

**Sara De Vido, *Violence Against Women's Health in International Law*, Manchester: Manchester UP, 2020, pp. 262.**

One need not be a feminist to notice that personal violence of any type affects people's health, as it results in short and long term physical and psychological injuries. One needs a feminist analysis, however, to understand both the gendered dimensions of these harms, and the relationship between violence and unequal gender relations. And one needs a feminist legal analysis to highlight how these harms can be perpetuated by the law, insofar as health and health care laws, policies, and procedures lead to violence against women. With these two premises, Sara De Vido's book, *Violence Against Women's Health in International Law* (Manchester University Press, 2020), offers a rigorous and detailed feminist legal analysis of violence against women, while at the same time proposing a human-rights-based framework to shape legal responses to it. Through this framework, which De Vido calls Violence Against Women's Health (VAWH), the author reconceptualizes states' legal obligations in preventing and combating violence against women (VAW) as linked to the rights to health and reproductive health. She does so through the examination of international and regional cases related to domestic violence, rape in peacetime, and female genital mutilation/cutting. These cases allow De Vido to explore the horizontal dimension of VAWH, that is where VAW caused violations of the rights to health and reproductive health. She also investigates the vertical dimension – violations of the rights to health and reproductive health directly caused by state health laws, policies, and procedures – through legal cases on abortion, involuntary sterilization, and maternal health (including obstetric violence). While the sheer array of cases analyzed and the careful details of the analysis could make one dizzy, De Vido's narrative is lucidly argued and skillfully assembled, with signposts, reminders, appropriately placed and never redundant repetitions, effective organization, and compelling illustrative examples.

To be clear, a right to health (including reproductive health) is not explicitly safeguarded in international or regional human rights instruments, except in the Convention on the Elimination of Discrimination Against Women (CEDAW), which includes the principle of non-discrimination in health and obligates states to provide for pregnancy and post-natal care (arts. 12.1 and 12.2). International law, however, recognizes violence against women as a violation of human rights and a form of discrimination. In pivotal cases involving VAW that reached international or regional judicial or quasi-judicial bodies, the right to health or reproductive health has been only indirectly invoked either in the case itself or in the decision over possible reparations. The legal dissection of these cases allows De Vido to argue that existing jurisprudence and international human rights law as a whole can provide a strong foundation to appeal directly to VAWH as “a violation of women's right to health and right to reproductive health” (p. 134). In other words, VAWH could emerge and evolve from existing cases, conventions, and instruments potentially leading to the eventual eradication of VAW and its causes.

Given that international human rights is the basis for De Vido's argument, naturally a discussion of one of the central debates in the field – the one between universalist and cultural relativist views – is necessary. And De Vido does not eschew it. Rather, she proposes – alongside other feminist legal scholars – that “contextualized universalism” offers a way to consider and appreciate differences among women (cultural or otherwise), as well as realize the full enjoyment of human rights for all women. Through a contextual universalist view, “it is not a matter of which culture is at the basis of the violation of women's rights, but rather across which grounds – gender, ethnicity, class, social and economic conditions – discrimination is perpetrated” (p. 10).

Viewing cases through contextualized universalism allows De Vido to tackle head-on the issue that has preoccupied (one may say obsessed) feminists and non-feminists alike, female genital mutilation/cutting (FGM/C) – a practice generally associated with some communities from the Global South. For De Vido, FGM/C constitutes VAW and it is a form of discrimination, insofar as it “impair[s] a woman's or a girl's bodily integrity,” and to the extent that it is performed without the girl's or woman's consent. Similar considerations apply to genital cosmetic surgery, which, De Vido argues, is “culturally embedded in Western societies” (p. 159), whose standards of beauty reflecting gender stereotypes limit a woman's ability to give fully informed, uncoerced, and genuine consent. For De Vido, consent is crucial to the conceptualization of VAWH. Insofar as it is hard to disentangle consent from social pressure, fully informed, uncoerced, and genuine consent is hard to determine: a woman can be fully informed of the adverse health consequences of cosmetic genital surgery or genital cutting and still choose the procedure rather than end up socially shunned. De Vido does not offer, and rightly so, easy solutions on matters of consent in either these or other cases she examines (e.g., abortion). She does, however, note that consent is an expression of, and “gives strength to” women's autonomy (p.164). Drawing once again from feminist scholarship, De Vido clarifies that autonomy cannot be viewed in purely individualist terms. Rather, a woman's right to make decisions about her body needs to be considered in the “context of relationships that inevitably affect” those decisions (p.164). In any case, “the very idea of autonomy is inseparable from the rights to health and to reproductive health” (p. 164).

The major contributions of this book lie in the possibilities it opens in regards to international human rights law. Specifically, the framework of VAWH allows for the consideration of the vertical, as well as the horizontal dimensions of VAW, a possibility that cannot be overestimated. Current international human rights law on VAW can only address violations perpetrated by individuals, and hold the state accountable only indirectly for condoning, tolerating, or failing to prosecute private actors. This is the case even when state agents are themselves responsible for VAW (for example, rape by security forces or police). De Vido, however, points out how states can themselves be responsible for VAW through laws, policies, and procedures on health and health care, which “might cause – or create conditions for – violence against women” (p. 2). There are, for example, numerous laws and policies across the world, which do not adequately safeguard women from obstetric vio-

lence (e.g., procedures on perinatal shackling in detention). Obstetric violence, however, “has been dealt with by judges more in terms of negligence of health personnel than of violation of women’s human rights” (p.91). De Vido refers to such cases as the vertical dimension of VAW. Peace Studies scholars will recognize in the vertical dimension of VAW elements of structural violence. Violence against women exists and is allowed to continue through interconnected patterns of discrimination rooted in societal norms, customs, and habits. It is embedded in unequal and intersectional relations of power, and the “product of an institution” (p. 138), which De Vido does not name, but we can assume to be patriarchy. It is also gender-based because it is founded on gender stereotypes about women as vulnerable, incapable of autonomous decisions, naturally prescribed to fulfil certain domestic and reproductive roles in the family, and dependent on male relatives. Violence, in other words, is embedded in structures, regardless of the presence of a specific, identifiable, and prosecutable actor intending to cause harm. These structures are then reflected in laws, policies, and procedures leading directly to VAW.

The usefulness of the socio-legal notion of VAWH lies precisely in its ability to capture all these structural elements of VAW, making the rights to health and reproductive health justiciable in international human rights law. Specifically, by appealing directly – rather than indirectly – to the rights to health and reproductive health, positive obligations emerge for the state to promote the rights to health and reproductive health via laws, policies and procedures along both the horizontal and vertical dimension; to exercise due diligence in protecting and promoting rights; and to progressively take steps toward the elimination of VAW. Through the framework of VAWH, in other words, one can derive states’ obligations under international law, and hence put in place mechanisms that address the structural character of violence, regardless of personal intent or even the identification of a culpable person to prosecute. This is a groundbreaking contribution of the book, one that has the potential to reshape international law to capture multiple forms of violence beyond individualist frameworks. And it is a reflection of its relevance that this book has been published by one of the most prestigious and influential international law series, the Melland Schill Studies of Manchester University Press.

Despite being a legal scholar, De Vido is not naïve about the limits of international law itself. She honestly admits that these limits, including its weak enforcement and monitoring mechanisms, may themselves causes VAW. Her belief in the possibilities of the law is tempered both by her caution and by her historical knowledge of the power of civil society and feminist groups to advocate for change. This hope and trust in the feminist movement conclude the book, almost as an invitation for us, in the feminist movement, to take up these suggestions and start making the rights to health and reproductive health a reality for women.

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