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University of Nevada, Reno

**The Effect of Militarization and Conflict on Intimate Partner Violence
in Israel and South Africa**

A thesis submitted in partial fulfillment
of the requirements for the degree of

Bachelor of Arts in International Affairs and the Honors Program

by

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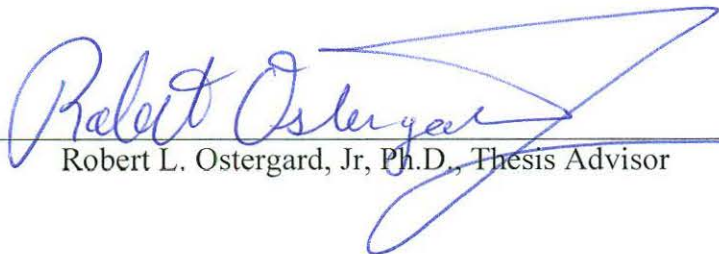
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Abstract

It has only been recently that many countries have begun to look at domestic violence as a societal problem, rather than a private one. Though several theories have been proposed as to what factors are responsible for intimate partner violence (IPV), there is still a paucity of research on the effect of militarization on gender violence. **This thesis establishes a theoretical framework for evaluating the militarized cultures of Israel and South Africa, the conflict that both countries have experienced, and the extent to which militarization and conflict have affected intimate partner violence within each society.** The first case study evaluates Israel throughout its recent history as a state, while the second analyzes South Africa, specifically during and after the fall of Apartheid. Both case studies were chosen due to their history of violent conflict within the state and the consequent militarization of their civil societies. I found that conflict affects gender violence because it is responsible for trauma-induced disorders (this study specifically looked at PTSD), which are significant predictors of intimate partner violence. Furthermore, militarization creates militarized values within a society which leads to the degradation of, and violence directed at, “femininity”. Both conflict and militarization cause violence to permeate individual lives, which contributes to an individual’s use of violence in his/her personal life. The significance of this research is that it explains why intimate partner violence occurs in areas under extreme conflict.

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Introduction:

Intimate partner violence (IPV) is an issue of human security because it poses a direct threat to the lives of women. Previous research in gender violence identifies various aspects of armed conflict and military norms as a cause of IPV (Adelman, 2003). Despite these accusations, little research has been conducted which substantiates these claims. The purpose of this research is to investigate the linkages between militarization and conflict within a society and intimate partner violence. This issue includes:

1. Psychological illnesses (such as Post Traumatic Stress Disorder) which arise as a result of conflict and cause men to commit intimate partner violence.
2. Gender construction, hyper-masculinity, and domination existing within the military structure that leads to the dehumanization of, and violence against, women.

Participation in violent conflict exposes men to trauma and the illnesses associated with trauma. Wartime experience has a profound effect on the human psyche and can lead to future manifestations of violence within the individual's life. When soldiers commit acts of violence against others or have violence committed against them, trauma and psychological disorders can result; the most notable trauma induced illness is Post-Traumatic Stress Disorder (PTSD). Several studies on retired and active American combat soldiers found that those that exhibited symptoms of PTSD were significantly more likely to perpetrate IPV within their civilian lives (Klostermann, Mignone, Kelley, Musson, & Bohall, 2012; Marshall, Panuzio, & Taft, 2005; Monson, Taft, & Fredman, 2009). Israeli psychological studies have evaluated the effect of peacekeeping within the Palestinian areas on Israeli Defense Force (IDF) soldiers, and found that many soldiers cope with the stress of the conflict by disengaging from their conscience and committing retaliatory violence against others (Kimhi & Sagy 2008; Maoz 2001). In South

Africa, men who experienced human rights violations are more likely to commit IPV (Gupta, Reed, Kelly, Stein, & Williams, 2012). These studies and others like them suggest that experiencing conflict and war can cause individuals to continue cycles of violence within their own personal lives.

According to gender theorists, gender norms within military institutions entrench ideas of gender, cause the hyper-masculinization of men, and promote the view that aggression is the appropriate and male way of problem solving. The military has specific values that exist across cultures that promote the masculine and degrade the feminine. The role of the military is propagated as the defense of women, children, and the homeland (referred to with feminine language, such as the motherland), and so it is the job of men within combat roles to protect these entities (Asadi, 2010-2012; Enloe 2007; Jacobs, Jacobson, & Marchbank, 2000). These values are present in Israel, and though women have started to incorporate themselves into “masculine roles”, these combat women have not undermined the masculine nature of the military (Sasson-Levy, 2003). In fact, the behavior of women in “masculine roles” proves that the military works as a gendering tool. The newly “masculine” women embody the masculine ideal and scorn other women as weak and feminine (Asadi 2010; Sasson-Levy 2003). The degradation of “femininity” creates the view that violence against women is justified as women are less than men (Adelman, 2003; Asadi, 2010-2012; Enloe, 2007; Jacobs, Jacobson, & Marchbank, 2000). Furthermore, hyper-masculine men also use violence to punish those individuals that appear to be undermining traditional gender norms. For example, some men rape to remind women of their status in society and within romantic relationships (Moffett 2006; Swarr 2012).

I chose South Africa and Israel for this study because both have long histories of violent conflict and high militarization, though both themes have manifested differently within each culture; the nature of the differences in South African militarization and conflict compared to Israeli militarization and conflict will be explained within the case studies. However, I still found several commonalities among the populations of both countries that resulted from their specific experiences with violence. First, both the Israeli government and the Apartheid government used rhetoric that made the populace feel that their survival was at stake and the military was their only protection. Furthermore, ideas of gender and masculinity have affected both countries' militaries, which re-entrenched gender roles within the civilian society. However, gender is much more enforced within South Africa, which can explain why South Africa has much higher rates of IPV.

My research found that militarization and conflict are significant indicators of intimate partner violence. Though I could not definitively determine that militarization and conflict are causally responsible for IPV, the two concepts cannot be ignored when studying IPV in areas that experience high levels of violence. My analysis of both case studies found that violence begets violence, and the violence of society permeates individual lives. I also found that negative perceptions of women and positive perceptions of male dominance significantly affect how men treat women, and can significantly predict a man's propensity for violence.

Literature Review

a. Intimate Partner Violence

According to the World Health Organization, "intimate partner violence [also known as domestic violence] refers to behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological

abuse, and controlling behaviors” (World Health Organization, 2014). This paper specifically looked at abuses perpetrated by men against women, though intimate partner violence can also be the result of abuses committed by men against men, women against men, and women against women. I focused on male-on-female abuse within a civilian’s private life because “the overwhelming majority of partner violence is by men against women” (Boy & Kulczycki, 2008).

Contrary to my research, other approaches have attempted to explain IPV through other methods, such as:

1. Biological Theories
2. Family Systems Theories
3. Social Learning Theories
4. Psychological Theories
5. Feminist Theories

b. Biological Theories

This research focuses on theories four and five because they are the theories that can be affected by the presence of conflict or militarization within a society. However, I will discuss the first three theories briefly in order to fully illustrate the breadth of perspectives through which theorists view intimate partner violence. An explanation of the research and failure associated with each of the first three theories is necessary in order to disregard common beliefs about IPV. Cesare Lombroso, Ernest Hooten, and William Sheldon proposed the earliest biological theories on male perpetrated violence and delinquency; their theories focused on connecting violent tendencies to physiological traits associated with certain ethnicities, muscle development, or body type. By and large, these theories have been rejected due to inconclusive relationships and methodological flaws in the original studies (e.g. small sample sizes, a lack of control groups,

and discounting biological determinants other than hereditary ones) (Hooten, 1939; Lombroso & Ferrero, 1972; Sheldon, 1942). Richard Dugdale and Henry Goddard also conducted experiments to determine whether hereditary traits or chromosome abnormality affects propensities toward deviance, such as criminality, prostitution, and idiocy (Dugdale, 1877; Goddard, 1914). The research community has also disregarded these theories as defective and methodologically weak. Furthermore, researchers like Odd Dalgaard and Einar Kringlen, conducted studies on twins and were not able to find a positive correlation between genetics and deviancy (Dalgaard & Kringler, 1976).

Herman Witkin et al. more recently proposed that men with a chromosome abnormality that results in an extra Y chromosome (XYY instead of XY), are more likely to be violent (Witkin, et al., 1977). Witkin's theory also failed due to contradicting research; researchers, such as R. Barri Flowers, conducted experiments and found that men with XYY chromosomes were less prone to violence (Flowers, 2003, p. 9). Conflicting research has also ruled out testosterone as a definitive factor, as some researchers (such as L.E. Kreuz and R. Lindman) found a correlation between the two, while others (such as Warwick Peters) failed to find any correlation (Flowers, 2003, p. 10). McCue's review of the most current biological theory for IPV (which posits that brain injury may cause IPV) found that psychological trauma, rather than physical trauma, had the most significant correlation (McCue, 2008, p. 14). Therefore, biological theories of male violence are not sufficient, especially since the most relevant theory of brain trauma is more related to psychological theories than biological ones.

c. Family Systems Theories

The family systems theories posit that the family is a "dynamic organization made up of interdependent components" (McCue, 2008, p. 14). Therefore, familial responses determine

behavior and the reoccurrence of said behavior. This theory argues that both partners play a role in forming IPV. Feminist thinkers are highly critical of family systems theories because the theories are a form of victim blaming: women are abused because they provoked their abuser, and are continually abused because their responses do not prohibit future abuse. Beyond the issue of victim blaming, this theory is evidently flawed as researchers like Timothy Cavell and Kenya Malcolm found that men who react violently are more likely to attribute negative intentions to the actions of their female partners than non-violent men. Abusive men are also more likely to exhibit high levels of anger at issues that normally arise in a relationship, while non-violent men experience little to no anger over these same issues (Cavell & Malcolm 2007, p. 314-320). Cavell and Malcolm's findings illustrate that the characteristics of the abuser result in violence, not the characteristics of the abused.

d. Social Learning Theories

The social learning theory is also flawed as a singular theory for IPV. McCue's review of the evidence for the theory found that the Social Learning Theory posits that violence is learned. Therefore, boys who see their mothers abused will abuse their own partners later in life, and girls who witness the abuse of their mothers will seek out abusers in their own intimate partnerships. However, in respect to the behavior of female witnesses of abuse, there is absolutely no evidence that girls really do seek out batterers as their future partners. In regards to male child witnesses, there is a significant percentage of male batterers who report having witnessed the abuse of their mothers (30%) (McCue, 2008). However, though this is a significant percent of the population of batterers, other factors must exist in order to account for the other 70% (McCue, 2008). These findings nonetheless illustrate that violent behavior can be a learned response, which supports the

theory that a violent, militarized society can teach individuals that violence is an appropriate response when dealing with others.

e. Psychological Theories

My examination of the three previous types of theories illustrates that the discussed theories do not adequately account for the occurrence of intimate partner violence, and in fact the current biological theory of brain trauma even requires a psychological explanation. The way men experience and express anger and hostility is one such psychological reason that may predict abuse. For example, men who experience “the nonfulfillment of an expected gratification, [will react with] frustration, which can... instigate aggression” (Cavell & Malcolm 2007, p. 313). However, this theory is flawed because it unclear why certain men perpetrate aggression or violence in response to unfulfilled desires, while others are more able to cope. Cavell and Malcolm presented a modification of this theory, which found that how a man interprets frustrating events will signify whether he is likely to use violence. For example, violent men are more likely to “attribute hostile intent to their wives’ negative behaviors” (Cavell & Malcolm 2007, p. 314). Therefore, this theory concludes that violent behavior corresponds to how the male partner perceives he is being treated by his female partner.

The social learning model is an alternate anger-hostility theory that predicts that “higher levels of anger and hostility increase the risk of violence” (Cavell & Malcolm 2007, p. 314). Cavell and Malcolm also reviewed the available research on anger and hostility that speak to the accuracy of this theory. Overall, the evidence supported the belief that a link exists between anger/hostility levels and violence. Furthermore, batterers experience different levels of anger and hostility under different conditions (Cavell & Malcolm, 2007). For example, batterers who

were fearful of partner abandonment had the highest levels of anger, followed by batterers who fit into PTSD personality types, and so both personality features are risk variables for violence.

Furthermore, Cavell and Malcolm assign typologies to batterers based on an individual's psychological traits and may predict an individual's propensity for violence. The typologies are: Family Only (FO) batterers (who engage in lower levels of partner violence and do not generally commit violence in other settings), Generally Violent/Antisocial (GVA) batterers (who commit high levels of both partner violence and violence outside the domestic setting), and Borderline/Dysphoric (BD) batterers (who commit high levels of partner violence, but moderate levels of outside violence). The anger levels of FO and GVA batterers yielded mixed results; however, BD batterers were consistently found to "experience high levels of general anger, to be volatile in their anger expression, and overreact to situations with explosive anger" (Cavell & Malcolm 2007, p. 320). What is particularly salient about BD batterers (who again commit high levels of IPV and experience issues with anger) is that BD individuals are more likely to express issues with psychological distress and exhibit evidence of borderline personality disorders, which include "difficulties with jealousy, overdependence on their wives, and insecure attachment" (Cavell & Malcolm 2007, p. 320). The issues of interpersonal relationships and failure at coping are similar to many of the symptoms of PTSD (as well as C-PTSD, which will be explained later). Finally, all three types of batterers exhibited higher levels of anger specifically directed at their female partners than nonviolent men exhibited toward their own partners (though GVA and BD individuals had the highest) and again, were more likely to react angrily in various scenarios than their nonviolent counterparts (Cavell & Malcolm 2007).

The other common psychological theory for why men commit IPV is the psychopathology theory, which attributes most instances of battery to characteristics of

personality disorders. This theory dovetails with aspects of the social learning models of anger/hostility theories, since the BD individuals who experience these types of personality traits typically experience higher levels of anger/hostility. However, the psychopathology theory can be evaluated independently as well. The theory describes an abusive personality as one that contains aspects of “shame-based rage; a tendency to project blame; attachment anxiety manifested as rage; and sustained furious outbursts” (McCue 2008, p. 13). The psychopathology theory is supported by the high percentages of personality disorders among batterers; most frequently these disorders include antisocial personality disorder, borderline personality organization, or PTSD (McCue, 2008). The number of men who exhibited signs for at least one type of personality disorder range from 48%-90%, which supports the theory that psychopathology is a significant indicator of IPV (McCue 2008). In both of the psychological theories of intimate partner violence, symptoms such as those exhibited by an individual with PTSD are significant indicators that a man will batter his intimate partner.

e1. Post-Traumatic Stress Disorder

Since the early 1990s, and especially since U.S. involvement in Afghanistan and Iraq, research within the United States has sought to determine whether PTSD and other post-conflict psychological disorders are responsible for instances of IPV. American studies found that active military servicemen (male) or veterans (male) who suffer from PTSD are more likely to commit intimate partner violence than their non-PTSD (Klostermann, Mignone, Kelley, Musson, & Bohall, 2012; Marshall, Panuzio, & Taft, 2005; Monson, Taft, & Fredman, 2009). However, though these studies suggest that there is a relationship between PTSD and IPV, they are unable to show that PTSD or other trauma related illness are causally related to IPV. It is possible that the two are correlatively related and that both are caused by some other factor.

Within Israel, researchers have studied the effect of conflict on Israeli soldiers and civilians, however, these studies did not attempt to connect psychological disorders with IPV (Kimhi & Sagy 2008; Maoz 2001). South African researchers found that PTSD is common among victims who suffer from various types of interpersonal violence, but again, whether that psychological abuse has translated to IPV is still relatively unexplored (Kaminer, Grimsrud, Myer, Stein, & Williams, 2008). In order to make up for the lack of studies directly relating PTSD and IPV, I examined the causes and symptoms of PTSD and IPV separately in order to determine whether commonalities exist.

Though most people are resilient to trauma, some victims exhibit symptoms as a result of that trauma long after the traumatic occurrence (Elwood, Hahn, Olatunji, & Williams, 2009). Different types of events can be “traumatic” and individuals are more likely to develop trauma-related symptoms in response to certain types of trauma. Thirteen types of trauma exist, which can be divide into three categories: “Noninterpersonal Trauma” or harmful events that were unrelated to personal human interactions (e.g. natural disasters or combat), “Witnessed Trauma” or events in which individuals witnessed the harm of others (e.g. witnessing combat or homicide), and “Interpersonal Violence”, in which the individual is the victim of violence perpetrated by another human being (e.g. physical assault or rape) (Elliot 1997). Gender often determines the probability that an individual will experience a certain type of trauma, and noninterpersonal events--like combat-- are more likely to traumatize men (Kessler, Sonnega,, Bromet, Hughes, & Nelson, 1995). On the other hand, interpersonal trauma (especially by perpetrators familiar to the victim) is more likely to traumatize women (Acierno, Resnick, Kilpatrick, Saunders, & Best, 1999).

Post-Traumatic Stress Disorder develops after a victim has been exposed to one of the above traumatic events, and then experiences or witnesses another event with “actual or threatened death or serious injury” and responses with “intense fear, helplessness, or horror” (American Psychiatric Association 2000, p. 467). Experiencing a traumatic event does not necessarily mean that the victim will develop PTSD. Whether a trauma victim develops PTSD is often determined by certain risk factors, such as: the severity of the trauma, continued stress, or the social support that the victim experiences after the fact (Brewin, Andrews, & Valentine, 2000). A more recent study outlined four different contributing factors to the development of PTSD, including negative attributional style (the victim views the trauma as a result of his/her own actions or circumstances that will never change, and the victim feels unable to avoid similar events in the future), rumination (constantly reviewing the details of the trauma and whether there are further threats), anxiety sensitivity (the feeling that one needs to avoid or hide one’s feelings of fear leads to an increase in anxiety), and looming cognitive style (the heightened view of the environment as threatening or dangerous) (Elwood, Hahn, Olatunji, & Williams, 2009).

Psychologists have further discovered that there are victims of trauma who have post-trauma symptoms not fully explained by PTSD. Therefore, psychologists have identified a related but distinct termed Complex Post-Traumatic Stress Disorder (C-PTSD). A complex traumatic event occurs from repeated traumatic events over a period of time, and the victim usually feels he or she cannot escape or that the perpetrator is completely in control. Victims of child abuse, domestic violence, or prisoners of war commonly experience complex traumatic events (Courtois, 2008). Unlike PTSD, C-PTSD is usually the result of interpersonal trauma (involving a relationship between a victim and a perpetrator). C-PTSD often impacts a victim’s

ability to manage emotions (in all aspects of life), alters how a victim conducts close or intimate relationships, and influences the victim's sense of self (Kohlenberg, Tsai, & Kohlenberg, 2006).

Individuals with PTSD often suffer from hyperarousal, the avoidance of any trauma reminders, and the continual re-experience of the trauma within their mind; all of these symptoms affect anxiety levels and day-to-day functioning. Symptoms of PTSD can manifest in the form of: nightmares and/or flashbacks; the avoidance of others, places, or activities; over awareness of surroundings; and the tendency to be easily startled (American Psychiatric Association, 2000). Symptoms of C-PTSD are often more pervasive and long-term. The symptoms of C-PTSD are broken into seven subcategories: 1.) alterations in regulation of affect and impulses (this includes self-destructive behavior, suicidal preoccupation, excessive risk-taking, etc.); 2.) alterations in attention of consciousness (transient disassociation and depersonalization); 3.) somatization (digestive, chronic, sexual symptoms, etc.); 4.) alterations in self-perception (guilt and responsibility, shame, etc.); 5.) alterations in perception of the perpetrator (adopting distorted beliefs, idealization of the perpetrator, or preoccupation with hurting the perpetrator); 6.) alterations in relationships with others (inability to trust, revictimization, or victimizing others); and 7.) alteration in systems of meaning (despair and hopelessness, loss of previous beliefs) (Van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005, p. 391). The symptom of "alterations in relationships" is particularly relevant to this study as one manifestation of this symptom is the victimization of others. If militarization and conflict are contributing to C-PTSD in men, then C-PTSD may cause men to victimize their intimate partners.

A survey of offenders in the US provides further evidence of the effect of C-PTSD. The study found that violent offenders tend to experience significantly more emotional neglect,

physical neglect, and physical abuse than non-offenders; all of which are trauma types associated more strongly with C-PTSD (Christopher, 2012, p. 24-25). Though the revictimization of others (which is what the traumatized individuals are doing when they commit a crime against others) is specifically categorized as a symptom of C-PTSD, individuals with PTSD may still victimize others at higher rates than those without any kind of post-traumatic disorder. A study by Semiatin of perpetrators of intimate partner violence sought to find the impact of both PTSD and C-PTSD on violence. The study found that the participants who had a probable PTSD diagnosis reported perpetrating four times as many instances of physical assault, 2.5 times as many instances of psychological aggression, and nearly twice as many instances of sexual coercion than those that were diagnosed as unlikely candidates of PTSD (Semiatin 2012, p. 96-97). The study also found that C-PTSD supported a higher likelihood to commit psychological aggression than PTSD, but not a higher likelihood for physical assault or sexual coercion (Semiatin 2012, p. 103). Therefore, both PTSD and C-PTSD have a significant and positive relationship with the victimization of others, including intimate partners.

f. Feminist Theories

Existing feminist literature seeks to establish a link between conflict, the military, and gender violence. Current research theorizes that the military harms all women due to its reliance on “maleness” (Asadi 2010-2012; Borer 2009; Enloe 2007; Jacobs, Jacobson, & Marchbank, 2000). According to Asadi,

the military creates a ‘common symbolic world’ that defines in ideology as well as in practice the ‘differences’ between men and women...the ‘biology is destiny’ overgeneralization that suggests that women’s entire being should be defined in terms of their reproductive function finds its ideal fulfillment within a military institution (Asadi 2010-2012)

In other words, the main feminist argument is that the military asserts that men and women have fundamentally different roles, and male characteristics are necessary and important for the

military and the protection of society. This distinction degrades femininity and emphasizes personality traits in military men, like violence or aggression.

Unfortunately, most feminist studies fail to use case studies and quantitative research to support their theories. Asadi performed the only statistical analysis on the effect of militarization on gender issues. Asadi used a multivariate regression analysis to determine that the higher the military population within a country, the lower the female empowerment (measured by political and economic based agency and choice available for women within a society). Asadi also connected gender violence to militarization by comparing the top five and bottom five militarized NATO and OECD countries' rates of militarization and rape statistics. Asadi found that the top five militarized countries had 52.8% more instances of rape (Asadi 2010-2012). However, Asadi's statistical analysis failed to identify the cause of rape. The only theoretical framework presented states that the military supports fundamental differences in gender, but no other theoretical evidence is presented. Asadi does not theorize why having more military servicemen might hinder female empowerment or why military gender construction causes rape. Therefore, it is unclear how these factors operate in relation to each other or if the correlation between the factors have any real meaning.

g. Case Study Specific Theories of Militarization and IPV

Many researchers argue that demographic factors affect the prevalence of IPV. These factors generally include age, location (urban areas vs. rural), education levels, and work status. Past studies have found that IPV is more likely to occur: in rural areas, among younger age groups, among couples who have attained lower levels of education, and among couples where there is an income disparity or the couple is experiencing economic hardship. The reasons for the directional effects of these factors may be contributed to the fact that these groups have a greater

propensity for fundamentalist thought, are less likely to be exposed to women empowerment ideas, and are more likely to live in stressful environments where physical aggression is a means of coping with that stress (Al-Badayneh 2012; Ambrosetti, Abu Amara, & Condon, 2013; Akmatov, Mikolajczyk, Labeeb, & Dhaher, 2008; Boy and Kulczycki 2008).

However, current research does not thoroughly explain the effect of militarization on domestic violence as a result of gender values or trauma-induced psychological disorders. There is specifically a lack of research that applies theories about militarization to specific case studies. Adelman is the only researcher to present a qualitative study that investigates the connection between the military and intimate partner violence in Israel, and the only study that outlines the current theories that exist (Adelman 2003). Adelman argues that the culturalization of violence, the internalization of military norms, and the idea of competing victims are factors for IPV within Israel. The culturalization of violence theory posits that violence in the home is perpetrated by “less civilized” ethnic groups. Individuals within Israel have used this argument against groups like the Arabs, the Sephardim, and the Russians (Adelman 2003). The internalization of military norms argues that military servicemen are conditioned to view violence as a legitimate means to “solve problems, suppress emotions, and demand compliance to their desires” (Adelman 2003, 1134). When the soldiers return to civilian life, they bring these beliefs on domination and violence with them. Finally, the theory of competing victims postulates that recognizing intimate partner violence as a problem in Israel necessarily shifts focus from a collective victimization by political violence (which allows for collaborative efforts and the maintenance of the us vs. them mentality) to recognizing a societal problem. This shift fractures societal cohesion, whereas an us vs. them mentality creates cohesion.

Within South Africa, studies on the effect of militarization focus on how military values affect gender construction, not on how these values affect intimate violence in particular (Borer 2009; Conway, 2008). However, Moffet (2006) and Swarr (2012) present evidence that gender construction significantly affect violence. Furthermore, both researchers found that gender violence (both looked specifically at rape) is used as a tool against women who are seen to destabilize traditional gender roles.

Methodology

I created a theoretical framework based on previous studies that outlined how conflict and militarization may lead to higher levels of PTSD and gender constructions, which degrades women and causes intimate partner violence. I used previous scholarly publications to develop a detailed account of: what gender construction looks like and its expected impacts according to current feminist theories; the psychological causes and symptoms of Post-Traumatic Stress Disorder; and the psychological causes and symptoms of intimate partner violence. After completing the theoretical framework, I conducted an in-depth case study of both Israel and South Africa, utilizing scholarly literature, to determine if the conditions of the country correspond with the factors outlined within the framework. As mentioned before, I chose Israel and South Africa due to each country's long history of conflict and high levels of militarism within its civil societies, both of which will be discussed in greater detail during the case study analysis.

My dependent variable was intimate partner violence, which encompasses three aspects of violence perpetrated by intimate partners: emotional, physical, and sexual abuse. This paper, again, specifically looked at the abuses perpetrated by men on women, due to the greater bulk of literature available. My independent variables were militarization and conflict. Militarization was

assessed by the level of integration of military institutions and values in civil society, government rhetoric on military importance, amount spent toward funding the military, and percentage of the populace that serves or has served in the military. Conflict was evaluated in terms of frequency, magnitude, recentness of violence, and the depth to which violence permeated the lives of citizens. Therefore, my hypotheses were:

1. Violent conflict causes psychological illnesses within male members of a society, which contributes to their likelihood to abuse their intimate partners.
2. Militarization within a society contributes to gender construction and hyper-masculinity, which contributes to the likelihood that men will abuse their intimate partners.

a. Militarization

To be effective soldiers, all military personnel are taught that violence is a legitimate means to an end. Military training socializes future soldiers so that they strive for traditionally masculine values and commit acts of violence in order to achieve goals (Arkin & Dobrofsky 1978; Eisenhart 1975). The importance of violence to solve problems logically follows as soldiers use violence to neutralize a military threat; soldiers who are not violent are useless. The military institution also practices a form of hegemonic masculinity, which refers to “a particular set of masculine norms and practices that have become dominant in specific institutions of social control” (Hendrix 2006, 13). Militaries institutionalize values of “aggressive, macho, and bloodthirsty” soldiers (Hendrix 2006, 13). Finally, the military appeals to masculinity when indoctrinating soldiers, both by portraying the military as the path to manhood and by incorporating masculinity into basic training (Hendrix 2006).

Furthermore, codifying traditional masculine characteristics, like aggression and violence, increases the likelihood that men will assert themselves violently beyond the scope of the military. Zurbriggen found that men socialized to act aggressively are more likely to wage war and commit rape (Zurbriggen 2010). Furthermore, there are greater numbers of men who commit rape within countries continually engaged in war because both actions stem from violence and domination (Zurbriggen 2010). Men socialized for aggression also pose a risk to society because people trained to follow orders will obediently administer violence when commanded by an authority figure. A study of police, soldiers, and others whose institutional role is to follow orders, found that 65% of participants were willing to administer dangerously high levels of electric shocks to others, when ordered by an authority figure (Gibson 1991). If humanity is already predisposed toward obedience, military socialization has reinforced aggressive and violent behavior, making violence the norm. I hypothesized that when violence and aggression become the framework for a person's set of values, he will continue to utilize violence in all aspects of his life.

b. Conflict

Both interstate (between two or more states) and intrastate (conflict between factions within one state) conflict can affect states, and the violence associated with either adversely affects individuals within that state by exposing them to traumatic events. The studies I used which track and evaluate instances of conflict, do so with episodes of violence spanning from above 25 battle related deaths (Gleditsch, Wallensteen, Eriksson, Sollenberg, & Strand, 2002) to "major episodes of political violence' [involving] at least 500 'directly-related' fatalities" (Marshall M. G., 2014). I evaluated conflict by the number of events from 1946-2013, the duration of major episodes, number of casualties, the magnitude of the conflict (which takes into

state capabilities, area, scope of death and destruction, population displacement, and episode duration), and the level of violence that permeated civilian society (Gleditsch, Wallensteen, Eriksson, Sollenberg, & Strand, 2002; Hass, 1993; Marshall M. G., 2014). My theoretical belief was that the more pervasive, longer term, or higher magnitude a conflict was or still is, the more likely the conflict traumatized civilians.

Israel

a. History of Conflict

This case study evaluated the effects of PTSD, IPV, conflict, and militarization as it applies to Israeli citizens. Firstly, it did not focus on the lives of Palestinians, because though Palestinian civilians suffer from the consequences of the conflict (such as through displacement and occupation), they are not legally able to have a military and the militarization affecting their society may be too closely linked to fundamentalism to determine whether it is militarization alone that is a contributing factor.

Second, conflict plays a unique role in the mindset of Israeli society as it is deeply affected by siege mentality. Siege mentality is the belief or perception “by group members that the outgroups have intentions to do wrong or inflict harm on their group” and it is characterized by a belief among members that no one will help them in this hostile world (Bar-Tal & Antebi, 1992, p. 251). The long history of persecution against the Jewish people, culminating in the atrocities experienced during the Holocaust, created the siege mentality. Furthermore, the conflicts between Israel and its Middle Eastern neighbors have further entrenched the siege mentality among Israeli Jews. Siege mentality explains how conflict and militarization affect Israel as it underlies both individual and societal behavior.

Centuries of anti-Semitism, “from the Roman period through the Middle Ages, the Reformation, and the Industrial Revolution, until today” created the siege mentality among the

Jewish people (Bar-Tal & Antebi, 1992, p. 253). Within these various eras, major instances of persecution include the twice destruction of the holiest temple, violence at the hands of the Ancient Romans, the violent removal of Jews during the Spanish Inquisition, and the repeated persecution of the Russian pogroms. However, the Holocaust was the most traumatic event, with the most direct influence on current Israeli siege mentality, because “six million Jews perished in view of the world’s indifference” (Bar-Tal & Antebi, 1992, p. 253). The Holocaust greatly contributed to the belief that only a Jewish state could protect the Jews from similar violence. Israel’s leader Yitzhak Rabin summarized this belief when he asserted that “in every generation, they rise up to destroy us, and we must remember that this could happen to us in the future. We must therefore, as a state, be prepared for this” (Bar-Tal and Antebi 1992, 264).

Furthermore, hostilities exhibited by the Arab countries and the Palestinians after the creation of the new Israeli state (whether or not some hostility was justified or not by the creation of the state is irrelevant) re-entrenched siege mentality among Jewish Israelis. Directly following the creation of the state of Israel in 1948, the armies of Egypt, Transjordan, Syria, Iraq, and Lebanon invaded, and though Israel defeated those armies, conflict has been the norm since. Israel has experienced continual violent clashes with the Palestinians; those struggles have constituted a violent conflict that has continued from 1965 until today (Marshall M. G., 2014).

Marshall assigned a magnitude of 2 to the Israeli-Palestinian struggles (based on a scale from 1-7). Marshall derived the magnitude from the number of casualties (over 22,000), the intensity of the fighting, the duration, the amount of population displacement, and the scope of destruction. Based on Marshall’s 7 level scale, the Israeli-Palestinian conflict has not been a conflict of great magnitude; however, a low magnitude could still affect the Israeli psyche, especially given the continuousness of the conflict. Israel has also participated in several wars of

varying magnitude, including the “Six-Day War” (fought in 1967 between Egypt, Israel, Jordan, and Syria), which resulted in 75,000 casualties among all of the countries involved and was assigned a magnitude of 4; the “Yom Kippur War” (1973 between Egypt, Israel, and Syria) with 16,000 casualties and a magnitude of 3; war with Syria (1982 to present, though currently operating under a ceasefire agreement) with a magnitude of 1 and 1000 casualties; the First Israel-Lebanon War (1982-1990), a magnitude of 4 and 50,000 casualties; and the Second Israel-Lebanon War against Hezbollah (2006) with a magnitude of 2 and 1500 casualties (Marshall M. G., 2014).

Furthermore, despite the low magnitude of the Israeli-Palestinian conflict, various events within the conflict have ranged in intensity (refers to the scale of violence of a particular event). For example, the First Intifada or the occupation of the territories, reached intensity levels of 5 out of 6 (Hass, 1993). The high intensity levels of these events (despite the low magnitude of the overall conflict) prove that the Israeli-Palestinian conflict has contained severe amounts of violence, and so various opportunities with the potential to traumatize citizens.

The militarization of Israel and the siege mentality has pushed many Israelis to support hardline stances and the use of violence against the Palestinians. This violence has become normal and is not viewed as violence, because “violence is what Palestinians perpetrate--whether the offender is a small boy throwing stones at helmeted soldiers or a suicide bomber” (Marshall, R, 2001, p. 2). However, the Israeli response is systematically violent because “under Israeli military occupation, violence [against the Palestinians] is an ever-present fact of life, with daily humiliations, stifling restrictions, round-the-clock curfews, random beatings, the constant danger of arbitrary arrest and torture...seeing their homes demolished and hundred-year old fruit trees destroyed” (Marshall, R, 2001, p. 2). By March of 2000 (during the Second Intifada), the Israeli

government was responsible for more than 400 Palestinian deaths (while Palestinians were responsible for 63 Israelis), 12,000 injuries (including approximately 2,000 children), and nearly 1,000 homes destroyed (Marshall, R, 2001, p. 3). The Israeli government even responded with “undercover troops, helicopter gunships, and live ammunition against Arab demonstrators with Israeli citizenship” (Lehman, 2000, p. 1). Furthermore, the Israeli government has celebrated violent action, such as with the story of Mashe Nasim who was an IDF soldier awarded a “medal of honor for operating a bulldozer in Jenin for 75 straight hours” (Powell, 2002, p. 1). Nasim told an Israeli newspaper, that

not only did nobody refuse an order to destroy a house but that, on the contrary, IDF soldiers exploited such orders to take down even more Palestinian houses. Orders were given for inhabitants to leave... but he didn't give people inside the houses a chance to leave before he bulldozed them, and he was sure people died in the houses he destroyed. (Powell, 2002, p. 1).

Israeli policy has continued this trend of violence more recently during the intensified 2014 conflict between Israel and Gaza. In response to violence by Hamas, Israel's Operation Protective Edge caused 2,200 Gazan deaths (Marshall, R, 2015, p. 1). Israeli citizens further utilized violence as a response to the conflict when civilians kidnapped and burned to death a 16 year-old Palestinian, who was not responsible for any of the violent events directed toward Israelis. When Palestinian youths responded with stone-throwing and knife attacks, Israeli forces arrested 800 youths, as well as fired live bullets into the crowd, killing many. The Knesset responded further by approving legislation that would allow for a 20-year prison sentence to anyone convicted of throwing stones at a moving vehicle, though the government did not take similar response after ultra-Orthodox Jewish men threw stones and slashed the tires of public buses carrying ads for the Women of the Wall (an organization dedicated to gaining the right for Jewish women to pray at the Western Wall) (Marshall , R, 2015, p. 1).

The violence has continued to affect the Israeli psyche. For example after the Yom Kippur war (1973), a survey polled Israelis about how they perceived the rest of the world felt about Israel. Of the respondents, “40% felt that the nations of the world were always, or generally, against the State of Israel, whereas only 5% of the sample were willing to make the opposite generalization” (Bar-Tal & Antebi, 1992, p. 254). The mentality of a world with negative intentions and the continuous presence of conflict is likely to cause psychological issues within individuals, as a result of that continuous distress and fear. However, there has been limited research on the psychological impact that conflict has had on the Israeli population. The most pertinent conflict is the consequences of the Israeli-Palestinian conflict, which has been the longest and most intractable of conflicts within Israel. Furthermore, since the Six Day War in 1967, “Israeli military service often includes administration of the Palestinian civilian population in the West Bank and Gaza” (Bleich, Gelkopf, Berger, & Solomon, 2008, p. 873). Bleich et al. (2008) sought to discover the exact psychological consequences of the occupation on Israeli soldiers as a result of Israeli critics who have used anecdotal evidence to support the argument that the occupation in the Palestinian areas has harmed Israeli society.

b. Military

Military servicemen within the occupation are responsible for the administration of border crossings for “hostile and fearful civilians” and military raids/incursions. Military incursions may include “entry into houses suspected of harboring terrorists, door-to-door fighting, roadblocks, and facing angry and belligerent stone-throwing and/or gun-shooting mobs”. (Bleich, Gelkopf, Berger, & Solomon, 2008, p. 873). The results of the study found that men in contact with the Palestinian civilian population (n=74) had greater exposure to traumatic events and civilian-related violence than their non-contact counterparts (n=74). The study found

that of those who had contact with civilians, “17.4% perceived their behavior as degrading civilians” and “11.4% revealed symptoms criteria for PTSD” (Bleich, Gelkopf, Berger, & Solomon, 2008, pp. 873-875). Furthermore, military servicemen who had witnessed another humiliate a Palestinian civilian or had humiliated a civilian themselves, reported PTSD symptom criteria more often and also exhibited higher PTSD severity scores (Bleich, Gelkopf, Berger, & Solomon, 2008, p. 876). The implication of this study’s findings is that the number of Israeli men exposed to trauma is quite high because military service in Israel is mandatory and many servicemen are placed in contact with Palestinian civilians. However, this study and others do not try to explore whether social psychological theories (siege mentality) predispose individuals to psychological disorders, or whether social-psychological trauma (siege mentality) alone can cause trauma-induced disorders.

c. PTSD

The only other major study on PTSD in Israel, compared southern Israeli civilians with longtime exposure to rocket/mortar fire and terrorist attacks (n=254 adults with over 7 years of exposure) to civilians not living under these conditions (n=308) (Besser, Neria, & Haynes, 2009). The conflict with the Palestinians in Gaza is the cause for the violent conditions that the Southern civilians are living under. The study found that though there were no significant differences for gender, age, or education, the exposed group had significantly higher levels of PTSD symptoms, as well as higher levels of Insecure Attachment Anxiety and Avoidance scores (Besser, Neria, & Haynes, 2009, p. 853). These findings support previous research that direct exposure to trauma takes a psychological toll on the victim, and that these individuals have greater belief in the siege mentality as they have constantly been exposed to attack. Furthermore, the results support the claim that a society in conflict will have a greater number of citizens

suffering from trauma related illnesses, such as PTSD. Finally, the Besser et al. study found that Insecure Attachment Anxiety was higher among the trauma-exposed civilians and that it was strongly associated to PTSD among individuals. The connection to Insecure Attachment Anxiety is relevant to this study because both the Cavell & Malcolm (2007) study and the McCue (2008) study identified insecurity attachment as a characteristic of batterers. The Cavell & Malcolm study found insecurity attachment to be a defining trait among Borderline/Dysphoric (BD) batterers and McCue found that insecurity in one's attachment to an intimate partner often manifested in violent rage (Cavell & Malcolm, 2007; McCue, 2008). Therefore, this apparent connection between PTSD, attachment anxiety, and IPV further supports that a relationship exists between PTSD and IPV.

d. Militarization and Military Values

Besides the direct psychological results of conflict, the combination between siege mentality and the constant presence of conflict has led to the militarization of Israel because Israelis believe that their survival is entirely determined by whether they can protect themselves. As a result, Israel has been ranked highest in militarization by the Global Military Index (GMI) from 1993 to 2003 and 2007 to 2011; Israel has also never had a GMI ranking less than 4th from 1990 to 2011 (Bonn International Center for Conversion, 1990-2013). The Global Military Index ranks countries based on a variable that encompasses a comparison between the country's military expenditures and its health expenditure, the ratio of military and paramilitary forces in a country with the number of physicians, and the number of heavy weapons available to a country's armed forces (Bonn International Center for Conversion, 1990-2013). The percentage of Israel's gross domestic product (GDP) that has been used toward military expenditures has ranged from 4.1% to 9.6%, during 2000 to 2011, and military expenditures have made up 15 to

almost 20% of the central government's expenditures, during that same time (The World Bank, 1980-2014).

Israeli militarization is also an exceptional case due to the fact that it utilizes the conscription of both men and women to maintain its military, and has done so since the passage of the Defense Service Law of August 1949 (Sasson-Levy, 2003). Though both men and women are conscripted, religion and gender policies still lead to an unequal system of service. First, among the population of citizens required to serve, men are required to enlist for three years and women for two. With regards to male conscription among the Arab population, Druze men are required to serve; Bedouin and Muslim men are not conscripted, but allowed to volunteer. Discussion in the Knesset about whether to extend conscription to all Arab men has arisen recently, but the law requiring conscription did not pass (Lis, 2013). The only exemption to conscription that applies to Jewish men is that previously ultra-orthodox Jews enrolled in a religious study institution (Yeshiva) could apply for an exemption. However, recent legislation in the Knesset passed, which requires conscription of the ultra-orthodox as well (Goldenberg, 2014). Women on the other hand, are exempted if they are married, pregnant, mothers, Christian, or Muslim. Furthermore, a law enacted in 1978 allowed for women to be exempted on religious grounds (Klein, 2002). In fact, Interior Minister Gideon Sa'ar expressed reservations about a bill that would extend the service of women from 24 to 28 months, because it would "strain the equality between [girls] who do service in the IDF and those who don't...adding that as it stands many girls receive exemptions after claiming to be religious even though they are not" (Lis 2013). Finally, though men are conscripted despite education level, women must complete 8 years of formal education in order to serve (Klein 2002). The uneven conscription policies have resulted in "about 90 percent of (Jewish) men drafted, as opposed to 60 percent of (Jewish)

women” (Klein 2002, 671). Of those conscripted, 80 percent of males complete the required three years, whereas only 15 percent of women complete the required two (Klein 2002). Finally, the law requires men to participate in reserve duty until the age of 50, whereas women only serve in reserve duty until the age of 24, and very few women are ever actually called upon to serve (Klein 2002).

Israel’s prioritization of the military, and allowance for discrepancies between genders, has affected cultural values about military service, gender roles, and masculinity. For example, Israeli policy indoctrinates the youth with military goals and values. From a young age, school books, curricula, and teachers instill children with the ideas that the military is a necessity, that participation brings glory, and that participation is a rite of passage. In fact, “one of the central issues which [preoccupies] educational curricula is Israel’s relationship with other nations” and the outlook that Israel is isolated and faces hatred from all others (Bar-Tal and Antebi 1992, 261). A survey in 1987 of Israeli youth, ages 15-18, found that 63% believed “the Holocaust is not a one-time event and can always recur” and 84% agreed that “in all the world there exists anti-Semitism, even if not expressed explicitly” (Bar-Tal and Antebi 1992, 51). Children are also taught that the military bestows glory, which re-enforces gender stratification. “Military socialization and instruction in Israel begin at kindergarten” with education meant to prepare students for joining the military (Klein 2002, 672-673). The methods include: Israeli Defense Forces holding lectures on life in the military, participation in pre-induction courses, military oriented classes, and participation in the yearly Yom Hakheilot. The Yom Hakheilot is a one day course organized by the military and the school, and it is in these courses that gender differences become apparent. Throughout the course, boys and girls are separated: boys watch films depicting the excitement of military life and the importance of physical activity; girls learn about

emotional issues that arise from service, such as the separation from one's parents. The gendered policy of what children learn contributes to an understanding at an early age that gender determines one's relationship to the military. The differences in gender roles continue within the military, as women typically serve in administrative, clerical, or traditionally feminine roles (Sasson-Levy 2003). It was not until January of 2000, that women were even allowed to volunteer for combat roles (Sasson-Levy 2003), and to this day, only 3 percent of servicewomen work in combat units (Rudoren, 2013). Within Israel's militarized society, proximity to combat garners prestige and so women are inferior due to their participation in less important roles (Klein 2002).

As combat is emphasized, the system maintains a hegemonic masculinity that values aggression. The influence of a hegemonic masculinity is illustrated by women in traditionally masculine roles who adopted new masculine identities. These identities value aggression and the abandonment of all things feminine. Sasson-Levy interviewed 47 women serving in masculine positions (primarily combat) within the IDF, and found that those women who previously embraced feminine characteristics would mimic their male counterparts. The women acted more aggressively, spoke more explicitly, and imbued all "masculine" characteristics. These "masculinized women" were even derogatory toward other women. The women mimicking their male colleagues began to view women in traditionally feminine roles as weak or subservient, and so objectified these "feminine women" based on their reproductive or sexual roles. They referred to feminine women (in the way that male soldiers do) as "tits", which reduced them to no more than their sexual organs (Sasson-Levy 2003).

Thus, like their male counterparts, women soldiers in 'masculine' roles identify with the military masculine ideology and express anti-feminine attitudes...hence, they present themselves in opposition to women and construct their identities by way of negation. In a way similar to that of

the combat soldier, the traditional woman is the “other” against whom they construct their identity (Sasson-Levy 2003, 452).

In other words, what is valued in the militarized Israeli culture is the absence of feminine characteristics. Finally, masculine ideals like the objectification of women and the belief in the legitimacy of aggression are risk factors for gender violence. For example, a study by Zurbriggen found that because both rape and war uphold the same values, those who are willing to wage war have a higher likelihood of committing rape (Zurbriggen, 2010). The specific values that Zurbriggen highlights as motivations for each, are the same values that Sasson-Levy illustrates as part of the military mindset, including aggression, feminine avoidance (the purging of anything feminine), status (derived from the objectification and possession of women), and the need for power or dominance (aided by the view of the subversive woman). If these are the traits that are the greatest risk factors for rape, it is a logical extension that these would be the primary indicators of intimate partner violence.

e. Intimate Partner Violence

Unfortunately, while it is obvious that conflict, militarization, and the siege mentality perpetuate each other, it is still unclear how they affect intimate partner violence. Though there is evidence that psychological illness and gender values are related to IPV, it is impossible to determine whether the two factors cause IPV. Understanding the relationship between conflict-induced psychosis, gender norms, and IPV is important to ending IPV against women. IPV in Israel is a serious issue, which has only recently received attention. It was not until 1962, that individuals even broached the topic within the Knesset (though it was quickly dismissed). When the government first decided to research the issue in 1995, it created the 1995 Karp Committee, which found that there was no reliable data on the prevalence of IPV in Israel. Appeals to women’s organizations allowed the committee to estimate that 5-10% of Israeli women were

exposed to IPV (Muhlbauer 2006). Today, though IPV is generally recognized by the public as an issue, there are still institutional barriers which prevent women from seeking help and reporting their experiences of abuse; the primary barrier is halakha, or Jewish law (Anson & Sagy, 1995). Under halakha law, the Orthodox rabbinical courts adjudicate all issues of marriage and divorce. Therefore, male rabbis preside over abuse-based divorce requests, which is problematic as they generally side with the male defendant (Graetz, 1998). Furthermore, halakha only grants divorce if the husband consents; if an outside party forces a divorce, the divorce is considered invalid. If a woman remarries after an invalid divorce, she is considered an adulterer and any children she has afterward are considered illegitimate, all of which come with significant social stigma (Graetz, 1998). Therefore, if there is little opportunity for women to escape from an abusive union and those who do escape are ostracized. It can therefore be assumed that reports collected on the percentage of women experiencing IPV is not a perfect representation of reality, though surveys can still provide a threshold for understanding the issue.

One study used in this research to illustrate the prevalence of IPV is the First Israeli National Survey on Domestic Violence. This survey was commissioned in 2001 by the Ministry of Labor and Welfare, and was conducted by the Minerva Center of Haifa University. The method of the survey was to send surveyors with questionnaires to selected addresses and then Zvi Eisikovits, Zeev Winstok, and Gideon Fishman reported the findings (Muhlbauer, 2006). The survey was administered to 2,996 women of various demographic backgrounds, and the measured both physical and verbal aggression. The survey defined physical aggression with three subcategories: “broke or threw objects around the house”, “hurt his woman partner by using moderate physical violence (twisted her arm, pulled her hair, slapped her face, etc.)”, and “hurt his partner by using severe physical violence (punching or kicking, slamming against the

wall, cutting, causing burns, attempt to strangle, etc.)” (Eisikovits, Winstok, & Fishman, 2004, pp. 738-739). The study found that 13% of women experienced some form of physical aggression. Of that 13%, 5.7% of women experienced moderate violence and 1.7% experienced severe violence.

A second study conducted in 2000 and published in 2003 by Menachem Fisher and others measured the number of women who had ever experienced IPV in their lifetime compared to the amount of women who had experienced violence during pregnancy. The study delivered a standard questionnaire via phone calls, and 270 women seeking gynecologic care (again across various demographics) responded about their experience with physical, psychological, and sexual abuse. Physical violence was further delineated between severe physical attacks (burns, beating with an instrument, beating with fists, kicking, strangling, threatening or using a knife or a handgun) or minor physical attacks (pushing, shoving, throwing objects at woman, slapping, breaking/kicking/throwing an object, threatening to beat a woman or to throw an object at her). The study found that 8.2% of women had experienced severe abuse and 15.8% had experienced minor physical attack within their lifetimes (Fisher, Yassour-Borochowitz, & Neter, 2003). These findings are consistent with the findings of a 1999 study in Tel Aviv, which found that 7% of Jewish families reported that there had ever been instances of violence against a female member (Muhlbauer, 2006). The severity of the problem Israeli women face illustrates the necessity of understanding any societal aspects that may be causing or exacerbating the violence they experience.

After examining Israel, I found that militarization and conflict do affect Israeli IPV rates. The society is highly militarized and contributes to fairly strict masculine values. The available literature indicates that the masculine values contributed in increased aggression and avoidance

of “feminine” or weak values. Despite these masculine values, the slow incorporation of women into masculine roles illustrates that Israeli gender roles are not as strict. Therefore, military values of women seem to be less damaging to women than religious barriers, in which halakha law prevents women from leaving abusive relationships through legal means or social stigma. However, the effect of the actual conflict has a significant role in determining Israeli IPV, both because of the permeation of violence and because of the effects of PTSD, which both Besser and Bleich proved significantly affects Israelis (Besser, Neria, & Haynes, 2009; Bleich, Gelkopf, Berger, & Solomon, 2008). The permeation and celebration of violence against the Palestinians has normalized violence in everyday life; I discuss this further when comparing Israel with South Africa. However, the most important factor for Israeli IPV that I identified was the effect of PTSD. All of the literature on PTSD illustrates that PTSD is significant in predicting interpersonal violence and the conflict within Israel is traumatizing both citizens and soldiers to the point of developing PTSD.

South Africa

a. History of Conflict: Before Apartheid

Like the Jewish people, the South Africans have a long history of conflict which has affected modern life and societal perceptions; of which, Apartheid is the most traumatic and influential. Europeans learned of South Africa from Portuguese expeditions around the Cape of Good Hope at the end of the fifteenth century. However, it was not until the seventeenth century that any Europeans attempted to settle in the area. In 1652, the Dutch began shipping settlers to South Africa and by 1657, had begun allocating farm land to private citizens. Afterwards, other European immigrants arrived, such as the Huguenot refugees from France. Though the European population was nationally diverse, cultural uniformity was established through the Dutch

language and the religion of the Reformed Church. The Reformed Church was a branch of Calvinism, which was continually used by white settlers to justify racial inequality. According to South African Calvinism, God created a hierarchy among men and it was the duty of the superior (i.e. white) men to maintain the wellbeing of all races, and therefore must be in control. The cultural uniformity of language and religion created the Afrikaner identity, of which racial superiority would continually exist as a central tenant (Davenport & Saunders, 2000, pp. 21-35).

Issues of trade and land ownership quickly created conflict between the new Afrikaners and the previous inhabitants. During this period, both sides perpetrated raids, theft, and violence against the other. Furthermore, social stratification based on skin color was already taking place. Settlers imported slave labor from other parts of Africa, and the slave population--as well as other communities like the Khoikhoi, the San, the Bastards, and the Free Blacks-- made up the "black" and "colored" population. Within South Africa "black" and "colored" are two distinct groups; whereas, "colored" generally referred to those of mixed heritage (though the term "colored" became more complicated as non-European and non-African individuals arrived in South Africa later), "black" referred to those with only African heritage. The white Afrikaner population solidified its social dominance over both groups by allowing only white individuals to own land or hold political office, and by using only non-white individuals as slaves or serfs. In this way legal status quickly became tied to race (Davenport & Saunders, 2000, pp. 33-35).

In 1795, the British took control of South Africa, briefly lost the country to the Batavians (United Netherlands) in 1803, before finally regaining and solidifying control in 1806 (Davenport & Saunders, 2000, pp. 40-42). After the British regained control, authority was centralized under British governance, without any local control. By the nineteenth century, the status of indentured groups (such as the Khoikhoi) had merged with the status of slaves (with the

exception that indentured servants could not be sold). Therefore, when the British government banned slave trade throughout the Empire in 1807, it was resented by slave-owners who viewed the mandate as an order from an outside or “alien regime”. In 1834, the British went farther and required a four year emancipation process. Despite the end of slavery, the lives of non-white individuals did not improve much, as the newly freed individuals faced poverty and work that left them unofficially indentured (Davenport & Saunders, 2000, pp. 47-48).

Unequal land partition made discrepancies in quality of life between the white population and non-white population apparent. In theory, black chiefdoms had regained land that was traditionally theirs, while the white population was restricted to areas now unpopulated by the native inhabitants as a result of the Difaqane wars. However, the borders were poorly defined or non-existent and local governing bodies were unable to exert much control over their territories. Among the white population, there was a significant need for laborers, which was supplemented by indenturing black individuals captured in war. Eventually, the British Empire began annexing land held by the black chiefdoms (Davenport & Saunders, 2000, pp. 129-130).

By 1870, the British Empire sought to gain access to land held by the two Boer Republics, which separated British held diamond mines from the areas that provided the British with back labor (Davenport & Saunders, 2000, pp. 202-203). From 1874 to 1880, the British worked to annex the land of Transvaal; the Boer Republics (among other chiefdoms) resisted annexation and the resulting conflict is referred to as the Anglo-Boer war (Davenport & Saunders, 2000, pp. 203-205). War between the British Empire and black chiefdoms over annexation occurred in various sections of South Africa, throughout the nineteenth century; however, by 1902, the Boer population was one of the last hold outs against the Empire. However, with the Treaty of Vereeniging, the Boer people agreed to surrender their

independence to the British in exchange for war reparations and the release of war prisoners. Unfortunately for the non-white population, the Treaty of Vereeniging was worded to allow “the British to grant political rights to colored people in any constitution restoring self-government to the new colonies,...[but] when the time came they refrained from doing so” (Davenport & Saunders, 2000, p. 234).

By the early twentieth century, South Africa had gained a semblance of self-rule, but was also host to policies that stripped non-white citizens of political rights, such as voting (Davenport & Saunders, 2000, pp. 234-373). In 1934, the Union of South Africa parliament passed the Status of the Union Act, which declares the country a sovereign state, and removed the last vestiges of British legal authority. Leading up to 1948, the United Party (a white, English speaking party with strong ties to Britain) held power, but was losing support due to the Afrikaner Nationalist Party’s successful propaganda campaign. During the election of 1948, the Nationalist Party was elected (by the white population, non-whites had already been disenfranchised) for their Apartheid platform, which called for the separation of the races, justified by Calvinist doctrine and central to their Afrikaner identity (Davenport & Saunders, 2000, pp. 340-370). After the Nationalist Party was elected, it codified racial separation “with regard to transport, education, amenities, residence, and politics” (Davenport & Saunders, 2000, p. 373).

The black and colored populations carried out protests and strikes against the Apartheid regime, including a mass protest in 1952 in which non-white groups entered ‘European only’ institutions. As a result of the protest, 8,326 people were arrested and though the protest was intended by leaders to be peaceful, 26 non-white and 6 white individuals were killed during clashes between demonstrators and the police. The government responded with a Public Safety Bill that allowed it to “declare a state of emergency over all parts of South Africa...and a

Criminal Law Amendment Bill which imposed heavy sentences of fines, imprisonment and corporeal punishments for breaches of the peace or incitement” (Davenport & Saunders, 2000, p. 387). Rural rebellion also took place during this time, and again some protests were peaceful, but many ended in violence between protesters and the police. In Pondoland, for example, riots broke out and protesters burned down the houses of government informants. The government retaliated by bringing in mobile armored units and aircrafts to destroy resistance; one police raid resulted in between 11-30 black African deaths (Davenport & Saunders, 2000, pp. 399-402).

The 1980s and early 1990s were host to some of the worst cases of violence. During the 1970s, the magnitude of the violence was a 1 (out of 7), but from 1983 to 1996, the magnitude of the conflict increased to a 3 (Marshall M. G., 2014). Similarly, the intensity levels of violent events during the late 1950s through the 1970s only constituted a level 1 (out of 6), while the 1980s and 1990s experienced events with intensity levels of 2 or 3 (Hass, 1993). However, though the magnitude and intensity levels remained relatively low, this does not mean that violence was not pervasive or traumatizing. The Hass and Marshall studies both use the number of casualties in order to assign a magnitude of intensity number; they do not evaluate the systemic violence outside of a simple body count. Therefore, it is more useful to qualitatively evaluate the violence that affected the society.

The Apartheid government was created out of violence and oppression, but it was also defined by those two traits.

The Apartheid era was predicated on force – the eviction and relocations of whole communities, the separating of families, the bulldozing of homes, the dawn raids by policemen searching for infringers of the pass laws, the shooting of crowds of unarmed protesters and the torture of prisoners. Moreover, the Apartheid government operated on a principle of silencing resistance to the state through sophisticated propaganda, disinformation, censorship, and cultivating acute fear between different racial groups. (Poltera, 2011, p. 238)

However, Apartheid was more than just defined by violence; it justified violence as a necessary and legitimate response. The government legitimized violence on the political level and required violence against dissidents. For example, in 1960, police killed sixty-nine black South Africans (and many more were injured), when they opened fire on an unarmed and peaceful protest in Sharpsville. The state ruled this, and the further use of violence on colored South Africans, as legitimate after a series of “immorality trials” (Poltera, 2011, p. 239).

More importantly, individuals viewed violence as justified, and even as humane, within their personal lives as well. One example illustrates an employer who beat a servant boy. The police caught the 16 year old black boy while he was sneaking away from the current farm he worked at, to the previous farm where his dying mother still lived. The police returned the boy to his employer, who offered to beat the boy as punishment, rather than let the police maim or kill him. The employer’s peers viewed the decision as magnanimous and evidence of the employer’s soft touch. The next day, the employer and his friends beat the boy with pieces of hosepipe from 10 in the morning until 5 in the afternoon. The employer further proved his good nature by having the boy strip naked, so that he would not ruin his clothes during the beating. While this was going on, the employer’s wife entertained her friends at tea, during which the boys screams could be heard. Afterwards the men came in “streaming with sweat and exhausted, in dire need of some refreshment after their strenuous day” (Poltera, 2011, pp. 231-232). In another example of personal violence, a black man (beaten to the point that he could barely move and was totally unrecognizable) showed up at the local magistrate’s house to issue a complaint about the employer who beat him. After ignoring him for a while, the magistrate finally asked what the man wanted, then told him to go to the police and not bother him (the man had and the police had further assaulted him). Finally, unconcerned, the magistrate ordered the man off his land

(Poltera, 2011, pp. 240-241). The previous examples illustrate how the culture of Apartheid affected individual views on violence and allowed South Africans to view violence as a normal and legitimate response in some situations. This violence permeated every aspect of life for South Africans under Apartheid as “children were regularly beaten by their parents and at school; black servants could be savagely beaten or even killed for minor insurrections; [and] domestic violence was relatively commonplace” (Poltera, 2011, p. 241).

The Truth and Reconciliation Commission of 1998 found that Joint Management Centers operating in at least 34 State-designated "high-risk" areas gave wide decision-making abilities to police and military in the area. These forces conducted State-sponsored assassinations of dissidents and activists (Commission, 1998) and in general, police violence was extreme and well documented (Davenport & Saunders, 2000, p. 481). Continuous amendments to the Internal Security Act allowed the government to “tighten control, especially when the university and the schools became centers of opposition” (Davenport & Saunders, 2000, p. 481). However, militarization and violence were not just tactics of the white government, but were also utilized by non-white liberation groups. For example, Mangosuthu Buthelezi, militarized the region of Inkatha by creating the Youth Brigade, the Women’s Brigade, and by promoting paramilitary camps, while Nelson Mandela formed the militant Umkhonto we Sizwe in 1961 and was later arrested as a terrorist (Davenport & Saunders, 2000, pp. 483-484).

The conflict that existed under the Apartheid regime was not eliminated once Apartheid was dismantled in the early 1990s. The state-sponsored violence and reactive insurrections militarized the culture and caused violence to become “a first line strategy for resolving conflict and gaining ascendancy” (Outwater, Abrahams, & Campbell, 2005, p. 139). Violence is used in every situation, including “disputes between neighbors, in work settings, in health care settings,

and against the elderly” (Outwater, Abrahams, & Campbell, 2005, p. 139). The culturalization of violence is responsible for modern South Africa’s high crime. For example, South Africa’s overall violent death rate is nearly twice the global average and the leading cause of death within the country (45% of all non-natural deaths) (Outwater, Abrahams, & Campbell, 2005, pp. 139-140; Seedat, van Niekerk, Suffla, & Ratele, 2014, pp. 137). The male homicide rate is eight times greater than the global average and the rate of female homicide from IPV is six times the global rate (therefore half of the female homicide victims are killed by intimate partners). The homicide rate for boys under 5 years old is estimated at 14 per 100,000 and for girls under 5 it is 11.7 per 100,000. These child homicide rates are more than twice the rates for countries of similar economic standing. Finally, it is estimated that 1.75 million people seek health care for violence-related injuries annually and that “about 75% of South Africans experience at least one violence-related traumatic event over the course of their lifetime” (Seedat, van Niekerk, Suffla, & Ratele, 2014, p. 137). Aside from physical violence, South Africa suffers from high sexual violence and has the highest ratio of reported rape among the 89 Interpol member states (Outwater, Abrahams, & Campbell, 2005, pp. 139-140). The normalization of violence prior to, but especially under, the Apartheid regime, is responsible for the extreme levels of modern violence within the country; also fueled by the “urbanization and ongoing socioeconomic disparities” that resulted when the state dismantled Apartheid (Atwoli, et al., 2013, p. 182).

b. History of Conflict: Post-Apartheid

Furthermore, violence is still an institutional problem for the post-Apartheid society, as high levels of police violence exist alongside the high levels of violent crime. In the mid-1990s, the new post-Apartheid government was faced with a rising crime rate, and yet a need to reform the police (who had previously had a hand in many of the atrocities perpetrated during

Apartheid). New policies and training programs were put in place in order to steer the police toward equal protection, a respect for human rights, and away from police brutality. The government also created the Ministry of Safety and Security to place the police more firmly under civilian control. Despite these measures, the Swedish Aid agency published a report in 2002, which found that implementation had failed across the board, that police were prejudice against human rights, and utilized a racial approach to justice (Jensen, 2011, p. 463). Police reform continued to suffer after 1996, when South African civil society saw the police as essential to protecting society from the rising crime rate, which had not decreased as expected after the democratic regime was in place. By 1999, President Nelson Mandela appointed a new Minister for Safety and Security for his tough on crime stance. The new minister, Steve Tshwete, even stated that “criminals must know that the South African Police possesses the authority, moral and political, to ensure by all means, constitutional or unconstitutional, that the people of this country are not deprived of their human rights” (Jensen, 2011, p. 464). The police then declared a war on gangs, which ravaged the country, and were able to use lethal force due to their rise in popularity. However, police were again contributing to violence within South African society, by brutalizing trainee police officers, increasingly committing police brutality (especially against protesters), and (according to allegations) torturing detainees within the Cape Town department. Criticism of police brutality climaxed in 2012 and 2013, after “the brutal killing of thirty-four mine workers in the Marikana massacre and the torture and killing of a taxi driver” (Jensen, 2011, p. 465). Finally, the study by Jensen found that “the use and abuse of force seems to have permeated the culture and conduct of the police to the point of being banal and ordinary” (Jensen, 2011, p. 469). The everyday and banal violence that police feel able to commit with impunity has included the rape of a thirteen-year old girl by the officer assigned to

drive her home and the detention of a female victim of assault with her assailant. According to Jensen's study,

Most police officers were adamant that violence was a necessary aspect in policing the townships. On one occasion, in an attempt to explain this need for violence to [Jensen], a police officer asked if [he] could hear muffled cries from the cells. [He] listened, and said that [he] could. 'It's a boy who stole some money from a neighbor. They found the money in his school bag. [The mother] has had problems with him before. He won't listen. So she brought him here, so that we could give him a beating'. [Jensen] asked, somewhat taken aback, whether this was normal practice. [The officer] affirmed that it was. (Jensen, 2011, p. 470)

This quote not only illustrates the banal perception of violence held by the police, but also similar feelings about violence among the rest of the population, as it was the boy's mother who turned him in for the expressed purpose of having him beaten. Furthermore, another sergeant later remarked about the issue, that he did not like being the one to have to discipline the boy; had the father been present, he would have had him do it, so as not to take away from a father's authority. This justification of violence mirrors Poltera's earlier observation on the beating of the servant boy under Apartheid, whose employer was seen as admirable for taking on the responsibility of physically punishing the boy rather than having the police administer "justice". Further illustrating that, the Apartheid value for violence still permeates modern South African perception and acceptance of said violence.

c. PTSD

South Africa's continuous state of violence has greatly affected the psychological health of South Africans, and in fact up to 80% have experienced high levels of exposure to trauma (Atwoli, et al., 2013, p. 182). Estimates on the prevalence of PTSD within South Africa vary. A study that used a national survey of 4,351 South African adults between 2002 and 2004 found that the prevalence of lifetime PTSD was only 2.3% (which is lower than Europe—7.4%--and North American—6.8%) and the prevalence of PTSD among individuals who had experienced

potentially traumatic events was 3.5%. Furthermore, witnessing violence or trauma inflicted on another was a greater indicator of PTSD, as it accounted for 50% of PTSD cases (Atwoli, et al., 2013, p. 190). The issue that arises with the Atwoli study is that it only utilized the survey data concerning everyday violence or trauma. The national survey used coded different types of everyday trauma and assessed the prevalence and the risk of PTSD associated with each specific type of trauma. However, the survey evaluated human rights abuses, torture, and other traumas experienced during Apartheid with in depth interviews, and Atwoli did not attempt to discern the relationship between PTSD and traumas that resulted from political violence. The Atwoli study investigated both the relationship between PTSD and a person's (self-reported) worst everyday trauma and between PTSD and a randomly selected trauma. Therefore, the Atwoli study does not present a holistic view of PTSD within South Africa because it does not evaluate the prevalence of PTSD due to Apartheid era abuses.

Another study using the same national survey data investigated the risk of PTSD both as a result of political violence (by utilizing the survey's interviews) and everyday violence (using the coded data) (Kaminer, Grimsrud, Myer, Stein, & Williams, 2008). The Kaminer study found that of the people surveyed 2.3% had experienced some form of politically motivated trauma (4.1% of men surveyed and 0.8% of women). Furthermore, the ratio of men with a lifetime diagnosis of PTSD was highest among those who had suffered from political violence (2.5% of those who suffered politically motivated physical assault, 6.3% of those who suffered detention, and 7.7% of those who had suffered torture) (Kaminer, Grimsrud, Myer, Stein, & Williams, 2008, p. 1592). After political violence, lifetime PTSD diagnoses existed among men who had experienced partner abuse (5.3%), abuse as a child (4.5%), other unlisted physical assault (2.2%), and criminal assault (1.3%) (Kaminer, Grimsrud, Myer, Stein, & Williams, 2008, p.

1592). Unfortunately, the level of risk for PTSD associated with political violence could not be determined by the study due to the different method of interviews vs. codified data utilized by the survey; so the types of trauma found to have the greatest risk for PTSD among men were abuse as children (0.6%) and criminal assault (0.3%) (Kaminer, Grimsrud, Myer, Stein, & Williams, 2008, p. 1593). These results differ from the Atwoli study, which found witnessing trauma to have the greatest risk for PTSD. Discrepancies may have occurred due to the Kaminer study not evaluating the trauma of being a witness to violence and the Atwoli study not evaluating the effect of political violence.

Unfortunately, the Atwoli and Kaminer studies paint a limited picture as to how PTSD is affecting South Africans, and if the Atwoli study is correct the prevalence of PTSD in South Africa may be less than in Europe and North America, though these findings do not necessarily mean that PTSD is not a significant problem and European/North American figures may be high due to involvement in wars within the Middle East, as well the inclusion of recent violent conflicts within Eastern European countries and Mexico). It is also problematic that neither study was able to investigate the consequences of PTSD on IPV among the trauma victims surveyed. However, a study by Gupta et al. found that those who had experienced human rights violations (e.g. state-perpetrated violence, repression, genocide, torture, forced disappearance of family members, and massacre) or the victimization of one's friends/family member were significantly more likely to use IPV (Gupta, Reed, Kelly, Stein, & Williams, 2012, p. 1).

The Gupta study found that 31.4% of male liberation supporters and 23.1% of male Apartheid supporters had "reported perpetrating physical IPV against their current or most recent female partner" (Gupta, Reed, Kelly, Stein, & Williams, 2012, p. 3). Furthermore, the study found that men who had experienced three or more human rights violations were significantly

associated with greater reporting of IPV (49.2% of this group reported using violence against their female partners), and that men who had experienced human rights violations while in political custody were almost twice as likely to report using IPV (75.0% vs 29.7%) (Gupta, Reed, Kelly, Stein, & Williams, 2012, p. 3). The Kaminer study found that the highest percentage of men with lifetime diagnoses of PTSD were those who had experienced either torture or detention. The Gupta study found that men who had been detained were twice as likely to commit IPV. These findings imply that there is some kind of relationship between PTSD and IPV; however, a causal relationship cannot be determined and other factors may contribute to how individuals respond or deal with the atrocities associated with political violence, both in their perpetration of IPV and their development of PTSD.

d. Militarization and Military Values

The conflict and violence in South Africa have also affected more than just the psychological wellbeing of its citizens; it has also affected perceptions of gender and masculinity. During the Apartheid regime, the gender values created were inherent within the military structure, similar to the Israeli case study. By 1980, the Apartheid government faced increased opposition and so in response, it militarized South African society. Two years of mandatory military service was now required for all white men, followed by fifteen years of a type of reserve duty. The national service quickly became “a powerful rite of passage for white boys and was advocated as the primary performance of citizenship and masculinity” (Conway, 2008, pp. 424, 426). Service as the pathway to citizenship and manhood is similar to the gendered militarization within Israel, and the South African state also utilized “the education system to prepare and condition white boys for military service” (Conway, 2008, pp. 424, 426). At the same time white civil society was experiencing an increase in anti-Apartheid sentiment

and so was producing many conscientious objectors who refused to be drafted into military service, which contested “the accepted gender norms that white men were expected to follow” (Conway, 2008, p. 425). The Apartheid state continued to couch the discourse in gender terms, and so the state was portrayed as strong, masculine, and unyielding. South African president, P.W. Botha, assured the populace that “South Africa is a valuable jewel defended by determined men” and warned the populace against weakness or yielding to criticisms, traits seen as feminine (Conway, 2008, pp. 427-428).

The government further genderized the debate by linking the conscientious observers and other anti-Apartheid groups with homosexuality and sexual deviancy. Leaders among anti-Apartheid groups were accused in military reports of being members of the University of Cape Town’s Gay and Lesbian Alliance, a place according to the report, where “lesbians [could get] at each other with no shame at all” (Conway, 2008, p. 435). The view purported by the state was of “the soldier, the warrior, the redeemer” fighting to stop the objectors who have been stripped of their “virility and manhood” (Conway, 2008, p. 435). Slogans commonly depicted objectors as “Mommy’s little boys” or said that “The ECC (the most prominent conscientious objector organization) Believes in Fairy Tales” (Conway, 2008, p. 435). This homophobic rhetoric not only amplified homophobia within the general population (Apartheid equaled protection against chaos, violence, and poverty; homosexuals, objectors, and others were attempting to undermine the state), but it negatively associated femininity with weakness and weakness must be dominated.

Even after South Africa dismantled Apartheid, the hyper-masculinity and gender values developed during that time continued to exist. However, the issue of violence and aggression against that which is feminine is no longer structural (as the modern constitution establishes

equality between genders and allows for freedom of sexual orientation), but is instead cultural as those values systems premised on aggression continue among individuals. Aggressive values are exacerbated when (as mentioned before) violence has become a normal method of conflict resolution in all areas of life. The Apartheid-promoted gender values are apparent within modern narratives among rapists. The common justification of rape among rapists when interviewed is that a woman was “asking for it”; however, according to these men, the women who are asking for it are the “cheeky ones – the ones that walk around like they own the place, and look you in the eye” (Moffett, 2006, p. 138). This justification is representative of the militarized gender norms because the narrative highlights the perceived dichotomy of femininity as yielding, weak, and subservient, and so represents violence against those that deviate from traditional gender norms as legitimate. This type of punitive violence against gender deviants mirrors the Apartheid sentiment that justified everyday racial violence as necessary for keeping blacks in “their place”, especially when they showed any sign of resisting racial inequality (Moffett, 2006, p. 138). Sexual violence as a means of reasserting values of hyper-masculinity and female subservience is also prevalent in the justification of rape against lesbians or those seen as “butch”. This type of rape is again justified as necessary punitive measure against those women who deviate from prescribed gender norms and seek to embody “masculine” traits (Swarr, 2012, p. 962). The previous studies support the belief that gender values have contributed to gender violence in the form of rape, but it can also be applied to IPV as one recent study found that disagreement with the belief of male superiority was significantly associated with lower rates of IPV among adolescents (Russell, et al., 2013).

e. Intimate Partner Violence

Understanding these possible motivations is important as IPV and general violence against women is epidemic within South Africa. A national study of South Africa found that 50.3% of all female homicides were the result of IPV, and the mortality rate for IPV is 8.8 women per 100,000 (twice that of the United States) (Abrahams, Jewkes, Martin, Mathews, Vetten, & Lombard, 2009). Furthermore, estimates on the percentage of women who will experience IPV within their lifetime ranges from 13% to 24.6% of South African women, while 31.8% of men in rural areas and 42% in Cape Town reported that they have ever used physical violence against a female partner (Gass, Stein, Williams, & Seedat, 2011, p. 2766; Outwater, Abrahams, & Campbell, 2005, pp. 137-138). Women are also twice as likely to be assaulted by a current or former partner as by anyone else (Gass, Stein, Williams, & Seedat, 2011, p. 2766). Intimate partner violence plays a significant role in the lives of South African youths as well. A study of 8th grade students in Cape Town found that out of 549 students (238 boys and 311 girls), 78.5% reported having a partner in the past 3 months and of that 78.5%, over 10% of boys reported forcing their partner to have sex, while 39% of girls reported that they were victimized by physical IPV. In this study (as mentioned before), disagreement with male superiority and violence predicted a lower risk for IPV, while “the frequency of using negative conflict resolution styles (e.g. walking off angrily, sending angry text messages, or refusing to talk to them) predicted high IPV risks (Russell, et al., 2013, p. 283). Finally, a national study found that 7% of women are forced to have sex against their will and that 32% of pregnant teenagers and 18% of non-pregnant teenagers reported forced sex as their first experience with intercourse (Outwater, Abrahams, & Campbell, 2005, p. 140).

In evaluating South Africa, I found that the militarization of values on violence and gender were the most significant factors for IPV, though the other factors are still significant. Militarization has greatly affected South Africa. The Apartheid policy of violence and gendered rhetoric created violence as a first response to conflict resolution and re-entrenched gender norms (which has caused men to use punitive violence, such as rape, against women seen to deviate from norms). However, PTSD still is significant, especially among the generations that experienced political violence during Apartheid. Human rights violations are the most significant indicators of PTSD within the population, while crime, which is the most common trauma in modern society, is not as strong of an indicator. The experience of political trauma was shown by Gupta to double the likelihood of a man perpetrating PTSD. However, the reason militarization is more significant within South Africa is because militarization affects the entire population, whereas political trauma only affects certain men that were adults during Apartheid. However, politically induced trauma still occurs in South Africa (with the same significance for IPV) within individuals brutalized by the modern police force, though a study on the connection between police brutality and PTSD has not been conducted yet.

Comparing Israel and South Africa

After examining both Israel and South Africa, I found that the two countries were both affected by militarization, conflict, and intimate partner violence, but to varying degrees. First, militarization manifested in Israel though all members are in theory conscripted into the military and indoctrinated with masculinized values; while it is true that the IDF has masculinized soldiers and so created hostility toward women, there is not much evidence that hostility contributes to IPV. Furthermore, militarized values on gender are much less obvious within general society than in South Africa, in which the Apartheid supported gender norms are manifesting in modern society as justifications for gender violence. South Africa on the other

hand, has been greatly influenced by militarization, which has resulted in pervasive violent crime, police brutality, violence as a first response. Militarization seems to be the most significant factor for IPV within South Africa, as militarization formed the strict gender norms. The effect of strict gender norms on IPV is supported by both Moffett (2006) and Swarr (2012), who found that attackers justified gender violence as legitimate against those perceived to deviate from gender norms, and by Russell (2013) who found that disagreement with those norms predicted a lower likelihood of IPV.

Second, both states are highly affected by violent conflict within the society, and both justify the use of violence against threats. However, while Israel has experienced conflicts and instances of violence ranked with both greater magnitude and intensity, violence within South Africa is more pervasive. Under Apartheid, violence permeated every facet of society, from the treatment of children to the treatment of non-white workers; however, even after apartheid, crime and police brutality run rampant and South Africa is victim to one of the highest rates of violent crime in the world. Israel, on the other hand, experiences violence to a different extent. In Israel, soldiers and citizens within southern Israel (close to the Gaza border) have experienced violence perpetrated against them, but in general, the violence is disproportionately felt by Palestinians. No academic literature indicates that the general Israeli population experiences violence in all facets of their lives, or as systematically, as the general population of South Africa. The literature regarding Israel restricts violence as the tool soldiers and civilians alike, use on the Arab population, but it is not present in the workplace or in schools, the way violence is present in South Africa. Therefore, it is less likely that the value of violence has permeated and affected Israeli society as thoroughly as it has done in South Africa, though the value of violence may still have an effect.

Despite the higher level of conflict within South Africa, Israeli IPV seems to be more affected by PTSD than South Africa. Israelis are most likely to develop PTSD as a result of policing the occupied Palestinian areas, an activity that a large portion of IDF soldiers do. South African men are still affected by PTSD, but the most significant trauma is political violence and not crime. PTSD may become less prevalent among South Africa as Apartheid recedes further into the past; however, further study is necessary in order to determine if the current trend of police brutality is a significant predictor of PTSD. Unfortunately, though the research indicates that a relationship exists between PTSD and IPV, whether the relationship is causal cannot be determined. There is not specific evidence that PTSD is a factor for IPV in Israel, the most salient connection made in the literature is that both PTSD and IPV can be consequences when an individual experiences Insecure Attachment Anxiety. This characteristic is found in the Besser study of Israeli citizens suffering from PTSD, and a characteristic of batterers in the general psychological profiles of both the Cavell & Malcolm study and the McCue study (Besser, Neria, & Haynes, 2009; Cavell & Malcolm, 2007; McCue, 2008). This similarity between PTSD and IPV cannot support a causal relationship, but may hint to PTSD and IPV resulting from psychological or emotional characteristics that cause men to feel insecure and anxious about their romantic relationships. The greatest connection within the South Africa studies was that experiencing political violence yielded high percentages of men diagnosed with lifetime PTSD and who admitted to committing IPV (Gupta, Reed, Kelly, Stein, & Williams, 2012; Kaminer, Grimsrud, Myer, Stein, & Williams, 2008). Though a causal connection cannot be made, all of the research on PTSD indicates that there is a significant relationship between PTSD and IPV, and so the degree to which PTSD affects a society significantly predicts the degree to which society experiences IPV.

The exact relationship between IPV, gender values, and hyper-masculinity is still uncertain as well. Some researchers claim that military-caused perceptions of male superiority and female inferiority are to blame for IPV; their studies support their claims with reasonable theoretical arguments, normally supported with rhetoric gathered from interviews. In the Israeli case, Sasson-Levy illustrates through interviews that gender values are associated with positions in the military and that even women who enter “male” positions are degraded for being feminine (Sasson-Levy, 2003). However, even if degrading femininity is the perception amongst most Israeli service men and women, there is no evidence that this devaluation of femininity is directly responsible for gender based violence. South African researchers, such as Conway, Moffett, or Swarr, more convincingly support the gender theory (Conway, 2008; Moffett, 2006; Swarr, 2012). In each of these studies, violent behavior is connected to otherizing and hyper-masculine values by analyzing rhetoric on the part of actual perpetrators of violence or leaders within the society. However, rhetoric that expresses values that degrade the feminine cannot sufficiently support the claim that those values are causally responsible for gender violence. It may be that men commit violence against women (whether IPV or other forms like rape) due to some physiological or psychological characteristic they possess and then justify the act later with hyper-masculinity. The issue with most of the studies on gender values and IPV is that they do not support their claims with quantifiable evidence gathered from the general populace. The one exception is the Russell study that found that disagreement with male superiority had a significant, negative correlation with IPV among South African adolescents (Russell, et al., 2013). However, similar to the PTSD theory, though findings cannot establish the causality of gender values, the research illustrates that gender values and gender violence are significantly linked in some way. Therefore, the only conclusion that can be reached is that hyper-masculinity

and gender values are related to the perpetration of IPV, but that relationship, as of now, is still unclear.

What can be concluded definitively is that exposure to violent conflict and militarization affect the psychology of citizens and their perceptions of gender. In regards to the former, conflict produces trauma within its citizens, which can later result in PTSD or other psychological issues (Kaminer, Grimsrud, Myer, Stein, & Williams, 2008). Conflicts and violence can produce feelings of isolation and persecution within the populace, resulting in a feeling of need (real or perceived) that the military is necessary for survival and must be promoted at all costs (Bar-Tal & Antebi, 1992; Conway, 2008). This militarization may cause the otherization of certain members of society, and even if it does not necessarily create violence, would foster further negative feelings directed at those “others”. Therefore, despite my inability to definitively define the relationship between each of the factors and IPV, I found that the extent to which violence and hyper-masculinity permeates the society seems to be a more significant factor in evaluating IPV than PTSD. My reasoning for this is that South Africa experiences much higher level of IPV, much higher levels of violence within its civil society, and also has much higher levels of hyper-masculinity. Meanwhile, the evidence indicates that Israelis and South Africans are more equally affected by PTSD, with Israel being perhaps more affected (as more of its population is exposed to its most significant trigger, i.e. occupying the Palestinian areas). Therefore, though all previous research indicates that PTSD is a significant factor in predicting IPV, PTSD is not the most significant indicator of IPV for societies in conflict.

Suggestions for Future Research

It is necessary to know what is causing IPV to be perpetrated in order to better combat it. Admittedly, causality is usually difficult to ascertain, but a good place to start would be to

increase understanding of why PTSD develops, how it affects decision making and social functioning, and how gender values influence behavior. Furthermore, research concerning gender values needs to move beyond the theoretical and attempt to find quantifiable evidence gathered from large and random samples of a given population in order to give more support to the current theories. For South Africa, it would be beneficial to learn whether police violence is as significant of an indicator for PTSD as Apartheid violence was. In Israel, researchers must study the prevalence of gender roles in civilian society further, as well as the extent to which violence permeates an individual's everyday life.

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