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From Marital Chastisement to Intimate Partner Violence: Revising the Story of Domestic Violence in the United States

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Revising the Story of Domestic Violence in the United States

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Introduction

The idea for this project emerged after witnessing and overhearing how the rhetoric of human rights and public health were appropriated at three local domestic violence agencies/shelters between 2014 and 2016. [1] During group trainings and in casual conversations around the office, I listened as my internship supervisors emphasized the gravity of the work we were doing: "We are dealing with human rights violations here." Or, when I interned for shelters/resource centers that received funding from the Centers for Disease Control and Prevention (CDC), co-workers tossed around terms like "violence prevention," "social cohesion," and "community building" on a regular basis, to the effect of challenging what I knew about domestic violence. At the end of these two years, I was interested in how the human rights and public health discourses impacted societal understandings and legal reactions to domestic violence. More specifically, I was interested in how these two systems, along with the criminal justice system, operated separately and in conjunction with one another with consideration for their different constituencies, goals, and fundamental ideologies.

These initial paths of inquiry opened up to the vast sociological, psychological, and criminological discourses surrounding domestic violence. In my research, I found myself encountering the same words repeatedly— and used interchangeably—without any explanation as to how they emerged or what distinguished them from one another. Some of these words were specific to violence against women in the home; others included intergenerational violence and child abuse. After creating a list of approximately ten terms to describe domestic violence, I decided that this trend was worth untangling, at least in the preliminary stages of my project. What started out as an exercise in familiarizing myself with the basic vocabulary of domestic

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[1] The Women's Resurce Center in Newport, Rhode Island; The Elizabeth Buffum Chace Center in Warwick, Rhode Island; and the Grace Smith House in Poughkeepsie, New York.

violence eventually developed into the foundation of my argument: most of the different words used to talk about domestic violence marked shifts in how the public and the state considered and contended with the issue of abuse of women in the home, and through these terms, an anti-essentialist reading of domestic violence could emerge. By the end of this project, I had twenty terms.[2]

The fact that authors use various terms interchangeably when discussing violence against women implies an inattention to the underlying assumptions attached to each word. This behavior has also been displayed when outlining the history of domestic violence around the world. In my early research, I observed that authors repeatedly placed violence against that occurred in 700 BCE Rome on the same timeline as violence in seventeenth century Plymouth colony, the opening of the first battered women's shelter in 1974, and the 1994 Violence Against Women Act. Although these few examples don't represent all scholarly views of domestic violence by any means, it suggests two things. First, this teleological approach overshadows the shifts happening under the surface of these issues for the sake of telling a broader narrative about the successes of women's rights and anti-violence movements. While there certainly have been improvements in the state's recognition of women's rights over the decades (and centuries), this story masks the fact that these changes are the products of vastly different campaigns, virtues, and populations. Second, it insinuates that anti-violence efforts have been one long continuous success story, when in fact there have been victories and recognition for some, losses and alienation for others, building tensions, and fiery debates along the way. In the events that authors have explicitly confronted the relationships between discourses and lived violence—and

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[2] In the order I learned about them: Domestic violence, intimate partner violence, domestic abuse, partner abuse, spousal abuse, wife beating, woman battering, intimate terrorism, family violence, spousal violence, wife abuse, domestic disturbance, marital chastisement, corporal punishment, domestic chastisement, patriarchal terrorism, coercive control, situational couple violence, mutual violent control, and violent resistance.

there are many—these analyses are often confined to specific time periods, and do not attempt to construct a comprehensive map that spans more than a few decades.

On a smaller scale, several authors have accredited the appearance of domestic violence into the public realm with the political engagements immediately preceding it, further pointing to the decontextualization of anti-domestic violence efforts. For instance, Ruth Bordin, in her book *Woman and Temperance: The Quest for Power and Liberty* claims that the organizing of the temperance movement laid the groundwork for the first women's rights movement of the mid-nineteenth century.[3] Or, Susan Schechter, in *Women and Male Violence,* states the activism of the 1960s anti-rape movement prepared women with the organizing skills and political rhetoric to bring about the battered women's movement, and thus owed the very existence of their work to prior movements.[4] While drawing such direct lines between these various movements emphasizes their similarities and the budding energy surrounding particular issues, it discounts the factors external, but not irrelevant, to such efforts.

In this project, I am not concerned with creating separate timelines of violence. I do not aim to state definitively what domestic violence is or isn't. Nor do I hope to determine what has been effective at reducing rates of domestic violence around the country. Rather, I'm interested in looking at the moments in United States history when violence against women in the home became a public topic of discussion, and in reconstructing a narrative that emphasizes the disunity among various "women's rights" campaigns.

I begin this project not with the battered women's movement of the 1970s and 1980s, as many authors have, but with the mid-nineteenth century and the United States' first efforts to

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[3] Bordin, Ruth. *Woman and Temperance: The Quest for Power and Liberty, 1873-1900*. New Brunswick, NJ: Rutgers University, 1990. 30.
[4] Schechter, Susan. *Women and Male Violence: The Visions and Struggles of the Battered Women's Movement*. Boston: South End Press, 1982. 30.

stop violence between partners. While this initial intervention does not arrive from an exclusive concern for the harms inflicted upon women in intimate relationships, it aptly displays how domestic violence has historically been used as a tool to push other political or social agendas forward. The following examples, ranging from the late nineteenth century to present day, build off of this argument, and reveal the ways in which certain punishments, values, and rationalizations have waxed and waned; disappeared and reemerged. This analysis demonstrates that domestic violence is not one static thing that has pervaded humans since the dawn of time, but rather that it is socially, politically, and culturally constructed. When framed as such, the fact of violence and its material harms can briefly be put to the side, and the story of domestic violence can be revised and retold as a contest of constructions.

In the first chapter, I select a collection of moments in which the state and the public expressed changing views of domestic violence. I primarily enter these historical contexts through the terms associated with a particular moment in time. I look at the ways that institutions define the issue—whether as marital chastisement, wife beating, or domestic violence—rationalize the underlying causes, and then pull apart the social and legal manifestations of these conclusions. In this way, I construct an abbreviated genealogy of the terms that connote domestic violence in the United States. By bringing all of these contextualized models into conversation with one another, I emphasize how the story of domestic violence in the United States hasn't been one long journey of seeking rights and safety for women; it exists as a patchwork of trends and events with diverging motivations and ideologies.

The second chapter looks more in-depth at the battered women's movement—the first time domestic violence was addressed head-on by the American public— and the state's co-optation of this movement. The process by which the state appropriates the issue of domestic

violence fundamentally transforms the basis on which the violence allegedly lies—from the patriarchy to dysfunctional families. I argue that the early interventions of the grassroots movement and the later impositions and mandates made by the state in following years operated along a tension of empowering versus protecting women, respectively. This tension sets the groundwork for the more recent public health framework surrounding domestic violence intervention work.

The third chapter dissects the newest model of domestic violence: intimate partner violence (IPV). The term IPV is a product of the growing concern of domestic violence as a public health issue around the world, and has been imposed by the CDC and the World Health Organization, (WHO). To date, there is negligible scholarly literature on public health approaches to domestic violence. Through an analysis of primary documents published online by the CDC and state domestic violence agencies, I argue that the underlying ideology, subsequent research, and resulting interventions oscillate between governing populations and working with communities on a peer-based level, both with the aim of implementing the most effective prevention strategies, including criminal justice reform. Furthermore, this analysis locates the public health model among many others that have emerged over the last two centuries, and thus encourages a certain degree of skepticism. Overall, however, the public health model has some promising qualities—such as its reluctance to punish people for "unhealthy behavior" and its attention to the impact of structural barriers in people's lives. Consequently, it may be more capable of addressing feminist concerns of excessive policing, re-offending, and access to victim resources.

Because I argue that each term used to describe domestic violence is inscribed with very specific political and social meanings, I will take care to use the appropriate terms when

discussing their respective social or political contexts. In a similar vein, recognizing that "domestic violence" itself is not a neutral or transhistorical term, I will use it as a base to refer to violence against women in the home, since it is currently the most widely used term both legally and socially. Furthermore, I will refer to individuals who have experienced domestic or sexual violence as "victims," since these are the terms through which the state recognizes the position of such individuals in the context of "crime" or "intentional injury."

Throughout the course of my project, I refer to the "state" and the "criminal justice system" as two major entities that engage with domestic violence. In these instances, "the state" encapsulates the executive, legislative, and judiciary branches of the government collectively (federal and state are distinguished within each situation). I use this term to communicate the government's influence over sharing and creating public knowledge and social categories. The criminal justice system is a key function of the state, and throughout this project, I define it as constituted by law enforcement, adjudication, and corrections. This distinction is necessary because the criminal justice system tends to interact with the public in more quotidian life—contact with police officers, attendance at court hearings, and encounters with the prison system are much more material than the laws and decisions carried out by the higher-ups in government.

Most of the research for this paper is secondary, and access to primary sources relating to activities of the nineteenth century or the battered women's movement were primarily located through critical secondary sources. However, the story of public health and intimate partner violence is a very recent addition and has not yet been told. Thus, my interpretations of the public health system are based off of critical pieces written about interpersonal violence that I have attempted to apply more specifically to domestic violence, or based in my own observations and grounded in previous research.

With a focus on secondary sources, I am not writing a history in the true methodological sense. This is a history of how people have talked about domestic violence in America; an examination of how groups and individuals have reacted to primary events and sources. By distancing myself from this strictly historical material, I am better enabled to pick up on trends across expansive time periods and engage with literature from a variety of disciplines and mediums. This ultimately grants me the ability to draw larger and more critical comparisons throughout my entire analysis.

Chapter I: A Genealogy of the Terms

In 2017, by far the most frequently used term in the United States to describe violence against women by intimate partners is "domestic violence."[5] Today's definition very generally includes physical, psychological, and financial abuse inflicted in the home by a spouse or partner for the sake of gaining control. However, the original use of the term "domestic violence" did not stem from violence within the household. Rather, it first appeared in American literature in the late eighteenth century, and up until the 1970s, it suggested civil unrest, such as urban riots or other public disruptions.[6] A brief analysis conducted by *The New York Times* on the ways in which "domestic violence" was used in the publication from its conception in the mid 1850s revealed that, "In 1894...articles mentioning the phrase were about the government's response to striking miners and railroad workers."[7] What instigated this shift in terminology is not entirely clear, however. By the end of the twentieth century, the phrase "domestic violence" was used widely as "a code for physical and emotional brutality within intimate relationships, usually heterosexual"[8] and functioned as a "cornerstone for new laws, social service agencies, social science research, institutes, and experts"[9] on the issue of violence in the home. It emerged at a very particular time in the history of state recognition of violence between romantic partners, and speaks to much more than a phenomenon supposedly innate to human civilizations.

A further examination into the social and institutional vocabularies used to talk about domestic violence illuminates why and how advocates have framed and directed their

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[5] "Google Books Ngram Viewer." Google. Accessed April 25, 2017. https://books.google.com/ngrams. Search terms: domestic violence, family violence, intimate partner violence, wife abuse, and wife beating.

[6] Willis, Derek. "Domestic Violence in The Times: From Civil Unrest to Spouse Abuse." *The New York Times* (New York), September 10, 2014. https://www.nytimes.com/2014/09/11/upshot/domestic-violence-in-the-times-from-civil-unrest-to-spouse-abuse.html.

[7] Ibid.

[8] Ferraro, Kathleen J. "The Dance of Dependency: A Genealogy of Domestic Violence Discourse." Hypatia 11, no. 4 (Autumn 1996): 77-91. URL: http://www.jstor.org/stable/3810393." 79.

[9] Ibid., 79

campaigns, how the state has interpreted these campaigns, and how this has impacted the material conditions of millions around the country. By adjusting the terms within different movements, institutions, or approaches— to signal the prioritization of certain populations who experience or perpetrate domestic violence, or the very definitions of domestic violence— advocates, researchers, and legislators have effectively channeled where attention and resources go.

Exactly when the national movement to eradicate domestic violence began has been a point of mild contention. The second wave feminist movement of the mid to late twentieth century (and more specifically the battered women's movement of the same time period) was the first instance in which domestic violence was the central focus of a nationwide campaign. However, institutional efforts date as far back as the mid-nineteenth century. Literature on domestic violence before the twenty-first century has largely presented such violence as an issue that has pervaded partnerships in nearly identical ways since ancient Rome.[10] While such abuse may have occurred long ago and all around the world, these kinds of narratives fail to acknowledge how definitions and responses to domestic violence have been shaped by cultural notions of violence or impacted by historic events or phenomena, such as economic crises, changing populations within the United States, shifts in the American family structure, the introduction of new disciplines, and reforms within the criminal justice system.

A (condensed) retelling of how these factors have played into institutional and governmental responses to domestic violence functions in several ways. First, it re-characterizes domestic violence as an anti-essentialist phenomenon, thus broadening of the types of experiences and responses that have been and can be included under the term. Secondly, it

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[10] Buzawa, Eve S., and Carl G. Buzawa. *Domestic Violence: The Criminal Justice Approach*. 3rd ed. Thousand Oaks, CA: Sage, 2003. 57.

creates the space for future movements and approaches, which would otherwise seem futile if this type of abuse had in fact gone unchanged for centuries, as some sources suggest. Lastly, it provides a foundation from which to understand present-day attempts to prevent and intervene in domestic violence; it helps gain insight into what approaches worked well together and among which populations; it explores how non-governmental grassroots organizations, the criminal justice system, international human rights organizations, public health officials, and community leaders have functioned separately and in collaboration with one another to address the harms of domestic violence. Ultimately, a review of the terms that have become almost synonymous with today's definition of domestic violence—such as corporal punishment, wife beating, family violence, intimate terrorism, intimate partner violence, and domestic violence itself, among others—reveal that they arose within specific contexts, and mark shifts in how violence within the home and against women have been conceptualized and defined throughout the social and institutional movements of American history. "Domestic violence" will be used as the default term to refer to physical and psychological abuse between intimate partners, though it should be noted that this term is not neutral nor transhistorical.

Changing notions of discipline and punishment in nineteenth century society permeated into the American home, with legal ramifications regarding how violence against women in the home was interpreted. The nineteenth century saw the first nation-wide conversations of domestic violence, which was centered on the husband's right to "beat," "correct," and "chastise"[11] his wife. Until the 1890s, American common law oversaw the domination of husbands over wives in what Reva Siegel, professor of law at Yale, calls the husband's prerogative to marital chastisement. Of this time period, she says,

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[11] Chastisement" alone could include the moderate physical punishment of children by parents and teachers as well.

> By law, a husband acquired rights to his wife's person, the value of her paid and unpaid labor, and most property she brought into the marriage. A wife was obliged to obey and serve her husband, and the husband was subject to a reciprocal duty to support his wife and represent her within the legal system.[12]

Citing English judge William Blackstone, Siegel emphasizes parallels between English and American common law, as well as the legal responsibility of husbands over wives, and thus the "reasonable" decision "to intrust him with this power of restraining her."[13] During this time, "corporal punishment" was also used to describe the husband's right to "correct" his wife. It became a contentious issue in the nineteenth century, though it was not considered exclusive to violence against women and was mostly thought of in terms of punishment inflicted on slaves, prisoners, and sailors.[14] Moderate and abusive forms of corporal punishment came under fire as the norms surrounding violence in the family, school, and the workplace shifted in the Antebellum period. Family experts, reformers, and abolitionists began to push for

> more gentle forms of discipline. Force, these experts argued, was an inefficacious method of instilling authority instead, they advocated 'relocating authority relations in the realm of emotion, and a conscious intensification of the emotional bond between the authority-figure and its charge.[15]

This gradual shift towards less violent forms of discipline and correction[16] permeated the marriage relationship as well, resulting in the expectation of "companionate marriage," in which

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[12] Siegel, Reva. "The Rule of Love: Wife Beating as Prerogative and Privacy." *Faculty and Scholarship Series*, 1996. http://digitalcommons.law.yale.edu/fss_papers/1092. 2122.

[13] Ibid., 2123.
Throughout her analysis of the husband's prerogative to chastise his wife, Siegel almost exclusively uses the term "marital chastisement." However, Google Books's Ngram Viewer, which traces the frequency with which selected words are used in books over time, reveals that this term has not been present in any published books in the last four centuries. "Domestic chastisement," a term used by Blackstone within this context, however, has been present in American literature since 1806 (and English literature since 1761). In this case, Siegel felt compelled to clarify that this "chastisement" was occurring not simply within the home, but between spouses.

[14] Schneider, Elizabeth. *Battered Women and Feminist Lawmaking*. N.p.: Yale University, 2000. 2126.

[15] "The Rule of Love," 2126.

[16] This phenomenon is recognized and examined by Michel Foucault in his 1975 book *Discipline and Punish*.

"affect," not authority reigned in the household.[17] These initial interventions were not necessarily

grounded in a concern for women's safety or autonomy, but rather in societal expectations set for

husbands and wives that only accepted more covert forms of control, manipulation, and

punishment. With these "revelations" on the permissibility of violence within the home, and how

authority should be performed within marriages, chastisement and punishment took on negative

connotations in the social and political realms.

Temperance advocates and suffragettes took up the issue of violence against women

during the mid-to-late nineteenth century, though not necessarily to draw public attention to the

injuries inflicted upon women in the home. Instead, they used the language of chastisement, wife

beating, and wife abuse to further their respective campaigns. Violence against women was not

considered a political issue in itself, but was used as a political tool to emphasize the social ills

that result from intemperance and women's lack of legal rights, respectively. The temperance

movement, which grew to a national scale in the 1830s, was the first American social movement

to condemn wife beating. Although wife beating was not the pinnacle of their platform,

"temperance advocates in the nineteenth century assumed there was a simple relationship

between alcoholism and wife beating,"[18] and added it to their laundry list of the harms of

drunkenness. "Wife beating" was and is a rather non-specific term to denote domestic violence.

The term was first coined "in England in 1856 during a campaign for divorce reform"[19] and

came into more common use after 1871, once *Fulgham v. State* (Alabama) ruled that "the

privilege, ancient though it may be, to beat [a wife] with a stick, to pull her hair, choke her, spit

in her face or kick her about the floor or to inflict upon her other like indignities, is not now

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[17] Ibid., 2144.
[18] Pleck, Elizabeth. *Domestic Tyranny: The Making of American Social Policy against Family Violence from Colonial Times to Present. New York, NY: Oxford University, 1987.* 50.
[19] Ibid., 63.

acknowledged by our law."[20] The terminology adjusted to account for the end of husbands' legal immunity, and thus took the place of "domestic chastisement" and "corporal punishment" between spouses.

Women, particularly wives, mothers, and sisters of alcoholic men, were drawn to the temperance movement out of concern for the health and prosperity of their families. Temperance reformers (the movement was originally male-led) were "primarily concerned with drunkenness rather than family violence and initially ignored the effect of male drunkenness on the family" and focused instead on murder, property damage, fire, and shipwrecks as a result of intemperance.[21] Antebellum feminists were urged to "appeal to the drunkard's sense of family responsibility" and placed the "emancipation of women ahead of the preservation of the family."[22] The tactics of the temperance movement consisted of mobilizing women around the need to raise awareness, or educate the public, on the threats of drunkenness. This contrasted with the strategies of the women's rights movement, which focused on changing state mechanisms that limited women's legal entitlements.

By the 1840s, an overlap between temperance and women's rights efforts had developed. Women concerned with wife beating as a consequence of alcohol abuse began a branch movement that addressed a woman's right to prioritize her own well being over the preservation of the family, thus leading to the fight for a woman's ability to divorce her husband (divorce law differed from state to state), amongst other legal rights. Prioritization of the family was led by the president of the Women's Christian Temperance Society, Frances Willard. She "could never bring herself to accept divorce per se, but she...condemned laws that made the husband the

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[20] "The Rule of Love," 2121-2122.
[21] *Domestic Tyranny,* 51.
[22] Ibid., 49.

master."[23] With Willard's leadership, the women's temperance movement shied away from the issue of divorce, thus alienating feminists of the time and pushing them towards women's suffrage efforts.

The issue of divorce was thus adopted by the women's rights movement of the mid-nineteenth century, with Elizabeth Cady Stanton and Susan Anthony at the helm. The primary connections drawn between temperance and women's rights regarded legal rights, including the rights to vote, property, education, and income. Wife beating was marginally considered as a point of concern within their campaign, and was mentioned in the Declaration of Sentiments, the document culminating from the Seneca Falls Convention of 1848. One particular point in the document condemns the physical subordination of wives to husbands: "In the covenant of marriage, she is compelled to promise obedience to her husband, he becoming, to all intents and purposes, her master—the law giving him power to deprive her of her liberty, and to administer chastisement."[24] Once again, while the issue of domestic violence was recognized, it was nowhere near the top of this movement's agenda. Instead, it was a tool for other political ends.

During the eighteenth and nineteenth centuries in America, the terms domestic chastisement, wife beating, and corporal punishment were all, to some degree, used to talk about domestic violence or violence between spouses. As the issue of domestic violence became a topic of discussion in the public realm, and as court rulings and public opinion started to move away from state-sanctioned violence in the home, the terms "domestic chastisement" and "corporal punishment" began to fade from the conversation. As Siegel says,

> By the 1870s, there was no judge or treatise writer in the United States who
> recognized a husband's prerogative to chastise his wife. Thus, when a wife beater
> was charged with assault and battery, judges refused to entertain his claim that a

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[23] *Woman and Temperance,* 114.

[24] Cady Stanton, Elizabeth. "Declaration of Sentiments and Resolutions." *Selected Papers of Elizabeth Cady Stanton and Susan B. Anthony*. http://ecssba.rutgers.edu/docs/seneca.html.

husband had a legal right to strike his wife; instead they denounced the prerogative, and allowed the criminal prosecution to proceed.[25]

A new emphasis on the companionate and affectionate relations in a marriage, and pressure from social and political movements, compounded with an overall increase in criminalization at the time. Trends of such criminalization correlated with changing populations that accompanied the outburst of industrial activity in the late nineteenth century. With the arrival of thousands of working immigrants to the United States, or what the white middle class Americans of the time considered the "dangerous classes,"

> Middle-class fears of violent crime were joined with a desire to reimpose a rural, Protestant morality on an urban-industrial society. Northerners worried about immigrants, and Southerners about blacks, and the public in all regions looked with suspicion on vagabonds and tramps. Immigrants, blacks, and homeless men were seen as brutish by nature, and unable to control their aggressive and criminal impulses. The enemy of the social order was… a frightening strata of society, the so-called dangerous classes.[26]

Domestic violence was appropriated to justify discriminatory policing practices against new immigrants entering the country and emancipated blacks. These changing populations threatened the so-called purity of the United States, constituted by the Anglo-Saxon educated middle class. Thus, when the social "others" deviated from the new affectionate and nonviolent norms within marriages, the courts were eager to intervene. White American men got off the hook fairly easily, however. Despite the legislation that condemned wife beating, judges frequently used crooked interpretations of these laws that would find white or "respectable" husbands not guilty of abusing their spouses.[27]

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[25] "The Rule of Love", 2130.
[26] Pleck, Elizabeth. "Criminal Approaches to Family Violence, 1640-1980." *Crime and Justice* 11 (1989): 19-57. https://www.jstor.org/stable/pdf/1147525.pdf. 36.
[27] "The Rule of Love," 2164.

Up to this point, any and all efforts to protect women from abusive partners were applicable only to white women. As sociologist Kathleen Ferraro states, the laws, conferences, and movements "were not uniformly embraced by all residents of the territory currently referred to as the United States. They were violently imposed on indigenous people by European imperialists and on African people removed from their countries in the service of the slave trade,"[28] ultimately criminalizing black and indigenous men without providing black and indigenous women with the same state protections granted to white women. "Racist notions of the 'wildness' of African and American Indian women were woven into the dichotomization of good and bad women,"[29] which determined who was worthy of receiving these protections. While many individual white women involved in the suffrage movement were also advocates for the slavery abolitionist movement, most of their efforts were highly paternalistic, if not racist, and there was insufficient momentum to create significant social or material change. Thus, these interventions also sought not to protect women from harm, but operated along the lines of intensified racism and fear of the "other" as threatening the sanctity of the white American people.

Early twentieth century state responses to domestic violence ranged from brutal corporal punishment to court-supervised psychological evaluation. Beginning in the late 1800s, the whipping post was reintroduced as a penalty for wife beating. Led by lawyers, judges, district attorneys, and other law enforcement officials,[30] and later joined by some conservative women's rights advocates such as Lucy Stone, the movement to revive corporal punishment was seriously considered by twelve states, and was eventually passed into legislation in three.[31] This state

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[28] "The Dance of Dependency," 79.
[29] Ibid., 80
[30] *Domestic Tyranny*, 109.
[31] "The Rule of Love," 2130.

sanctioned violence, however, should be recognized as a symptom of a larger fear of the "dangerous classes," rather than a punishment specific to men who beat their wives. Again, while the legislation and actors involved in these efforts spoke broadly of the types of behaviors that were punishable by lashings, the majority of the men who were actually taken to the whipping post were black. This intervention endured surprisingly long; the last legislation for the whipping post was abolished by 1952 in Delaware.[32] The severity of this punishment suggests that wife beating was considered more than just a violent offense, but a symbolic act that undermined the sanctity of the American home and family.

On the opposite side of the spectrum, family courts began to emerge in the first few decades of the twentieth century. The gradual materialization of sociological and psychological analyses of criminal behavior made their way into the courts such that wife beaters were not punished for their violent acts. As historian Elizabeth Pleck says, "the basic goal of these courts was to preserve the family, act in the best interests of the child, and offer a curative rather than punitive approach to family problems."[33] Thus, wife beating marked a familiar return to concerns for "domestic harmony" within the institution of the family, rather than as behavior accepted by society at large, and husbands' acts of violence were justified. These courts further institutionalized the notion of companionate marriage and domestic harmony, as well as affectionate parent/child relationships.

The second wave feminist movement of 1960s and 1970s breathed life into concerns of domestic violence to a degree that the nation had not yet seen. In a subset of this movement—the battered women's movement—female advocates began to open shelters, provide legal advocacy, raise public awareness, and bring a sense of unity and solidarity to the millions of

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[32] *Domestic Tyranny,* 120.
[33] Ibid., 126.

women impacted by domestic violence. The initiatives taken on by the battered women's

movement, led by liberal, radical, and socialist feminists in the 1960s, focused on values of

sisterhood, non-hierarchical organizing, and the empowerment of women. At the grassroots

level, diverse groups of women (diverse in thought, life experience, race, class, and sexuality),

many of whom had previously been subjected to abuse and/or sexual violence, brought core

beliefs of empathy and solidarity. Generally, these grassroots efforts mobilized around feminist

structures that pointed to patriarchy and male domination as the root of violence against women,

and sought to educate others on its pervasiveness. The grassroots approach marked a departure

from the more popular tactics of the earlier movements, such as demanding improved state

mechanisms. Along with woman battering, "wife abuse" and "violence against wives" became

central to the rhetoric of radical grassroots organizing. The work of sociologists Russell Dobash

and R. Emerson Dobash "propose that the correct interpretation of violence between husbands

and wives conceptualizes such violence as the extension of the domination and control of

husbands over their wives"[34] needed to maintain the historically and socially constructed

patriarchal family structure.

As the movement wore on, however, increased institutionalization brought on "the

professionalization of the movement in response to government funding,"[35] and thus the de-

radicalization of mobilizing efforts. The perspectives that comprised the new mainstream

represented only those of a fraction of women—primarily those of whom that were straight,

white, and middle-class American— and were pioneered by feminist thinkers such as Andrea

Dworkin and Catherine MacKinnon. Because the campaigns of these feminist leaders failed to

account for the experiences of millions of other women, the second wave feminist movement

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[34] Dobash, Russell, and R. Emerson Dobash. *Violence Against Wives*. New York: The Free Press, 1979. 15.

[35] Goodmark, Leigh. *A Troubled Marriage: Domestic Violence and the Legal System*. New York, NY: New York University, 2012. 25.

effectively excluded women of color, queer women, transgender women, immigrant women, undocumented women, poor women, and disabled women. As such, the second wave feminist movement developed a very narrow definition of who was considered a woman, and MacKinnon's work in particular "drew pointed criticism for its portrayal of women as victims, its diminution of women's agency, its tendency towards essentialism, and its reliance on the state to redress women's powerlessness."[36]

By the early 1980s, the issue of domestic violence had entered into the state's fold, and was subsequently characterized as "a criminal justice or mental health problem rather than as a reflection of a patriarchal society."[37] This criminalization movement merged with psychological and sociological approaches to domestic violence in a way that created narrow medico-legal categories to situate women subjected to abuse within state networks. The pathological descriptions of women subjected to abuse took the form of "battered woman syndrome." First introduced in 1979 in Lenore Walker's *The Battered Woman,* battered woman syndrome is a theory that seeks to explain the psychological impact of battering on a woman,[38] and is "used in courtrooms to describe everything from a woman's prior responses, and the contexts in which those responses occurred, to the dynamics of the abusive relationship."[39] Walker's work on battered woman syndrome appropriated the term grassroots advocates worked for so long to bring into the public eye, ultimately to serve the narrow categories adopted by the court systems. A patchwork of patriarchy, essentialist feminism, pathologized victim stereotypes, and grassroots values thus reside in the term "battered woman."

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[36] *A Troubled Marriage*, 12.
[37] Ibid., 26.
[38] Schneider, Elizabeth. *Battered Women and Feminist Lawmaking.* N.p.: Yale University, 2000. 80.
[39] Ibid., 123.

Working alongside law enforcement, professional feminists created more stringent policing policy and helped create programs that sought to provide psychological evaluation/treatment and education to men charged with abusing their partners. It was through this professionalization of the battered women's movement that the phrase "domestic violence" took on a new life. Rejecting the radical and woman-centric terms of the past, the phrase for violence between partners adopted by the state espoused gender neutral terms, sequestered the issue solely to the home, emphasized the physical abuse over the psychological, and evoked class and race-based notions of domesticity that generally excluded people of color and the working classes. Therefore, while the term domestic violence is used repeatedly throughout this project, it has been loaded with weighty symbols and should be considered accordingly.

Despite its extensive list of flaws, the battered women's movement of the 1970s and 1980s was the only social movement in American history that dealt solely with the issue of domestic violence. All others have condemned domestic violence and sought to prevent or intervene in it as a product of a larger social evil— be it destruction of the family, alcoholism, the dangerous classes, or the legal subordination of women. These latter debates within the battered women's movement, because they have been so central to the last thirty years of domestic violence work, will reappear in greater detail in Chapter II with a particular focus on how state cooptation of the movement created the dominating discourse on violence against women.

The language of these movements included some of the same or slightly modified terms as those of the late nineteenth century. Wife beating has remained a popular term, and wife abuse and battered women have remained in use, holding onto the radical ties to the grassroots movement. Brought into popular use by feminists in the 1970s, the term wife abuse also

"revealed that [domestic violence] was viewed primarily through the lens of a [heterosexual] marital relationship,"[40] and more specifically, as part of the problem of patriarchy (as opposed to alcohol or corrupted family values of the women's temperance movement and the initial criminal law responses, respectively). Although the term is rather narrow in that it only includes abuse occurring within a marital relationship, the shift from "wife beating" to "wife abuse" allows for the inclusion of non-physical abuse, such as "isolation; emotional or sexual withdrawal or blackmail; verbal attacks; economic deprivation and threats of harm; destabilization of a woman's perception of reality; use of male privilege; control of personal behavior; jealousy and/or suspicion; intimidation; and the failure to live up to expectations."[41]

The sociological perspective on domestic violence, which first arose in the beginning of the twentieth century, was revived during the battered women's movement. Under the umbrella term "family violence," sociologists began to study all forms of violence that may happen within the confines of the home, including domestic violence, child abuse, elder abuse, and incest, thus conflating many phenomena under one term. "Family violence" first appeared during the 1870s, though didn't come into widespread use until the 1980s when it emerged within the sociological framework. Once brought into more popular use later on, family violence has focused on "the way the institution of the family is set up to allow and even encourage violence among family members. Proponents of this view look at violence as a result of family dysfunction and examine how all participants in the family may be involved in perpetuating the violence."[42] Schneider states that the popularity of the term "family violence" furthered the shift to gender-neutral terms for domestic violence, which "highlight[ed] the long-standing and continuing debate surrounding

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[40] Ibid., 20.
[41] *A Troubled Marriage*, 41.
[42] *Battered Women and Feminist Lawmaking*, 24.

the question whether women are as violent as men."[43] Ultimately, the family violence approach

has received extensive feminist criticism due to its failure to place the incidence of violence

within a "social context," and instead viewed the violence as a "set of isolated events,"[44] devoid

of gender-based analysis.

As rights began to make their way into the home at the onset of the women's rights

movement in the 1970s, questions of whether or not to include women's rights in the broader

human rights framework arose. Human rights authors and advocates have defined domestic

violence as an issue that "impedes economic development, threatens peace and prosperity, and

inhibits full participation in civic life,"[45] and have attempted to bring domestic violence into

mainstream human rights using existing human rights mechanisms and terminology, primarily

those of terrorism and torture. Domestic violence has thus been framed as "intimate terrorism"

and a private form of torture. Using the Convention on the Elimination of all Forms of

Discrimination Against Women (CEDAW), adopted by the UN General Assembly in 1979,

advocates have pushed for state responsibility on the basis that by failing to sufficiently intervene

in domestic violence constitutes a violation of equal protection and anti-discrimination. Although

the state itself does not inflict this violence, its failure to systematically prohibit or prosecute

these instances of abuse amounts to complicity in it. Additionally, a human rights framework

would help expand human rights practice, direct more resources and attention to violence against

women, and would likely prompt government action for the sake of state reputation. However,

some women's rights advocates argue that since the human rights framework was created with

an explicit concern for political human rights abuses, it cannot sufficiently address private issues

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[43] Ibid.
[44] Ibid.
[45] *The Human Rights of Women: Eliminating and Preventing Domestic Violence*.
https://geneva.usmission.gov/2015/06/19/the-human-rights-of-women-eliminating-and-preventing-domestic-violence-2/.

that most heavily impact women, and they therefore require separate legislation or even an different framework for analysis altogether.

      "Intimate terrorism" has also been adopted as one of four typologies of domestic violence by sociology professor Michael Johnson (2008). For Johnson, intimate terrorism is what most people equate with domestic violence: an abusive partner using violence and psychological manipulation in the service of maintaining control over their partner.[46] The other typologies are as follows: "violent resistance" occurs when the "resistor is violent but *not* controlling and is faced with a partner who is *both* violent and controlling."[47] In "mutual violent control," both members of the couple use violence in attempts to gain general control over their partner. Lastly, "situational couple violence," which is allegedly the most common form of violent dispute within partnerships, consists of "a conflict between partners leads to an argument, the argument escalates and becomes verbally aggressive, and the verbal abuse leads to violence."[48] These types of occurrences, however, are not driven by a general motive for control."[49] Johnson sees great value in making distinctions between different forms of domestic violence, primarily because contradicting and confusing data have been gathered from a variety of national domestic violence surveys, some of which suggest that men and women perpetrate domestic violence at nearly the same rates (known as gender symmetry), whereas others find significant differences along gender lines (gender asymmetry).[50] Johnson believes that this confusion is the result of unstandardized definitions of domestic violence—everyone in the research community has been studying the phenomenon of domestic violence, but nobody can agree on what it actually means.

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[46] Johnson, Michael P. *A Typology of Domestic Violence: Intimate Terrorism, Violent Resistance, and Situational Couple Violence*. Boston: Northeastern University, 2008. 5.

[47] *A Typology of Domestic Violence,* 10.

[48] Ibid., 60.

[49] Ibid., 61

[50] *A Typology of Domestic Violence*, 2.

Thus, by creating a new vocabulary that outlines specific forms of violence and power dynamics,

such misunderstandings could be eliminated from the discourse and data interpretation.

In a similar vein, sociologist Evan Stark developed the phrase "coercive control" as a

way into unpacking the powerful dynamics of manipulation specific to domestic violence, or

intimate terrorism. In his 2007 book, *Coercive Control: How Men Entrap Women in Personal*

Life, Stark narrates how the disproportionate emphasis on physical abuse in domestic violence

situations ignores manipulative and demeaning behavior, and effectively provides abusers with

legal immunity for any non-physical abuse they may inflict on a partner. Stark argues that the

psychological manipulation oftentimes presents the most dangerous component of abusive

relationships, especially when paired with the threat of brutal violence. "Coercive control" thus

marks a shift toward the less visible forms of abuse, and furthermore, reconsiderations within the

legal realm in terms of what constitutes domestic violence.

In the early 2000s, the perspective from which part of the state recognized domestic

violence shifted substantially. In 2002, the Centers for Disease Control and Prevention (CDC)

joined the conversation, initiating a number of trial prevention programs around the country.[51]

This institution defines intimate partner violence (also known simply as IPV) as

> A serious, preventable public health problem that affects millions of Americans.
> The term 'intimate partner violence' describes physical, sexual, or psychological
> harm by a current or former partner or spouse. This type of violence can occur
> among heterosexual or same-sex couples and does not require sexual intimacy.[52]

Unlike all previous terms used to denote domestic violence, IPV is the one term that has been

used and disseminated by a particular institution to describe a very specific phenomenon. It

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[51] "Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA)." Centers for Disease Control and Prevention. Last modified October 27, 2016. http://www.cdc.gov/violenceprevention/delta/.
[52] "Intimate Partner Violence." Centers for Disease Control and Prevention. Last modified May 3, 2016. https://www.cdc.gov/violenceprevention/intimatepartnerviolence/.

cumulatively incorporates many of the themes and issues that have arisen in the prior movements

that address domestic violence: it extends beyond marriages, heterosexual relationships, and

sexually intimate relationships; it includes both violent and nonviolent abuse, both past and

present relationships; it expresses between whom the abuse occurs (partners as opposed to

parents and children); and it includes violence perpetrated against men. A public health framing

grants domestic violence agencies and women's centers with the resources of the CDC. In the

fourteen states that have received funding,[53] these local resource centers have begun to

participate in more creative and experimental prevention methods that foster social cohesion,

increase community surveillance, and educate community leaders.

Today, the term domestic violence has come to encompass physical, emotional,

psychological, and financial abuse. More recently, advocates have encouraged the inclusion of

reproductive and spiritual abuse as well.[54] Today's institutional responses to domestic violence

in the United States could be described as a patchwork: the professionalization and legalization

of advocacy work has remained intact; the court systems still use batterer intervention programs,

which have gone largely unchanged since the 1970s; grassroots NGOs work to raise public

awareness of domestic violence in their communities, train community leaders how to recognize

and discuss violence within the home; human rights advocates have brought the issue of

domestic violence to the international stage; and public health officials have slowly trickled into

local agencies across the country.

The myriad of terms used to describe violence within the home have changed drastically

over the last two centuries. The shifts in popular terms mark moments throughout American

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[53] "Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA)." Centers for Disease Control and Prevention. Last modified October 27, 2016. Accessed April 4, 2017. http://www.cdc.gov/violenceprevention/delta/.
[54] *A Troubled Marriage,* 43- 44.

history in which social values have adjusted to accommodate changing populations, morals, and schools of thought. Such adjustments have materialized as a recurring a battle between criminal and therapeutic responses, as well as the occasional call for the mass mobilization of women, many of which have interwoven with rights discourse (as both revoking and introducing rights to certain populations). Such responses can be characterized by their aims to either empower or protect women. Adopted by the temperance, women's suffrage, and women's liberation movements; criminal law, human rights, and public health frameworks, domestic violence has been framed and reframed within a variety of contexts; defined and redefined to meet the goals of each campaign. As it stands now, domestic violence has been reduced to an age-old "women's issue" and a problem of law and order, and criminal behavior. The burgeoning public health approach invites a response grounded neither in empowerment nor protection. The following chapters seek to better understand the contexts in which domestic violence is placed today (primarily those of the criminal justice and public health systems), how they aim to prevent or intervene in this violence, and how they interact (or don't interact) with one another to meet their goals. The battered women's grassroots movement marks the starting point for this analysis.

Chapter II: How the State Took Control

The battered women's movement of the 1970s was a groundbreaking period in American history for women experiencing abuse in the home. Emerging out of a decentralized grassroots mobilization of formerly battered women and rape victims, the movement encouraged women to deconstruct the shame and silence surrounding violence from abusive boyfriends and husbands, and to challenge male domination in all aspects of their lives. Women began opening shelters where battered women could find safety, emotional support, guidance, and political education. Through these efforts, feminist advocates hoped to empower women to take control of their lives in the face of physically and psychologically violent patriarchy. Just a few years after the first shelters opened, many of these advocates began shifting their focus toward organizing in order to put pressure on state and federal governments to fund shelters and increase legal protections for women experiencing violence in the home. By doing so, they aimed to use the money and influence of the state to expand resources women's safety and empowerment and to legitimize the issue of violence against women in the United States. Of all their initiatives, the policy and legislative reforms experienced the most success due to disproportionate governmental interest in addressing crime.

While feminist efforts have resulted in a drastic refiguring of the state's approaches to preventing and punishing violence in the home since, little has actually changed about the fundamental debate guiding such changes since the 1970s. Advocates, researchers, police chiefs, legislators, lawyers, and United States Presidents have all participated in a recurring dispute grounded in progressive and conservative tensions of empowering women versus protecting them. Alice Miller explains a similar phenomenon that occurred within women's rights advocacy more generally during the 1990s. In her article "Sexuality, Violence Against Women, and

Human Rights: Women Make Demands and Ladies Get Protection," Alice Miller argues that

advocacy for women's human rights regarding sexual violence had harmful consequences that

risked depriving women of their political agency. She explains,

> Sexuality intersects with rights at places where the internal tensions of human rights—particularly whether to focus on protection or push for freedom (and the ways by which to do either)—are either unexplored or fiercely contested. While the protection/freedom quandary arises in other aspects of rights work, and has been specifically critiqued for its neo-colonial forms, it unfolds in particularly dangerous ways in regard to women and violence, and is even more volatile with regard to sex. Exploring the specific connections and interactions between protection, freedom, sexuality, and human rights can reveal how some restrictive and regressive responses to sexual harm—"protecting women, rather than protecting their rights," as Sunila Abeyesekera says—can be inadvertently produced. However well intentioned, a single-minded focus on sexual harm that avoids consideration of other issues and effects can inadvertently frustrate other goals in human rights, particularly those of building enabling conditions that expand women's and men's capacities.[55]

Ultimately, Miller claims that the focus on sexual violence when attempting to claim women's

rights can reinforce "the idea that the most important thing about a woman is her sexual

integrity."[56] While the exact outcome of these particular women's rights efforts may not be

pertinent to the story of domestic violence in the United States, the structure of Miller's

argument is useful. The advocacy within the battered women's movement—occurring on a

smaller scale and addressing the single issue of domestic violence—also fell into this trap of

protecting women (and often the cultural values they embody) rather than expanding their social

and political rights.

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[55] Miller, Alice. "Sexuality, Violence against Women, and Human Rights: Women Make Demands and Ladies Get Protection." *Health and Human Rights* 7, no. 2 (2004): 16-47. Accessed April 11, 2017. https://www.jstor.org/stable/pdf/4065347.pdf. 18.
[56] "Sexuality, Violence against Women, and Human Rights," 39.

The series of interventions that aimed to expand women's rights and provide women with opportunities to empower themselves were repeatedly exploited and co-opted by the more conservative ideology and practices of state and federal governments. Thus, funding, policy, and legislation that even the most radical advocates pushed for—and that provided some material and symbolic benefits for the movement—took on a new life that further marginalized and patronized women. The resulting practices and rhetoric impacted women differently, depending upon their race, class, and marital status. These interventions included state-funded battered women's shelters, mandatory arrest, primary aggressor policies, battered women's defense, and the later rhetorical shift to "family violence." Although each of these changes was originally grounded in a desire to empower women to prevent and escape violent situations, they ultimately functioned to undermine the political agency and rights of women and frame battered women within harmful victim stereotypes. This analysis reveals a recurring pattern that interventions into domestic violence have almost exclusively focused on the opposing tactics of empowering versus protecting women, which speaks to the dangers of institutionalizing and mainstreaming marginalized issues. At the same time, the resources and attention granted by these very institutions provide the means by which some women can safely escape abusive situations. Thus, this debate demands the question: how misguided were battered women's advocates when they decided to pursue claims to the state for resources and women's rights?

The beginning of the battered women's movement in the mid-1970s— although not aligning specifically with the rhetoric of women's rights—was created out of a commitment to individual women's autonomy and non-hierarchical organizing. The mass mobilization began with the women's liberation movement, sparked in large part by the publication of *The Feminine Mystique* by Betty Friedan in 1963. This seminal book remarked on the condition of the

suburban middle-class American housewife and her discontent with her inability to escape the constraints of her domestic responsibilities (the book makes no mention of violence against women or domestic abuse; violence against women did not become a major topic of discussion until the late 1960s). Women began to organize into more formal rights groups to address "public funding for child-care facilities, banning employment discrimination against women, legal access to abortion, and passage of the equal rights amendment."[57] Soon, women were discussing forms of sexual violence previously not acknowledged openly, the first of which was rape. Starting in the late 1960s, advocates of the anti-rape movement introduced theories about rape that "articulated that violence is a particular form of domination based on social relationships of unequal power."[58] More specifically, women pointed to patriarchy and domination based in the gender hierarchy as the root of violence against women. Additionally, they mobilized in hopes of improving public education on the subject of rape and put pressure on local governments and courts to reform their victim-blaming tendencies. Activists around the country—many of whom were victims of rape themselves—initiated public education campaigns and disseminated pamphlets addressing and correcting the myths about rape.[59]

After the anti-rape movement started to decline, feminists shifted their focus to domestic violence, or "woman battering," then primarily understood as physical and emotional abuse by a male intimate partner. As with rape, these feminists perceived domestic violence as a product of patriarchy and aimed to maintain an organizational structure based on solidarity with victimized women within their movement. Their first actions consisted of creating shelters to which battered women and their children could escape during particularly dangerous or traumatic times.

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[57] *Domestic Tyranny,* 183.
[58] Schechter, Susan. *Women and Male Violence: The Visions and Struggles of the Battered Women's Movement.* Boston: South End Press, 1982. 34.
[59] Ibid., 36.

Inspired by the very first battered women's shelter in London, Chiswick Women's Aid, the first shelters in the United States were created in 1974.[60] Developing not as a unified or coordinated mass, but as a sporadic phenomenon, the shelter movement commenced with women transforming their personal homes into informal shelters where battered women and their children could find safety, peace, and emotional support in secret. When their homes consistently reached capacity, they began to rent buildings dedicated exclusively to housing battered women. At this point, typical shelters "were modest single-family homes that had been transformed into multiple-family residences with common living areas and a shared kitchen, and multiple families occupying small bedrooms."[61] Battered women and their children could reside in these shelters for a matter of days, months, or even years depending on their ability to find other safe living accommodations. It's difficult to state with certainty just how many shelters were established during these first years, since women created and operated these sanctuaries based on individual community needs and did not document much of their activity. One advocate has estimated that by the early 1980s, 300 shelters and 48 coalitions were scattered around the country.[62]

Shelters existed as the hubs of the early battered women's movement. Here, women provided emotional and physical support for one another, organized public outreach campaigns, and worked through the various debates surrounding the dynamics and missions of the women's liberation movement. Most of these safe houses included "twenty-four hour crisis hotlines, counseling, medical or job assistance, legal and welfare advocacy, and child care"[63] and provided

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[60] *Violence Against Wives*, 1.
[61] Richie, Beth E. *Arrested Justice: Black Women, Violence, and America's Prison Nation*. New York: New York University, 2012. 70.
[62] *Women and Male Violence*, 1.
At present, there are an estimated 2,000 shelters nationwide and a domestic violence coalition in every state.
[63] Ibid., 82.

referrals for vocational services, immediate safety planning, and long-term life planning.[64]

Through these survivor-led initiatives, domestic violence shelters provided short-term care and

education for women in immediate danger.

The shelter movement expanded beyond simply the provision of services. During their

stay at these battered women's shelters, residents were encouraged to connect their personal

experiences of male violence and control to the larger social and political reality of patriarchy.

A worker at Transition House, the first battered women's shelter in New England, located in

Cambridge, Massachusetts, explains the desired outcome of a woman's experience of support

and advocacy. She says,

> First of all, she gains a political awareness by viewing her own suffering for the
> first time in a social and political framework. And secondly, she discovers that the
> most effective way to confront the entire social, political, and economic system
> whose expressed interests are to keep the family with all its trappings of male
> supremacy and male privilege intact at her expense is to join together with other
> women and address the issues in a political way.[65]

No longer was a woman's fear and suffering an isolated experience; battering was a fundamental

component of women's oppression in society and lay the groundwork for mass mobilization.

Linking the personal to political for women who may not have otherwise been exposed to the

building blocks of second wave feminism thus had the opportunity to do so. The focus on

encouraging women to draw parallels between their personal lives and structural disadvantages

faced by women at large constituted one of the largest components of the empowerment model.

Using highly accessible and culturally appropriate rhetoric (since the vast majority of advocates

at this point were not trained professionally and created this discourse themselves), the initial

grassroots efforts were not tailored toward any specific type of woman.

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[64] *Arrested Justice,* 70.
[65] *Women and Male Violence*, 66.

Taking into serious consideration how their day-to-day efforts could perpetuate patriarchal tendencies, shelter organizers were deliberate in the ways that they discussed the power dynamics between themselves and shelters. A majority of the shelters that cropped up around the country in the mid-1970s were run by formerly battered women or victims of rape. Thus, the support provided by the women in these shelters took on less of a bureaucratic service-based quality as they do today; relationships between these women were largely rooted in solidarity and a shared experience of escaping violent and abusive relationships.

Because women were coming from homes in which their behavior, speech, and appearance were often dictated to them, establishing a non-hierarchical and consensus-driven structure was central to women's advocacy and shelters. As one volunteer from Women's Advocates, a shelter in St. Paul, Minnesota, stated in the early 1980s,

> We want women to be able to take control of their own lives, and to share in an environment which supports their doing just that. For many women and children, being at the shelter may be the first time they have been outside of the controlling authority of an abusive relationship. Each woman who lives and works in the shelter is encouraged to trust herself to make decisions which are best for her, and to participate in determining what is best for the shelter as well.[66]

This horizontal power structure translated to the functioning of the shelters in several ways. Decisions about shelter rules were determined as a collective, information was shared openly between volunteers and residents, and residents distributed house chores equally amongst themselves.[67] Most importantly, shelter volunteers allowed women to make their own choices about their home situation. While they would provide advice, support, and resources, advocates felt as though they were in no position to dictate whether or not a woman should leave an abusive partner. The commitment to each individual's autonomy and equal distribution of power

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[66] Ibid., 64.
[67] Ibid., 59.

became part of the fabric of the grassroots movement, and was prioritized even as networking and coalition building among advocates grew to a national level towards the end of the decade. Thus, empowerment was grounded in practice, as well as rhetoric and education.

Although not subscribing to the rhetoric of rights, the advocates during the early years of the battered women's movement were dedicated to expanding and strengthening battered women's ability to access safety and receive services without sacrificing their ability to choose the options that work best for them. Unfortunately, this reality was short-lived due to shifting notions of how best to eradicate domestic violence. As the movement grew, advocates began to question the long-term structural change that the movement would provoke. From this discussion arose an ideological rift, best characterized in terms of how this change would be enacted. The legal and social manifestations of this debate first became clear in the disagreements between the radical/socialist feminists of the women's liberation movement, and the liberal feminists typically supportive of women's rights and legislative reform. Proponents of women's liberation defined domestic violence as a product of male dominance in all realms of women's lives, otherwise described as patriarchy. They located the solution to this pervasive and oppressive power dynamic in education and re-socialization of gender roles, and the empowerment of women as a collective. Along with domestic violence, these feminists addressed reproductive rights, prisoners' rights, childcare, and women's education.[68] This division was comprised largely of radical, socialist, and cultural feminists. Radical feminists believed that "patriarchy… pre-exists and pervades all other forms of socioeconomic oppression."[69] Socialist feminists linked capitalism to the subordinate status of women in society, and tended to recognize the ways

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[68] Ibid., 31.

[69] Weiner, Merle. "From Dollars to Sense: A Critique of Government Funding for the Battered Women 's Shelter Movement." *Law and Inequality* 9, no. 2 (1991): 185-277. Accessed April 11, 2017. http://scholarship.law.umn.edu/cgi/ viewcontent.cgi?article=1379&context=lawineq. 199.

in which women's compounding identities within systems of age, sex, class, nationality, and racial and ethnic origin affect their experiences of oppression materially and historically.[70]

The other camp, identified by Susan Schechter as the "women's rights" campaigners, contended that the most effective solution to violence against women lay in improving legal their legal protections. Indeed, they argued for legislation that would extend the states' responsibilities to protect women in their homes. Thus, these "women's rights" advocates did not embody the typical human rights stance, which seeks to hold states accountable for the violations committed against its people. Instead, they pushed the state to become more responsible for itself without any organized third parties to monitor their compliance and effectiveness. This ideological perspective is most commonly embodied in liberal feminism, which located women's oppression in institutional inequality, and has historically advocated for collaboration with government and legal reform to attain their goals. Liberal feminism

> Hold[s] that autonomy deficits…are due to the "gender system," or the patriarchal nature of inherited traditions and institutions, and that the women's movement should work to identify and remedy them. As the protection and promotion of citizens' autonomy is the appropriate role of the state on the liberal view, liberal feminists hold that the state can and should be the women's movement's ally in promoting women's autonomy.[71]

This was the group of women who strongly backed the decision to work with state and federal government to secure not only funding for shelters and emergency services, but more aggressive legal protections for battered women and more stringent law enforcement practices.

The line between these two different feminisms was not always so distinct. Conflict arose within the movement surrounding the legislation that women's rights feminists argued for,

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[70] Jaggar, Alison. *Feminist Politics and Human Nature*. Totowa, NJ: Rowman and Allanheld, 1983. 125-126.
[71] "Liberal Feminism." In *Stanford Encyclopedia of Philosophy*. Stanford, 2013. Last modified September 30, 2013. Accessed April 11, 2017. https://plato.stanford.edu/entries/feminism-liberal/#Cri.

particularly the drive to work with the criminal justice system. Writing in 1982, Schechter says that

> Scrutinizing or judging the behavior of poor women is a common pastime of court and welfare workers. Facing institutional discrimination, women persist in their search for justice, but they also know it to be double-edged. Feeling the necessity of working within the criminal justice system yet recognizing its racism, most of the battered women's movement maintains an ambivalent stance toward the criminal courts.[72]

While many radical or socialist feminists recognized the discriminatory and hostile practices of the criminal justice system (particularly those of law enforcement), these concerns were ultimately put to the side in hopes that the benefits would outweigh the potential harms done to women of color, lesbians, and poor women. Furthermore, while it was the "women's rights" groups that pushed for government funding, increased law enforcement interventions, and harsher criminal penalties for abusive partners, the regulations and practices produced by these campaigns effectively took control out of the hands of battered women. By making the state responsible for abuse and control perpetrated by third parties, women's rights groups deprived battered women of the ability to express their experiences of abuse in court and to decide for themselves whether or not they wanted their partners arrested and prosecuted. Feminists experienced the control and judgment of the government even before they implemented criminal justice reform, however. When state governments eventually began funding battered women's shelters around the country, this money often came with strings attached.

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[72] *Women and Male Violence,* 177.

The Costs of Shelter

By the end of the 1970s, many women within the movement shifted their focus to securing funding for shelters, passing legislation, reforming government policy, and conducting research. Women's liberation advocates were highly critical of introducing systematic government funding to the shelter movement because it would cause "dependency, autonomy loss, a low level of government commitment, co-optation, hierarchy, professionalization, homophobia, and bureaucracy."[73] However, shelters could not support the growing needs of victims as more women discovered the safety and resources these community hubs offered. With greater funding, safe houses could provide consistent and higher quality services to battered women, increase public education, and ease the burden on hotline systems, in addition to paying for rent, upkeep, daily staffing, and services.[74] Paying staff became increasingly important as high demand in shelters turned part-time volunteer positions into full-time jobs.

As necessary as it was for advocates to secure the funding to sustain their work, it came at a cost. The majority of women's groups were forced to spend significant time and energy legitimizing the issue of domestic violence, reframing violence against women as a worthy government cause. Advocates

> Spent years lobbying, testifying, and writing grants. Almost all relied heavily on educational forums, public hearings, radio, and television to reconceptualize the issue and explain its parameters, stressing that woman abuse was a community responsibility rather than an interpersonal 'problem.' Often, months or years were spent gathering allies among legislators, agency directors, and foundation staff and convincing them that a problem and a constituency existed.[75]

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[73] "From Dollars to Sense," 186.
[74] Ibid., 192.
[75] *Women and Male Violence,* 85.

Thus, advocates were required to take (often unpaid) time and energy away from actually

providing services for battered women in order to request the money necessary for the basic

functioning of the shelters. Soon enough, shelters began to rely on money from various sources,

including:

> The [Young Woman's Christian Association]; federal agencies, especially the
> Law Enforcement Assistance Administration (LEAA) and the Department of
> Labor, through Comprehensive Employment Training Act (CETA) programs;
> state and city governments; private foundations; local voluntary fund-raising
> campaigns such as the United Way; and individual fund-raising projects.[76]

 By the early 1980s, nearly all shelters received some government funding, about seventy percent

of which relied "on government money for over half of their operating budgets. Thirty percent of

the shelters receive[d] over three-fourths of their funds from a government source."[77] Although

funding provided shelters with the opportunities to improve services and staffing, it certainly had

its drawbacks. Merle Weiner, feminist scholar and law professor, argues that dependence on the

government is anti-feminist, since "state funding of shelters allows the state to patch women up

without addressing the men's battering. It creates a constituency so dependent on its resources

that criticism is stifled."[78] While this may be an overstatement on the premise that state agents

weren't actually doing the "patching up" of women, the reliance on state funds did pose a threat

to the autonomy of battered women's shelters and resource agencies that did not align with the

state's politics.

Additionally, argues Weiner, government funding was inconsistent, and shelters risk

major cuts every presidential election cycle. For example, a significant portion of funding

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[76] Tierney, Kathleen. "The Battered Women Movement and the Creation of the Wife Beating Problem." *Social Problems* 29, no. 3 (February 1982): 207-20. Accessed April 11, 2017. https://www.jstor.org/stable/pdf/800155.pdf. 208.

[77] "From Dollars to Sense," 205.

[78] Ibid., 215.

allocated by the Nixon administration in the late 1970s was revoked once Reagan took office in

1981. His dissolution of welfare programs in the United States hacked funding for shelters and

other social service programs: "Federal funds to programs in which nonprofit agencies had been

active (excluding Medicare and Medicaid) were reduced by about $26 billion each year between

1982 and 1984."[79] More specific to battered women services, this materialized in the elimination

of CETA (Comprehensive Employment and Training Act) programs, which shelters had relied

on heavily to pay staff salaries. [80] At the same time, the Reagan administration "expanded

funding for criminal legal institutions. This formed part of the larger ideological project to cast

social problems as criminal concerns."[81] This reallocation of money from shelters to prisons—

while a continuation of the state's involvement in domestic violence policy— marked a profound

shift in the motivations behind state interventions for violence against women.

This infiltration of state government objectives radically altered the ideological path of

the battered women's movement. Susan Schechter states that the institutionalization and

professionalization introduced by the state governments sanitized the radical mission of the

movement and erased the driving component of gender inequality. Within a short time,

professionals began to implement gender-neutral rhetoric. She says, "by 1977 activists had

forced the words 'battered women' into consciousness. Soon thereafter funders, researchers, and

professionals began to proclaim a 'spouse abuse problem;' in their false notion of equality, men

were the victims of violence as frequently as women."[82] This notion of gender symmetry

"masked the radical political insights about male domination that feminists had forged. This

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[79] Stoesz, David, and Howard Jacob Karger. "Deconstructing Welfare: The Reagan Legacy and the Welfare State." *Social Work* 38, no. 5 (September 1993): 619-28. Accessed April 11, 2017. http://www.jstor.org/stable/23717160. 620.
[80] "From Dollars to Sense," 217-218.
[81] Rosenberg, Karen. "From Moderate Chastisement to Mandatory Arrest: Responses to Violence Against Women in Canada and the United States." PhD diss., University of Washingston, 2008. Accessed April 25, 2017. 56.
[82] *Women and Male Violence,* 3.

renaming is one that the movement must fight so that battered women are not made invisible again."[83] The labels used to convey domestic violence were attached to much larger connotations about who does the violence, who's harmed by it, and how best to remedy it.

As the shift in terminology moved forward, competition for funding between feminist shelters and more professionalized shelters "forced feminists to tone down their rhetoric,"[84] effectively changing the message of their work. Instead of talking about violence against women, public and governmental discourse transferred energy towards protection of the family, and thus started referring to the issue as spouse abuse, marital violence, and domestic violence, amongst other labels. As sociologists Russell Dobash and Emerson Dobash argue, the terminology used to denote domestic violence had a large impact on social understandings of the phenomenon. They say,

> The use of neutral, or equalitarian, terms like marital violence, or spouse assault… imply that each marital partner is equally likely to play the part of perpetrator or victim in a violent episode, that the frequency and severity of the physical force used by each is similar; and that the social meaning and consequences of these acts are the same.[85]

This concern with family violence was not contained to the realm of sociology, but permeated into the rhetoric of the presidential administrations of the 1980s and 1990s.

The Reagan administration created a similar diversion from feminist politics when it began rebranding woman battering as "family violence." As the state and federal governments gained more control over regulations and intervention practices through funding and legislation, they were similarly able to determine the mainstream rhetoric surrounding the issue. Thus, when President Reagan came into office in 1981, he brought with him (a familiar) conservative

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[83] Ibid., 3.
[84] "From Dollars to Sense," 228.
[85] *Violence Against Wives,* 11-12.

rhetoric calling for the protection of the family. The phrase "family violence" came to encapsulate not simply the sociological trend of conflating domestic violence with elder abuse and intergenerational violence, but more profoundly, the conservative government take-over of the grassroots movement. Furthermore, it indicates the shift of reframing violence against women from as a moral issue to an issue of crime. Occurring at roughly the same time as the War on Drugs and the massive rise of incarceration around the country, "family violence" and "domestic violence" found a home in the broader and more sinister agendas of the state.

The passage of the Family Violence Prevention and Services Act and the Victims of Crimes Act in 1984 marked such rebranding. While these pieces of legislation provided much-needed funding for battered women's shelters and service providers around the country, their rhetoric rejected the feminist and woman-centered approach to the eradication of woman battering and instead imposed a non-specific term that conflated intimate partner violence with child and elder abuse. Additionally, these two pieces of legislation, along with many others providing money for shelters, came with strings attached. Often, when shelters accepted state or federal funding, (non-feminist) government workers imposed new regulations and demanded an expansion of services that may have otherwise been carried out by well-resourced local governments.[86]

Not only was this loss of shelter autonomy immensely frustrating for staff, but state intervention strategies decimated the non-hierarchical and consensus-driven organizing of the early shelter movement. Without the feminist model of empowerment and solidarity guiding the work of the shelters, they have since become band-aid solutions; they no longer address the root of these rights violations—that is, abusive partners. At the same time, shelters remain crucial in

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[86] *Women and Male Violence, 95.*

that they provide immediate relief for women and children whose lives are threatened by violent and manipulative partners and parents. Thus, a tension remains within the need to sustain basic services for battered women without driving attention and resources away from other, perhaps more long-term strategies for understanding why men become violent and controlling, and what puts individuals at greater risk of becoming victims to such abuse.

Reforming Law, Policy, and Practice

Meanwhile, liberal advocates had also been proposing and lobbying for new and more aggressive domestic violence intervention policy, the first of which addressed development of the battered women's defense, batterer intervention programs, primary aggressor policies, and mandatory arrest policies.[87] In doing so, these advocates sought "to broaden protection for battered women by increasing the criminal penalties for battering, strengthening civil protections, and making it easier for women to file charges against their assailants."[88] Prior to these efforts, there weren't any widely accepted protocols to guide judges' or law enforcements' decisions when addressing cases of domestic violence.

The "battered woman's defense" was a tool brought into American courtrooms as a way to justify a woman's behavior in the case that she attacked or killed her batterer in self-defense. While it proved to be a useful resource that prevented women from being charged with assault or homicide, it contributed to the passive or pathologized victim stereotype. This tool was based on a concept called "battered woman syndrome," which was first introduced in 1979 by a psychologist named Lenore Walker in her book, *The Battered Woman.* Battered woman

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[87] *Arrested Justice,* 79.
[88] "The Battered Women's Movement and the Creation of the Wife Beating Problem," 209.

syndrome is a theory that seeks to explain the psychological impact of battering on a woman,[89] and is "used in courtrooms to describe everything from a woman's prior responses, and the contexts in which those responses occurred, to the dynamics of the abusive relationship."[90] Crucial to this concept is "learned helplessness," a term first coined by psychologist Martin Seligman and later appropriated by Walker. She uses it to convey that "over time, women subjected to abuse, finding that they cannot anticipate, control, or stop the violence against them" feel as though they "are powerless to affect the violence. Instead of actively seeking to escape violent relationships, women sink into passivity, self blame, and fatalism born of the randomness of the violence."[91] The phrase battered woman syndrome therefore encapsulates the assumptions that women who have been abused are weak, passive, and psychologically damaged.

Battered woman syndrome slowly made its way into the court system in the 1980s via expert testimonies and pressure from battered women's advocates, often informing judges and juries of how battered women "typically" think and behave. At the time, battered woman syndrome was seen as a useful tool for women who sought legal intervention. Expert testimonies were encouraged at court hearings to provide greater context for judges and juries who may not immediately see a battered woman's actions as reasonable, especially in the case that she retaliates against or kills her abusive partner. While it is important for judges and juries to be fully informed on the issue of domestic violence, and battered woman's defense *did* prevent women who retaliated against abusive partners from being convicted and imprisoned for assault or homicide, advocates have harshly criticized battered woman's syndrome for perpetuating static and essentialist understandings of who a victim is, what they are supposed to look like, and

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[89] *Battered Women and Feminist Lawmaking,* 80.
[90] Ibid., 123.
[91] Siegel, Reva. "The Rule of Love: Wife Beating as Prerogative and Privacy." *Faculty and Scholarship Series*, 1996. http://digitalcommons.law.yale.edu/fss_papers/1092. 57.

how they are supposed to think and act. Such categories are, however, necessary for the overall

functioning of the legal system; if women's incentives, actions, and behaviors were not fit into

certain boxes with certain psychological diagnoses, then the legal system would have an

incredibly difficult time making sense of them within its limited set of prescribed outcomes.

Following these interventions that protected some women through the court system,

women's advocates sought to created educational programs mandated through the courts to re-

socialize and educate abusive men on the impact of their violence and how to stop it. From this

desire emerged batterer intervention programs (BIPs). Men, after being charged with a

misdemeanor assault, might be mandated to attend a certain amount of lessons, which took on

many forms, as part of their sentence. Others may complete the workshops while incarcerated.

There is no standard model for these programs, which can range from teaching men about

deconstructing and understanding their masculinity as part of the patriarchy, to faith-based

counseling, to anger management.[92] For this reason, researchers claim that, "To date, there are no

interventions for partner violence perpetrators that approach the standard of "empirically valid,"

and "it is debatable whether any intervention can be labeled "empirically supported."[93] In fact,

more recent clinical research has concluded that BIPs are largely ineffective. One concluded that,

"men mandated to attend batterer intervention programs are only 5% less likely to commit an act

of violence against partners than men who do not attend/receive BIP."[94] Thus, while BIPs may

have been rooted in a more radical vision for eradicating violence, they have, in practice and

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[92] Carter, Lucy Salcido, comp. *Batterer Intervention: Doing the Work and Measuring the Progress*. December 2010. Accessed April 25, 2017. https://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/Batterer%20Intervention%20Meeting%20Report.pdf. 8.

[93] Eckhardt, Christopher, Christopher Murphy, Danielle Black, and Laura Suhr."Intervention Programs for Perpetrators of Intimate Partner Violence: Conclusions from a Clinical Research Perspective." *Public Health Reports* 121, no. 4 (August 2006): 369-81. Accessed April 11, 2017. http://www.jstor.org/stable/pdf/20056978.pdf. 373.

[94] Ibid., 370.

over the course of thirty-five years, yielded unpromising results. Alongside these programs,

advocates attempted to impact the law enforcement response to domestic violence.

The first major policy reform advocates pushed for was consistent and considerate law

enforcement protocol when answering to domestic violence calls. Prior to these efforts, domestic

violence was typically seen as a home issue and outside of government jurisdiction. Police

officers, when responding to a "domestic disturbance" reported by a victim or a neighbor, would

simply tell the parties involved to take a walk around the block, and leave it at that. As Beth

Richie recounts, "Most early feminist anti-violence advocates recall horror stories of women

calling the police for help and the police either failing to arrive at the crime scene, or if they did

respond, literally laughing at the caller or otherwise denying the seriousness of her risk."[95]

Additionally, police officers could not make an arrest without a warrant unless they personally

witnessed an assault.[96] There was no protocol for reporting or investigating such situations, and

legal intervention was actually discouraged for some time under the notion that it would

exacerbate family issues. Women's groups began to address the issue by filing lawsuits against

local police departments "for negligence and failure to provide equal protection to female

victims in domestic violence situations."[97] In reaction to these aggressive lawsuits, local and

state governments began to pass legislation requiring more stringent arrest policies to determine

when making an arrest was necessary.

Mandatory arrest requires that a police officer, when responding to an instance of

domestic violence, make "an arrest if there is probable cause to believe any violence has

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[95] *Arrested Justice*, 82.

[96] *A Troubled Marriage*, 109

[97] Hirschel, David, Eve Buzawa, April Pattavina, and Don Faggiani. "Domestic Violence and Mandatory Arrest Laws: To What Extent Do They Influence Police Arrest Decisions." *Journal of Criminal Law and Criminology* 98, no. 1 (Fall 2007): 255-98. Accessed April 11, 2017. http://scholarlycommons.law.northwestern.edu/cgi/ viewcontent.cgi?article=7284&context=jclc.

occurred, regardless of the wishes of the person assaulted."[98] These laws "were thought to serve as a deterrent to individual abusers, sending the message that domestic violence was criminal activity warranting the intervention of the justice system."[99] Mandatory arrest may be effective in that it separates the aggravated and aggressive individual from the victim, thus providing the victim with the opportunity to consider her options free from the urgency or threat of physical violence. It eliminated the all-too-frequent possibility that recurring abuse would go unchecked until someone ended up seriously injured or dead (in the cases in which the abuse was reported to police in the first place). However, many drawbacks accompanied the benefits this policy provided battered women. The denial of women's authority over her situation, arrest and prosecution of battered women, and discriminatory arrest practices pervaded the implementation of mandatory arrest.[100]

Mandatory arrest policies deprive women of the ability to choose whether or not they will be separated from their partner. Mandatory arrest "assumes that all women subjected to abuse would choose safety—defined as separation from an abusive partner—or accountability over autonomy."[101] A woman may not want to separate from her husband for any number of reasons; because she still loves him and wants to continue the relationship; because they have children together; because she doesn't want to subject him to a discriminatory justice system, or because she can't afford for him to lose his job and income, to name a few. Since prosecution of an abusive partner is carried out by the state, it doesn't matter if the victim of the violence isn't

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[98] UK Center for Research on Violence Against Women. "Top Ten Things Advocates Need to Know." Office for Policy Studies on Violence Against Women. Last modified December 2011. Accessed April 11, 2017. https://opsvaw.as.uky.edu/ sites/default/files/05_Mandatory_Arrest.pdf. 2.
[99] *Arrested Justice,* 108.
[100] Brandt, Jennifer, Denise Bronson, and Helen Hartnett. "Domestic Violence Law Reforms: Reactions from the Trenches." *The Journal of Sociology and Social Welfare* 29, no. 3 (September 2002): 71-87. Accessed April 11, 2017. http://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=2828&context=jssw. 78.
[101] *A Troubled Marriage,* 128.

willing to testify against him. The prosecution will likely carry on without the victim's cooperation.

Sometimes it's not immediately clear to a responding officer who the primary aggressor is at a scene. Under these circumstances, police officers must decide who should be arrested after taking into consideration "the issues of severity of injury, self-defense, prior violence, and future dangerousness.[102] Some departments and officers "operate under the belief that in domestic violence situations where both parties make verbal claims of injury or display injuries, their department supports the arrest of both parties (dual arrest policy).[103] Thus, the incentive for police officers to make arrests under mandatory arrest policy risks placing already victimized women under state control.

Implementation of mandatory arrest policies has had a particularly harmful impact on communities of color around the country. As Beth Richie states, "since there are differential impacts of arrest on marginalized communities, some women who experience male violence may not call upon the police if they know they can expect an enhanced response from law enforcement and the judicial system."[104] Emphasis on arrest within the push for legislation ignored law enforcement's history of discrimination and brutality against black, brown, and LGBTQ+[105] people and thus provided no safe or effective way for women of color and queer people to report incidences of abuse. In a similar vein, women of color may not call the police out of fear of discriminatory arrest practices: "the concern about disproportionate representation of men of color in the arrest statistics raises questions about the fair application of these laws

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[102] Finn, Mary, Brenda Sims Blackwell, Loretta Stalans, Sheila Studdard, and Laura Dugan. "Dual Arrest Decisions in Domestic Violence Cases: The Influence of Departmental Policies." *Crime and Delinquency* 50, no. 4 (October 2004): 565-89. Accessed April 11, 2017. DOI:10.1177/0011128703261381. 566.
[103] Ibid., 566.
[104] *Arrested Justice,* 83.
[105] LGBTQ+ stands for the lesbian, gay, bisexual, transgender, and queer communities.

given racial profiling and stereotyping carious groups of defendants."[106] Thus, for women who,

for whatever reason, don't want their partner to be arrested, calling the police takes away their

choice over the matter and risks putting their partner through a racist justice system.

Similarly, mandatory prosecution policies, while aiming to protect women from partners

after a violent or abusive incident, prevented women from determining how state regulations

should benefit them. Mandatory prosecution begins a time consuming, drawn out process with an

uncertain end— an uncertainty that a family may not be able to afford if the aggressor

contributes significantly to income; that risks pulling a husband and father away from a family

that wants to stay together; that may provoke an aggressor to retaliate against his (ex)partner

after being turned in.

Police departments have attempted to prevent the likelihood of such discrimination

through the implementation of primary aggressor policies.

> Responding to higher levels of women arrested for family violence, some
> jurisdictions have added primary aggressor language to expand the factors officers
> may consider in arrest decisions and to decrease arrests of victims who injure
> aggressors in self-defense. Some of these laws explicitly state that in incidents
> where both parties are injured or claim injury, police are not required to arrest
> both parties. Instead, they are expected to attempt to identify a primary aggressor
> by giving careful consideration to the issues of severity of injury, self-defense,
> prior violence, and future dangerousness.[107]

As these examples show, women's rights advocates fought for policies and legislation that would

strengthen police's response to domestic violence calls. While these modifications did guarantee

that abusive partners would face some kind of legal consequences for their actions, they

simultaneously denied victims the ability to determine whether or not the perpetrator should be

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[106] Ibid.
[107] "Dual Arrest Decisions in Domestic Violence Cases," 566.

arrested or prosecuted, resulted in the arrest of victims, and disproportionately affected men and

women of color. While claiming to prioritize women and victims' safety, law enforcement

effectively refuted their autonomy and forced them into the binding constraints of the state.

Erasure of Race in the Movement

Advocates during the movement, many of whom were women of color, were very much

aware of the traumatic history between people of color and the police, and that relegating the

eradication of domestic violence to law enforcement would further marginalize women of color.

They were also aware that law enforcement policy affected black men disproportionately, and

black women may not call the police for the sake of keeping their partner out of racist criminal

justice and prison systems. These arguments are not new. It is important to note that women

within the battered women's movement were aware of the complications consistent with

government intervention, particularly when it came to mandatory arrest. As Elizabeth Schneider,

feminist law professor, states,

> The development of mandatory arrest legislation, which made domestic violence
> a crime, came after years of debate within the battered women's movement
> concerning the degree to which criminalization of battering was an appropriate
> response in light of historic feminist ambivalence about state power.[108]

Because so many of the state interventions discriminated against people of color in practice, later

scholars have speculated about the underlying racism within the movement. Feminist scholars

like Leigh Goodmark have claimed that

> With white women as the movement's focus, the particular problems facing
> women of color were largely ignored. While there is little doubt that domestic
> violence does, in fact, affect women of all ages, races, ethnicities, religions,

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[108] *Battered Women and Feminist Lawmaking,* 181.

education levels, and socioeconomic classes, it is equally true that all of these groups experience abuse differently.[109]

Goodmark is speaking more specifically to the women involved in the later efforts to push for legal reform, and the role that white women played in securing funding from state and federal politicians and policymakers, since "It was easier to sell them on the need to protect their own mothers, sisters and daughters."[110] While accounts from battered women's advocates indicate that yes, white women worked at the forefront of pushing for the rights of women, this does not necessarily mean that their propositions went unchallenged within the movement, nor does it mean that the women proposing these reforms were outright ignoring how they were impacting the lives of millions of women.

Instead, this situation can be seen an example of a common advocacy/human rights dilemma: how can advocates of marginalized causes, in their attempts bring their efforts into the mainstream, gain visibility without sacrificing nuance? Black feminist Beth Richie calls this phenomenon within the battered women's movement the "everywoman analysis." The phrase describes the ways in which advocates within grassroots efforts attempted to bring domestic violence to public consciousness through simplifying and universalizing women's experiences of violence. By stating that "every woman could be a battered woman" and "rape is a threat to every woman,"[111] advocates could emphasize the pervasiveness of the issue and appeal to the sympathies of the public and legislators. It is true that every woman is at some risk of domestic violence and rape. However, "this generalized construction helped to foster an analysis of

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[109] *A Troubled Marriage,* 23.
[110] Ibid., 24.
[111] *Arrested Justice,* 90.

women's vulnerability as profound and persistent rather than particular to any racial-ethnic community, socioeconomic position, religious group, or station in life."[112]

The "everywoman" approach was perhaps used as a tool to combat the idea that domestic violence only happened among poor people and people of color, as was assumed before the activism of the battered women's movement. However, it functioned more powerfully to construct the white female victim in need of help. Ultimately, it ignored the legacy of racism in feminism, which has included "the dominance of eugenicism in both the early and more recent birth control movements, the eager acceptance by the majority of the suffragettes of imperialistic nationalism, and at best, the failure of anti-rape campaigns to challenge racist stereotypes of the sexuality of black men."[113]

So, while many advocates acknowledged this issue of mandatory arrest, mainstream fights often went unchallenged on a public stage. Thus, contrary to Goodmark, this conflict points not to lack of diversity among those who were involved in the movement, but who was in control. Thus, "Without centering the experiences of marginalized women—which would have tempered enthusiasm for greater police involvement—battered women's activists did not resist the move to law and order responses as vigorously as they might have."[114] Whether or not these policies intentionally ignored the impact of race on women's experiences of violence and government intervention, or simply failed to prioritize such experiences, the results of mandatory arrest nonetheless limited battered women of color's options for accessing safety and state resources.

Feminist appeals to the state in hopes of enhancing the visibility and legitimacy of

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[112] Ibid.

[113] Bhavnani, Kum-Kum, and Margaret Coulson. "Transforming Socialist-Feminism: The Challenge of Racism." *Feminist Review*, no. 80 (2005): 87-97. Accessed April 11, 2017. https://www.jstor.org/stable/pdf/3874366.pdf. 88.

[114] "From Moderate Chastisement to Mandatory Arrest," 56.

domestic violence yielded many controversial changes. Battered woman's syndrome, mandatory

arrest and primary aggressor policies, and batterer intervention programs all were grounded in

radical politics of the grassroots battered women's movement, and sought to empower women

through the defense of women's autonomy and safety. In practice, once combined with the more

conservative and consistently racist position of the state, these interventions frequently yielded

contradictory results: they stripped women of the ability to choose for themselves, framed

battered women as agentless victims in need of state protection, and exposed women of color and

poor women to discriminatory police practices. For some women, however, these interventions

were life-saving resources that allowed them to escape abusive partners that might have resorted

to lethal violence; kept women who fought back against abusers in self-defense out of prison;

and may have taught men how to stop their abusive behavior. It's not clear at which point the

harms of these interventions clearly outweighed the benefits they provide. However, this line

became much clearer once the fundamental ideology backing these interventions deteriorated

and explicitly aimed not to empower women, but to serve and protect the family.

VAWA and the Rise of "Family Violence"

"This is not a women's issue. This is an issue for families and for children and for
men as well. And it is an American challenge that we have to face. This issue has
been swept under the rug for too long. We have tried to take it out into the
daylight, to let people talk about it, to give people a chance to find courage in the
efforts of others and to know that they can find help. That's what the Violence
Against Women Act is all about." –President Bill Clinton

On February 21, 1996, with the unveiling of the National Domestic Violence Hotline,

President Bill Clinton announced the importance of reframing woman battering as a family

issue.[115] The rhetoric chosen by Clinton and his administration to publicly discuss domestic violence clearly built off of the very same rhetoric established by Reagan just a few years prior. This choice began to solidify the framing of domestic violence as an issue not specific to women, thus erasing the empowerment model of the battered women's movement. Notably, the new legislation surrounding the issue of family violence focused predominantly on strengthening criminal justice interventions, therefore defining intimate partner violence as first and foremost an issue of criminal behavior. Despite its name, the passage of the Violence Against Women Act in 1994 really stood for the protection of the family through an unprecedented reliance on law enforcement.

With the passage of VAWA— the first piece of federal legislation criminalizing violence against women— the issue of domestic violence gained a never-before seen legitimacy. Additionally, VAWA standardized many of the allegedly useful and productive pieces of legislation passed in various states throughout the preceding decade. In this sense, VAWA represented a huge victory for battered women's advocates. However, paired with this success was the rhetoric of family violence. As the above quote explicitly states, President Clinton picked up on Reagan's rhetoric of family violence to address the issue of violence against women.

Introduced by then-Senator Joseph Biden and passed as part of the Violent Crime Control and Law Enforcement Act of 1994, VAWA was:

> The first comprehensive federal legislative package designed to end violence
> against women. It was also a triumph for women's groups that lobbied hard to

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[115] Clinton, William. "Remarks on the Unveiling of the Domestic Violence Hotline and an Exchange with Reporters, February 21, 1996" in *Public Papers of the Presidents of the United States: William J. Clinton, 1996, Book I,* 307-309. Washington, DC: Government Printing Office, 1996. https://www.gpo.gov/fdsys/pkg/PPP-1996-book1/html/PPP-1996-book1-doc-pg307.htm.

persuade Congress to legislate federal protections for women on the grounds that states were failing in their efforts to address this violence.[116]

More specifically, VAWA created penalties for:

> Interstate stalking or domestic abuse…strengthened existing penalties for repeat sexual offenders and required restitution to victims in federal sex offense cases…called for pretrial detention in federal sex offense or child pornography felonies… and set new rules of evidence specifying that a victim's past sexual behavior generally was not admissible in federal civil or criminal cases regarding sexual misconduct.[117]

It also "created a set of new grant programs that devoted federal funds to improving the legal system's response to domestic violence."[118] Of all these new programs, the most influential and resourced components were those that framed and addressed domestic violence as a criminal justice issue.

The largest pool of money awarded under VAWA went towards STOP Grants (Services for Training Officers and Prosecutors), which enabled "states and localities to hire and train personnel, receive technical assistance, collect data, and purchase equipment" and was intended to "increase the apprehension, prosecution, and adjudication of persons committing violent crimes against women."[119]

Feminist scholars over the years have lauded VAWA as the most revolutionary piece of legislation addressing domestic violence for its standardization of policing practices and the validation afforded to battered women around the country. Indeed, VAWA often provided greater protections for victims and harsher penalties for perpetrators. Moreover, the 1994 VAWA

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[116] "History of the Violence Against Women Act." Legal Momentum. Last modified 2015. Accessed April 11, 2017. https://www.legalmomentum.org/history-vawa.
[117] Laney, Garrine. "Violence Against Women Act: History and Federal Funding." Washington, DC: Congressional Research Service. 2010. http://digitalcommons.ilr.cornell.edu/key_workplace/711
[118] *A Troubled Marriage*, 19.
[119] Ibid.

contained one provision that highlighted the feminist foundations of the battered women's movement and recognized intimate partner violence as gender-based violence: the civil rights remedy. It stated, "The identification of intimate violence, sexual abuse, and rape as gendered, as affecting women's freedom, citizenship, and autonomy, and as fundamental to women's equality, revives the core precept of the battered women's movement…"[120] Besides this one exception, VAWA strengthened the problematic practices formerly implemented on the state level—those that denied women the ability choose how to handle their situation, put marginalized women at greater risk, and disproportionately impacted men of color. Additionally, "there is no conclusive evidence that suggests that VAWA has significantly reduced the incidence of violence." Although rates of "intimate partner violence" dropped" between 1994 and 2010, "this decrease happened at the same time violent crime as a whole fell dramatically nationwide, making it hard to know whether a drop in domestic violence might have happened without the policies adopted under VAWA. [121]

Since 1994, the act has gone up for reauthorization three times: in 2000, 2006, and 2012. The amendments made during these processes have, under the Bush and Obama administrations, have continued on a similar trajectory, though more recent changes (particularly under the Obama administration) have pushed the legislation in a more socially progressive direction. One of the consequences of this has been the shift from the rhetoric of family violence to that of domestic violence. The changes within VAWA stand in for broader transformations in the social and political understandings of domestic violence that have occurred since the mid-1990s. VAWA can thus be used as a tool to narrate the larger shifts happening within the state as it pertains to violence against women.

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[120] *Battered Women and Feminist Lawmaking,* 197.
[121] Pickert, Kate. "What's Wrong with the Violence Against Women Act?" *Time*, February 27, 2013. http://nation.time.com/2013/02/27/whats-wrong-with-the-violence-against-women-act/.

The Violence Against Women Act of 2000 reauthorized funding for training and services for battered women and their children, created new grant programs, and increased protections for marginalized women. Over three billion dollars were authorized for the years 2000-2005.[122] Amendments to VAWA included the definition of dating violence and included it under the act's jurisdiction, included cyber stalking; created grant programs for transitional housing, elder abuse, and education about abuse against women with disabilities; created new protections for immigrant victims of battering; increased set aside for indigenous tribes; and expanded the funds for law enforcement interventions, to name a few.[123]

The 2000 reauthorization also eliminated the civil rights remedy on the basis that it was unconstitutional. "The VAWA Civil Rights Remedy is based on two independent constitutional sources of legislative authority: the Commerce Clause and the Fourteenth Amendment's enforcement provision, Section Five. Since the Remedy was passed, two federal district courts have considered challenges to the constitutional validity of the statute, ruling in *Doe v. Doe*, a Connecticut district court upheld the Remedy, concluding that it constitutes a legitimate exercise of Congress's power commerce." One month later, "a Virginia district court invalidated law, holding that the enactment exceeds Congress's authority" under both pieces of legislature.[124] In the fall of 1994, in *United States v. Morrison*, the civil rights provision of VAWA was deemed

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[122] Collaborative Research Project on Lobbying. "The Violence Against Women Act of 2000." Advocacy and Public Policymaking. Last modified April 3, 2001.
http://lobby.la.psu.edu/064_Legal_Services/Agency_Activities/DoJ/DOJ_violence_women_040301.htm.
[123] Ibid.
[124] Shargel, Johanna. "In Defense of the Civil Rights Remedy of the Violence against Women Act." *The Yale Law Journal* 106, no. 6 (April 1997): 1849-83. Accessed April 11, 2017. https://www.jstor.org/stable/pdf/797321.pdf. 1851-1852.

unconstitutional in 2000 and tossed out.[125] With that, the last tie to the feminist framework of gender-based violence was removed from the conversation.

The Bush administration made several reauthorizations to the Violence Against Women Act, including the 2006 reauthorization, which sought to "focus on young victims of violence; improve the health care system's response to violence; inform the public and employers about domestic and dating violence, sexual assault, and stalking; protect the privacy of victims of violence; provide housing assistance, including public housing, for battered women and children; and support outreach efforts to underserved populations such as ethnic, immigrant, and racial populations."[126] These changes resembled the adjustments made during the 2000 reauthorization, though relied more heavily on the rhetoric of protecting women and the family, and directed funds for more conservative and religious interventions.

The Violence Against Women Act, as it stands today, remains the only federal legislation that addresses domestic violence.[127] Reauthorized in 2013, the VAWA "includes a solution that would give tribal courts the authority they need to hold offenders in their communities accountable," protects survivors of domestic violence from housing discrimination, requires colleges to report dating violence, increases the role of coalitions in deciding law enforcement policy, prohibits discrimination against LGBTQ folks for protective service providers, and

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[125]Schmidt, Caroline. "What Killed the Violence Against Women Act's Civil Rights Remedy Before the Supreme Court Did?" *Virginia Law Review* 101, no. 2 (April 2015): 501-57. Accessed April 11, 2017. https://www.jstor.org/stable/pdf/24363230.pdf.

[126] "Violence Against Women Act: History and Federal Funding."

[127] U.S. Department of Justice. "Federal Domestic Violence Laws." U.S. Attorney's Office Western District of Tennessee. Last modified March 30, 2015. Accessed April 11, 2017. https://www.justice.gov/usao-wdtn/victim-witness-program/federal-domestic-violence-laws.

The Gun Control Act also prohibits an individual's ability to legally purchase a firearm if they are subject to a protective order or if they have been convicted of a misdemeanor crime of domestic violence. The American Bar Association has compiled a list of all state arrest policies here http://www.americanbar.org/content/dam/aba/administrative/domestic_violence1/Resources/statutorysummarycharts/2014%20Domestic%20Violence%20Arrest%20Policy%20Chart.authcheckdam.pdf) For gun laws and domestic violence, the list created by the Law Center to Prevent Gun Violence can be accessed here: http://smartgunlaws.org/resources/publications/domestic-violence-and-guns-state-by-state/#states

strengthens "the International Marriage Broker Regulation Act and the provisions around self-petitions and U visas."[128] The additions made to the VAWA in 2013 mark somewhat of a return to the inclusive model based on women's empowerment that drove the women's liberation movement. Taking into greater consideration the impact of class, race, and sexual orientation in individuals' experiences of domestic violence offers a wider variety of options to best fit the needs of victims.

By giving domestic violence coalitions (which are predominantly staffed by women) more influence in creating policy, the effort to restore power to women is put into practice. However, domestic violence coalitions— although they survived government co-optation of the 1980s and 1990s— have certainly lost the radical message of the early movement. All fifty states have their own coalition(s) that work closely with state governments and services providers. As the National Coalition Against Domestic Violence (NCADV) states on their website, the coalition "is the voice of victims and survivors. We are the catalyst for changing society to have zero tolerance for domestic violence. We do this by affecting public policy, increasing understanding of the impact of domestic violence, and providing programs and education that drive that change."[129] Like the women's rights campaigners of the women's liberation movement, advocates at coalitions opt for liberal feminist tactics in their attempts to ensure safety and autonomy for all women.

Despite all the issues resulting from VAWA-supported interventions, many advocates continue to fight for the legislation in its entirety. The National Network to End Domestic Violence (NNEDV), for example, praised VAWA after it went up for reauthorization in 2013.

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[128] "The Violence Against Women Reauthorization Act of 2013: Safely and Effectively Meeting the Needs of More Victims." National Network to End Domestic Violence. Accessed April 11, 2017. http://nnedv.org/downloads/Policy/VAWAReauthorization_Summary_2013.pdf.
[129] "Mission." National Coalition Against Domestic Violence. Accessed April 11, 2017. http://www.ncadv.org/about-us/mission.

As "a leading force in efforts to reauthorize VAWA," the NNEDV believes that "VAWA 2013 reauthorized and improved upon lifesaving services for *all* victims of domestic violence, sexual assault, dating violence and stalking - including Native women, immigrants, LGBT victims, college students and youth, and public housing residents."[130] This network makes no mention of the complications that have arisen from its policies over the last twenty-three years. With its emphasis on "all victims," it seems as though the NNEDV believes that all issues of discrimination or marginalization have been resolved. However progressive the legislation may seem on paper, police practices still target people of color and LGBTQ+ people disproportionately, ultimately nullifying the material benefits and thus much of its validity. Again, advocates are caught in the bind of gaining visibility and resources at the cost of inappropriate and abusive practices.

The steps addressing domestic violence reveal just where domestic violence discourse and legislation have come today. Although each decade brought with it a multitude of new policies, legislation, shifts in public opinion, and names for the issue of domestic violence— which provided material changes for many women— practically all of these changes fit neatly into the dichotomy of empowering women versus protecting women. Additionally, feminist debates around state interventions haven't changed much since the 1980s: contemporary feminist scholars seem to be expressing the very same concerns about mandatory arrest policies, battered women's defense, batterer intervention programs, and the role of shelters that the original battered women's advocates shared.[131] In the midst of this discursive and practical stagnation,

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[130] "The Violence Against Women Act (VAWA) Renewal Passes the House and Senate and Signed into Law." National Network to End Domestic Violence. Accessed April 11, 2017. http://nnedv.org/policy/issues/vawa.html.
[131] Although some present-day advocates claim that the social change movement is still underway, most would argue that the widespread focus on service provision, legislative changes, and policy reform signals a shift to more stagnant institutionalization.

the state and women's advocates haven't initiated anything beyond the creation of batterer intervention programs (which have proven to be largely ineffective) to discover and address the root of the issue. That is, until the early 2000s.

Beginning in 2002, the Centers for Disease Control and Prevention (CDC) formally recognized intimate partner violence as a public health issue. Public health research and subsequent interventions provided a new perspective of domestic violence, grounded neither in notions of patriarchy nor the moral/social responsibility to protect women and the family. Instead, prevention programs are evidence-based and implemented after a series of thorough studies. Like the radical roots of the battered women's movement, the public health approach looks at how populations are affected not by mere individual factors (as with the psychological approach), but also by relationships, environmental factors, and societal influences. Although research and interventions are currently in an early developmental stage, the new framework suggests a departure from the empowerment/protection dualism, and thus new opportunities for state interventions and an exploration of the boundaries between the state and grassroots organizing.

Chapter III: Between Grassroots and Governing

Since the early 2000s, domestic violence has been on the agenda of the public health community in the form of national surveys, studies, and experimental intervention programs in a handful of communities around the country. Tacked onto the Centers for Disease Control and Prevention's (CDC) work on interpersonal violence prevention, which commenced in the late 1970s, domestic violence research was initiated in order to learn about its various causes and how to address them. This addition to the CDC's repertoire follows on the heels of the Violence Against Women Act of 1994, which formally immersed the issue of violence against women in the United States federal government. Presumably motivated by the formal changes made within the criminal justice sector regarding law enforcement policies, as well as pressure by battered women's advocates, the CDC began to consider ways in which it could intervene in the issue. Over the last fifteen years, public health work has contributed substantial information on the incidence, prevalence, and consequences of domestic violence, though it has yet to put forth many new prevention strategies. Despite the lack of certainty on the outcomes of public health interventions into domestic violence, the tools of the public health system in general, and the work that has been conducted on domestic violence thus far, point to a provocative departure from the empowerment/protection model that has dominated domestic violence work for the last forty years. Furthermore, the new category of domestic violence has a health issue—rather than a social ill or crime—suggests a profound shift in how the state understands and responds to violence against women in the home.

That the public health system puts a greater emphasis on health than does the criminal justice system is apparent in the name alone. However, exactly *how* this is accomplished isn't immediately apparent. A comparison between rhetoric, tools, and overall frameworks of the

public health and criminal justice systems provides a closer look at what this paradigm shift may mean for the future of the state's relationship to domestic violence. First, an analysis of the ideological and methodological differences between the two systems (with comparisons to the healthcare system as well) yields some insight into how the actualization of public health strategies might look. These distinctions can be broken down into four major categories: prioritization of prevention; collection and use of evidence; recognition of how individual factors and social, political, and economic systems impact populations; and commitment to victims. Secondly, an evaluation of the CDC's current trials being conducted in ten states around the country displays what these priorities look like in action. Finally, an examination of public health interventions into policing of gun violence and drug abuse provides a glimpse into the possibilities of the future of policing domestic violence. Throughout the application of these efforts—particularly when it comes to collecting and sharing information, collaborating with other professional and local communities, and executing prevention strategies—it becomes clear that the public health community's operations oscillate between governing populations and collaborating within grassroots organizing.

There are a few important points to make before beginning this chapter. First, it is significant to note that criminal justice and public health communities are not static or entirely distinct entities; there may be significant overlap that confuses the ideological boundaries of the two. Despite this lingering categorical uncertainty, drawing distinct lines between the two methodologies creates a useful framework from which to understand how efforts to eradicate intimate partner violence have evolved over the last forty years, and the benefits and detriments of the two major approaches. Secondly, because intimate partner violence is such a recent addition to the public health community's repertoire of health issues, very little scholarly

literature has been published. Thus, this chapter will rely fairly heavily on information from government publications, including those from the CDC, National Institute of Justice, and various state-funded domestic violence coalitions. The terms intimate partner violence and domestic violence will be used interchangeably throughout this chapter.

Alongside the battered women's movement of the late 1970s and 1980s, public health officials began to reinterpret interpersonal violence as not simply an issue of crime, but as a significant detriment to the nation's health. In 1979, the United States Surgeon General identified violent behavior as a public health issue, and in 1980, the CDC began to study patterns of violence. "These early activities grew into a national program to reduce the death and disability associated with injuries outside the workplace,"[132] especially youth and gun violence, followed by domestic and sexual violence and child maltreatment. [133] The CDC explains that there were three major factors that triggered this reframing. First, "as the United States became more successful in preventing and treating many infectious diseases, homicide and suicide rose in the rankings of causes of death."[134] Public health interventions during the mid twentieth century resulted in dramatic decreases in the incidence and mortality of pneumonia, tuberculosis, yellow fever, typhus, poliomyelitis, diphtheria, and pertussis, thus highlighting the deaths caused by interpersonal violence.[135] Second, the increase in homicide and suicide during the 1980s among youth and black populations "reached epidemic proportions."[136] Indeed, in 1980, the homicide rate in the United States peaked at 10.2 per 100,000 people.[137] Lastly the CDC states there was:

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[132] Centers for Disease Control and Prevention. "Violence Prevention at CDC."
Last modified March 11, 2016. https://www.cdc.gov/violenceprevention/overview/index.html.
[133] Dahlberg, Linda, and James Mercy. "The History of Violence as a Public Health Issue." *AMA Virtual Mentor* 2, no. 11 (February 2009). 5.
[134] "The History of Violence as a Public Health Issue," 1.
[135] Ibid.
[136] Ibid.
[137] Cooper, Alexia Smith, Erica. "Homicide Trends in the United States, 1980-2008." U.S. Department of Justice. Bureau of Justice Statistics. https://www.bjs.gov/content/pub/pdf/htus8008.pdf. 2.

>Increasing acceptance within the public health community of the importance of behavioral factors in the etiology and prevention of disease...Successes in these areas encouraged public health professionals to believe that they could accomplish the same for behavioral challenges underlying interpersonal violence and suicidal behavior. Finally, the emergence of child maltreatment and intimate partner violence as recognized social problems in the 1960s and 1970s demonstrated the need to move beyond sole reliance on the criminal-justice sector in solving these problems.[138]

This very last explanation subtly points to all that transpired in Chapter II: the anti-rape efforts of the 1960s, the demands made by battered women's advocates during the late 1970s, and the government co-optation of grassroots efforts in the early 1980s. The fact that the public health community responded in part to the battered women's grassroots movement locates part of their interventions in the fight for women's autonomy and rights. However, the public health approach has been implemented not necessarily because women's autonomy and rights have been impeded, but because domestic violence has been found (unsurprisingly) to result in poor health outcomes. With this new framework, then, domestic violence becomes just another item on the exhaustive list of diseases and conditions within the jurisdiction of the public health community.

In addition to these three factors, there was a reported frustration with the ineffectiveness of arrest as a deterrent for violence and the financial cost of violence to the nation. As six field experiments conducted from 1981 until 1991, collectively known as National Institute of Justice's (NIJ's) Spouse Assault Replication Program found, the results of arrest policies were inconsistent, and it was uncertain whether or not arrest was a more effective deterrent than "informal, therapeutic methods [such] as on-scene counseling or temporary separation."[139] Ultimately, experts began to realize that "enforcement, suppression, and intervention efforts

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[138] "The History of Violence as a Public Health Issue" 1-2.

[139] Maxwell, Christopher, Joel Garner, and Jeffrey Fagan. "The Effects of Arrest on Intimate Partner Violence: New Evidence From the Spouse Assault Replication Program." U.S. Department of Justice. Last modified July 2001. https://www.ncjrs.gov/pdffiles1/nij/188199.pdf

alone do not address the underlying reasons violence occurs and therefore cannot prevent violence before it occurs."[140] In other words, mandatory arrest policies didn't work to stop violence. Finally, it was also "becoming increasingly clear that healing the wounds of violence is an expensive part of the nation's overall health bill."[141] As these conditions came to light, and as advancements in behavior-focused public health practices occurred, the CDC and partner organizations began the task of understanding and preventing interpersonal violence.

Defining Intimate Partner Violence

Through their publications and their widespread use among other disciplines, the CDC provides the basis for expanding uniform understandings of intimate partner violence in the United States—something that advocates, psychologists, sociologists, criminologists, attorneys, and judges have struggled with over the years. As was discussed in Chapter I, surveys have gathered large bodies of contradicting data on the issue of gender symmetry in domestic violence because these surveys were allegedly conflating different forms of violence within the same one or two terms. The CDC's National Center for Injury Prevention and Control has responded to the disunity on this particular topic, and has published "Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements" every year since 1999—a sign that they are hoping to both standardize and institutionalize definitions of intimate partner violence with consideration for the work conducted earlier in the twentieth century. More specifically, the CDC does so by bringing in language from experts in this diverse array of fields. For example, Evan Stark's concept of coercive control appears explicitly in the CDC's definition of

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[140] Prevention Institute. "A Public Health Approach to Preventing Violence: FAQ." Last modified Fall 2009. https://www.preventioninstitute.org/sites/default/files/publications/FAQ%20preventing%20violence_A_112109-1.pdf. 8.
[141] Moore, Mark. "Public Health and Criminal Justice Approaches to Prevention." *Crime and Justice* 19 (1995): 237-62. http://www.jstor.org/stable/1147598. 240-241.

psychological aggression, and consists of "limiting access to transportation, money, friends, and family; excessive monitoring of whereabouts,"[142] suggesting that the public health community pulls directly from and is in conversation with non-epidemiological literature such as sociology, criminology, and psychology.

The CDC uses the term intimate partner violence (also known simply as IPV) to describe domestic violence. Intimate partner violence is defined as:

> A serious, preventable public health problem that affects millions of Americans. The term 'intimate partner violence' describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.[143]

Intimate partner violence is the one term that has been used and disseminated by a particular set of institutions to describe a very specific phenomenon, as opposed to a term that was developed by the public (like woman battering), or by multiple researchers (like family violence). It simultaneously recognizes many of the issues that have arisen in the prior movements that address domestic violence: marriage, sexuality, physical and psychological abuse, and who it harms.

Both liberationist and conservative values reside in the term intimate partner violence. Unlike past terms used to describe violence against women within the home—such as marital chastisement, spouse abuse, wife beating—intimate partner violence expresses something that happens between people, rather than something that someone does, or something that happens to someone. This wording distributes emphasis to both/all parties involved, and hints that the incidence of violence is related to the risk and protective factors of both people. The inclusivity

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[142] "Intimate Partner Violence: Definitions." Centers for Disease Control and Prevention. Last modified July 20, 2016. Accessed April 9, 2017. https://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html.
[143] Centers for Disease Control and Prevention. "Intimate Partner Violence." Last modified May 3, 2016. https://www.cdc.gov/violenceprevention/intimatepartnerviolence/.

within this definition marks a return to liberationist values—which sought to listen to and heal victims, as well as hold perpetrators accountable. However, the term IPV lacks the emphasis on violence against women via its gender-neutral terminology, and shifts back to the more conservative rhetoric used by the state in the past. As such, the term "intimate partner violence" functions as a useful entry point into the politics of the public health approach, particularly in relationship to the battered women's movement and the state's focus on "domestic violence" as a crime.

Developing Prevention Strategies

The development of prevention strategies similarly wavers back and forth between governing state practices and more community-based organizing. The governmental aspects come through most potently in the bureaucratic mandates that are required of the public health community. On the other hand, the trend of having open communication with local agents and experts in a vast number of fields, and the concern for victim safety, simultaneously roots the public health approach in local communities. That both the criminal justice and public health systems are state-operated points to the various capacities of state intervention, and challenges the implications of Chapter II: that state co-optation of grassroots movements inevitably ends in the collapse of progressive values and consideration for community needs. Not without a history of devastating failures,[144] the public health community has historically been more attuned to activities within the home and the private lives of Americans than the criminal justice system. For instance, some of the first prevention interventions in the United States consisted of home

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[144] The highly unethical studies, such as the Tuskegee syphilis experiment from 1932-1972, which allowed black men to go untreated for syphilis despite the existence of effective treatment, and the Kennedy Krieger lead paint abatement study in Baltimore form 1993-1995, which exposed young children to various levels of lead paint, despite the known risks, point to the unethical past of public health.

visits to ensure that parents living in the tenements of New York City cared for their children's health adequately.[145] The public health approach has experience addressing more private and 'invisible' conditions of health and violence, including domestic violence, elder abuse, and child abuse, whereas the criminal justice system has largely focused on violence between strangers.[146] However concerned with underrepresented health issues the CDC may be, it is still a state institution that relies on highly bureaucratic processes to accomplish its work. As such, its interventions fail to embrace the liberationist practices of the battered women's movement, particularly non-hierarchical organizing structures.

In general, the public health response to a given health concern is comprised of a four-step process with a focus on primary prevention that aims to monitor the issue; identify risk and protective factors; design prevention strategies that are accurate, ethical, and effective; and implement these strategies. More specific to research of IPV, the public health approach achieves inclusivity through its consistent surveys, subsequent identification of risk and protective factors, and consideration of factors and external to the individual. The protocol through which the CDC and other public health entities develop prevention strategies uncovers how the combination of functioning as a governing institution and a source for community organizing produces a strategy that balances grassroots values with paternalistic tendencies.

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[145] Dr. Sara Josephine Baker, the first director of the New York City Bureau of Child Hygiene, established some of the first home-visiting protocols to ensure that new mothers were properly caring for their infants and children, effectively minimizing risk of child mortality during the late nineteenth century.

Baker, S. Josephine. *Fighting for Life*. New York: New York Review Books, 1939. X.
National Library of Medicine. "Dr. S. Josephine Baker." Changing the Face of Medicine. Last modified June 3, 2015. Accessed April 19, 2017. https://cfmedicine.nlm.nih.gov/physicians/biography_19.html.
[146] "Public Health and Criminal Justice Approaches to Prevention," 242.

Creating Surveillance Networks

The first of four steps consists of defining and monitoring the problem as a way of formulating an empirical basis from which to begin further research. Creating an effective surveillance network requires obtaining large quantities of information, often from many sources, such as "police reports, medical examiner files, vital records, hospital charts, registries, population-based surveys, and other sources."[147] This multidisciplinary practice speaks more broadly to the inclusivity of the public health approach, and distinguishes the public health approach from the chiefly insular criminal justice system. Because the flow of information is so unrestricted between the public health system and other disciplines and departments, this first phase takes on an egalitarian structure that constructs a communicative network of professionals. In these instances, the methodologies of information gathering err on the side of grassroots strategy. On the other hand, the dissemination of surveys to the American public tilts the public health approach back towards more top-down tactics typical of the state.

In contrast to the to the evidence-gathering strategies of more reactive approaches, such as the criminal justice and medical systems, the public health system pulls from a wide variety of institutional and population-based sources to determine the cause(s) of health phenomena that impact populations both large and small. The reactive approaches, on the other hand, collect information typically within their own disciplines.

> For example, law enforcement agencies collect information about violence against women for the purpose of apprehending and bringing charges against the perpetrator(s) of the violence; these agencies are likely to record fewer details about the victim. Hospitals collect information primarily for providing optimal patient care and for billing purposes, and thus may record few or no details about

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[147] "The Public Health Approach to Violence Prevention." Centers for Disease Control and Prevention. Last modified March 25, 2015. Accessed April 4, 2017. https://www.cdc.gov/violenceprevention/overview/publichealthapproach.html.

the perpetrator of the violence, even if they recognize or record the violence at all.[148]

In comparison to the criminal justice and healthcare systems, epidemiological methods of data collection "have the potential to be of use to a wide audience, including policymakers, researchers, public health practitioners, victim advocates, service providers, and media professionals."[149] Not only is the data collected by public health surveys more useful for institutionalized primary prevention efforts, but they also aid professionals in other fields that have a significant impact on intimate partner violence eradication efforts. Overall, the public health community encourages dialogue with other disciplines and methodologies, and draws from "medicine, epidemiology, sociology, psychology, criminology, education, and economics" and encourages input "from diverse sectors including health, education, social services, justice, policy, and the private sector."[150] In drawing outside interest into the issue of domestic violence, the public health approach extends surveillance of private violence into other physical and methodological areas.

Furthermore, public health models of sharing and exchanging information help to build a coalition of experts in a variety of fields—a mobilization that almost resembles the vast networks formed during the battered women's movement. This, when compared to "the apparent tendency of the criminal justice system to focus principally on its own internal operations,"[151] points to the multidisciplinary quality of public health research, and thus its capacity to regularly challenge

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[148] Centers for Disease Control and Prevention. *Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements*. 2015. Accessed April 9, 2017. https://www.cdc.gov/violenceprevention/pdf/intimatepartnerviolence.pdf. 1.

[149] *Intimate Partner Violence Surveillance,* 1.

[150] "The Public Health Approach to Violence Prevention."

[151] Moore, Mark, Deborah Prothrow-Stith, Bernard Guyer, and Howard Spivak. "Violence and Intentional Injuries: Criminal Justice and Public Health Perspectives on an Urgent National Problem." In *Understanding and Preventing Violence*, edited by Albert Reiss and Jeffrey Roth. Washington, D.C.: National Academies Press, 1994. Digital file. 169.

and improve its own methodologies and to collaborate with others. The flexible and cooperative quality of these monitoring and collection practices characterizes the public health approach as a dialogue more than a statement of the facts.

On the other hand, national surveys disseminated by the CDC resituate the institution as a governing body. Compared to much of the research produced during the battered women's movement—which was conducted in interviews between advocates and victims within the context of solidarity, the telephone surveys impose an unequal distribution of power between interviewer and interviewee. Although the surveys are anonymous, optional, and measures are taken to reduce the risks of triggering interviewees, the impersonal telephone survey nonetheless interrogates individuals on highly sensitive information that in no way could replicate the intimate conversations shared in shelters during the battered women's movement.[152] The restrictive and sometimes harsh structure of the survey is simultaneously necessary for data interpretation, especially when studying population health as the public health approach seeks to do.

Predicting Violence

The identification of risk and protective factors constitutes the second essential phase of public health procedure. A risk factor, within the specific context of violence prevention, is defined as a "characteristic that increases the likelihood of a person becoming a victim or

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[152] Breiding, Matthew, Sharon Smith, Kathleen Basile, Mikel Walters, Jieru Chen, and Melissa Merrick. "Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization — National Intimate Partner and Sexual Violence Survey, United States, 2011." Morbidity and Mortality Weekly Report (MMWR). Last modified September 5, 2014. Accessed April 25, 2017. https://www.cdc.gov/mmwr/preview/mmwrhtml/ss6308a1.htm

perpetrator of violence."[153] A protective factor, on the other hand, is a "characteristic that decreases the likelihood of a person becoming a victim or perpetrator of violence because it provides a buffer against risk."[154] The rhetoric and function of risk and protective factors emphasize the health and/or victimization status of populations. This results in a greater concern for the victim and the structural factors leading to the violence, rather than the individual motives for inflicting harm. These priorities are reminiscent of the battered women movement's concern for the safety of women, as well as the larger social factors (read: patriarchy) that normalized violence against women.

In terms of intimate partner violence, risk or protective factors may be concerned with age, gender, race, location, income, and history of violence. The public health community's relationships to victims and perpetrators diverge substantially from that of the criminal justice system. Within the criminal justice system, victims of violence are important to the justice process, but,

> Once some injury has been established, and some indication of who the offender is has been obtained, criminal justice officials begin to lose interest in the victim as a victim. The victim remains important as a witness in a criminal proceeding against the offender, but the victim as someone who needs continuing attention recedes into the background.[155]

Instead, criminal justice officials focus on the perpetrator of violence. Even then, however, concerns with the perpetrator are centered on intent of the criminal, their dangerousness, and their prior record of offending,[156] rather than both direct and indirect factors that contributed to the use of violence or how to prevent them from committing violence again.

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[153] "The Public Health Approach to Violence Prevention."
[154] Ibid.
[155] "Violence and Intentional Injuries," 174.
[156] Ibid.

Public health, on the other hand, focuses on health consequences, especially those of the victim. Their "task in responding to violence is to repair the damage of the attack rather than assess the blame."[157] Wanting to know exactly what kind of attack, what kind of injury, and what kind of care was necessary following the attack keeps the public health community's "attention focused on the victim rather than the offender."[158] Taking particular interest in characteristics such as gender, age, race, ethnicity, location, and income contributes to their inclusive model, which seeks to understand how various factors of identity and status impact experiences of violence. The subcategory of teen dating violence is an example of the nuanced approach that the public health community has taken on. In focusing on the risk factors typical of teenagers, such as depression, drug use, early sexual activity, and undeveloped conflict resolution skills, among others, the CDC also recognizes the distinctions of violence based on age alone.[159] This concern for detail has led public health officials to gain a greater understanding of the risk and protective factors for a wide variety of victims and perpetrators of violence.

The Rise of Primary Prevention

The third step consists of developing and testing prevention strategies based on the information gathered during step one and the risk and protective factors identified in step two. The success of such prevention strategies is measured by how effectively they reduce first-time victimizations of intimate partner violence. The public health community's commitment to preventing violence, or stopping violence before it even occurs, diverges from the reactive quality of the healthcare and criminal justice systems. As such, the public health community

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[157] "Public Health and Criminal Justice Approaches to Prevention." 241.
[158] "Violence and Intentional Injuries," 175.
[159]"Teen Dating Violence." Centers for Disease Control and Prevention. Last modified July 21, 2016. Accessed April 10, 2017. https://www.cdc.gov/violenceprevention/intimatepartnerviolence/teen_dating_violence.html.

disperses their focus not only on individual victims (while they are subjects of concern within the overall health of the population), but also on a multitude of factors inseparable from and external to the individual.

Of the types of prevention widely accepted within the public health community— distinguished as primary, secondary, and tertiary— the rise of primary prevention tactics suggests a major shift not only in the strategies implemented to eradicate domestic violence, but produces a new basis from which to identify underlying causes and conditions that contribute to the incidence and prevalence of domestic violence. Using empirically validated experimental methods, the CDC and its partner organizations have begun to explore the uncharted world of domestic violence primary prevention strategies.

Primary prevention consists of steps taken to prevent "first time victimization or perpetration,"[160] or the occurrence of injury completely. Unlike the criminal justice system, which aims to reduce the harmful consequences after the fact of violence, the public health approach seeks to intervene before any violence happens in the first place and thus focuses particularly on at-risk populations (for both victims and perpetrators). Not only does this method reduce first-time victimizations, it also prevents people from becoming offenders in the first place. In the case of intimate partner violence, secondary prevention means to "intervene, respond and/or prevent violence from happening again and deal with short-term consequences"[161] such as shelter, medical attention, and "home visiting for high-risk families and community- based programs on dating violence for adolescents."[162] These types of prevention efforts occur immediately after the violence and aim to "target individuals to decrease the

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[160] "What is Primary Prevention?" New York State Coalition Against Domestic Violence. Last modified 2016. Accessed April 9, 2017. https://www.nyscadv.org/what-is-primary-prevention/.

[161] "What is Primary Prevention?"

[162] "Emerging Strategies in the Prevention of Domestic Violence." *The Future of Children* 9, no. 3 (Winter 1999): 133-44. https://www.jstor.org/stable/pdf/1602787.pdf. 133.

prevalence of a problem by minimizing or reducing its severity and the continuation of its early

signs."[163] Tertiary prevention means to "intervene once the problem is already clearly evident

and causing harm"[164] and then to "provide ongoing support to victims and ongoing

accountability to abusers."[165] Such efforts are typically taken on by the criminal justice system,

the medical system, and state domestic violence agencies. Interventions include arrest and

prosecution (the threat of both to allegedly serve as a deterrent for future violence and a warning

to others), support groups for survivors, and batterer intervention programs.

Until the early 2000s, the efforts to stop domestic violence had been comprised of almost

exclusively secondary and tertiary prevention practices: advocates and women's rights legislators

have pushed for stricter law enforcement interventions and punishments as deterrents for the

violence, and to expand services in order to care for victims in the wake of violence. The

criminal justice system operates primarily under the umbrella of tertiary prevention, particularly

through practices that allegedly deter violent offenders. The focus on deterrence by punishing

individuals after the fact of violence is seen as a strategy to keep the state from intruding in the

personal lives of its citizens. As Mark Moore, professor at the Harvard Kennedy School of

Government states:

> Many in the criminal justice community…often see the reactive nature of the
> criminal justice system's response to violence as a virtue rather than a limitation.
> In their view, the reactive, case-oriented focus is a key device for limiting the
> reach of the criminal law. With this reactive approach, the criminal justice system
> is restricted to intervening in situations where it is urgent that it do so."[166]

In several ways, the public interventions for interpersonal violence (including domestic violence)

deviate from those of other major public health issues. While the roots of many successful public

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[163] Ibid., 135.
[164] Ibid., 133.
[165] "What is Primary Prevention?"
[166] "Public Health and Criminal Justice Approaches to Prevention," 248.

health prevention strategies reside in this intrusion into the private life, such as home visits or the monitoring of unhealthy behaviors, it appears as though some of the in-progress public health interventions into gun violence and domestic violence consist of bringing people outside of the home and into the community. In doing so, the public health approach functions along the lines of the common feminist practice of politicizing private issues by bringing them into the light of the public sphere.

In such ways, the public health approach aligns with the liberationist element of the battered women's movement. Primary prevention approaches, because they take into serious consideration the formal and informal systems that impact health, recognize the ways that patriarchy and violent masculinity contribute to a culture of domestic violence. Thus, many prevention practitioners argue in favor of re-socialization of gender roles and the promotion of healthy masculinity, just as battered women's advocates pushed for in the 1970s and 1980s. Additionally, the public health community's concerns with victims' needs, which include providing women with the tools and resources to take control of their lives in remaining free from violence (this does not include emergency services), mark a return to the battered women's movement's priority of empowering women.

Bringing Prevention to the Public

Once a strategy is found to be effective, the fourth step of dissemination and widespread implementation of strategies begins, which often includes "training, networking, technical assistance, and evaluation."[167] Like the criminal justice system, the public health community tracks the incidence, prevalence, and consequences of various forms of violence. However, the

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[167] "Intimate Partner Violence." Centers for Disease Control and Prevention. Last modified May 3, 2016. Accessed April 4, 2017. https://www.cdc.gov/violenceprevention/.

overarching concern for health directs this information to identifying underlying causes of violence and to inform intervention practices. The public health community organizes potential underlying causes within a model that accounts for four tiers of experiences and relationships in a given individual's life. These consist of individual mental health and biological factors (as was expressed by many psychologists during the late 1970s), as well as personal relationships, learned behaviors, and cultural norms around the country that tolerated such violence.

How these factors intersect has been crucial to intimate partner violence prevention work and has resulted in widespread use of what the public health community calls the social ecological model. The social ecological model is an adaptation of the ecological systems theory, a model created by psychologist Urie Bronfenbrenner in the 1970s to explain that the entire ecological system in which an individual's growth occurs must be considered in order to understand human development.[168] This model has since taken many forms and been implemented within a variety disciplines, primarily that of social work. Made up of four overlapping layers, the social ecological model seeks to understand how individual characteristics, interpersonal relationships, community interactions, and societal norms come together to shape a person or population's risk for perpetrating or becoming victim to violence.

The individual level consists of "biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence.[169] Some of these factors are age, education, income, substance use, or history of abuse."[170] Interventions into these factors include

[168] Bronfenbrenner, Urie. "Ecological Models of Human Development." *Readings on the Development of Children*, no. 2 (1993): 37-43. Accessed April 10, 2017. http://www.psy.cmu.edu/~siegler/35bronfebrenner94.pdf.
[169] "Social Ecological Model." Infographic. Centers for Disease Control and Prevention. Accessed April 10, 2017. https://www.cdc.gov/violenceprevention images/X-social-ecologicalmodel.jpg.
[170] "The Social-Ecological Model: A Framework for Prevention." Centers for Disease Control and Prevention. Last modified March 25, 2015. Accessed April 10, 2017. https://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html.

addressing beliefs, behavior, and attitudes of individuals. The criminal justice approach tends to

focus solely on this individual tier of the social ecological model:

> Philosophically, the criminal justice system is committed to finding the primary
> cause of violent offending in the intentions, motivations, and characters of
> offenders. Unless there is some intent, any violence that occurs would be treated
> as accidental rather than criminal. But many criminal justice practitioners go
> beyond this philosophical position and see the intentions of individuals as the
> primary empirical cause of violence.[171]

With an emphasis on determining the motivations behind a given crime, the criminal justice

system dismisses the three other types of external factors that may contribute to an individual's

decision to use violence against another. The individual level of the social ecological model is

not concerned with an individual's motivation(s) for violence.

The second layer attempts to recognize how relationships affect the risk of becoming a

victim or perpetrator of violence. It takes into consideration how someone's inner social circle,

comprised of

> peers, partners and family members—influences their behavior and contributes to
> their range of experience. Prevention strategies at this level may include parenting
> or family-focused prevention programs, and mentoring and peer programs
> designed to reduce conflict, foster problem solving skills, and promote healthy
> relationships.[172]

Third, the community level addresses the locations at which "social relationships" occur,

"such as schools, workplaces, and neighborhoods… and seeks to identify the characteristics of

these settings that are associated with becoming victims or perpetrators of violence."[173] Taking

place in the public, "Prevention strategies at this level are typically designed to impact the social

and physical environment – for example, by reducing social isolation, improving economic and

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[171] "Public Health and Criminal Justice Approaches to Prevention," 243.
[172] "The Social-Ecological Model: A Framework for Prevention."
[173] Ibid.

housing opportunities in neighborhoods, as well as the climate, processes, and policies within school and workplace settings."[174]

Lastly, the societal level reckons with "broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms that support violence as an acceptable way to resolve conflicts.[175] Other large societal factors include the health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society."[176] In this sense, the consideration of societal factors begins to resemble a socialist feminist model that recognizes not just the gender-based component of violence, but also the ways that socioeconomic status, race, and sexual orientation impact risk and protective factors for violence. It also encompasses the capacity of the criminal justice system by addressing the individual level. It extends beyond both of these when considering relationships and the community, therefore capturing broader image of violence influencers in everyday life.

The rhetoric of the social ecological model—particularly regarding the factors that constitute the societal level of the model—resemble that of mainstream human rights. More specifically, the concern that social and cultural factors may pose obstacles against eradicating IPV, and that culturally competent actions that respond to "health, economic, educational and social policies" are necessary to overcome such obstacles, align distinctly with the categorical breakdown within human rights (political/economic vs. social/cultural). When looking at the barriers that the women's human rights efforts struggled with during the 1990s, as described by Alice Miller in the previous chapter, it is rather counterintuitive that a public health framework might take on the issue of women's rights more effectively than the human rights framework

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[174] Ibid.
[175] "Public Health and Criminal Justice Approaches to Prevention," 254.
[176] "The Social-Ecological Model: A Framework for Prevention."

itself. By bringing the social/cultural and political/economic systems into conversation with three other tiers of individual human factors and community interactions, the public health approach constructs a more complete image of a victim, thus reducing the risk of reifying counterproductive stereotypes, such as the diminutive victim in need of protection.

This model has much larger consequences for societal understandings of crime and who commits it. As Moore states, "the idea that some interpersonal violence may be accidental and emerge from tragic circumstances rather than the moral depravity of the offenders tempers society's general hostility to those who commit violence."[177] Furthermore, the model disperses accountability to both the individual as well as the state. Similarly, the social ecological model constructs anti-essentialist definitions of victims. In describing the many different risk factors that can make someone more susceptible to becoming victim to violence, the model counters battered woman syndrome, and the notion that victims all share certain characteristics or reactions to violence.

Surveying the Nation

With the arrival of domestic violence on the public health scene in the early 1990s, pediatricians and public health practitioners linked their efforts to learn more about the efficacy of in-school domestic violence training programs for children and adolescents. Along with the implementation and evaluation of these programs, public health officials within the CDC worked to gain greater insight into the realities of intimate partner violence in the United States. Through nationwide surveys, the CDC, in partnership with the National Institute for Justice (NIJ), began to identify potential risk and protective factors of intimate partner violence, as well as short and

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[177] "Public Health and Criminal Justice Approaches to Prevention," 246.

long-term health consequences. The first standardized annual survey in the country, called the

National Intimate Partner and Sexual Violence (NISVS) Survey, aggregates information about

the incidence, prevalence, consequences, and types of intimate partner violence that pervade

relationships in the United States.

The NISVS survey commenced in 2010 and has been conducted annually since. [178] It is

"an ongoing, nationally representative telephone survey that collects detailed information on

intimate partner violence (including physical violence, psychological aggression, and control of

reproductive or sexual health), sexual violence, and stalking victimization of adult women and

men ages 18 and older in the United States" in the last twelve months and within a given

individual's lifetime.[179] The CDC developed NISVS to better describe and monitor the

magnitude of these forms of violence in the United States."[180] This survey has produced the most

up-to-date statistics on rates of IPV in the United States and that provides the information

necessary to plan community interventions. For instance, conclusions from the 2011 NISVS

survey respond to the debate of whether or not women of color experience domestic violence at

greater rates than white women: "an examination of the pattern of lifetime prevalence estimates

suggests that multiracial and American Indian/Alaska Native women experience elevated levels

for most of the types of violence examined in this report,"[181] which includes intimate partner

violence, stalking, and rape. Comparatively, black women are less likely to experience such

violence, and white women even less. In response, the public health community can potentially

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[178] "NISVS Summary Reports." Centers for Disease Control and Prevention.
https://www.cdc.gov/violenceprevention/nisvs/summaryreports.html.
[179] Centers for Disease Control and Prevention. *The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report*. November 2011. Accessed April 9, 2017.
https://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf. 7-8.
[180] Centers for Disease Control and Prevention. *National Data on Intimate Partner Violence, Sexual Violence, and Stalking*. 2014. Accessed April 9, 2017. https://www.cdc.gov/violenceprevention/pdf/NISVS-Fact-Sheet-2014.pdf.
[181] "Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization."

explore more thoroughly what conditions prompt these higher levels of violence, and then respond with specialized interventions wherever necessary.

This survey, however, was not the first to address violence against women. Rather, there were several one-or-two-time surveys preceding it, such as the National Violence Against Women (NVAW) survey and the Family Violence survey. The first survey dedicated solely to collecting information on the prevalence and incidence of violence against women in the US was the National Violence Against Women (NVAW) Survey, which was conducted from November 1995 until May 1996. This telephone survey was a product of the NIJ and the CDC[182] and "produced the first national data on the incidence, prevalence, and economic costs of intimate partner violence, sexual violence, and stalking."[183] The survey sampled both men and women on the subjects of rape, physical assault, IPV, and stalking, and compared "intimate partner victimization rates among women and men, specific racial groups, Hispanics and non-Hispanics, and same-sex and opposite-sex cohabitants."[184] Before the NVAW survey, the National Family Violence Survey of 1975 (Family Research Laboratory at University of New Hampshire) surveyed individuals around the country on the issues of spousal abuse and child abuse and neglect.[185] A similar study was conducted in 1985 to track the rates of violence within the American family unit.

> Prior to NISVS, there was no established mechanism for ongoing public health
> surveillance that provided national- and state-level IPV data. Those interested in
> knowing the incidence and prevalence of IPV had to rely on one-time data

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[182] U.S. Department of Justice. *Prevalence, Incidence, and Consequences of Violence Against Women: Findings From the National Violence Against Women Survey*. By Patricia Tjaden and Nancy Thoennes. November 1998. Accessed April 9, 2017. https://www.ncjrs.gov/pdffiles/172837.pdf. iii.

[183] The History of Violence as a Public Health Issue, 6.

[184] U.S. Department of Justice. *Extent, Nature, and Consequences of Intimate Partner Violence*. By Patricia Tjaden and Nancy Thoennes. July 2000. Accessed April 9, 2017. https://www.ncjrs.gov/pdffiles1/nij/181867.pdf. iii.

[185] "1975 National Family Violence Survey." Sociometrics Corporation. Accessed April 25, 2017. http://www.socio.com/fam31.php

collection efforts or data from multiple data systems utilizing differing definitions and methods of data collection.[186]

The short duration of both these surveys, and the fact that the methodologies did not align with those of future questionnaires, rendered the NVAW and Family Violence surveys rather unhelpful for data comparisons. As a result of these inconsistent surveys, contradicting statistics on the incidence and prevalence of domestic violence have emerged, thus confusing public health researchers and practitioners about how violence actually occurs. Michael Johnson's four typologies of domestic violence emerged as a response to this complication.

The questionnaire format of the survey is both a benefit in that it is thorough and ensures that all individuals answer the same questions. However, it's limited in that it only allows individuals to tell their stories of abuse or fear through a series of yes's, no's, or "frequently, sometimes, or never," rather than an open-ended format with the capacity for highly subjective and nuanced accounts of how people experience abuse and violence. While the collection of this information is for the sake of identifying the incidence and prevalence of domestic violence nationwide, it nonetheless denies individuals an active voice in their own narratives of vulnerability.

Implementing of DELTA and its Successors

While studies of prevention methods have been underway since the mid 1990s, public health researchers still don't have a clear vision of what this information looks like in practice, and primary prevention hasn't been standardized around the country, let alone statewide. Thus, these strategies take many forms. The majority of effective prevention strategies target

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[186] Intimate Partner Surveillance: Uniform Definitions and Recommended Data Elements; National Center for Injury Prevention and Control, 2015 CDC, Atlanta, GA. P 1.

populations that have likely not yet experienced or perpetrated violence: children and

adolescents. [187] It has become standard for domestic violence experts or health teachers to

educate middle and high school students on healthy, nonviolent relationships based on respect

for others, and on the warnings signs of unhealthy relationships. The idea backing this strategy

suggests such interventions will "increase knowledge and awareness of sexual abuse and

harassment, promote positive social attitudes and a negative view of dating violence and sexual

harassment, and promote nonviolent behaviors and intentions in bystanders."[188]

Institutionalized primary prevention efforts that targeted adult intimate partner violence

emerged in 2002 when the CDC launched the Domestic Violence Prevention Enhancements and

Leadership Through Alliances (DELTA) Program. Authorized by the Family Violence

Prevention Services Act, DELTA "funded state domestic violence coalitions (SDVCs) to engage

in statewide primary prevention efforts and to provide training, technical assistance, and

financial support to local communities for primary prevention efforts."[189]

Since then, there have been various iterations of DELTA. From 2008-2011, DELTA

PREP (Preparing and Raising Expectations for Prevention) expanded the reach of DELTA to

nineteen other domestic violence agencies. DELTA FOCUS, initiated in 2013 and scheduled to

end in February of 2018, puts a greater emphasis on implementation in the hopes of reducing

"the occurrence of IPV through the promotion of healthy, respectful, nonviolent relationships,"

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[187] Spivak, Howard, E. Lynn Jenkins, Kristi VanAudenhove, Debbie Lee, Mim Kelly, and John Iskander. "CDC Grand Rounds: A Public Health Approach to Prevention of Intimate Partner Violence." Morbidity and Morality Weekly Report. Last modified January 17, 2014. Accessed April 10, 2017. https://www.cdc.gov/ mmwr/preview/mmwrhtml/mm6302a4.htm.

[188] "Sexual Violence: Prevention Strategies." Centers for Disease Control and Prevention. Last modified June 7, 2016. Accessed April 10, 2017. https://www.cdc.gov/violenceprevention/sexualviolence/prevention.html.

[189] "The DELTA FOCUS Program: Intimate Partner Violence is Preventable." Centers for Disease Control and Prevention. Last modified January 23, 2017. Accessed April 10, 2017. https://www.cdc.gov/violenceprevention/deltafocus/.

reducing "known risk factors for IPV and promote protective factors," and addressing "all levels

of the social ecology."[190] They aim to do this through

> Promoting healthy relationships and communication skills, engaging men and
> boys in violence prevention, developing youth assets and leaders, encouraging
> bystander intervention, changing gender and violence social norms, informing
> policy and systems change, building coalitions, and mobilizing communities.[191]

The DELTA FOCUS grants have created the opportunity for domestic violence agencies to

implement prevention strategies based on promising, but unproven, research. In this way, the

role of domestic violence shelters, agencies, and coalitions have expanded their reach into not

simply the provision of emergency services, legal advocacy, and public policy advocacy, but also

function as the site at which community-based public health practices are disseminated to the

public. Remarkable among the above quotes is the frequency with which the CDC calls for the

"promotion" of healthy behavior and protective factors. The frequency with which it is used in

much of the prevention literature seems to suggest that it acts as a stand-in for a variety of

strategies that will lead to a particular outcome, namely that sustained forms of education and

advocacy will result in the widespread acceptance and adoption of nonviolent behavior.

The above list of strategies is rather vague—stating what practitioners do, but not how

they do it— thus leaving domestic violence coalitions and agencies with the flexibility to choose

prevention projects that best fit their communities' needs. Although the practices and the projects

that these agencies initiate must align with a set of protocols and work toward specific outcomes,

agencies have significant freedom in terms of what these projects look like. In addition to

education on teen dating violence, domestic violence agencies within the states receiving

DELTA FOCUS have applied their funds toward education programs, such as bystander

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[190] Ibid.
[191] Ibid.

intervention campaigns for youth and adults, media literacy workshops, healthy masculinity

organizations, webinars for advocates, technical assistance workshops, college campus

campaigns, public policy advocacy, and training curriculums for law enforcement and attorneys.

Others focus on community engagement, such as youth leadership programs, community mural

projects, youth photography projects, and coordinated community response networks (CCRs, or

community networks constituted of prevention practitioners, parents, community leaders,

educators, law enforcement, health workers, service providers, and faith-based leaders, among

others).[192]

Some of these interventions are highly reminiscent of those fought for by battered

women's advocates— such as the public policy advocacy, healthy masculinity groups, youth

education, and education for lawmakers—while others highlight the breadth of methods

available to public health practitioners. In fact, some public health practitioners see a direct

relationship between the work of the battered women's movement and the prevention work that

is being conducted today. For instance, organizers for Prevent Connect, a national project funded

by the CDC and NIJ to "advance the primary prevention of sexual assault and relationship

violence,"[193] have run webinars explicitly on the role of patriarchy and power in prevention

efforts.[194] In conjunction with significant analyses of how race and class impact the risks of

becoming victims or perpetrators of violence, the public health approach veers toward an

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[192] "Pathways to Prevention: A Plan for Alaska." Alaska Network on Domestic Violence and Sexual Assault. Last modified March 25, 2010. Accessed April 11, 2017. http://www.andvsa.org/pathways/. 7.
"Prevention." Women's Resource Center. Last modified 2016. Accessed April 1 "Prevention." Indiana Coalition Against Domestic Violence. Last modified 2017. Accessed April 11, 2017.
http://www.icadvinc.org/prevention/.1, 2017. https://www.wrcnbc.org/programs-services/prevention/.
[193] California Coalition Against Sexual Assault. "About Us." Prevent Connect. Accessed April 10, 2017.
http://www.preventconnect.org/about-us/.
[194] Lee, David, Ashleigh Klein, and Lisa Fujie Parks. "What About Power and Patriarchy? Examining Social Cohesion Strategies to Prevent Sexual and Domestic Violence." Lecture. *Prevent Connect*. Podcast video. July 13, 2016. Accessed April 10, 2017. http://www.preventconnect.org/2016/06/what-about-power-and-patriarchy-examining-social-cohesion-strategies-to-prevent-sexual-and-domestic-violence/.

intersectional approach that can account for women's experiences of violence without trying to protect them, as Alice Miller claimed was the case with women's rights efforts, and didn't erase the violence faced by minorities, as the criminal justice approach has done.

The experimental quality of these interventions highlight the public health community's departure from other strategies implemented through the state and criminal justice system, and even other public health interventions, so far. In terms of the damage that some public health interventions have inflicted in the past—those that knowingly (or unknowingly) put people in harm's way – current interventions into domestic violence don't see to pose any such threat. All of the interventions proposed on various state domestic violence agency websites bring the people together into public settings to either work on community connectedness and/or promote healthy relationships.

Proposed interventions also don't seem to resemble paternalistic strategies fairly common of the public health approach. As is the case with the criminal justice system, professionals within the public health system set the parameters for interventions and dictate how and where such interventions will be implemented, effectively overriding individual autonomy and taking a portion of decision-making power away from the public.[195] However, in the case of IPV, CDC funds are typically directed to state domestic violence coalitions, which are then disseminated directly to community-based domestic violence agencies and shelters, thus allowing local organizers to determine which interventions will best fit the needs of their public and providing community members to engage directly with these strategies. In this sense, after a long bureaucratic process of justifying their prevention projects to the CDC, control is handed back over to the community. Additionally, such interventions don't ban anything that isn't already

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[195] For instance, making behavioral choices on behalf of the public such as mandating seat belt use in cars, limiting the size of containers for soft drinks, discouraging drinking alcohol and smoking cigarettes, etc.

criminalized. Rather, they encourage participation in community-building practices that increase informal community surveillance, add educational opportunities, and improve communication between different sectors of society. While the requirements of these programs are likely subject to change once certain methods are ruled effective or otherwise, and while interventions may vary depending on community needs,[196] as it stands today, IPV prevention doesn't seem to enter into paternalistic territory.

Primary prevention—at least in the meantime—doesn't make reactive interventions obsolete by any means; there is still a great need for accessible treatment for victims and accountability for violent individuals. However, there is reason to believe that there are ways of reforming the discriminatory and ineffective policing strategies currently in place. Public health interventions into other "social ills" previously considered within the jurisdiction of the criminal justice system have yielded promising results into policing strategies.

The Future of Policing

Despite the seemingly contradictory objectives, methodologies, and ideologies of the criminal justice and public health systems, there is substantial potential for the two to collaborate on improving law enforcement strategies that better health conditions in a variety of ways as an example of where policing of IPV could go. The policing strategies for the "social issues" of gun violence and drug abuse have undergone drastic changes since public health frameworks have taken effect. In both cases, arrests, financial costs, and incidence of unhealthy behavior have been reduced. Since the early 1970s, the war on drugs has heightened the criminal charges for

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[196] Conclusions from the most recent NSIVS survey state that there are differences in rates of violence based on race, gender, and class, though it is generally accepted that intimate partner violence occurs among all demographics. Thus, while specific strategies may vary by neighborhood, the underlying prevention principles of education and engagement seem not to threaten the autonomy of individuals.

illicit drug use and possession, ultimately sentencing thousands of nonviolent individuals to years of imprisonment and probation. The criminalization of drug use restricts access to necessary treatments[197] and "further stigmatizes people who use drugs, making it more difficult to engage people in health care and other services, a tendency that is often compounded by sociocultural factors associated with problematic drug-using populations, such as fear, lack of information and education, general physical and mental health problems, homelessness, and incarceration." Within the last four decades, "the United States has spent an estimated $1 trillion on drug war policies."[198]

The public health community advocates for the decriminalization of drug use and possession and a prioritization of accessible treatments programs. In cities such as Gloucester, Massachusetts, police actually serve as a liaison for drug addiction treatment and rehabilitation. In towns with such police departments, individuals with drug addiction are much more likely to ask for and receive help, and the police spend less of the public's money on arresting, processing, and holding individuals.[199] Instead of functioning solely within the criminal justice system, police officers function as a gateway to the healthcare sector and work to improve the overall health of their communities.

In the instance of gun violence, the need for police intervention in the first place has been reduced by the implementation of public health-led strategies. In addressing this issue, unlike drug abuse, police take a lesser role in intervention efforts, allowing community members to take the lead. Studies of gun violence in certain locations around the country have discovered that

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[197] "Defining and Implementing a Public Health Response to Drug Use and Misuse." American Public Health Association. Last modified November 5, 2013. Accessed April 11, 2017. https://www.apha.org/policies-and-advocacy/ public-health-policy-statements/policy-database/2014/07/08/08/04/defining-and-implementing-a-public-health-response-to-drug-use-and-misuse.

[198] Ibid.

[199] Seelye, Katharine. "Massachusetts Chief's Tack in Drug War: Steer Addicts to Rehab, Not Jail." *The New York Times* (New York), January 24, 2016. Accessed April 11, 2017. https://www.nytimes.com/2016/01/25/us/massachusetts-chiefs-tack-in-drug-war-steer-addicts-to-rehab-not-jail.html.

"gun violence is not just an epidemic, but it has specific network patterns that might provide

plausible opportunities for interventions."[200] Based on these conclusions, prevention programs

such as Cure Violence have been implemented in numerous cities around the country, framing

and addressing gun violence as a behavior that can be transmitted just like any other contagious

disease.[201] First implemented by Gary Slutkin in West Garfield Park, Chicago, Cure Violence

has operated as a "teaching, training, research and assessment NGO focused on a health

approach to violence prevention."[202] Instead of relying on law enforcement to investigate and

arrest after the fact of violence, the Cure Violence model works to train:

> violence interrupters who use a specific method to locate potentially lethal,
> ongoing conflicts and respond with a variety of conflict mediation techniques
> both to prevent imminent violence and to change the norms around the need to
> use violence. Cure Violence hires culturally appropriate workers who live in the
> community, are known to high-risk people, and have possibly even been gang
> members or spent time in prison, but have made a change in their lives and turned
> away from crime."[203]

Within the Cure Violence model, which has been adopted in many cities around the United

States as well as in Iraq, Honduras, and South Africa,[204] policing strategies are turned over to the

community. Public health interventions into drug abuse and gun violence increase and decrease

law enforcement responsibilities, respectively. These two examples show that, although law

enforcement interventions have inherent problems, the solution to intimate partner violence

policing may not lie in reducing or increasing police interventions, but by finding out what

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[200]Connolly Martell, Bess. "Yale Study Finds That Gun Violence Is a 'Contagious' Social Epidemic." *Yale News*, January 4, 2017. Accessed April 11, 2017. http://news.yale.edu/2017/01/04/yale-study-finds-gun-violence-contagious-social-epidemic.

[201] Slutkin, Gary. "Let's Treat Violence like a Contagious Disease." TED Talks. Last modified April 2013. Accessed April 11, 2017. https://www.ted.com/talks/gary_slutkin_let_s_treat_violence_like_a_contagious_disease.

[202] Cure Violence. "About Us: The Work of Cure Violence." Cure Violence. Last modified 2017. Accessed April 25, 2017. http://cureviolence.org/the-model/about-us/.

[203] "The Model." Cure Violence. Last modified 2017. Accessed April 11, 2017. http://cureviolence.org/the-model/the-model/.

[204] Ibid.

victims need and how perpetrators can halt their violent behavior *first,* and then moving forward from there.

Although public health studies and surveys have not yet yielded any formal changes to policing strategies or to the criminal justice system, intervention strategies have shifted in response to the innovations of coordinated community responses (CCRs). CCRs are based on interventions studied and practiced in the small town of Duluth, Minnesota during the 1980s in which responsibility of IPV surveillance is taken on by both the community and the state. Included in this model are

> the police, legal system, social service providers (e.g., victim advocates), government, health care systems, and educational and vocational programs. In a coordinated response, local councils of service providers (e.g., police, advocates, health care providers) are formed to respond to IPV. These councils form relationships between service providers, filling the "gaps" in service provision that often accompany IPV victims.[205]

Though CCRs aren't necessarily informed by public health research, their widespread implementation points to communities' awareness and engagement with policing strategies and the potential to change local law enforcement on the issue of domestic violence. It will be intriguing to see what practices, if any, become standardized following the completion of DELTA FOCUS in 2018, and whether or not this will have an impact on federal policies regarding police intervention into intimate partner violence. Due to the public health's aversion to punishing "unhealthy behavior," it's possible that the mandatory policies that have been targets of feminist critique for the last thirty-five years will be subject to reform and that more

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[205] Shorey, Ryan, Vanessa Tirone, and Gregory Stuard. "Coordinated Community Response Components for Victims of Intimate Partner Violence: A Review of the Literature." National Center for Biotechnology Information. Accessed April 11, 2017. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4113829/.

evidence-based notions of how women respond to violence will replace battered women's syndrome in the courts.

Making "Human Rights" Useful

However, the public health approach, simply because it is a new and promising framework, should not be heralded as the solution to violence against women. Like marital violence, corporal punishment, wife beating, and woman battering, intimate partner violence is just another model and discourse that's making its way into the greater dialogue, and represents the rise of public health interventions in the early twenty-first century. Furthermore, this is a framework developed by the state, and does not even begin to address the many ways that the public discusses violence against women colloquially.

When moving forward with prevention strategies within society and law enforcement, the public health community (and all groups attempting to take on domestic violence in the future) must take into consideration the ways in which violence against women in the home has been framed and used as a tool for other political agendas; how certain groups have been consistently overshadowed or excluded from the conversation; how some well-meaning interventions have had harmful consequences for already marginalized groups. In its future efforts to impose standardized interventions in communities and reform policing strategies around the country, the public health community must prioritize the autonomy, safety, and rights of women without the replication of the protection narrative; without choosing some women's autonomy, safety, and rights over others; and in ways that best capture the nuance and complexity of different women's experiences, all while making this logistically possible around the country.

When looking at this list of principles that must be embraced by future efforts, the human rights framework that initially sparked this project comes to mind. Human rights have made several brief appearances throughout this story: in the women's property and voting rights of the mid-nineteenth century, in liberal feminist efforts during the battered women's movement, in recognizing sexual violence and women's rights in the 1990s, and in the rhetoric of the social ecological model of the public health system. In various capacities, these examples have demonstrated what a human rights perspective can bring to (or take away from) the issue of violence against women in the home. In moving forward, the rhetorical, moral, and political power of "women's rights" and "human rights" can provide the visibility, validity, and resources to eradication efforts. However, these "women's rights," instead of focusing on the formal strategies to fight for women's legal rights, ought to bring the principles of autonomy, safety, health, and privacy to the forefront. Prioritizing these goals, rather than formal state and legal methods, might help to avoid unintentional consequences, and may actually put decision-making power back into the hands of women and victims. The efficacy of women's rights must be measured not by the degree of state recognition or the visibility of mainstream human rights campaigns, but by the felt experiences of women and victims. From there, the strategies will follow.

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