belong to the first, - second, - and third-generation in the Netherlands, since no one has ever paid attention to these different generations with respect to sexual violence related questions/issues. In this sense, it seems as if one is aware of the fact that the Netherlands is a multicultural country, but there are not the ‘tools’ to treat each citizen on the principles of *equality* in a country of *different* differences.

progressive. The same can be said about Kimberlé Crenshaw, who introduced the paradigm of intersectionality in 1989.

¹¹⁸ Höing, M. et al. (2003), p.185

¹¹⁹ In short this party is called PVV, what can be translated as Party for Freedom.

Therefore, I would suggest that it would be very wise to produce more knowledge about the effects of multiculturalism in Dutch society for the Dutch population as well as the Islamic population. In my view, it would be very useful for Dutch government to create an atmosphere in which there is space left to interrogate and to research the right-wing political influence in society. This climate can be achieved by making an effort to investigate *how* to install a chair 'Islam feminism', in which attention will be paid to a feminist study of the Islam. This would be a great step forward to gain expertise on Muslim related problems in Dutch, multicultural society. The produced knowledge could be used to challenge the stigmatizing, patriarchal view (among a substantial part of the Dutch professionals) on the position of Islamic women (of different generations) in the Netherlands.

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