

Spring 2024

Access and Visibility: The Intersection of Care, Justice, and Cultural Myths in the Response to Sexual and Domestic Violence

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Recommended Citation

Cline, Laurel Elisabeth Channing, "Access and Visibility: The Intersection of Care, Justice, and Cultural Myths in the Response to Sexual and Domestic Violence" (2024). *Senior Projects Spring 2024*. 49.
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**Access and Visibility: The Intersection of Care, Justice, and Cultural Myths in the
Response to Sexual and Domestic Violence**

Senior Project Submitted to
The Division of Social Studies
of Bard College

by
Laurel Cline

Annandale-on-Hudson, New York

May 2024

*To the amazing people, past and present, who have dedicated themselves to supporting survivors
of sexual and domestic violence.*

Acknowledgements

First and foremost, I would like to thank all of the people, both those represented in this ethnography and those who are not, who so generously dedicated their time and energy to sharing with me their experiences in their work and their personal stories of survival and strength. The enthusiasm and hope, in light of such a heavy subject, that I have witnessed in those I spoke to throughout this process has been inspiring. I have learned so much more than I could have written about in this project, and I'm honored to have spent the last nine months representing their work, knowledge, and stories through this ethnography.

I would also like to extend my sincere gratitude to my advisor and mentor Laura Kunreuther. She devoted so much of her skill as a writer and ethnographer to my project, and I am so grateful for her unwavering support. She bolstered my aspirations and ambitions at every turn and never failed to lift my spirits with advice and kind words when I felt stuck or lost. I'm thankful for the opportunity to work so collaboratively with such an esteemed anthropologist. I have learned so much from her, both in and out of the classroom, and this project would not be what it is without her.

Next, I'd like to thank the other anthropology faculty at Bard College who I have had the pleasure of learning from. Each of these individuals did far more than simply teach me anthropology; they were constant figures of support throughout my college experience who bolstered and encouraged my ambition and growth. My first advisor and anthropology professor at Bard, Sophia Stomatopoulou-Robbins, encouraged me to find and develop my own ethnographic voice and consider how *I* want to talk about anthropology rather than follow a

predetermined formula. Yuka Suzuki gave me a true appreciation for the diversity of anthropological research through her own research as well as her class “The Modern Dinosaur,” which I identify as my first in-depth look at how anthropology can interact with different fields, forms, and subjects. I had the pleasure of learning from Jeff Jorges in two classes, and his strength at facilitating meaningful conversations made his classes a joy to be a part of; I saw myself and other anthropology students learn and develop greater understanding and appreciation for the field under his instruction. Andrew Bush shared his enthusiasm in his courses and structured his classes in a way that simultaneously encouraged my educational ambition and removed any fear of missing the mark. My education from each of them and their enduring support and belief in me has made this project possible.

Last but certainly not least, I would like to thank my friends and family for their endless optimism and encouragement. They have never left my corner, and their confidence in me has been instrumental in reinforcing my belief in myself. This process has been one of the most fulfilling challenges of my academic career, and I’m so grateful to all those who have helped me along the way.

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Introduction

My sisters and I piled into the car on a chilly day in late fall in 2009, ready to head home after completing some typical, daily errands. I can't remember where we went or what we did, but I remember one moment very clearly. A woman with bright red hair pulled back low against her neck in a small bun was pushing her baby in a stroller on the sidewalk in front of the parking lot where we sat in our car. She looked pale and cold, her coat zipped up as far as it would go, and her legs hidden beneath a long skirt. My mother sat and watched this woman as she walked, and said that she felt like something was wrong. To hear her tell it, she had this gut-wrenching instinct that something was off. She felt as if she was being pulled toward this woman.

Telling us to stay in the car, mom got out, locked us safely inside, and stopped the woman on the sidewalk. My sisters and I sat as still as possible so our winter coats didn't make a single rustle as we silently tried to listen in, catching bits and pieces of their conversation. Though I could only hear muffled fragments, what I saw was clear enough. The young woman was scared. She almost seemed afraid of mom, but I learned soon that she wasn't afraid of my mom, she was afraid of being seen talking to her. My mother offered the woman \$20 dollars, which was surprising to me since we were struggling financially at that time. The woman rejected it, saying that she couldn't take anything from my mom and couldn't be seen talking to her. I remember my mother offering to give her our phone number, but the woman said she couldn't make calls in private. From their nervous glances to a large, dark red truck behind us, I became aware that her partner or spouse was watching her and my mother speak from inside his car, which sat stalling in the middle of the parking lot. I realized he was the source of this woman's fear. Mom said a

few more words to her, putting her hand on the woman's arm, and quickly got back in the car, locked the doors behind her, and we drove away as fast as possible.

On the way home, my mother filled us in on the parts of the conversation we missed. The red-haired woman was walking her baby to a doctor's appointment. Her baby was wrapped in a blanket and wearing a coat, but there was a bitter chill that day, and the woman was not wearing a hat or gloves. Despite this, her partner was spying on her from his truck, seemingly following her as she was made to walk her child to the appointment. Often unable to make phone calls alone or go anywhere without his knowledge, she was stuck. I shared my account of this story with my mother recently in order to corroborate my memory, and she told me that the words she shared at the end of her conversation when she had her hand on this woman's arm were, "There's help out there." In remembering this moment, my mother said, "I so badly wanted to swoop her up, but I had you three in the car. I just wanted to make sure she knew that there was a way out."

While my family's path and hers crossed for less than ten minutes, I still, to this day, find myself thinking about her every once in a while. I remember watching her continue walking down the sidewalk as we drove away, and I wonder what the rest of her life since then has looked like. Did she find the help that my mother said was out there? Did she know where to go, who to call, what to do, to even have the opportunity to escape from her domineering partner? There are consequences that come with staying with him, but there are also consequences of leaving; to what lengths are women willing to go to maintain the place and relationships that make up their home? Do we take home with us when we leave, or are we forced to redefine it for ourselves and for future generations? Can we hold on to pieces of it without losing it entirely? Before

undertaking this research, I thought I knew fairly well the options that exist for women who have or are experiencing domestic or sexual abuse. What I have learned is not only that there are more ways of getting the help out there than I realized, but that, like myself, many other women also don't know all of the options available to them.

The process of arriving at the final product of what this project has become has involved many twists and turns, but there are two junctures which stand out that have shaped, and even entirely refocused, this ethnography along the way. The original conception of this project was about women's shelters for domestic violence and sexual abuse. I wanted to explore how shelters are hidden but still find ways to make themselves accessible to women who need their assistance. I was especially interested in a connection made between shelters and the underground railroad in the book *Constructive Feminism: Women's Spaces and Women's Rights in the American City* by Daphne Spain. In chapter five, "Domestic Violence Shelters: Protecting Bodily Integrity," Spain quotes a program director of a shelter named Mary Marecek, who says, "The shelter movement is not unlike the underground railroads of Harriet Tubman. The houses provide the route of escape for thousands of women who have lived with violence and have no other route of escape. Just as oppressed people followed the north star to freedom from enslavement, victims of domestic violence seek safe passage from the bondage of fear and abuse" (Spain 2016, 141). As I plunged deeper into this subject — deeper into the literature around domestic violence and sexual assault and further along in my fieldwork where I was having conversations with advocates and employees — I had the first crucial realization that would change the trajectory of my research: numerous services, from shelters to hospitals to non-residential family service centers to emergency housing, form a complex web that underpins the social landscape.

Furthermore, I realized that they are so intertwined that I felt I couldn't do justice to these connections that I saw in my fieldwork by speaking only about shelters. I pivoted away from an intense focus only on shelters and leaned into the connections between different services in accomplishing this task of reducing barriers. To provide one example of many of the ways these services are intertwined with one another, I can point to how they must work in collaboration with each other because victims of violence become visible for the first time in different ways and through different institutions. Some women interact with the police first, others reach out to shelters first through a hotline or by showing up to the office, others interact with the hospital first, and some go to therapy or other forms of counseling services or support groups where they then become exposed to the different options available to them, such as shelter. These institutions do not sit and wait for victims to come to them; they work collaboratively to help victims access the services that would be of most use to them. For example, Phoebe, who will be represented later, went to her college counselor for something unrelated to the assault she experienced in her final year of high school. After it came out in one of their meetings that she had been raped, her counselor referred her to a support group for survivors.

I was well into this new focus of interconnected services and spaces and how these spaces together mitigate barriers to access when I had a second realization which would realign the focus of my research. When I was beginning this research, I thought I was looking at the logistical and emotional barriers that keep women silent by either physically or emotionally inhibiting women from coming forward and reaching out for help. I heard the social uproar and hundreds of voices that cried out in the #MeToo movement, but behind that was a great silence of the thousands of women who had experienced it too but kept silent. I wanted to understand

what other barriers, in addition to the logistical and emotional barriers (many of which I will discuss in the following chapters), keep women silent? How do these barriers still keep this form of violence hidden from view in a time after the height of the women's rights movement, the shelter movement, the battered women's movement, and many others which worked to bring about visibility and recognition to violence against women? When you take a moment to consider that, according to the Rape, Abuse, and Incest National Network (RAINN), an American is sexually assaulted every 68 seconds, #MeToo begins to look like a drop in the bucket. What does silence and a continued hidden violence mean in the post – #MeToo movement? Something is unfinished. The work of increasing social recognition and visibility is not done.

In the beginning, I thought I was studying victims' silence and the barriers that exist for women from the vantage point of those who work to mitigate those barriers. I was looking towards individual puzzle pieces that pointed to causes for the silence. However, what I see now is that beneath all of these puzzle pieces, there is one thing that connects them all; one thing that kept repeating itself over and over in my fieldwork and the sources I was reading, all of which were written after the battered women's movement and the shelter movement, which were the first movements that brought visibility to this issue on a larger scale; one thing which I believe to be a powerful creator of silence that plays an undeniable role in the formation and nature of each barrier to coming forward or reaching out for services that I will discuss in this ethnography: myth. As I sat in a domestic violence shelter, I jotted down my thoughts in my field notes. Amidst messy brainstorming for questions for future interviews, I wrote, "The social response [to sexual and domestic violence] is so inextricably tied up with the myths that exist as well as

the misunderstandings that are so prevalent. How can I talk about response without talking about these myths? I have found that I can't.”

I. Cultural Myth: Ethnography of Sexual Violence

When I was roughly 13 I developed a deep appreciation of mythology. My favorite books assigned to me in homeschooling were Ovid's *Metamorphoses* and a compilation of myths from Norse mythology. Mythology is deeply embedded in a tradition of storytelling, and it is often associated with stories from ancient times that have been told and retold for centuries. For thousands of years these myths have been shared orally, recorded on paper, rewritten, translated, and adapted in films.

People do not read and retell myths just because they are good stories meant solely for entertainment. It is true that these myths do not attempt to recount historical events in the way that they occurred nor do people share or consume them with the notion that they are giving or obtaining some form of objective knowledge. However, it is also true that while reading or hearing these myths, we are not preoccupied with the idea that they are not true or that they did not actually happen. When I read the story of Daedalus and Icarus for the first time, I knew that this was a story and nothing more. I understood that it was “untrue,” but I also recognized that it was not entirely *untruthful*. The story of Icarus imparts a particular message — or warning — that I would argue holds a moral truth. There are truths embedded within myths; while not empirically true, mythologies encode cultural truths that are embedded within moral frameworks of right and wrong.

The cultural mythology around sexual violence against women that I explore in this ethnography has embedded within it many dangerous and incorrect perceptions around different

details of sexual assault, including how blame is to be attributed and distributed; what rape looks like and doesn't look like; what is and isn't sexual assault; what does and does not qualify as consent; the way women should and should not behave in public; and what a "real victim," and "real perpetrator" look like. The commonly held belief that a woman is "asking for it" if she is assaulted after wearing a tight dress which accentuates her figure and flirting at the bar is an example of the type of truth that is only true because people believe it to be true. Unlike the messages embedded within the mythical narrative of Icarus, cultural myths are embedded with powerful messages that are perceived to be true because they are so widely believed and are unquestioned, unchallenged, and unchecked. Cultural myths are active yet evasive in that they are often subtextual and subconscious. They are fostered by a type of blind, unwitting belief that, which unquestioned and unchallenged, allows them to be perpetuated from generation to generation. Academic language may prefer the term "hegemony" to refer to these types of underlying, hidden, naturalized messages that I am describing here, and I would agree that in many ways these myths do indeed operate within and reinforce gender hegemonies (Ortner 1989-1990). However, rather than using this more academic language, I have chosen to use the language of myth and mythology for a number of reasons. For one, people providing services for victims as well as scholarship addressing the subject of sexual and domestic violence use the terms myth and mythology. By using the language of myth, I reinforce the language in my fieldwork and sources.

Second, the language of myth does a conceptual work that the term hegemony does not fully accomplish. The term myth inherently implies that the thing being referred to is untrue and/or unfounded yet widely believed. The people and scholarship who are using the term myth

do so with the goal of emphasizing the fact that it is untrue but believed to be true. One example can be observed in my own fieldwork. Conrad and Julia are two prevention coordinators employed at the shelter where I conducted fieldwork. As prevention coordinators, they are heavily involved in outreach by going to schools and colleges to begin conversations about sexual and domestic abuse, consent, and more (always using age-appropriate language). I sat in the very back of the room as a silent observer of Conrad and Julia as they gave one of these lessons.

Conrad began the presentation, saying, “So today, we are going to play a game that we’re calling ‘Fact versus Myth.’” Conrad and Julia went to each table, handing out a piece of paper to each group. “On this paper, you’ll see a list of statements,” Conrad continued. “Myself and Ms. Julia will read each statement, and you will discuss with your group if it is a fact or a myth. But first, does everyone know what a ‘myth’ is? A ‘myth’ is something that is *false* but that a lot of people believe.” After repeating himself one time to make sure everyone understood, Julia read the statements one by one. “One. Domestic Violence is not all that common.” Julia waited until everyone had deliberated with their group and were ready to hear the next prompt. “Two. It is not abuse if there is no injury.” She spoke loudly, clearly, and slowly, making sure each word was enunciated well. “Three. While females can be abusive and it can happen in same sex relationships, it is far more common that a male abuses his female partner.” Julia re-read the prompt halfway through the deliberation period before continuing. “Four. A pregnant woman is at greater risk of domestic abuse. Five. People who are abused often blame themselves.”

This continued until they reached twelve prompts, and the ‘Fact versus Myth’ game ended with candy for the group that was able to identify the most prompts correctly as either

myths or facts. This game asks participants to analyze the factuality or falsehood of the information provided, and, in doing so, this game reinforces the idea that some widely-held beliefs around sexual and domestic violence are untrue. The term hegemony implies that something is naturalized and dominant, but it does not inherently bring into question the truthfulness or accuracy of the thing or the concept of a falsehood that is also widely believed the way that the term myth does, as seen here.

The third reason why I am using myth rather than hegemony is due to the function of repetition in this context. Myth and hegemony are similar insofar as they have a foundational quality and are evasive for the most part. However, in scholarship on sexual and domestic abuse, a great deal of effort is put into both identifying myths and dispelling them. Some scholarship dedicates entire chapters solely to the identification of prevalent myths. By identifying beliefs as myths and repetitively describing them as such to audiences, scholars and activists using this language do the important work of dispelling inaccurate belief systems. In my fieldwork, the people I spoke to repeatedly spelled out the falsehood of beliefs they have heard, described the effects of false beliefs, and used the term myth in general conversation about this topic. Through the repetition of identifying widely-held beliefs as false, scholars, activists, and advocates seek to educate the public.

Repetition used in education that uses the inherent dichotomy of myths and facts about rape has existed since the beginning of the battered women's movement and other movements created soon thereafter in the 1970s and '80s. In Susan Schechter's book, published in the midst of the shelter movement, titled *Women and Male Violence: The Visions and Struggles of the Battered Women's Movement*, she writes how the battered women's movement is indebted to the

anti-rape movement, which was created soon after for its educational work on violence against women that “changed women’s consciousness and redefined the parameters of what women would individually and collectively tolerate” (Schechter 1982, 34). She writes:

Throughout the country, anti-rape groups conducted extensive educational campaigns. They distributed myth and fact sheets, with facts often based upon the one large-scale study of rape available, Menachem Amir’s *Patterns in Forcible Rape*. A typical sheet explained:

the myth: rape is predominantly an impulsive act.

the fact: In three quarters of the cases the rapist(s) planned it. Group-rape — 90% planned; pair rape — 83% planned; single rape — 58% planned (Schechter 1982, 35).

As I have said, the term hegemony implies naturalization and dominance, but not a proven distinction between true and false. Because of this, the term myth is useful, as the repetition of it does an important work of dispelling the false beliefs and educating about what happens to women regularly.

Finally, similarly to being unable to inherently distinguish between truth and falsehood, the term hegemony is also not overtly concerned with moral understandings of right and wrong. Conversely, there are moral messages concerned with right and wrong embedded within myths and within the discourse of those who believe in those myths. Morality comes into play when we consider how these myths define and constitute legitimate and illegitimate victims of violence. Myths that imply that certain types of lifestyles, behaviors, or choices can impact the credibility of a victim of sexual violence inherently transmit morally-coded messages about what women should and should not be doing, what choices are right or wrong, as well as more minor aspects

of women's behavior, such as what they choose to wear or how they speak and interact with people. In an article that is important to chapter four of my ethnography titled, "‘I Think She's Learnt Her Lesson': Juror Use of Cultural Misconceptions in Sexual Violence Trials," the authors and researchers Yvette Tinsley, Claire Baylis, and Warren Young, dive into the cultural misconceptions — or cultural myths¹ — that have the power to influence jurors' decisions, some of which include the lifestyle or clothing of the victim. They write:

The reality is that, when a person has laid a complaint of rape, there is no evidence that their profession, dress or lifestyle makes it more or less likely that they were consenting. However, in at least 10 of the 18 cases, some jurors appeared to believe that it did and expressed sentiments that could be characterised as victim-blaming. Jurors made explicit comments about complainants' clothing, allegedly flirtatious behaviour, intoxication, lifestyle, prior sexual behaviour, or behaviour leading up to the alleged offence, as suggesting that the victim was at least partly to blame for the sexual offending (Tinsley, Baylis, and Young 2021, 476).

They then proceeded to provide examples of statements made by these jurors, one of whom said, "... they were drugged and pissed and in some very bad head spaces. ...She struck me as, I think she's learnt her lesson" (Tinsley et. al. 2021, 476). From this juror's perspective, there was a moral lesson the victim learned; she learned that her choice to be under the influence was a mistake. Here we see the presence of right and wrong embedded in the myth that the fact that someone is intoxicated makes them somehow at fault for what happened to them.

¹ Tinsley et. al. (2021) recognize that the term 'myth' is commonly used and explain that in this article, they choose to use the term 'misconception' for that which is commonly labeled as 'myth' (463).

In another case, the victim had done escort work, and one juror is quoted saying, “She’s the worse one out of the two of them for the life that she was living and that she’d been a player” (Tinsley et. al. 2021, 476). This woman’s escort work led jurors to believe that she had made a false allegation (476). Not only did they believe it was not rape, the authors explain that the jurors also believed she pursued him in court for revenge, quoting one juror who said, “I think she just got nasty” (476). The victim’s lifestyle and previous sexual behavior affected her credibility and legitimacy as a true victim. The truth is that no matter women’s lifestyle, alcohol consumption, clothes, relationship status, or sexual behavior, if she was forced or pressured into sex in that moment, it is rape. The moral messages of right and wrong that are embedded within these myths impact perceptions of legitimacy and credibility, and the language of myth represents the presence of a moral message in a way that the term hegemony does not.

Thousands of American men, women, and children are being inculcated into this socio-cultural environment in which these myths become active forces in different contexts. Embedded in this cultural mythology is a heritage of misogyny that is self-sufficient. Passed down from generation to generation, it produces itself over and over, even within the embodied institutional structures which seek to act against it by influencing the perspectives of the individuals within the institutions. While the language of myth is used across the board in discourses around sexual assault, the experience in the hospital, shelter, and domestic violence, I have seen the term “cultural mythology” in discourses around the court and shelter. Through this ethnography, I hope to highlight the ways in which this mythology overtly and covertly manifests itself in people as well as in institutions and influences the actions of victims in the

aftermath of assault. In doing so, I hope to chronicle the people and services which actively work to rewrite the cultural narrative by counteracting myths.

II. Limitations: Male Victimization

This ethnography explores this cultural mythology as it relates to women specifically, and therefore the language I use will depict victims as female and the perpetrators as male. I feel that it is important for me to take a moment to discuss male victimization as well as highlight why I have made female victimization the focus of this ethnography.

There were many different factors which played into my choice to focus on female victimization rather than male victimization or both. The cultural mythology around sexual violence and domestic abuse absolutely affects both men and women. I have seen this in my research and in scholarship. However, I would argue that it affects men and women very differently — perhaps not always in outcome, but in the experience.

In *The Right Amount of Panic*, Fiona Vera-Grey highlights an illuminating difference between men and women that is known as the crime paradox: women report higher levels of fear of crime than do men, even though men are more likely to be victims of crime (Vera-Grey 2018, 19 - 20). The crime paradox does not specify the type of crime that is being feared, but Vera-Grey suggests that this disproportionately high fear in women may actually not be disproportionate, but rather skewed by understandings of what constitutes crime. She says, “... there is only a difference between levels of fear of crime and levels of ‘actual’ crime if we ignore a number of experiences that women are more likely than men to have but that may not be labelled as criminal – experiences of sexual harassment in public for example” (Vera-Grey 2018, 20). As I will discuss later, starting at a young age, women, in contrast to men, live with a

constant, heightened awareness of the potential for sexual victimization. Women walk at night with their heads on swivel, crossing the street if a man is coming towards them, carrying their keys between their knuckles. This is an experience which I'm sure many men, including the men in my life, understand but do not share. In this way, from the beginning, even before a woman's first experience of sexual violence, she is already navigating a very different reality than men that intertwines possibilities of sexual violence with every-day activities.

The myths around sexual violence and domestic abuse make both men and women hesitant about opening up and coming forward to share their stories to either friends and family or in a legal capacity. However, the reasons they stay silent differ in some ways. The myths that keep women silent about sexual victimization place blame on the woman for her own victimization by citing her public behavior — such as what she was wearing, how she was acting, or alcohol consumption — as what ultimately led to her victimization. Women are silent because they are afraid they won't be believed, they know there are people who will blame them if they drank, wore a short skirt, or were out alone. Additionally, as a result of hearing these messages all their life, they also learn to blame themselves.

Male victims, on the other hand, are also fearful of not being believed, but the reasons why society may not believe them are different from the reasons those same people wouldn't believe women. One pervasive myth around male victimization is that men cannot be raped. All rape is of course violent emotionally, but the myth that rape must include physical force would seem to rule out the possibility that men can be raped because men are generally physically bigger and stronger than women, and are therefore perceived as being capable of fighting off a male or female assailant. Here we see how the lack of recognition of coercion as a tool of

emotional force and manipulation affects men as well as women. Additionally, this belief reflects a lack of understanding about tonic immobility, or the ‘freeze’ response, which will be discussed in greater depth later. No one seems to question that it is possible for a woman to be raped; this is not up for debate. But somehow, even today, not everyone believes a man can be raped. For a long time, the wording of laws against rape implicitly excluded men as a possible victim of this crime.

In the introduction of *Encyclopedia of Rape and Sexual Violence* by Merrill D. Smith, she says, “From 1927 to 2012, the FBI’s Uniform Crime Report defined *forcible rape* as ‘the carnal knowledge of a female, forcibly and against her will’” (Smith 2018, xvii). It wasn’t until 2013 that a new definition was created, which reads, “The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim” (Smith 1918, xvii). The language of law in many ways is reflective of the beliefs of a society. The previous wording eliminates the possibility of male victimization entirely, and the pervasive nature of this belief causes men to stay silent.

Men are less likely to report sexual assault to the police than women. Men and women both struggle with reporting this violence, but again, their experiences often diverge. There is a stigma around rape that exists for men and not for women, and that is that rape is emasculating for a man; some men are afraid of being perceived as weak or less of a man because of their victimization. This holds true no matter the gender of the perpetrator. Additionally, as Frances P. Reddington and Betsy Wreight Kreisel explain in their book, *Sexual Assault: The Victims, the Perpetrators, and the Criminal Justice System*, men are also worried that instead of being believed, they will be labeled as not ‘real men.’ They write: “Men are disparaged for not being

‘real men’ since they were unable to thwart their attackers. Thus, in order to prevent this stereotyping from occurring, most men, as do most women, fail to report their victimization” (Reddington and Kreisel 2005, 27). Men and women share in the experience of fear of reporting, but there are nuanced differences in these experiences.

There is a growing trend towards discussing sexual violence outside of the language of male and female. In some ways, I wholeheartedly support this approach and recognize how it validates victims who may not typically be represented in this discussion. It is good that there is research that shows this perspective, as there are valuable points which can be made about sexual violence more broadly by discussing different representations of perpetrators and victims. However, a non-gendered approach to this issue overlooks a couple key points: when a woman is assaulted, it is most often by a man. Additionally, while domestic violence can occur within same-sex relationships, it is primarily found in heterosexual relationships. These two facts point towards a gendered power dynamic that is rendered invisible if we remove gender from the discussion. Speaking about the different ways to approach this subject when it comes to gender, Amelia, the deputy director of the shelter in which I conducted most of my fieldwork said,

“I don’t think it has to take anything away from male victims, male survivors, to recognize that this has historically been an issue of inequality, and control, and the majority of survivors before and still now being female with male perpetrators. We don’t have to constantly hear ‘well not all men rape,’ or ‘not all men are abusive,’ or ‘this happens to men, too.’ One hundred percent. All of those statements are true. But we don’t have to lose the fact that we still need work in this area. In this focus, of...this is still

happening to women at a *ridiculous* rate.² And we still have this society where women often don't feel safe. Just because we're existing, as women, in an environment where, typically, it's not safe for us. And that's something that, you know, most men will probably never understand. And they're not at fault for not understanding that, of course, but that's just the way the world is. And just because men don't experience the world that way, it's not fair to say that women are wrong for experiencing the world the way that they experience the world. These are two very different lived existences, and I think that's just frustrating. Because we're not trying to belittle men. We're not trying to put down all men. But we can't ignore the fact that this is an issue. This is a very real issue. So much so that we have the Violence Against Women Act and we have these agencies that have existed for a very long time and started because there was a need to provide safety to women who were fleeing abuse. *That's where it started.* And that's where we still are.

Ultimately, neither approach to gender in discussions of sexual violence is inherently right or wrong; rather, they expose different aspects and lived experiences of sexual violence. It is precisely the different lived experiences and the impact of cultural myths on women specifically which have guided my choice to maintain gendered language in this ethnography.

Furthermore, as a woman, I see myself reflected in the stories of other women and the stories I have heard and read in writing this ethnography. I feel that my identity as a woman, in

² According to the National Sexual Violence Resource Center, one in five women in the United States have been raped in their lifetime, and in contrast, one in seventy-one men have been raped in their lifetime. "Statistics In-Depth." n.d. National Sexual Violence Resource Center. Accessed April 28, 2024. <https://www.nsvrc.org/statistics/statistics-depth>.

addition to the experiences I have had in my life as a woman, helps me to speak to this issue specifically in relation to women's experiences. The experience of male survivors of sexual violence is distinct and deserving of its own ethnography entirely dedicated to exploring its unique impact on men. From what I have seen in my research for this ethnography, there seems to be minimal focus on male victimization in contrast to female victimization. Perhaps this is due to the higher prevalence of female victimization or the fact that many books were published on the subject at a particular historical moment after the shelter movement and women's rights movement became prominent social forces. Regardless of the cause, research which focuses solely on male victims of sexual violence seems sparse in comparison to the wealth of scholarship on women's experiences as well as studies, like Hirsch and Khan's, which don't focus on one or the other. I believe that, by discussing both together, the lived experience of male victims does not get the focus or depth it deserves.

In determining the scope of my research, I often felt frustrated with the limitations that naturally exist in any research project. My inability to do adequate justice to male victimization was one of those limitations. Additionally, there are many quotes from the people I've spoken to, books, articles, and pieces of fieldwork that have not made it to the final version of this ethnography. What has helped me understand where my research is situated amidst a broad range of scholarship on sexual violence is imagining the issue of sexual abuse and domestic violence as a large redwood at night and this ethnography as a flashlight which attempts to illuminate the tree. The entire tree will not be lit by only one flashlight, but certain details of the bark or the branches may be discerned. I hope that this ethnography shines a light on certain aspects of this

subject which will encourage others to join in their own way so more of the tree can be illuminated.

III. Chapter Summary

Each chapter traces a different space and the actors within that space who provide care or justice. In each chapter, you will be confronted with the ways that these spaces converge and diverge in a complex web of intersections. Certain ideas will inevitably repeat themselves in different ways. Normalization of abuse and the prevalent myths around resistance, force, and blame are good examples of the kinds of subjects which will appear in multiple chapters. There was a time when I felt the need to force subjects to fit into certain sections and not repeat themselves too often; I wanted them to remain distinct from one another so that each chapter would use new material. However, as I have continued in my research and covered more ground in the creation of this ethnography, I have let go of a desire to contort the information; instead, I have embraced these intersections. The repetition of actors, spaces, and concepts you will encounter serves as further evidence of the intricate intersections between spaces of care and justice, the different roles undertaken by the various actors in those spaces, and the myths that are so prevalent within these spaces.

In chapter one, “Hidden Violence and the Normalization of Abuse,” I lay the foundation for understanding how violence against women remains hidden despite the important work of social movements of the late 20th century as well as more recent movements from the past 20 years. I explore women’s silence by looking at women’s experiences with lesser offenses, highlighting how it is the normalization of these experiences that give women a false perception of what is and is not normal and acceptable behavior that causes them to minimize their

experiences and blame themselves. This chapter is predominantly an analysis of literature on this subject, but my fieldwork is present in the depth of my understanding of the impact of these subjects. Two important authors whose research I utilize are Fiona Vera-Grey, who wrote *The Right Amount of Panic: How Women Trade Freedom for Safety* and Margaret T. Gordon and Stephanie Riger's book *The Female Fear*. These authors' research helps us to consider the impact of normalization of violence on women, as well as what it means socially and culturally that this violence is normalized.

In chapter two, "Interwoven Spaces: Protection, Justice, and Future Aspiration in a Shelter," I draw upon Susan Schechter's book, *Women and Violence: The Visions and Struggles of the Battered Women's Movement* and others to briefly discuss the history of the shelter movement in the early 1970s before diving into my own fieldwork in a shelter. For confidentiality reasons I am vague in my description of its location, but I can say that it is in a fairly depressed, Appalachian region of the United States. In this shelter, I explore the interconnectedness of different contexts within the shelter space through what I identify as various 'zones.' Drawing upon my own observations, I describe how these zones of protection, safety, justice, the outside, and aspirations for a brighter future are woven together and overlap in a high-stakes environment. Women in the shelter are moving through a liminal space in that they are simultaneously transitioning from one position to another and navigating these intersecting contexts all at once. I'm interested in how services available to women work to mitigate the barriers that exist as well as help women transition towards greater independence.

In chapter three, "The Hospital: Barriers to Access and Visibility," I explore the way that the hospital, similarly to the shelter, is a highly interconnected space that pulls the legal system

into the space of care through a forensic examination known as the rape kit. In this chapter, the concept of revictimization moves to the forefront as I explore the position of the victim in the aftermath of an assault and the barriers that keep her victimization hidden. Drawing upon interviews I conducted, I highlight the ways that support services, like victim advocates, attempt to reduce the experience of revictimization in the hospital as well as provide information about healing and possible next steps. Sameena Mulla's research on hospitals' response to sexual assault and the forensic examination process is important here, as Mulla is also considering the collision of justice and care in this context. Furthermore, I bring out the presence of cultural myths which work as barriers to coming forward.

In chapter four, "Coming Forward: The Difficulty of Legal Visibility," I begin by describing the nature of the court process in the United States. I expose how the nature of due process and the burden of proof play a role in the traumatic experience of victims of sexual violence in court. It is in this chapter that the cultural mythology, which I refer to throughout each chapter, moves from a more passive force to an active one. Using my own interviews with police officers and scholarship exploring the prevalence of cultural myths within jury deliberations and the rhetoric of defense attorneys, I emphasize the way in which cultural myths about sexual assault and domestic violence are activated within the jury by the defense lawyers attempting to shift the narrative thereby influencing the verdict. I then transition towards other actors and their roles in the courtroom. The courtroom is a space in which the shelter and hospital are invoked through their respective actors: victim advocates, nurses, law enforcement, victims, perpetrators, the public, and the myths that underpin them all are pulled into this context, joining together different points of a complex web of actors and spaces explored in the

previous chapters. I finish this chapter by highlighting the ways in which the actors from different spaces simultaneously mitigate revictimization for the victim and counteract the myths activated in the courtroom. One important piece of literature cited in this chapter is Susan Ehrlich's *Sexual Assault in Canada: Law, Legal Practice and Women's Activism*, and I'm particularly interested in chapter 17, titled "Perpetuating – and Resisting – Rape Myths in Trial Discourse," in which she discusses how myths about rape and sexual assault are used to shift narratives being discussed in court.

In the concluding section, I draw upon the story of one of the women I spoke to named Phoebe in conjunction with experiences of women whose stories were shared with me by forensic nurses. These stories represent victims who are not previously well represented in my ethnography. Furthermore, they direct our attention towards what the experience of domestic violence and sexual assault may look like for some women years later. Next, I circle back around to the importance of education as prevention, highlighting the very important work being done to prevent future cycles of violence and end existing cycles of violence through education. Through starting conversations, support services pull the myths that sit out of sight to the forefront through starting conversations about violence. This education seeks to counteract myths and challenge the way we, as a society, think about sexual violence while also making resources more available through spreading knowledge about what options are available for victims of sexual and domestic violence. Prevention work is, in a sense, the 'way out' that shelters and other services and movements have undertaken in order to make a difference in changing a culture.

While this chapter organization seemed like the natural progression of the information and the narrative at first, an implicit logic reveals itself within this structure. As each chapter progresses from one space to another, there is an increase in the level of visibility of the victim. In chapter one, the victim is most hidden; this chapter focuses on the public space where violence is hidden and normalized, as well as the internal normalization of violence within victims themselves. In the second chapter, I move to the shelter space. In the shelter, women access a level of visibility which comes from reaching out for help. However, they are still hidden in that shelters are essentially a place to escape. In the third chapter, I discuss the hospital. The hospital space is highly intersectional with the legal system if victims choose to undergo a rape kit. Finally, in chapter four, I discuss the courtroom, which I identify as the form with the greatest visibility because undertaking this process gives victims a chance of obtaining legal recognition as a victim. This recognition labels victims' experiences no longer as 'alleged,' but *proven to be true* in an official capacity. Additionally, as each chapter progresses, the victim moves further from home and the every-day relationships which make up their home.

Chapter One

Hidden Violence and the Normalization of Abuse

I. Hiding Violence Through Myth

There are people who may cite the numerous voices and movements, such as #MeToo, for example, to argue that violence against women is in fact out in the open now; no longer are women silenced and shut down. If this were true, then what does it mean that the vast majority of women today have experienced some form of sexual violence or harrassment? As I will discuss later, so many women do not report incidents of sexual violence or harrassment. Because of this, our current statistics of sexual assault and harrassment, which already paint a frightening picture, are potentially *inaccurate*. Thousands upon thousands of experiences go unnoticed by these statistics, hiding the truth of the reality of sexual violence against women.

At the beginning of my research, it was my intuition and a basic understanding of the statistics of sexual abuse and domestic violence that informed me that violence against women is still hidden from view. Through my research, this has been confirmed time and again. Despite the broader social commentary spurred on by activism as well as law reform that has helped to change the atmosphere around violence against women (and which occurred in part as a result of said activism), there are numerous logistical reasons sexual assault and domestic violence remain hidden: sometimes it is not physical violence, but rather harassment or a threat of violence, and other times because it often leaves no physical evidence; while there may be evidence of sex, the evidence of that sex being rape exists only because the victim said no or otherwise expressed that she did not want the sexual encounter to continue; that is, evidence of sex does not always equate to evidence of rape. Sexual assault is an umbrella term that includes rape, but also includes other

forms of non-consensual touch, such as groping or fondling³ – in other words, rape is sexual assault, but not all sexual assault is rape. Even in rape cases there is not always physical evidence that even points to sex, and this total lack of physical evidence also applies to cases of sexual assault that was not rape. If a woman is groped in the subway, there may truly be no evidence at all, and the only proof she has of this incident are her words. Perpetrators of sexual assault may also use coercion to elicit the victim's participation or, at the very least, submission, leaving no sign of the use of physical force. When there is physical evidence, her body becomes the site of that evidence, and the violence that occurred within the space of her body will remain hidden unless she opens herself up to public inspection and an invasive forensic examination for evidence collection.

One of the most insidious ways violence against women can remain hidden is in the example of domestic violence. Domestic violence occurs within the assumed safety of a romantic relationship – someone you once thought loved you and would protect you becomes the one causing the trauma of assault or emotional and verbal abuse. Domestic violence is gradual. Oftentimes, women experiencing domestic abuse may not be able to recognize it as abuse until it escalates to a point when escape is the only option; at that point safely escaping may be extremely difficult. Additionally, in domestic violence situations, the victim's mobility is severely limited. In many cases, various aspects of her life are controlled by her partner, thereby keeping her in a powerless position of complete reliance on her partner/spouse, which, in turn, forces her into perpetual silence – thereby hiding the reality of the violence going on behind closed doors.

³ Legal definitions of specifically what behaviors constitute sexual assault and rape vary from state to state.

In addition to logistical issues such as inhibited mobility or a lack of physical evidence which keep this violence hidden, there are also emotional barriers. Because most assaults occur by people the victim knows, the psychological impact of being assaulted by someone she trusted causes confusion, embarrassment, shame, and humiliation. Assaults where the victim knows the perpetrator often occur after she invites the perpetrator or is invited by the perpetrator into a private space, whether it be the home, the dorm room, the apartment, etc, thereby enhancing the shame, embarrassment, and self-blame. One can understand how assaults where the victim knows the perpetrator may occur because the victim trusted someone enough to invite them to their apartment, dorm, or home. In these cases, it is common for the victim to blame themselves for the dehumanizing assault you experience as a result of that invitation, and they therefore are reluctant to share that experience. Many women are not ready to come forward after any assault, let alone an assault by a relative or friend, precisely because of these emotional factors of shame, humiliation, embarrassment, fear, and self-blame.

Domestic violence and sexual assault, while separate, are deeply interconnected. In situations of domestic violence, abusers often use sexual violence as one tool of many in their tool box to exert force or show dominance over the victim. However, while sexual assault is often a part of domestic violence, domestic violence can exist without sexual violence, manifesting as emotional, verbal, and/or various forms of physical abuse. These two forms of violence are also connected spatially through the services available to women who have experienced either or both of these forms of victimization.

Movements which brought domestic violence into the open began vital conversations about sexual violence against women as well. From activism to spaces of care to spaces of law

and justice, domestic violence and sexual assault are not mutually exclusive. Instead, they maintain a close orbit, often crossing over each other and creating complex relationships between people and institutions. Additionally, the myths which are often believed about sexual assault manifest themselves in the context of domestic violence and vice versa, which, as a result, influences the way we are subconsciously trained to accept certain types of treatment, to the point where they become normalized for ourselves, for others, and for a collective whole.

Until the relatively recent past, certain forms of violence against women were not considered a crime. In volume one of Merril D. Smith's *Encyclopedia of Rape and Sexual Violence*, great detail is attributed to statistics that trace the transition of violence from the private to the public respective to the law, and the recency of some of these numbers can be quite shocking. For example, marital rape wasn't considered a crime in every state until 1993. Despite the passage of 30 years, marital rape is still to this day not recognized by many individuals as rape. This illustrates how that which was once a legal fact (a husband cannot rape his wife) can, over time, transform into a myth; the law changed, but it takes time for people to recognize this change socially. Smith writes that in 2015, Michael Cohen, who was at the time the special counsel to the Trump Organization, was quoted as saying, "You cannot rape your spouse. And there's a very clear case law" (Smith 2018, xii). Considering marital rape was made illegal in every state by 1993 – just over two decades before his statement – I would imagine that the case law he is referring to must have been from before marital rape was made illegal. The fact that individuals are citing case laws over two decades old as evidence which perpetuates the continued victimization of women further illustrates how violence against women is hidden through the continued normalization and minimization of actions such as marital rape. While a

transition was made from private to public in the eyes of the law, in many ways the mythology of the time before this legal transition has led to various harmful beliefs which both sustain and perpetuate silence. Even though the laws themselves have changed, many individuals carry the myths with them and continue them.

Unacceptable lack of understanding and knowledge on women's anatomy and its functions has also led to blatantly false beliefs about what constitutes as consent and, subsequently, what constitutes as rape. This can be seen even in statements made by governmental representatives and other government officials. In 2012, the Missouri representative Todd Akin said that it was impossible for a woman to become pregnant from rape because "the female body has ways to try to shut the whole thing down" (Smith 2018, xvii). This incorrect, scientifically baseless assumption would indicate that any time a woman falls pregnant, the sex that resulted in that pregnancy *must* have been consensual.

How often throughout history have rapes been painted as consensual intercourse because it resulted in pregnancy due to the misunderstanding (willful or otherwise) of the female body? Smith writes that scientific studies have shown that pregnancy occurs from rape at the *same rate* as it does from sexual activity (Smith 2008, xviii). The lack of foundational biological information served as a barrier to our understandings of what constitutes as legitimate rape. Thus, violence against women has been shrouded under layer after layer of misinformation and willful ignorance, effectively keeping the suffering of women silent while covering the tracks of perpetrators and rendering their punishment non-existent.

Understanding violence against women as being a matter of the private sphere and the context of its transition into the public illustrates the history of the hidden nature of this form of

violence. The law in some ways constitutes an action as legally recognizable. The actions a society views as criminal, and therefore that which is a crime in the eyes of the law, are those which society, as a collective, has deemed behavior which presents a danger to the public. When the law does not recognize a behavior as an issue, it becomes inactionable, however reprehensible, and those enforcers of law who are meant to protect, become powerless to do so; or, perhaps for some, just unwilling. What is left is a society which teaches women that any sort of exceptional response to violations big and small is unnecessary and which teaches men that they will not be held responsible for their actions.

One other way this mythology hides violence against women from view is through the perpetuation of a particular narrative which focuses on women's public behavior. These narratives play a role in conditioning people's responses to sexual violence against women. This narrative, and the myths supporting it, is visible in highly prevalent, yet deeply flawed, prevention efforts that seek to reduce victimization of women. Instead of bringing both men and women's awareness to the wealth of scholarship and studies which state that an assault most often occurs at the hands of someone the victim knows rather than some masked stranger on the street, these prevention efforts perpetuate myths and blame victims.

These messages are commonly seen throughout the media and spread from person to person. I have heard these messages time and again both from friends as well as other media outlets. One memory stands out in my mind. I was walking with someone I considered a friend at the time. In passing conversation, I mentioned that I enjoy evening walks, and his first reaction to that statement was to tell me I should stop walking at night. While his words were well-intentioned, embedded within it is a broader social message: women shouldn't be out at

night. I am not blind to the dangers of being alone after dark as a woman. While this is the reality I operate within and measure the risks of, the messages we tell and the way we frame those messages as a society influence and perpetuate a particular orientation towards violence against women. While messages which tell women to cover up, to not go out at night alone, to stay with the group if you do, and not to get too drunk all sound like precautions, they subconsciously train society, including women who are most often victims of sexual assaults, to believe that the victim is at fault in some way, however slight, for their own attack. After an attack, these once seemingly well-intentioned prevention messages easily turn on the victim, and instead of “Don’t wear revealing clothes!” the message becomes, “What was she wearing?” Instead of, “Don’t go out alone at night!” It becomes “Why was she out alone? She should know better.”

In her book *The Violence of Care*, Sameena Mulla provides a US Bureau of Justice statistic which states that seven in ten rape or sexual assault victims stated that their offender was someone they knew in some way (Mulla 2008, 2). Despite this, the afore-mentioned prevention efforts focus on women staying in groups, not going out alone, not getting overly intoxicated, not dressing in revealing clothing, etc. When the population is exposed primarily to this type of messaging, there will be a significantly lower level of awareness and recognition of the more common violence that is occurring every day inside homes, dorm rooms, apartments, classrooms, and other private spaces, and the violations they experience in the public sphere will be chalked up either as their own fault or just a part of life.

Women, and society at large, learn to look at the victim’s behavior in the moments and hours leading up to the attack, believing that at some point maybe she messed up, and it is precisely because fault is transposed from the perpetrator to the victim through this message that

they may not believe the offender deserves punishment. As a result, many women choose not to report, and the violence committed against them stays hidden, distorting statistics of reporting rates. There are many sources which discuss this issue. In “The Influence of Forensic Evidence on the Case Outcomes of Rape Incidents,” Ira Sommers and Deborah Baskin cite the U.S. Department of Justice 2005 statistics which estimate that “60 percent of rapes go unreported, and, of those rapes that are reported, there is a lower conviction rate than for many other violent crimes” (Sommers and Baskin 2011, 315). The resulting low reporting rates and even lower conviction rates further render this type of violence legally hidden.

I had the opportunity to speak to three police officers who all had many years of service behind them. Throughout their successful careers, each of them have had experiences working with sexual assault and domestic violence victims that they were able to pull from during the interview. “Based on our understanding of low reporting rates of sexual violence,” I asked, safely assuming they are also aware of these statistics and the issues with underreporting, “how much do you feel we can trust current statistics on the prevalence of sexual violence? Is it possible that it could be far more common than statistics show?” Before I could even finish the question, unanimous sounds of absolute agreement confirmed that my intuition was correct. “Whatever’s reported, it’s probably double,” the police chief, Donovan, said. “Or more than that,” Miles added. Bill paused a moment before highlighting an important point I touched on earlier: “And it may not be a full blown like rape or something like that; but there’s some kind of...like, a forced touching has gone on that just, ‘aw, nothing’s gonna happen so I’m not gonna call anyway.’” Here, Bill is articulating an important cause of underreporting, which is that when the sexual assault does not include rape, victims often don’t perceive it as reason enough to report in part

because they don't entirely believe the police will be able to act on the report. Perhaps this is because they recognize that there is no evidence – that it is a he-said-she-said situation in which the police cannot prove guilt.

While Bill was articulating a perception that the police cannot help in this situation, Miles' comment directly following Bill's added an important piece to the puzzle. Miles highlighted a difference between the definitions of sexual assault and what people think is sexual assault. This also influences whether or not victims will report. In Bill's example, there are cases where something short of "full-blown" rape occurs, and while the victim knows this is a crime, she chooses not to report. What Miles added to this picture is that some women in the same situation where a non-consensual touch occurs do not report because it is so common that they don't even perceive it as criminal.

I articulated my understanding of their comments by recognizing the impossibility of a woman reporting something she does not know is a crime. If people don't know what qualifies as rape, or what constitutes sexual assault, how could they even consider reporting it?

Normalization of violence, which is represented in part through these messages of prevention, is one barrier of many that exist for women who have experienced sexual assault. How can a woman access resources associated with justice and healing if she does not believe anything happened to her that warrants justice and requires healing? This is perhaps the most foundational barrier that I will discuss, and it comes from a cultural mythology around sexual assault and domestic violence.

II. Normalization of Violence

The normalization of violence against women as well as the threat of violence takes hold first of the small moments of discomfort or uncertainty, eventually working its way up to greater degrees of severity of violence, until women begin to question themselves and their role in even the most egregious of assaults. This self-blame borne from the normalization of violence plays a significant role in hiding violence.

In a book titled, *The Right Amount of Panic: How Women Trade Freedom for Safety*, Fiona Vera-Gray describes the work women do every day to stay safe and how that work has been normalized by the public and by the women themselves. Vera-Gray is especially concerned with the work that women do to avoid being assaulted in the first place, the emotional toll of being a woman in society, and the consequences of the way that women change their behavior as a form of prevention. Be it to prevent an unprecedented attack or to prevent the recurrence of a violation she might have already experienced, Vera-Gray breaks open a conversation about how we don't take certain forms of misconduct seriously as a society because of how normal they have become.

The Right Amount of Panic is filled with interviews the author conducted with women, all of which are rich with examples of what is described as “the work of being a woman in public” (Vera-Grey 2018, 4). In one interview, a woman named Lucy describes her experience of this work by listing various things she does every day to stay safe:

I try not to look at people, like I look at them to see where they are and who they are but I don't look them in the eye. I look straight ahead. And a lot of the time if I'm walking late at night I carry my keys between my hand, so I can stab.... And I try to stand quite big as

though I'm tough and can handle myself.... Sometimes I pretend to talk on the phone.

Also I try not to sit next to a man [on public transport]... (Vera-Gray 2018, 4).

In another interview, Louise describes other tactics women have used when in public to make themselves feel safer.

For example when I go home, I have a hat for when I get cold but I'll tuck my hair into my hat because I know long blonde hair tends to attract attention. If it's raining I'll get my umbrella and have it as a stick just in case I get threatened. Sometimes I take a key and I have the sharp part in between my fingers just in case someone attacks me (Vera-Grey 2018, 41).

Just from these two interviews alone, we can see listed some of the many things women do to feel safe in their every-day lives. These interviews and others depict a type of physicality and control involved in women's behavioral response to the threat of violence. Lucy controls her gaze so as not to make eye contact with people, Lucy and Louise hold their keys in between their fingers, and Lucy pretends to be on the phone; each of these behaviors mark a type of bodily preparation in defense against a possible attack. For Louise as well as Lucy, this bodily preparation may also manifest more as bodily modification; Louise tucks her hair into her hat and Lucy tries to stand bigger.

In *Violence Against Women: The Bloody Footprints*, the authors Pauline B. Bart and Eileen Geil Moran dedicate a chapter to exploring the same work women do to stay safe, using the term "the female fear" coined by authors Margaret T. Gordon and Stephanie Riger to emphasize the gendered nature of the fear of crime.⁴ In one interview, a woman named Jane says,

⁴ They write, "Women report fear at levels that are three times those of men, yet their recorded risk of personal violence, especially assault, is, by all official sources, lower than men's. Beyond

“When I get into the car, I always check the back seat, to make sure that there is no one lurking around. I always have my keys in my hand so that when I get to the car, I can stick the key in the door.... And I lock the doors right away” (Bart and Moran 1993, 159). In another interview, Maria states, “I don’t go out at night unless it’s with someone. If I’m going out with friends, they will always pick me up at my door. When I come back, they’ll walk me to my apartment and make sure everything is OK” (Bart and Moran 1993, 159). In these examples, instead of a bodily modification, we see a particular routine emerge – a sort of ritual involved in daily activities as mundane as getting to and from one’s car or the proper way to engage with a public environment.

Vera-Grey uses an interview with a woman named Theodora to highlight how the violence women like Lucy, Louise, Maria, and Jane are preparing for has become so normal that some women even count themselves lucky if they have only had the “smaller” violations.

Theodora says:

I was very, very fortunate, I have never had any horrific experiences. I know it’s a really awful thing to say but I had the usual ones like being groped on the tube, and I do know in my mind it’s awful that women feel like that’s a normal experience. Like every girl I know has had it at some point, at least once (Vera-Gray 2018, 30).

In her analysis of this interview and one other, Vera-Grey describes how assault for many women is not viewed as a possibility, but a reality, and oftentimes women do this safety work because the violation it prevents has already happened to them, and they don’t want it to happen again.

A woman named Charlie is quoted saying, “It’s just so part and parcel of being female. It’s nothing special. It just happens all the time” (Vera-Gray 2018, 38). Charlie adds to

any doubt, the gender differential is the most consistent finding in the literature on fear of crime” (Bart and Moran 1993, 156).

Theodora's comment, providing another recognition (and resignation) to the fact that violence against women is just a part of women's every-day experience. Charlie highlights here how being female resigns women to a particular reality; one in which the work women do to avoid being violated has become so normal that even women themselves may not recognize the way this work changes how they move through life.

Part of the reason many women may not recognize the impact this fear has on their lives is due to the fact that oftentimes the work that women do every day to prevent violations and to stay safe does not yield visible results. There is no true way to measure the success/fail ratio of these behavioral modifications or specialized routines; when an attack doesn't happen, there usually isn't a way to know if it would have happened had she not changed her behavior or conducted her special routine.

The reality is not that once a woman is in real danger, she works to stay safe. Women are constantly on the lookout for danger or the possibility of danger, even when they are in a situation that may be perfectly safe. A woman under the pseudonym Jane who was interviewed in *The Female Fear* by Margaret T. Gordon and Stephanie Riger highlighted the experience of preparing for a future attack that never happened. After enjoying an evening out with a group of friends at a restaurant one evening, she parted ways and exited the restaurant into a dark city street. Her car was not far – just around the corner – but to get there, she remarked that she had to walk under an unlit viaduct. In her own words recounting the story, she gives a play-by-play of an encounter, truly giving the reader a sense for the female fear. She said:

As I approached the viaduct, I saw a man starting toward me from the other end of the block. My heart began to pound. I held my breath, and began to calculate: does he have

bad intentions? Is he bigger than I am? Should I scream? Where can I run if he attacks? The bar on the corner is open, but is that a source of safety or of greater danger? My anxiety increased as the man got closer. I tightened, and the calculations continued: Should I look him directly in the eye, or will that be interpreted as a come-on? Should I walk briskly, or will that convey fear? The man approached, walked past me, and continued down the street. I was unharmed. Did he know how frightened I was? If I had been raped, would I have been blamed for being out alone in a dark, dangerous place? Would I have blamed myself? (Gordon and Riger 1991, 1).

As a woman, I recognize myself in this story. I, and many other women I have spoken to over the years, have experienced similar situations and made similar calculations. Experiences like this are echoed in women around me – family and friends – only further confirming to me, alongside the many sources which highlight other women's experiences, that the female fear is not experienced singularly.

Despite the widespread experience of fear of violence as well as widespread behavioral changes women do to prevent this violence, this fear is not always taken seriously in society, which only continues the cycle of the normalization of violence. Katie-Lou, another of Vera-Gray's interviewees, recounted a conversation between her and her boyfriend. She was alone walking, and a man was walking behind her with a piece of wood. As he came nearer, he slowed down. It is made clear that nothing came of the encounter, but when she told her boyfriend that this man was slowing down, he thought maybe she was imagining it (Vera-Gray 2018, 6). In her analysis of this story, Vera-Gray discusses the way that women often are made to feel somehow paranoid, saying, "He might just be walking the same way as me, I'm probably

being stupid. It's nothing. How many times as women, as girls, have we thought this, dismissed this, always uncertain? How often have we second guessed others, second guessed ourselves, trying to read the behaviour of unknown men?" (Vera-Gray, 2018, 6). While the violence does not always occur, the woman preventing that possible attack still did that work at that moment. The adrenaline, the fear, the discomfort, all of that is very real.

In the preface of *"Intimate" Violence Against Women*, Paul Lundberg-Love and Shelly Marmion tell a story of a horrifying assault and passionately describe the severe indifference and normalization that they see in society. They write:

Safety can never be taken for granted. There are many people in this world who will choose to victimize you because you are a woman. To live as a woman is to be always vigilant, never trusting too completely. Tragically, events like this happen daily [events of violence against women], and society remains unaware of their frequency and oblivious to their long-lasting effects on women in this culture. As a nation, we are far too complacent. We are lacking a sense of outrage that should be our response when such actions are commonplace, when small acts of violence are laughed off, and when large acts of violence are met with curiosity followed by indifference (Lundberg-Love and Marmion 2006, viii).

This complacency and obliviousness works to silence women by telling them the violence against them does not matter. It normalizes the experience so women begin to convince themselves, too, that it shouldn't matter. How is it that fear, which so greatly impacts women's every-day lives, goes unnoticed, even sometimes by the women themselves, who automatically engage in these safety practices?

While a woman is not attacked every day, every day she actively prepares for it. She wears her sneakers on her evening walk in case she needs to run. She carries pepper spray on her person to avoid a potential close-combat altercation. She doesn't smile at the male stranger walking by. She doesn't talk back to the men harassing her to avoid escalating the encounter. She crosses the street at night when a man is walking in her direction or is walking behind her. Maybe she doesn't go outside at all after the sun sets. She makes sure to park next to a street lamp. She plans her route based on how well-lit the roads are. She asks her friends to make sure she gets to the door before they drive away. All of these things and more are work that women do to simply stay, and hopefully feel, safe that has been normalized. As a society and as a culture we should be asking ourselves: why is it *normal* that it is dangerous for a woman to be outside alone after dark?

III. Mobility and Immobility in the Context of Human Rights

In *Violence Against Women*, Susanna Fried argues that violence against women is not only criminal, but it qualifies as a human rights violation for the reason that women's freedom to move through public spaces is hindered or inhibited by the threat of violence. After providing a sobering statistic of the magnitude and prevalence of violence which states that one out of every three women in the world has been beaten, coerced into sex, or abused in another manner in her lifetime, Fried describes the way that the nature of the environment women find themselves in constitutes violence against women as a human rights issue.

In public and private life, violence or the threat of violence terrorizes many women and keeps them from freely and wholly contributing to the social, economic, and political development of their communities. Violence hinders all women's abilities to exercise

their human rights, and it circumscribes women's capacity to function as full citizens in society (Fried 2003, 91).

The capacity of a woman to participate politically, economically, and socially is hindered by violence and the threat of violence to a point where this author brings into question women's status as citizens.

In *Women and Male Violence: The Visions and Struggles of the Battered Women's Movement*, Susan Schechter draws upon literature by Susan Griffin's "Rape — The All-American Crime." She quotes Griffin, who said, "... rape is a form of mass terrorism, for the victims of rape are chosen indiscriminately, but the propagandists for male supremacy broadcast that it is women who cause rape by being unchaste or in the wrong place at the wrong time — in essence, by behaving as though they were free" (Griffin 1971, cited in Schechter 1982, 36). In this quote, we see how Schechter goes further than Fried when discussing the meaning of immobility; instead of discussing the impact of immobility on women's contribution to society and citizenship; she questions women's freedom on a broader scale not limited to social, economic, or political participation; through Griffin, she draws attention to an implicit comparison between what freedom looks like for men versus women by highlighting the lived experience of women in relation to mobility.

Daphne Spain also speaks to this point, drawing upon a philosopher to illustrate a key contradiction that proves that violence against women is a human rights issue. She writes:

Battered women who stay in violent relationships are denied bodily integrity, a 'free citizen's first and greatest right.' They also lack freedom of movement. If women cannot move and act freely in the public sphere, or if they are intimidated in the privacy of their

homes, their ability to act as citizens is limited. The feminist philosopher Sandra Bartky points out that citizens give up their prerogative to use violence; they expect the government to protect them from unwarranted physical injury at the hands of others. Yet for most of history the law has failed to protect women attacked by intimate partners, leading Bartky to question whether women who are repeatedly beaten are *bona fide* citizens of the state at all (Spain 2016, 140).

While situations of domestic violence present us with more intense examples of the inability to act freely in the public sphere and relates specifically to domestic violence, is the fear of being outside alone at night – which outright keeps many women indoors who do not care to brave the dangers – also barring freedom of movement? Women choosing not to go outside at night, to stay on main roads, or to avoid being alone serve as a few examples of many which illustrate how violence against women, as well as the fear of violence, place women in a position of limited movement and mobility in the public sphere⁵.

The normalization of this immobility renders this violation of human rights invisible to some degree. My friend did not tell me to be careful on my walks. This comment would have simply implied a recognition of the very real risks involved for me as a woman. Instead, he definitely stated that I should stop going outside alone. For him, this limitation of movement for women is just the way things are; it is dangerous for a woman alone outside at night, therefore she should stop going outside alone at night.

⁵ ‘Take Back the Night’ is one of the oldest movements working to bring visibility to this issue. Its name is a response to the immobility imposed upon women by this violence in the context of the social warning against going outside at night. This movement is referenced in scholarship and still holds events to this day which are hosted by various organizations (including the shelter where I conducted my fieldwork).

There are numerous factors which play a role in women's ability or choice to access to services for sexual assault and domestic violence. Normalization is just one of them. We have seen how various aspects of the nature of sexual violence and domestic violence as well as the normalization of violence against women results in low reporting rates; how women are united in a common fear that goes unquestioned, further sustaining a perceived hierarchy of violation in which the normalization of offenses on the lower end of the spectrum of severity lead to inaction against the more major offenses; and how the normalization of this violence enables to continuation of the myths of sexual violence against women, breeding women's silence and social inaction. We have also seen how flawed messages of prevention, which focus on women's behavior in the public sphere and support the myth that victims' perpetrators are strangers to them, reduce awareness of the more common perpetrators of violence and train the individuals subjected to this mythology — including the women themselves as well as their friends, family, and law enforcement — to believe that an assault occurs because of something the victim did or didn't do well enough.

The people who work in shelters for victims of domestic violence actively work to dispel these myths and raise awareness. Shelters are an integral part of the history of moving this violence from private and hidden to public and recognized through this awareness work. The people who work for shelters do this awareness and outreach work in addition to maintaining a physical place for victims in need of a safety and protection where they can make both the physical and emotional transition from violence to freedom.

Chapter Two

Interwoven Spaces: Protection, Justice, and Future Aspiration in a Shelter

The first step for a woman leaving abuse, is to ask for help. One of the most important tasks for shelters and other services is to make their resources accessible. To do this, service providers must anticipate the challenges women face which hinder them from gaining access. Essentially, they must always be asking themselves: what prevents women from getting help? When a woman is rarely able to make phone calls in private or leave the house without being followed, what ways can she gain access to these resources? What information needs to be more available about sexual assault and domestic violence? There are a plethora of emotional barriers to escaping situations of domestic violence in addition to the physical barriers. Women's shelters are one structure which provides support. In the following chapter, I explore the various contexts embedded in the shelter space and the ways in which shelters work to reach those in need.

I. A Brief History of the Shelter Movement: Recognition of a Social Problem

In "Constructive Feminism: Women's Spaces and Women's Rights in the American City," Daphne Spain tells the story behind the formation of the first women's shelter, which opened in London, England in 1971. During a protest over rising food prices, two women met many young, new moms who expressed to them how they had been feeling isolated within their homes. After hearing this, they set out to create a place to reduce the feelings of isolation by helping women find a stronger sense of community with women in similar stages of life. Eventually, these women who were at first coming to socialize with friends began coming for a different reason: to escape abuse at home. Thus, what was initially a gathering area for young moms to socialize quickly became a safe haven for battered women and their children, and by May of 1973, two

years after its creation, the center was getting almost 100 calls every day from women looking for a place to go to escape the abuse at home the center was taking nearly one hundred calls a day from women seeking to escape violence at home (Spain, 2003, 150). Women spread the word about this shelter, and its location was kept a secret.

There is something profoundly powerful in this story. What started as a light-hearted, genuine social endeavor simultaneously opened the door on something much more sinister. Women felt isolated by being stay-at-home moms for the first time. Maybe they had less time to meet with friends and family, as they were weighed down by domestic needs of taking care of a home and children for the first time. Little did they know, by curing this sense of social isolation that they saw in the community, these two women were simultaneously breaking the boundary between the private and the public.

Women and Male Violence: The Visions and Struggles of the Battered Women's Movement by Susan Schechter, published in 1982, directly evaluates the shelter movement up to the point of her writing this book. She dives into the movement's roots, the first responses to violence within it, the social organization of it, its expansion and growth up to the time of writing, criminal justice reform that was influenced because of the shelter movement, and internal issues within the movement. In the beginning of chapter one, "Before the Movement: The Socially Induced Silence," she highlights the lack of resources that were available to women in the early to mid 1970s. She writes, "Until recently, the millions of American women of all classes and races who are beaten annually had virtually nowhere to go. As late as 1976, New York City, with a population estimated at more than 8 million people, had 1000 beds for homeless men and 45 for homeless women" (Schechter 1982, 11). She continues to describe similar situations in other

parts of the country — it wasn't until 1974 that the first shelter opened in Minneapolis-St Paul, and in Los Angeles a survey revealed that there were 4000 beds for men and 30 for women and children, but none of those 30 beds were given to mothers with sons older than 4 years old (Schechter 1982, 11). She emphasizes both the severe necessity of these shelters as well as the severe lack of enough shelters, saying, “By 1981, the 5 New York City battered women’s shelters, filled to capacity, turned away 85 out of every 100 callers asking for refuge” (Schechter 1982, 12). Until these resources became available, this violence women were experiencing in the privacy of their homes went unrecognized. These numbers paint a picture of the prevalence of this violence.

Without law or policies in place to protect them, women created safe spaces for each other. They saw each other in dire situations experiencing horrific violence and built internal support systems that would help them escape and hide from a type of violence that was itself hidden. While services now employ a broader lens and provide services for a greater range of violence, the environment around domestic abuse in the 1970s was largely focused on wives and the abuse in the home. This aided an instrumental shift in the culture. It was through this work that they were able to gain the public’s attention to this issue, which would lead to shifting policies and law for future generations of victims of domestic violence and sexual abuse.

II. Boots on the Ground: Front Line Workers in a Modern Shelter

I was up before the sun on my first day of fieldwork at the women’s shelter. I laugh to myself now as I read over my fieldnotes, seeing how I specifically mentioned the cold of the morning and the lack of sunlight as I left for the shelter.

Amelia, the deputy director of this shelter whom I know very well, picked me up on her way in to work. The shelter was an unassuming, brick building amidst many other brick buildings in the city. Nothing about it stood out to me in particular, which, in this case, probably works to its advantage to some extent. Amelia used her key card to enter the first set of double doors. We laughed as the security system's automated voice mispronounced her name as it said, "Welcome, Amelia." She used her key card again on the second pair of doors. For people who do not work there but are coming inside to receive services, there is a button on the outside they can press to request entry from reception. The receptionist will then look at the camera outside the front door that gives her a view of the person requesting entry, and from the reception desk she can open the door. Both sets of doors open separately, which offers an added layer of protection. If you aren't being let in by reception, you need a key card to enter the building.

Within this shelter, there are different types of space, or "zones" as I will refer to them. Each zone has its own specific purpose and function within the building, but they also overlap and collide at different points, creating a complex web of interconnected spaces that weaves these zones together.

III. Zones One and Two: Protection/Safety and Justice/Prevention

The first two zones are so inextricably woven together that I cannot talk about the zone of protection and safety without also talking about the zone of justice and prevention. This shelter is unique in that this building not only acts as a shelter to protect victims of domestic or sexual abuse and their children from unsafe home situations, it also doubles as the location used for the Abuse Intervention Program. Commonly known by the people who work for the shelter and by the court by its acronym 'AIP,' this program is most often court-mandated for abusers. It is

spearheaded by two shelter employees, Conrad and Julia, who I had the pleasure of speaking to during my time at this shelter and will most definitely make an appearance later on. AIP has rehabilitative goals for its participants. However, because the individuals are recent offenders of domestic violence whose wives and children as well as other women who are victims of domestic violence may be staying at the very same shelter where AIP meetings are taking place, the security system set in place to protect the residents and maintain their sense of security is thorough. Through this security system, the first floor of this two story building is effectively divided into two, distinct sections. The same system used at the front door that requires a key card in order to enter the building also divides the first floor into these two sections. Only staff members have keycards, and therefore only staff can move freely between these two sections of the building. The first section, which includes the front door through which I entered for the first time and which requires reception or a key card for entry, consists of the majority of the offices, a meeting room for intake evaluations with people seeking shelter, and a kids room with a play tent, colorful pillows, child-sized chairs and tables, books, coloring pages, and more with a double sided mirror on one wall so they can be monitored from one of the office spaces as they play. On the second floor of the building is the actual shelter space for residents. You can only access the second floor via an elevator or stairs that are in the first section of the first floor.

In the second section of the first floor, AIP meetings are held once a week. The remaining offices — including the offices of Conrad and Nora, who conduct AIP — are within the second section of the building. The offenders who were court-ordered to participate in AIP are required to enter the building through the building's side door, which opens up into the second section. Upon entry, they must go through a process that Amelia likened to security in an airport; they are

searched and have to empty their pockets into plastic containers. As I was guided into the room where AIP is conducted, I was surprised to see kids' toys and activities in every corner of the room. As I took in all of the colorful toy cars, pink cash registers, and children's books, Amelia explained that this room doubles as a space where monitored non-custodial visitation sessions are held. The kids' toys are a powerful visual representation of the interconnected spaces within this shelter. Being in that room with those kids' toys, there was something incredibly striking about envisioning a group of abusers going through AIP in the same room and surrounded by the same toys they might have used to play with their children earlier that week. The focus of zone two is to serve justice and prevent continued abuse. By being rehabilitative in nature, this system of prevention uses education to hopefully reduce recidivism. Because this justice and prevention work takes place in a shelter, whose primary goal is protection, the overlapping spaces used to achieve these different goals is visually apparent through the kids' toys present in this space.

As a part of zone one's function of protection and safety, this security system is in place in order to protect the women and families on the second floor of the shelter as well as any individuals who may have entered the first section of the building for whatever reason. With this security system, each section is capable of going into lockdown against the other section, which gives the shelter staff sufficient confidence that the safety of the women taking shelter upstairs will not be jeopardized. Without this security system in place, AIP would have to be conducted in a different building.

As I previously mentioned, the second floor of the building is where the shelters' rooms for residents are located. While the building has a specific name, the entire building is commonly called "the shelter," even though the first floor is predominantly office spaces and meeting

rooms. For confidentiality purposes I will not use the official name here. Instead, I will often refer to it simply as ‘the shelter’ as well. During the tour of the building I was initially only shown the first floor because we had arrived before quiet hours had ended upstairs for the residents. Later on, I was able to go upstairs to see what the shelter looked like.

They are a small shelter with six rooms in total for residents. At the time of my fieldwork, they had two rooms each occupied by a mother and young daughter. There was a third person who they were working with to arrange for her to come to the shelter, as well, but who had not moved in yet. One of the unoccupied rooms was being used for storage for donated goods such as feminine products, cleaning supplies, paper towels, diapers, adult and kids’ clothes, shoes, plastic bags, tooth brushes, deodorant, as well as various miscellaneous items such as cardboard boxes or extra lamps that can be added to resident’s rooms.

My initial reaction to the upstairs shelter was that it looked somewhat like a corridor-style dorm. There is a shared kitchen and living area surrounded by hallways connected to the rooms. As Amelia showed me around, she provided little details about the place: in one of the long hallways was a water fountain that had never worked since it had been installed in the building years before; the stairwell to the downstairs also connects to a back door leading outside where they caught a resident selling drugs. It is because of this incident that they now keep the stairwell locked from the upstairs. If you are downstairs you can get upstairs using this stairwell, but the same movement is not possible in the reverse without a physical key. Some of the cupboards in the laundry room were also locked, requiring a staff member’s key to access them.

The rooms were minimal, but comfortable. Tile lined the halls throughout the building, but the residents’ rooms were all carpeted, which seemed to separate the residents’ spaces

visually from the rest of the shelter. I was, of course, shown only unoccupied rooms, so all that sat in the rooms was a set of plastic drawers and a lice and bed-bug proof mattress sitting atop a metal bed frame. In one room there was a set of wooden drawers, but Amelia said that they switched to metal bed frames and plastic drawers because wooden drawers and bed frames would break down much more easily, and using materials like metal and plastic was more cost effective in that metal is more durable and plastic more cheaply replaceable.

Even though it wasn't until a couple days into my research that I saw some of the residents, I saw their presence through items throughout the second floor of the shelter. Colorful children's stickers were scattered across the edges of a mirror and were stuck to the remaining wooden dresser. Tape residue was left on the walls where posters or pictures might have been hung. A few children's toys were in the living area as if they had just been played with moments before. A toothbrush stood on the counter of the bathroom sink. As I sat in the office space downstairs, I would hear the occasional footsteps of the residents above me; perhaps the sounds of kids playing and mothers moving about.

The windows are one feature of each of these rooms which draw attention to the purpose of this space as a zone of protection. The windows in the residents' room, as well as in the kitchen and living area upstairs, have blinds that are always closed. Over each window, a sign was taped to the blinds asking residents to please not open any of the windows or the blinds, as doing so will set off an alarm. At first it seemed to me that it would be stifling in some way to not even be able to open the blinds, but Amelia explained that some women are here truly because they need to hide, and they did not want anyone outside the shelter to be capable of

spying on the residents inside. While potentially stifling, this is yet another security system in place to protect the residents.

Because many women fleeing domestic violence need a place not just to stay, but to *hide*, many shelters' locations are confidential. For example, the first shelter in London in 1971 was a confidential location, and it wasn't revealed that the building – which looked like any ordinary home – was a shelter until it was no longer being used for that purpose. Because the shelter where I conducted fieldwork is not confidential, I wondered what concerns this raised, if any, for the staff and residents.

I was sitting eating lunch with Amelia in her office one afternoon when I asked for confirmation that the shelter was, in fact, not a confidential location. She said that while they try to keep the location somewhat private, ultimately it isn't confidential. For example, the ribbon cutting ceremony made it to the front page of the newspaper, and because of the small community, word got around. Additionally, they have had situations where women who were in need of shelter would be dropped off by police or by taxis, and while they do ask the residents not to tell anyone where they are and that they be dropped off down the street and walk to the shelter, there is only so much they can control. Amelia expressed feeling as though the close proximity to the police station insulated them somewhat and allowed them to afford a less strict attitude around confidentiality, as the police station would deter any potentially violent or otherwise criminal activity, and even if it did arise, the police would be able to respond quickly.

IV. Zone Three: Aspiration and the Future

The common perception of domestic violence involves flying fists, black eyes, and bruises, but the reality is that while physical and sexual violence are often involved in situations

of domestic violence, physical violence isn't always included, and it most certainly doesn't always start out as physical violence. Conrad is a prevention coordinator and co-facilitator of AIP at the shelter. In my interview with him, he illuminated this point, saying:

A lot of times the survivors within our cases within this agency, they'll tend to say, 'well at least so-and-so wasn't hitting me. He or she only kept me from getting a job,' or 'only this' or 'only that' to minimize the impact; because people who engage in the choice to cause harm towards their intimate partners or towards women in general are smart enough to realize that being verbally or emotionally abusive is not technically *illegal*.

Threats obviously are, but if someone is being emotionally abusive towards you, and that keeps you within their power and control, it's not necessarily illegal. So for people who engage in that harm towards someone else... very very rarely does it start out with physical abuse. There's always something else that is tried first, or several things that are tried first, and if the power and control is still not there, that's when the physical or sexual abuse — or both — comes out.

Both the normalization of abuse and the way that that normalization hides violence is present within this comment. These women minimize the abuse they experienced if it didn't result in injury or hospitalization. By minimizing it, they do not reach out, and the violence remains hidden. Additionally, this comment illustrates how abusers can maintain control without being physically violent. If people believe the predominant myth that violence results in injury or requires some display of physical force against the victim, then other significant and devastating forms of violence, such as emotional and verbal abuse, are pushed further out of sight.

Some of the people I spoke to in my one fieldwork, including Amelia, Beatrice, and Julia use a diagram called the ‘power wheel’ or the ‘power and control wheel’ to educate people on the different forms of violence. As an educational tool on domestic violence, this diagram, seen below, is useful because it clearly outlines different forms of power that can be exerted over the victim to maintain control and dominance within the relationship. When the common myths around domestic violence display this form of abuse as physical, non-physical abuse is hidden. The work that the power wheel is truly doing is dispelling this common myth.



Figure 1.

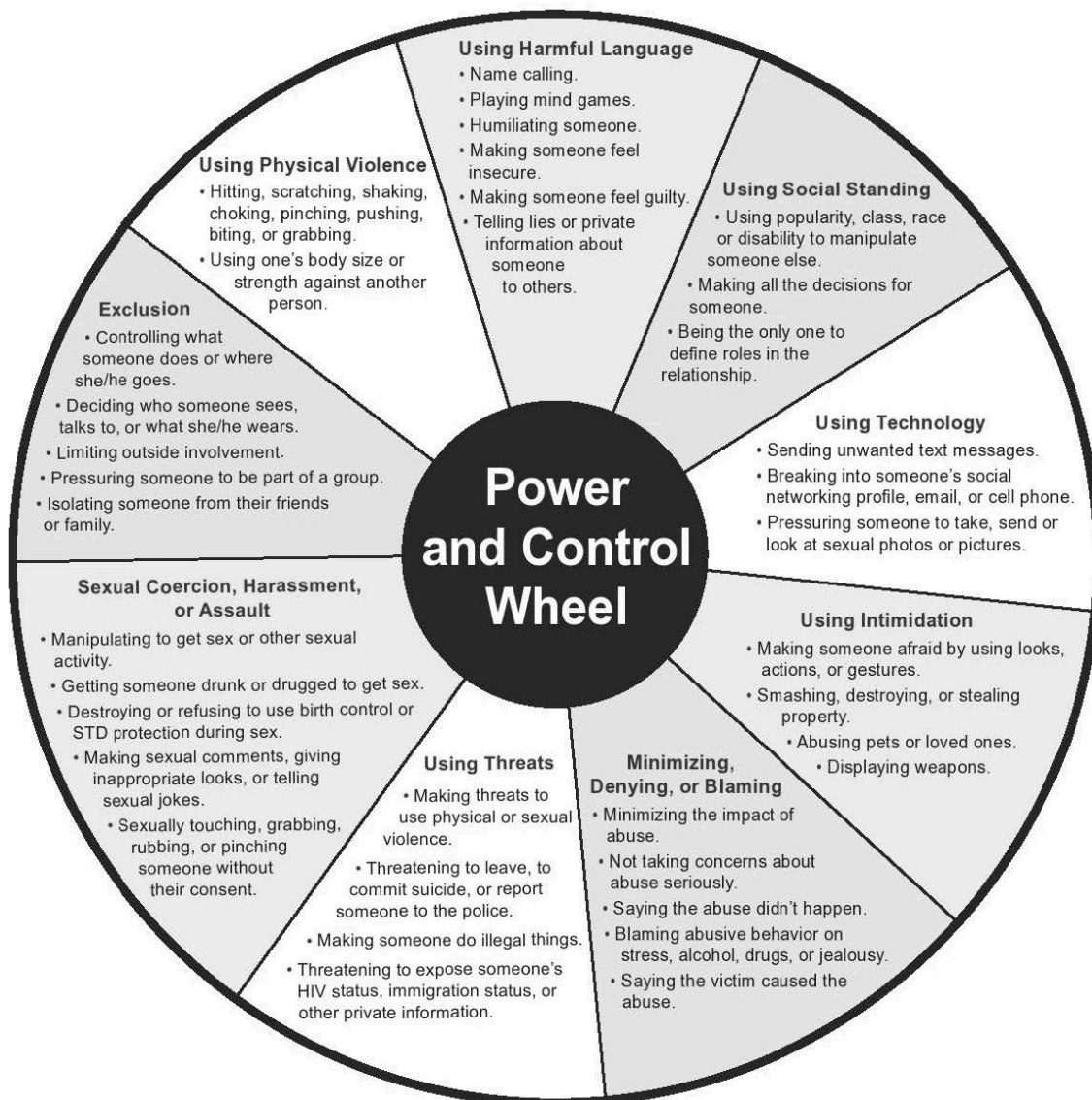


Figure 2.

While different illustrations of this wheel may look different, the information on different depictions are essentially the same. In these particular depictions of the power and control wheel, examples of what these forms of violence can look like are also provided. I'd like to highlight isolation (or exclusion, as it is referred to in the second depiction), economic abuse, intimidation, and emotional abuse (or harmful language). In the introduction, I told the story of my mother's

encounter with the young, red-haired woman and her child one fall afternoon in 2009. We can't know, from the five minute conversation my mother had with her that day, whether or not she was being physically or sexually abused; however, it did become evident that she was being isolated and intimidated.

One method of intimidation that is outlined in both of the depictions of the power wheel shown above works by inciting fear through the use of looks, actions, or gestures. That day, I saw for myself the way that her partner was following her in his vehicle. This behavior sent her a clear message that she was not free to move independently. She also made it clear to my mother that she couldn't use the phone freely and that she was fearful of even being seen talking to her, which fits with the description of isolation/exclusion, which includes controlling what she does, who she sees, who she talks to, and where she goes. The reason my mother offered her the twenty dollars was not necessarily because she looked like she needed the money. It was because of the third form of dominance that I wanted to highlight: economic abuse.

A very serious barrier to escaping domestic violence is economic abuse. Victims who are experiencing this form of abuse are sometimes not allowed to have any access to or control of the bank account – sometimes, if they have a job, their money is funneled into an account in his name. My mother offered the woman twenty dollars because if she were experiencing economic abuse at the hands of her husband, the lack of any financial safety net to fall back on after escaping inhibits her ability to move forward independently. While twenty dollars might not have gotten her very far, it was my mother's only way of helping her feel even a small amount more prepared or empowered to leave. One of the police officers I spoke to explained this barrier to access very clearly and succinctly when he said, "Whenever you have a woman that doesn't have

any money – her sole economic dependence is on the guy who's feeding her – what's best? Just take the beating and have a place to live for the night? Or go hungry and live on the street?"

What is possibly the most devastating form of abuse, though, is emotional and verbal abuse. Often times these two forms of abuse are the building blocks that lead to the physical and sexual abuse, desensitizing the victim to abuse by making them feel worthless and insignificant. By reducing their sense of selves, abusers maintain control, a sense of power and dominance, and the cycle of violence continues and grows. Schechter speaks to this as well, writing that, "Brutality is not necessarily confined to hitting, pushing, and pulling out hair. Its extreme, yet not infrequent, forms often lead women severely scarred, physically and emotionally" (Schechter 1982, 14).

In "*Intimate Violence Against Women*, by Paula Lundberg-Love and Shelly Marmion quote an anonymous domestic abuse survivor. It reads, "The yelling I could take . . . the beating I could take. . . the pain and the blood I could take . . . but when he would tell me that he didn't love me and that I was worthless, I felt myself dying inside" (Lundberg-Love & Marmion 2006, 15). This sentiment was echoed by my interlocutors time and again. Amelia said to me one afternoon, "I have worked with, over the years, *so many* women, and some of these women have experienced horrific physical injuries at the hands of their abusive partner, but I still hear *consistently* it was the emotional abuse, the words that were said, that were the most damaging." Even compared to "broken bones and missing teeth," Amelia said as she recounted the horror she has seen women experience, "it is still the emotional and verbal abuse that is the most damaging."

On almost every wall in almost every room – from bathroom stalls to hallways to meeting rooms and office spaces – are colorful signs with heartwarming messages that affirm and validate experiences of abuse and which contrast the highly damaging messages they may have received in the abusive relationship. These damaging messages are highlighted in scholarship on the subject of domestic abuse, and were emphasized to me by my interlocutors, who were able to rattle off numerous hateful phrases they have heard from victims. You are unlovable. You're worthless, weak, powerless. You can't live on your own. Nobody else would love you (so you're lucky I'm with you). You're stupid, You're foolish. Schechter writes, "Battered women consistently complain of degrading verbal abuse: 'You are the dumbest woman I've ever met;' 'You can't do anything right;' 'How could I have ever married a pig like you!' Verbal assaults, like physical ones, may go on for hours in a relentless attack on a woman's sense of dignity and self worth..." (Schechter 19982, 17). Julia, a counselor and prevention advocate who works at the shelter, described the commonly-shared feelings and words of women in the support group she facilitates, commenting on the damage done to their self-esteem. "A lot of time they have very low self esteem. Or they just believe that it's their fault because that's what their abuser had told them: 'you made me do this.' A lot of my group members talk about that a lot."

I had the opportunity to speak with Nora, who is a licensed social worker at the shelter who co-facilitates AIP with Conrad. Speaking about the things abusers say in conversations during AIP, Nora said:

I can't tell you how many times I have heard this statement: 'well, I've never *hit* her.'

They're like, 'well yeah I yell, I yell, or I do this, but I've never hit her before.' So that

minimizing — and when we talk about verbal and emotional abuse, it's so strong because it... an arm gets broken. That can be fixed, that goes away. But the more mental [mental and emotional trauma] you have, it's harder to break out of that trauma, it's harder to rewire your brain, so if you've been in a relationship for a year, five years, and you hear the same negative things over and over again, you're gonna start to degrade your own self. So emotional abuse can definitely be worse.

Each of the negative messages listed become so deeply ingrained in victims of domestic violence over years of abuse that they lose confidence in their ability to be independent, to handle their own finances, to take care of themselves and their kids. These messages sometimes act as a barrier to leaving abusive relationships, and it takes time to unlearn these messages after years of abuse.

Posters hung on the walls of the shelter wherever I looked with these kind messages serve as reminders that those hurtful words were wrong. They are loved. They are safe. They are capable. The pain they endured was not their fault. As soon as you enter the first set of double doors that lead into the first section, there is a billboard that is probably changed thematically according to seasons or holidays. While I was there, a smiling snowman illustration addressed the reader saying, "There's snow-one like you!" Surrounding the snowman were snowflakes with good qualities you have. You're good; you're kind; you're resilient.

One sign on a bathroom stall read, "Never forget you are worthy." Another hanging next to the mirror said, "It takes a lot of courage to be who you are." In the kids' room, colorful signs with playful fonts and bright illustrations said, "Sometimes it's too much to take it one day at a time. It's okay to take it one morning, one afternoon, + one evening at a time." A gray cat

stretches in another illustration, encouraging the reader to “*Paws* and take a deep breath.” “I know it’s scary, *but what if...* Your hard work *pays off*. You get *through it*. You’re *stronger* than you think. *Good things* happen instead. *Everything* works out,” reads a third sign with an ocean creature theme, each animal giving you their own positive message in turn.

Julia had carefully curated her office space to feel warm, safe, inviting, and private. Instead of using the overhead fluorescent lighting, warm bulbs in a couple lamps light the space from bottom up, creating a golden glow throughout the room. She has soft blankets on the couch and chair opposite her desk, plush pillows, and colorful curtains illuminated by natural light. Some messages take a lighter tone than others. While the signs in her office are heavier, they are not lacking in optimism. A Carl Jung quote set on a blue abstract watercolor reads, “I am not what has happened to me. I am what I choose to become.” Another reads, “Note to self: Your feelings are valid. Your boundaries are important. You are doing the best you can. It’s ok to ask for help. You are worthy and lovable. You are allowed to say no. You are capable of amazing things. It’s ok to start over and try again.”

As soon as you enter through the two sets of double doors into the first section of the building, you are met with a large quilt hanging on the wall that was made square by square by survivors of domestic violence – both women and children – who had previously stayed at the shelter. The messages ranged from uplifting and optimistic quotes to illustrations depicting what she might have gone through. One depicted a large male towered over a much smaller figure with one hand in his pocket and the other outstretched hand against the smaller figure’s face as if he had just landed a strike. Above the man was a speech bubble which read, “Discipline is good for you!!” The smaller figure, whose blood was pouring out from underneath the man’s hand and

beginning to form a puddle at their feet, had the speech bubble which read, “But not until you bleed...” Against a striking red background in another square, the word “NO” boldly fit the space. Beneath the ‘N’ sat a female figure crying in a white dress. Written on another square are the words, “Some live in fear.” Through the messages in each square, this quilt visually represents the experience of women who have escaped domestic abuse, and it serves as a reminder to all who enter the shelter that if they, too, are survivors of domestic violence, they are not alone and there is help available. This is the primary goal of this third zone; to make a difference in the lives of these women by helping to change the narrative they carry with them which tells them their value and their ability to control their future.

This zone has a temporal dimension to it. The shelter is meant as a temporary space for women to use as a stepping stone towards an independent future. After every turn and in every corner within this temporary space they are met with uplifting messages that support a growing sense of optimism, strength, and faith in themselves and their ability to be independent. Below are some pictures of these posters I saw in the shelter.

Below, I have included pictures of some of the messages within the shelter.



Figure 3.



Figure 4.



Figure 5.



Figure 6

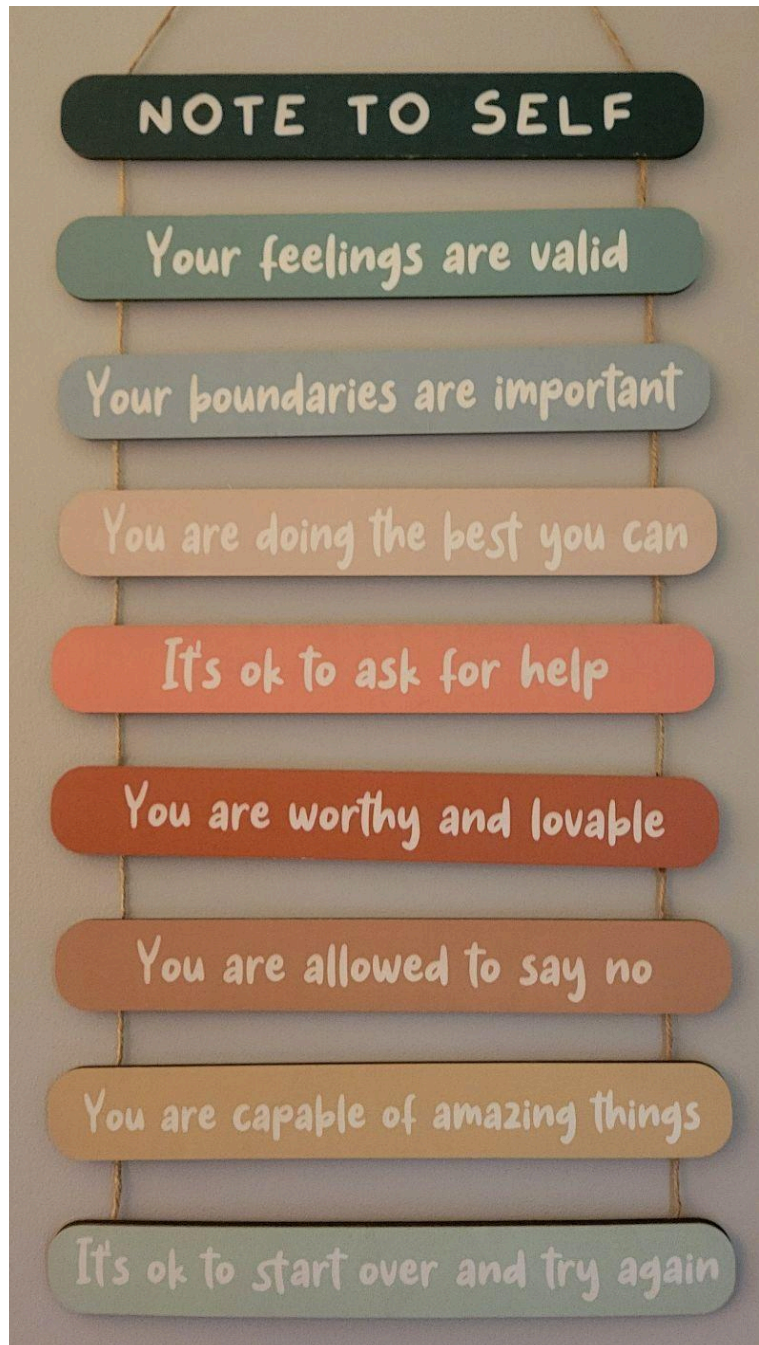
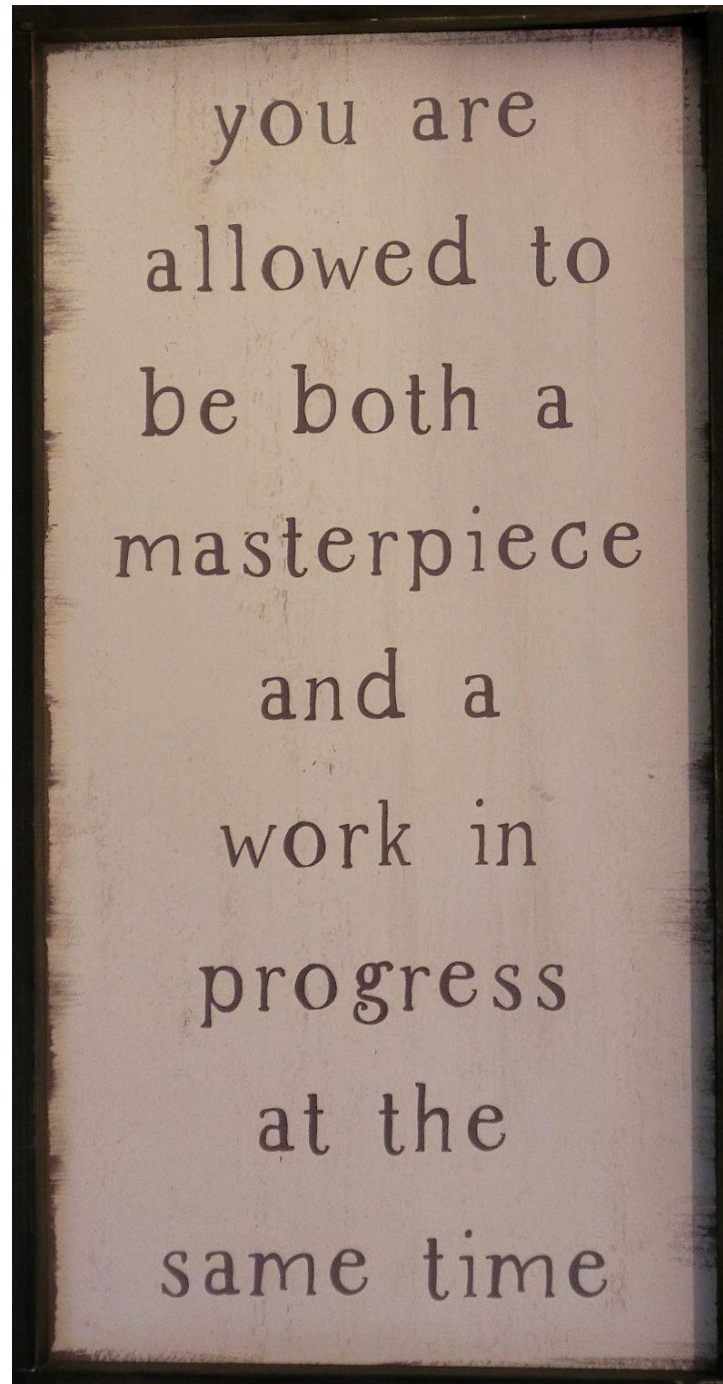


Figure 7.

A rectangular sign with a dark, possibly black, frame. The sign has a light-colored, slightly textured background, possibly wood or paper. The text is centered and written in a dark, serif font. The text reads: "you are allowed to be both a masterpiece and a work in progress at the same time".

you are
allowed to
be both a
masterpiece
and a
work in
progress
at the
same time

Figure 8.



Figure 9.

V. Zone Four: Beyond the Shelter Space

I opened my computer, ready to begin searching for women’s shelters I could call and ask about interest in participating in this project. Hundreds of results came up, and I clicked the first promising link. The website itself was simple, but effective. Navigation through the different drop down bars made finding specific information easy, and, if nothing else worked, you could use the search bar to find what you were looking for. Some websites had stories of survivors you could read or a photo gallery of the space to scroll through. Others included videos of survivors sharing their stories and staff members sharing their mission statement. All of this is well and good, but, in all honesty, none of it caught my attention as much as a small, square button that remained stationary no matter how far you scrolled or which drop down you explored. On the square button’s bright red background, a stick figure was frozen in a running stance, headed towards an open door. I hovered over the button, and the square expanded slightly, replacing the

image of the stick figure running with a single word in all caps: “ESCAPE.” After I clicked it, the information about domestic violence disappeared and was replaced instantaneously with what looked like an average weather forecast website, complete with advertisements in the margins and “TOP STORY” headings above articles.

I immediately explored numerous other websites where I found similar buttons to this one in almost all of them. Some simply said, “EXIT SITE,” or “EXIT QUICKLY HERE.” Other websites had a pop-up that appeared after a couple seconds of being on the site explaining where the safety button is located and how to use it (with some, you must double click). Whether or not it appeared in the pop-up, shelter websites also often provide links to information about internet safety, warning that even if you use the “exit quickly” button, the website will still appear in your browsing history. They then explain how to clear your browsing history.

This button is a safety feature built into the website in order to protect the privacy of women at home who may need to exit the site quickly without raising the suspicions of their abuser. It reflects women’s shelters’ outward gaze; one which looks towards those who may need their help but have limited means to reach out. With this button, a woman can appear as if she was just looking at the weather forecast, for example, her abuser arrives home from work early. This feature is an example of the way that shelters anticipate the needs of women outside the zone of protection, thereby bridging the gap between them and hopefully giving women in need the chance to make her escape as safely as possible.

Shelters sustain many different forms of communication and methods of relaying information to women who are looking for help. Through shelter websites, women can find 24/7 hotline numbers which will connect them directly to an on-call staff member who can help them

with safety planning and the arrangement of meeting points and routes for when she is ready to leave. Through my fieldwork at a shelter, I was able to observe Amelia's shift on the crisis hotline and learn more about the different methods of communication they have at their disposal.

When Amelia arrived for her shift at 8 am, she had to first do the shift change with the person who had been working the midnight - 8am shift. Shift change includes updating the next person beginning their shift on the events of the previous shift. After this, the previous person on shift logged out of the computer, and Amelia logged in so that her calls would be saved to her account. She sat down and was then to be glued to the phone until 4pm. The phone is a landline, and if Amelia did need to leave the office — which happened on numerous occasions — she was able to bring the landline with her.

The landline is just one form of communication when it comes to the hotline. When the Covid-19 pandemic broke out in 2020, the shelter had to adapt to a new barrier borne from lockdowns. With entire families in quarantine, women who lived with their abusers were put in an especially difficult position. In "Home is Not Always a Haven: The Domestic Violence Crisis Amid the COVID-19 Pandemic," Yasmin B. Kofman and Dana Rose Garfin evaluate the inclines and declines of domestic violence after the stay-at-home orders were sent out across the United States. Pulling from other sources and research, they write that one month after the stay-at-home orders, there were approximately 20% and 30% increases in domestic violence service calls in nine major metropolitan cities across the country, with some places reporting percentage increases as high as 62% (Kofman and Garfin 2020, 1). However, they emphasize that the data from hotlines for domestic violence vary; they reference the National Domestic Violence Hotline, which reported an increase in callers, and contrast this with other hotlines which

reported “substantial drops in regular call volume” (Kofman and Garfin 2020, 1). In their analysis of these varied changes in hotline calls, they write, “Although it is the case that many DV victims might utilize text and hotlines to get help under normal circumstances, being in close and constant proximity to violent partners might make it nearly impossible for many to do so during stay-at-home orders. Thus, many might not call for help until violence has escalated to the point that they necessitate 911 service calls” (Kofman and Garfin 2020, 1). Where there used to be an opportunity to reach out for help after the abusive partner went out to work or out with friends, for example, the lockdowns meant that women had little to no opportunities to even attempt a phone call, as this form of communication was no longer an option when their partners were just in the other room.

The shelter recognized the barrier created by the stay-at-home orders, and as a way of mitigating this barrier, they searched for crisis hotline systems which operated through text messaging. The system they decided on is fully encrypted, and the company does not have access to the information being texted between people within the system. Additionally, the messages do not alert the user when they arrive, which removes fear of a phone buzzing while using this system. The downside to the text system is that the messages, unless deleted, will stay in the phone. This poses a threat to the individual if the abusive partner somehow sees the messages. Because of this, the staff member on shift always informs the victim in the beginning of the conversation that the text system requires them to delete the messages themselves. Additionally, this system has a quick escape button, and the staff member on shift at the shelter will receive a notification if the caller uses the quick escape button.

With only one person on call at this shelter at a time, I asked if they ever have more than one caller at a time, and how they would handle that situation. Amelia said that it doesn't happen often, but when it does the person on shift will either transfer one of the calls to a staff member downstairs, or make an executive decision on which call can wait. The more urgent call takes priority. People call their hotline for various reasons. While some callers do need immediate help or need to arrange a meeting point for them to escape, others call just to talk to someone about something that they experienced, be it domestic violence or sexual assault, but do not want to receive services. No matter what the situation and as long as there is no other more urgent call in line, the hotline is there no matter what. "If someone just needs to talk — it doesn't matter if they're on the other side of the country — we'll talk," Amelia said, emphasizing that to call their hotline you do not need to be seeking their services, they'll always have a listening ear. No matter if the abuse happened 20 minutes ago or 20 years ago, the hotline is available for women to share their experience for whatever reason they choose.

Others call because they might have lost the downstairs office number but still need to get in contact in order to make a donation or cancel an appointment. Calls like these will be transferred downstairs to their office so that calls which were truly meant for the hotline can reach someone. Each type of call has a specific slot in which it is logged in a big book where they record their calls during each shift. I was surprised to learn that within this log book is a section where anonymous male callers, referred to by staff as 'perv' callers, are recorded as simply "anonymous man." These types of calls don't happen extremely often, but, they are always recorded in the log book. Sometimes these callers pretend they need services or want to talk about something, but it quickly becomes evident that they do not, in fact, need anything.

Sometimes they use horrible slurs for women and degrade the staff member who took the call, at which point the staff member will hang up on the caller. Other perv callers will call and very quickly begin sharing graphic details of the sexual acts they say they are having to watch or participate in. Staff members answering hotline calls will of course listen to people's experiences in order to validate them as well as help direct them towards services like the hospital or guide them through pressing charges or escaping to shelter if needed, but as Amelia described this type of perv caller, she realized that that is not what was happening. This particular genre of perv caller gets some sort of sexual gratification out of making the person on shift, usually a woman, listen to him talk about sexual acts. I was surprised to learn that they have to deal with these types of calls. It was shocking to consider how the very thing that was meant to communicate with victims of domestic violence in need of support is used by certain members of the public as a tool of harassment against those working to support victims.

One issue that the shelter where I did my fieldwork occasionally runs up against is that of space; because they are a small shelter, they have to prioritize certain requests for shelter above others. One criteria they use if they are beginning to run out of space is the victim's geographic location. When space is a concern, they refer out-of-county individuals seeking shelter with them to other shelters in neighboring cities. In some ways this is to those individuals' benefit as much as it is also to save space for in-county needs. Relocating from one's home to a shelter often comes with a lot of insecurity, including transportation to and from work or job interviews or changing schools for children; it is often in the best interest of clients that they find a shelter in a place that can support their needs. Moving out of the county to go to a shelter would mean they may have to quit their job if the shelter is not able to provide transportation. In my interview with

Julia and Conrad, they cited transportation as a serious barrier for women in their area. Because the area does not have substantial public transportation options and many families only have one vehicle, if that, transportation to and from the shelter make certain aspects of living in a shelter challenging. Additionally, residents who were out-of-county are further removed from their social support networks like family and friends, making the transition that much more challenging. These are some of the reasons why this shelter prioritizes in-county needs, however this isn't to say that they never accept out-of-county individuals seeking shelter, as they have in special cases, but it is avoided as a rule of thumb.

Amelia and I chatted about hotlines as we sat in the small office on the second floor of the shelter where the landline was hooked in. As we discussed how all callers are welcome no matter where they are or whether or not they are seeking services, Amelia described how in cases where she cannot offer shelter to someone who called looking for shelter, her first question is "where are you calling from?" By asking this, she is able to connect the caller to other shelters closer to her area. Amelia said that it doesn't matter whether the victim is in a neighboring county or across the country; she will work to connect the caller to resources near her. Amelia highlighted that if she doesn't know where the caller can look or what resources are in the caller's area, she will take the time to find out or direct her in the places she can look on her own.

Barriers to accessing services exist at every stage of the process. Whether or not a woman calls a hotline after sexual assault or domestic abuse, seeks shelter, or goes to the hospital, there are different sets of hurdles that must be surpassed.

Chapter Three

The Hospital: Barriers to Access and Visibility

I. Care vs. Justice: The Integration of Justice in the Hospital

The hospital is a space of health intervention and care. In the aftermath of sexual assault, the hospital serves three functions. First and foremost, the hospital is a space where the victim can receive medical attention to address any wounds she may have sustained during the assault and receive vaccinations that can protect her from any STDs she may have been exposed to. Second, the hospital can connect the victim to other resources that she can access beyond the hospital, such as shelter and counseling services, by putting her in touch with a victim advocate who can help her access these services after the hospital. The third is not truly a function of the hospital, but rather a function that takes place within the hospital space and comes from a complex integration of a second institution: the legal system.

There are numerous distinctions between the hospital and the legal system. For example, the goal of the hospital is to care for the health and physical well-being of individuals, whereas the goal of the legal system, from law enforcement through the court system, is to give justice and punishment. In the hospital, all individuals are constituted as patients, whereas in the legal system, individuals who have had a crime committed against them are constituted as victims. Additionally, the roles of doctors and law enforcement officers or lawyers are completely separate. Despite these distinctions, the hospital is a space which is bound up in the legal system via an examination commonly referred to as a rape kit. While the term ‘rape kit’ actually refers to the container that includes the checklist and materials necessary for evidence collection, the examination itself has come to be known widely as a rape kit. I am familiar with this

examination by the name rape kit and will often refer to it here as such.⁶ The specific components of the exam are done in accordance with the needs of each victim in relation to their experience, but typically includes swabbing the inside of the vagina and/or anus, examining and making note of any damaged tissue in the genital region and elsewhere, swabbing the inside of the mouth, swabbing skin surface areas, collecting dirt or other material from under the fingernails, and taking photographs of the victim's body to capture photo evidence of any bruises or wounds she might have sustained during the assault. The primary goal of this examination is to collect DNA evidence of the perpetrator in the form of bodily fluids such as semen, saliva, or blood as well as any other materials, such as skin cells or hair, from the outside and inside of the body of the victim. DNA evidence may also be on the victim's clothes or personal belongings, and the rape kit includes bags in which these clothes and other belongings can be safely stored to protect any DNA evidence. The rape kit is a system of evidence collection exclusively used for investigation and is key evidence in a trial. It is through the rape kit that these two spaces, the hospital and the legal system, become intricately woven together.

Within the lens of care, the hospital could do everything necessary to help the victim heal from the assault, its primary function, without implicating the legal system. Sometimes conducted by the same nurses who provide care, the rape kit acts as a space of integration between care and justice, and therefore it is through the rape kit that the hospital becomes inextricably linked to the court room and legal system. Within the context of the rape kit, the distinction between the medical and the legal, care and evidence, begin to blur as these two systems become woven together, obscuring the line between them. From this lack of clarity is

⁶ The rape kit is officially known as a Sexual Assault Evidence Kit (SAEK) or a Sexual Assault Forensic Exam (SAFE exam).

born confusion, mystery, myth, and fear, which have proven to be powerful barriers which can deter victim's of sexual assault from choosing to access the services available to them in the aftermath.

One way to understand how this barrier functions is by understanding the link between access and visibility, the impact visibility has on victims of sexual assault, and the fears that are associated with visibility and the ways in which myths inhibit it. In the following section, I explore the options a victim has in the aftermath of an assault, the myths surrounding the experience of sexual assault that permeate the socio-cultural environment in which the hospital resides, the ways that these myths manifest themselves within the space of the hospital, and how they function as barriers to access.

II. Revictimization and the Priority of Justice

The hospital looked bigger on the outside than the inside. It was a busy day for the hospital staff. Cars filled the large parking lot, and as Amelia and I walked towards the front doors of the ER, Amelia commented on how far we had to park.

Inside the hospital, I was expecting to be greeted by a secretary but instead was met by a police officer sitting in an office whose glass wall separated us from him. I let Amelia do the talking. "Can I help you?" he asked, coming out from behind the desk. "Hello," She said cordially. "We're here to meet the forensic nurses." It was quiet for a moment, then Amelia repeated, "We're with [the shelter], we just have a meeting with the forensic nurses." With that extra context, he pressed the button on his side of the glass wall and the doors into the ER opened. We walked inside, and it was at this point that the building began to feel as big as it

looked. The waiting room was spacious with a few people sitting in chairs waiting for the nurse or doctor to come out and call their name.

I followed Amelia as she expertly navigated the halls. Clearly she had been here more times than she could have probably counted in her 20 years of experience as a victim advocate, a role she would later tell me she held on to “for dear life” as she moved up the ranks and took on greater responsibility at the shelter. She loved the role of victim advocate, and while it is difficult and emotionally taxing, she also found it incredibly fulfilling, as it is an impactful way to help women directly after an assault. How many victims of sexual assault had she guided through these halls just as she was leading me now, I wondered, as we made our way to the forensic nurse examiners. The halls were crowded; doctors went in and out of rooms, and general sounds of conversation bounced off the walls. As we passed, we made sure not to disturb them or the equipment that was standing against the walls as we meandered our way towards a plain, white office door. Amelia knocked, and when it opened we were greeted by two lovely women named Bethany and Bekah, who are forensic nurse examiners, or FNEs, at the hospital. Amelia knows them well, as they often work in collaboration to help victims of sexual assault, and had enjoyed sharing some stories of them on the car ride down. I already had a wonderful impression of them. We were welcomed to remove our masks now that we were sequestered in the office, and we obliged. After brief introductions, we got right into the thick of it with consent forms, and then the interview began.

The process of a hospital examination for sexual assault is shrouded in layers of mystery, myth, and fear. The strength of the cultural mythology, and severity of the misconceptions borne from it, around what happens at this stage varies from person to person to some extent, but in

other ways, I learned that misinformation causes a certain level of misunderstanding across the board that can act as a barrier to women reaching out for help from hospitals.

In my conversation with the forensic nurse examiners, I wanted to spend some time talking not only about what happens during the rape kit for women who do choose to come to the hospital for treatment, but also about the women who choose not to come. I hoped to learn more about the misinformation that acts as a barrier to access. How does the normalization of violence we saw in chapter one influence access to services? How do myths around support services such as the hospital and its connection to the legal system prevent women from choosing to get medical attention or reach out in other ways? What I learned is that one form of misinformation is actually borne from a tragic misconception of what the forensic nurse examiners' job is and what they do. Unfortunately, the nurses have been able to trace some of the misinformation back to the police department or other state agencies, which is both surprising and destructive. Institutions are embodied; they are made up of people who are subject to the same messages – true and false – that we are all exposed to. Bethany said:

We've had state agencies where some of the staff have been...I don't know if they're misinformed, if they're interpretation or perception of what we do is...it's obviously wrong, but they've told parents of child abuse victims 'well don't take them up there because all they're going to do is shove scopes in holes and probe them and do things to them. You don't want to put her through more do you?'

Because of this comment, the mother chose not to take her daughter to the hospital.

Unfortunately, as Bethany continued the story, she revealed that the abuse against the child occurred again after the decision to forgo the hospital. After the recurrence of the abuse, the

mother decided to put what the state agency worker said aside and bring her daughter to the hospital. Bethany recounted how the mother said, “I didn’t [bring her in] the first time because I had this state agency person tell me, don’t, because it’ll be more traumatic.” First and foremost I acknowledge the repeated trauma committed against the child after the mother chose not to take the child to the hospital because of this wildly inappropriate and inaccurate comment by this state agency worker, but additionally the trauma that the mother must have also been enduring due to the recurrence of the abuse against her child as well as from not knowing what to do because she was under the impression that going to the hospital wasn’t a good solution for her daughter. In this example, the way that misinformation and misunderstandings act as a barrier to access to services and support is made undeniably clear in that the mother’s choice not to seek help for her daughter was a direct result of the inappropriate comment by the state agency worker with whom she spoke. Numerous resources can be accessed for victims through the connections between the hospital and victim advocates. Inappropriate and misinformed comments, like the one Bethany told me about, eliminate opportunities to connect support services and the victims in need of that support.

Bekah added to Bethany’s example of the way misinformation can act as a barrier to access and visibility, saying:

We’ve also had patients come in and say, ‘well I was told by law enforcement I *have* to come in and do this.’ And they don’t want to, and they ultimately don’t know their decisions until they come in, and then they’re like, ‘well...what do you mean I don’t have to have an exam done? I don’t want it done. I wanted to report it because I didn’t feel

safe. But I don't want evidence collection.' And they don't realize that that's an alternative.

In this example, it was police who told them that they must undergo the rape kit for evidence collection if they wanted to pursue charges. Not all people who did not want evidence collection would still go to the hospital after being told that they *had* to undergo this examination if they go to the hospital.

Law enforcement and hospital staff have different goals. The hospital seeks to provide care. In contrast, the legal system, including the various actors inside of it, seek to adjudicate crimes and hopefully achieve justice in the process. The hospital is focused on healing physically and emotionally, and while justice can have healing effects for some, law enforcement's goal is not to heal, but to think logistically in terms of what needs to happen for justice to be acquired. For sexual assault cases that make it to trial, the rape kit is viewed as key evidence. The police officer who told Bekah's patient that she *must* go to the hospital for a rape kit was directing her towards what was necessary, from the officer's view, for her to have a better chance at attaining some form of legal justice.

Neither police officers, doctors, nor lawyers are in any way immune to the myths that permeate a culture and which underpin social structures, but, because of their position, they have a responsibility to those whom they serve to provide accurate information or get the victim in contact with someone who can provide accurate information, especially in cases where two institutions with separate goals are trying to work in collaboration with one another. In an interview with Amelia, she described how in certain situations she has seen throughout her

career, like the situations Bethany and Bekah recounted, sometimes it is the people who *should* be informed (educated on accurate information rather than reliant on myths) who are not.

In the example Bekah provided, the officer failed to provide the information clearly, and the victim was under the impression that she had to go to the hospital for evidence collection via a rape kit if she wanted to press charges; this is a misunderstanding which might have caused a different person, one who was not so determined to obtain legal justice, choose not to go to the hospital at all, thereby removing that valuable link to other services and support. Whether or not the police officer knew themselves that it is not required to have a rape kit done in order to press charges is unclear, but what is clear is that that information was not relayed to the victim. This is one instance of many where the myths that lay the foundation upon which we analyze information in our environment both consciously and subconsciously become visible within the embodied institutions that respond to violence against women.

The differing goals of the legal system, which strives for justice, and the medical system, which provides care, clash in more ways than just miscommunication or moments of ineffective collaboration. The tension between these two institutions also manifests itself in a proverbial tug-of-war between the significance and meaning imposed on the body of the victim. For the hospital, an injured or violated body is a patient in need of care, as their priority is treatment and healing. For the legal system, the priority of justice dictates the perception of the body in the context of the hospital, as the hospital is a location where key evidence is obtained through the rape kit. The experience for the victim of sexual assault within this contested space is traumatic, as her body is redefined as a crime scene through the legal system's goal of evidence and eventual justice.

In Sameena Mulla's article "There is No Place Like Home: The Body as the Scene of the Crime in Sexual Assault Intervention," she explores the way that the crime scene of this form of violence is transposed onto the body of the victim, both reflecting and constituting society's understanding of the crime scene of sexual violence through the oft-used phrase, "the body is the scene of the crime." The connection between the body of the victim and the crime scene further reflects the legal system and its agents' (law enforcement) evidentiary focus which results from justice as the priority. Mulla draws upon research done on post-sexual assault examination practice in Canada, which found that while evidence which supports the victim's experience may be collected from the location of the assault as well as various other locations, such as on the suspect and witnesses, "great emphasis has been placed on that which is obtained from the body of the woman who has been assaulted" (Mulla 2008, 4). In part due to this emphasis, women may be encouraged to undergo an invasive forensic examination if they want to pursue charges. Here, Mulla's research aligns with my own: law enforcement and the court system's focus on justice results in the acquisition of evidence as a main priority, transforming the body of the victim into the crime scene itself.

Mulla recounts a conversation about the meaning of the phrase "the body is the scene of the crime" with a forensic nurse named Emma. She writes:

EMMA: My job as a forensic nurse is to treat the victim and her clothing as a crime scene. My job is to collect any type of trace evidence, any type of bodily fluids, anything I can of the alleged perpetrator. I am the DNA collector.

[MULLA]: So you document the crime scene?

EMMA: Yes, which is her, and her clothing. So hopefully I will recover the perpetrator's DNA from her clothing or from the outside of her body or from the inside of her body (Mulla, 2008, 5).

There are many good nurses, like the two nurses I had the opportunity to speak with, who work hard to make women feel as safe and comfortable as possible during this type of procedure and who do prioritize her care and treatment. However, when the rape kit is being done, they in some ways engage in a delicate balancing act – one in which they try to both emotionally support the victim by being kind, gentle, and encouraging through their words, demeanor, and actions while also transforming into agents of the law who must ask difficult questions and obtain the facts of the event in addition to the necessary physical evidence from the body of the victim. In this way, the care and justice converge not only in the space of the hospital through the rape kit, but also within the body of the victim and within the forensic nurses engaging in this balancing act. Mulla speaks to the conjoining of these spaces in her article titled “There Is No Place Like Home: The Body as the Scene of the Crime in Sexual Assault Intervention. She writes, “In the USA, institutional imaginaries of sexual violence are configured as ‘medico-legal;’ the term highlights the simultaneously distinct and conjoined therapeutic and juridical aims of intervention” (Mulla 2008, 2). Torn between responsibilities of care and the responsibilities of their role in the process of obtaining evidence for the legal system, forensic nurses operate within a medico-legal system of intervention that necessitates the simultaneously contradicting and collaborative goals of care and justice.

In her book based on the same research titled *The Violence of Care*, Mulla discusses this medico-legal side of sexual assault interventions, providing insight into the impact of forensic

intervention on the victim. After describing the unfortunate reality that much of the evidence collected in these forensic examinations never reach the courtroom, Mulla writes:

The impact of the forensic intervention then, is largely on the victims themselves, and on how they come to understand what has happened to them. These interventions weigh heavily on victims of violence, as they serve as the medium through which experiences of victimization and recovery are cultivated. Many studies have documented the tendency of formal interventions to introduce more suffering into victims' lives even as they attempt to care for the victim, a phenomenon referred to as re-victimization or "the second rape" (Mulla 2014, 5).

The intensity of the term "second rape" alone indicates the severity of the experience of this examination for the victim of an assault, and Mulla is not the only scholar to use this term to describe the trauma of this experience; the body of the victim is the location, in a very literal sense, of one of the most traumatizing experiences for a person. For the individual constituted as both a patient and a victim by undergoing this examination within this medico-legal space, pain, shame, and retraumatization are common emotional responses that have complex causes.

Sexual assault is one of the only crimes in which ones own body is transformed from a safe space – a home – into weapon used against the them. Mulla describes this well through looking at what constitutes something as "torture" according to Elaine Scarry. For Scarry, the pain and suffering inflicted through torture is not only experienced physically within the body, but also psychologically through the "making and unmaking of the victim's world" (Mulla 2008, 190). This making and unmaking of the victim's world is the weaponization of objects and environments by ripping them from the familiar contexts they once inhabited and thrusting them

into a foreign context where that which was once safe and familiar obtains a new usage and meaning in the mind of the victim. Mulla writes:

In Scarry's description of torture, familiar people, objects, or locations are rendered unfamiliar through their participation in the act of torture.... The familiar world of the domestic is never unmade into a space of alien terror by transforming objects into other than what they are. The object contains within it the potential to terrorize or to comfort through its appropriate use. When a bed in the home becomes the site of a rape, is this transforming the bed into something other than a bed, or transfiguring it from comforting or sensual in one instant to terrifying and menacing in the next?" (Mulla 2008, 190.)

I argue that the same transfiguration of the bed also happens to the body of the victim. In scholarship which reflects on or recounts victims' experiences during rape, women describe a sense of leaving their body at a certain point during the assault. Some women say they felt as if they were watching themselves from somewhere else, outside of themselves. One depiction of this can be found in an interview with a survivor of rape who goes by Gabrielle in *"Intimate" Violence against Women*. She is quoted saying, "At some point I remember feeling a strange detachment from my body, as if it were happening to someone else" (Lundberg-Love and Marmion 2006, 63). Another example can be found in one woman's personal account of her rape in her memoir titled *I Have the Right To: A High School Survivor's Story of Sexual Assault, Justice, and Hope*. She writes, "... I felt myself float above my body.... I was lifeless. I couldn't feel my body anymore..." (Prout and Abelson 2018, 109). If we think of the body as a vessel or location in which the self resides, we at once see how the body is possibly one of the most familiar spaces we inhabit. A space which, during an assault, is ripped out of its familiar context,

leaving a feeling of estrangement and alienation from one's own body and sense of self. Sexual assault uses the body as the means of torture not by transforming it into something other than a body, but by transfiguring it into an unsafe place where pain is inflicted, thereby unmaking the world of the victim in an incredibly intimate way. In conjunction with the nature of this initial trauma, there is something deeply alienating about the process of evidence collection. During a rape kit, the body is *further* removed from a safe space or home by being seen and treated as a location of a crime. The resulting pain, embarrassment, shame, and alienation as well as confusion and fear are all active forces which can act as barriers to a woman choosing whether or not to go into the hospital.

III. Countering Barriers Through Care

We put our masks on again before following Bekah out of the office where we conducted the interview and headed toward the room designated for forensic examinations where rape kits are carried out at this hospital. At first glance, there wasn't much that differentiated it in my mind from a standard exam room. Maybe it was a little larger, but not by much. However, the longer I observed and the more Bekah told me about the functionality of the room, the more I noticed the numerous details that distinguished it from other rooms and revealed that this room was organized with a specific purpose in mind.

The bed sat in the middle of the room, decked with a blanket and pillow, along with rails on either side, which separated it visually from the rudimentary cot with that characteristically thin and delicate paper lining that unrolls over the bed and is ripped off after every patient. One detail about this bed which further reveals the purpose of this particular exam room were the stirrups, which were folded into the bottom of the bed, but could be pulled out when needed. The

stirrups would hold the feet of the patient in order to both elevate and separate their legs in a way that is more comfortable while also giving the nurses the space they need to treat the patient and conduct the part of the rape kit where the genitals are swabbed and inspected for injury.

To the left of the foot of the bed, along the wall parallel to the bed, stood a tall dresser with four or five large drawers. Inside the drawers were the rape kit materials, including swabs, plastic bags, and more. This is not unusual for hospital rooms; many of them have storage space to some degree for various tools or materials that might be needed during treatment. But one item that was in these drawers specifically indicated to me the function of this room: in the bottom drawer sat a camera and its lenses which would be used for photo evidence collection if the patient consented to this part of the exam and if the nature of their assault justified it.

On the outside of the door hung a sign which read in bold, "DO NOT ENTER." I took notice of the sign, and Bekah informed me that they have had people barge into the room during exams. The sign was part of what was done to prevent that. Another change that was made to prevent people from barging in was that the door to this room now locks from the inside. At first Bekah said they were worried that being in a locked room would make the patient uncomfortable or feel trapped, but she was glad to say that this upgrade has been well-perceived by their patients, as it provided a greater sense of security and privacy during the examination.

The wall opposite the bed was glass. In addition to the locked door, they needed to have a curtain on the inside of the room that covered the glass wall *completely*. Because of the orientation of the bed, if the patient had her feet up in the stirrups, her genitalia would be directly facing the glass wall. The curtain left not even a crack open to any patients or doctors who might be walking by on the outside. There had been a process for them to work through with the

hospital to get a room designated for victims of sexual assault. While the glass wall opposite the bed – or any glass walls for that matter – is not ideal, they have had to work with the space they were given.

For this room specifically, there are extremely high stakes to any individuals entering the room during evidence collection. An intrusion like this could have significant legal repercussions; if someone barges in during evidence collection, a defense lawyer could potentially use the possibility of contamination of evidence as a reason cited in court which could result in the judge throwing out some or all evidence collected from the rape kit. One other way they do their best to remove the possibility of this happening in court, in addition to the locked door and the “DO NOT ENTER” sign on the outside, is that the nurses themselves clean the space before and after each rape kit is completed so that if they have to testify to the dependability of the contents of the rape kit, they can say under oath that they cleaned it themselves before and after, rather than having to say that they know that it does get cleaned, which is not as strong a case for the validity of the rape kit. These details about the space of the exam room further illustrate the presence of the court room within a location meant to serve the goals of a medical perspective and show how the medical space is intensely intertwined with the legal system when it comes to evidence collection via a rape kit. Furthermore, we also see care present in this same space. Not only are there legal repercussions to someone barging into the room, but such an intrusion during this highly invasive exam also has severe emotional consequences for the victim, who is already in a physically and emotionally vulnerable space. The various things done to prevent that are also to help the victim feel more comfortable. Because these two systems are not always clearly delineated for outsiders to this process, what

methods do individuals who work in positions of care execute in order to reduce the revictimization, fear, and confusion that victim's of sexual assault may experience as a result?

Beatrice, who works for a family services center as well as for the Title IX offices of various colleges, explained that one thing many people do not understand is that choosing to get a rape kit done after an assault does not mean that the police will automatically be involved. Because of the close association between the evidence collected and the purpose of evidence collection as a tool for justice in court, many women are under the impression that to get a rape kit inherently requires police involvement. In reality, the rape kit will stay at a specified facility indefinitely, ready for the victim at any moment should she choose to press charges. Beatrice also described a lack of education or information that functions as barriers for women. For example, Beatrice describes the various services you can receive if you go to the hospital that women miss out on if they do not want a rape kit done and believe that going to the hospital inevitably entails consenting to procedures they do not want to have done or consenting to police involvement. She says:

You can go [to the hospital] and just make sure your *body is okay* from whatever violation you experienced. You opt to take certain medications that can prevent any STDs that you might have been exposed to. Um, and people don't understand that that's an option. They think once they go, *here it is* [the rape kit, the police and an investigation, a trial, etc.].

This misconception on the side of the public about what they are agreeing to when they go to the hospital, that they don't have to press charges or interact with police in order to get a rape kit done, that maybe if they want a rape kit done they should refrain from showering before the

examination, that even if they do shower, they can *still* go get a rape kit done even though there may not be much evidence to collect, and, I would argue most importantly, that they can go to the hospital for treatment *without* getting a rape kit at all, or that they can consent to certain parts of the rape kit while rejecting other parts (for example you can consent to evidence collection while also not consenting to photo evidence collection) all converge at one point, making the entire process of what to do in the aftermath of an assault murky and confusing.

Individuals in services of care, such as victim advocates and nurses, want people to understand that the patient/victim is in *complete control* of what she does and does not consent to during the medical process. If police and other agencies had more information or more carefully communicated information accurately, perhaps a greater number of victims of violence would feel more comfortable or empowered and choose to access these services as a result. This sentiment has been echoed by victim advocates, employees in different positions at a shelter, as well as nurses I have spoken to. Through empowering women by informing them of their rights and their power of choice and consent in every step of the process, the hope is that the experience of revictimization during the medical process can be reduced, as women will feel more in control, and therefore less alienated.

In her book, Mulla writes that as of 2009 police are no longer in charge of deciding when evidence collection should be done, and instead, victims will make that choice. What's more, they may have evidence collected *before* deciding that they want to pursue an investigation (Mulla 2014, 14). Unfortunately, from what I have heard from the victim advocates and nurses, this information is not common knowledge, and I can include myself in this; I did not know before this research that a victim can consent to however much of the exam they are comfortable

with and reject the rest. Mulla writes that, “While it remains to be seen what long-term impact these new policies will have, many programs, including the one studied in this book, report the immediate effect is the increase of the number of sexual assault victims participating in sexual assault forensic examinations, while scholarship demonstrates very little change in the outcomes of court cases” (Mulla 2014, 14). Despite the fact that many still do not know that they have this power to consent or not to however much of the exam they are comfortable with, this shows how removing the power from law enforcement and placing it in the hands of the victim removes a barrier to access, as more women have chosen to go to the hospital and undergo the rape kit after this federal policy was put into effect. All that is left is to educate and spread this information as far as possible, so that people know their options and their rights.

To mitigate these barriers, the nurses explained to me how they have recommended to law enforcement that if they are at all unsure about how something works or what a given process looks like on the medical side, they could and should call the nurses at the hospital or call a nearby shelter or family service center in order to give the nurses or victim advocates the chance to describe to victims over the phone what services they can offer and what options they have for their next steps. Unfortunately, as Bethany expressed in discussing these recommendations to law enforcement, we can’t know how many victims fall through the cracks because the nurses of course have no way to monitor if police are actually making these calls or if they are in situations where they should make the call but don’t, because of course, as Bethany said, they are not out in the field with police.

Maybe the idea of going to the hospital would not feel as intimidating or disempowering if more women were informed on their power in this process and had greater knowledge on the

process in general. Maybe more women would find other services through going to the hospital, such as meeting a victim advocate who could help them understand their options if they did want to begin the process of pressing charges. Maybe, at the very least, they could gain access to the emotional care they may want as well as the physical care they may need after the assault.

For many women, the rape kit can be retraumatizing, which is in part why some women choose not to go to the hospital at all. Understanding how this process can retraumatize victims provides an insight into the responsibility and goal of what victim advocates do, as well as the goal for further police training so that all individuals who may cross paths in any form of legal or supportive capacity can be more trauma-informed. In an interview, Chessy Prout displayed sincere appreciation and thankfulness that the individual she spoke to directly after her assault was trauma-informed. She said, “I was so, so lucky that the detective who interviewed me while I was laying in a hospital bed had just gotten back from a conference where they had worked on how to talk to and interview survivors of sexual assault” (Women’s Media Center 2018).

Not only is the legal system present in the hospital through the rape kit, but often police officers will come to the hospital as well to take a statement if the victim wants to press charges. Unfortunately as I have learned, many police officers have not undergone this type of specialized training for communicating with sexual assault victims, and this manifests in different ways that can cause revictimization and can turn victims away from the idea of pursuing justice in court. Rosa, the director of the shelter, accompanied me to the police station to interview three officers who were able to speak to this and share with me what they know about the proper way to communicate with victims so that they get the information they need while also not invalidating the experience of the victim. Donovan said:

You have to prep them [the victim] first. So you say, ‘Hey look, I’m going to ask you some questions, and I understand you might not want to say, or relive this again, but I just need to ask you these questions okay? I have no intent in asking these questions except to find out what happened. After I find out what happened, I’m going to forward it up to another investigative officer. So if you feel uncomfortable, let me know you feel uncomfortable, but I just need to ask basic questions. I’m not trying to intrude or anything like that.’”

Donovan spoke in a calm tone that conveyed a deep sense of understanding and patience as he reenacted how he would speak to a victim of sexual assault. Bill elaborates on how to prep the victim before each question, saying that if he had to ask a victim how much she drank, maybe first he would explain that he is only asking about how much because if she is describing feeling extremely intoxicated but only had two drinks, then perhaps this could mean that something might have been slipped into her drink, which would go towards the facts of the event. Without explaining how much she drank, this question of, “How much did you drink?” begins to sound like an accusation or like the person asking the question may be looking for fault in the victim. Bill finished this explanation saying that the most important thing is to explain everything to them and be transparent.

Rosa added, “And most rapes are committed by somebody that you know. The fact that it’s this stranger that’s doing it is just, it’s not true. It does happen but not very often. And I think that just adds another layer to it.” She then mimicked the way an officer might be taking information from a victim about an event that would convey disbelief even if the words are truly just taking down events. With an incredulous tone, Rosa said, “Ooh so you’re friends and you’ve

been friends for a long time? He's been to your house before? Oh okay. Alright, yeah. Nothing like this ever happened? Oo-kay. Alright." She emphasized her tone with an eye-roll at the end. As I will discuss in greater depth in the next chapter, many victims describe feeling as though their actions during and directly after their assault are scrutinized after they come forward, even as early in the process as the hospital. The act of becoming visible, even to the hospital, is intimidating because of the connections to the legal system that are perceived to be inevitable, and, if you choose to go to the hospital for a rape kit, are inevitable due to the medico-legal junction within the hospital space.

Beatrice described part of her responsibilities in advocating for victims during this intense medical process. When victim advocates like Beatrice are on call, they are expected to be at the hospital within 45 minutes max no matter what time of day or night. They have their clothes that they will wear to the hospital ready to go at any moment. In discussing this part of her job, she described what they do for the victim in addition to providing information.

We can hold their hand, we can be outside the room. They can say 'no thank you,' and we give them a packet and say 'okay, take care,' um, but we just want them to know what their rights are, and have someone there who kind of understands the process. Um, sometimes people call us in advance, which is beautiful, um, and we can kind of prepare them for what that looks like.... because then I can kind of...be ready, be there when they arrive, and just kind of let them know little things that are *huge*, like, to bring a change of clothes because you might leave your clothes there. Nobody wants to go home in scrubs after a violation, so knowing that you should maybe bring something comforting, maybe bring some water! You know, things like that can be really really helpful.

These little things Beatrice references are one part of how victim advocates, like herself and Amelia, work to reduce some of the emotional burden on the victim after experiencing a trauma and before they head into a potentially retraumatizing medical process. In an environment where the victim's body may be treated as a crime scene, the presence of someone whose entire purpose in being there is to validate and support the individual can be the difference between silent suffering and healing and/or justice (if she so chooses).

Chapter Four

Coming Forward: The Difficulty of Legal Visibility

We have seen numerous examples of how embodied institutions that work as a counter-force to sexual and domestic violence can at the same time be sites where myths about sexual violence are reproduced. The legal system, and the people who make up the legal system, are not immune to these myths. On the contrary, the court is a place where cultural myths about domestic violence and sexual assault become activated in a particularly powerful way. In this chapter, I will trace the obstacles women face in coming forward and gaining legal visibility as a victim in court and showcase how cultural myths operate within a courtroom.

This process is highly nuanced and, in many ways, shifts depending on jurisdiction, with each state having their own laws and procedures. The legal system is a highly interconnected space which intricately weaves together each of the actors previously represented in this ethnography. From police officers to forensic nurses to victim advocates, I hope to paint a picture of the way these actors and spaces collide, each performing specific roles, and each taking their side in an invisible tug of war between truth and the mythology embodied in people and institutions.

I. The Orientation of Innocence and Guilt: Due Process and the Burden of Proof

Over the course of writing this ethnography, I had the opportunity to attend an open docket with a former legal advocate named Evelyn. Evelyn said she hoped that I would be able to see some protective orders as we made our way to the front entrance. I was informed beforehand that security was similar to an airport, but not as intense. I would have to put my purse and jacket in the bin, take off any metal I might have been wearing or might have had in

my pockets before walking through a metal detector, and potentially show them my ID. After some friendly banter, the officer told us to “go on through.” We passed through the metal detector and were then able to make our way towards the courtroom.

Evelyn has had experience working as a legal advocate which allowed her to foster particularly strong connections to various individuals within the court system. She was a valuable resource to have there with me, as she was able to provide me with an insider’s understanding of the inner workings of the courtroom.

After passing through security, we exited the lobby area through large double doors that opened up into hallways and waiting areas. Multiple receptionists worked at their desks and answered phones behind glass dividing walls. People sat on benches and chairs that lined almost all of the walls waiting for their turn in court as either the victim, accused, or a lawyer for one of the two. In double doors off of the hallways were the courtrooms. Evelyn and I walked through the first set, and were met with a second set of equally large double doors, which opened into the courtroom itself.

The docket I attended was completely open to the public. Anyone at any time can walk into a courtroom and watch the proceedings. What is the purpose of public access? In his article titled “Open Courts, Closed Trials,” Anthony C. Epstein explores the motivation behind open courts as well as the reasons why, in certain cases, a trial might be closed and the benefits and downfalls of each scenario. Regarding public access, there are a few main benefits that he cites as the motive behind this feature of the court experience. The first benefit he explores is the accountability born from publicity. He writes, “Judges and juries ought to know that their actions will receive public scrutiny.... Whether judges are appointed or elected, they must be responsible

for their conduct, and accountability requires public knowledge” (Epstein 1987, 25).

Additionally, Epstein writes that openness helps people learn how the court system works by giving them the opportunity to see it first-hand, it acts as a deterrent to individuals who might have committed perjury in court by allowing witnesses unknown to either party come to court to dispute a perjurious claim (Epstein 1987, 25). Open courtrooms may serve an important and beneficial function to society, but the experience for the victim participating in the court process paints a different picture: many of the features of the courtroom and the trial process, which are for the greater good, actually serve as points of revictimization for the victim.

While we waited for the court proceedings of the day to begin, Evelyn and I sat in a separate room where I was able to learn some important pieces of information that would help me frame what I would witness when the docket begins. Because I attended an open docket, both the various lawyers and their clients all sat as spectators until their case number was called. The clothing of these individuals gave away their position; those who were dressed in suits and ties seemed to be correlated to employment in some capacity within the legal system. Maybe they were police officers or lawyers themselves. A few times I was proven correct when it was their turn to present their case, they would get up from the audience and sit at their respective table with their client. Other times, they sat in the back, listening and taking notes. The individuals who were there for various violations who were not detained prior to their court date would also be in the audience. A mother with her son, a second mother with her daughter. A young woman sat alone, and another couple of individuals scattered throughout the space who I would later learn were here under the same case, one as the defendant and the other as the alleged victim.⁷

⁷ I say “alleged” victim because, in a courtroom setting, the accused is considered innocent until proven guilty.

The courtroom looked just as I expected: the judge sat at the front behind a large stand, the prosecutor and defense had their own tables on the left-hand and right-hand side (from the spectators' viewpoint looking at the judge), and there was a door on either side of the room where individuals who were coming to court after being detained previously or who were already previously in jail or prison would be led to their place at the defense's table. The audience's chairs were separated from the space of the judge, prosecutor, and defense by a short dividing wall that couldn't have been more than three or four feet tall. While it looked slightly less glamorous and expensive than the courtrooms shown in popular television crime series, the organization was exactly what I was expecting.

As we waited for the docket to begin, Evelyn whispered various details to me, and I was able to ask any questions that arose, but as soon as the judge entered the room we had to be absolutely silent. Anything Evelyn might have been saying was immediately cut off as the bailiff opened the door for the judge and said, in a commanding voice, "ALL RISE" as the judge walked inside and took his seat. I didn't quite make out what he said at the time, and, not being familiar with this feature of courtroom etiquette, I felt as though I stood out uncomfortably when everyone around me had suddenly stood and were sitting back down just as I had made it to my feet. I took a mental note to be prepared to fulfill this obligation next time.

As I mentioned earlier, in American law, the accused is considered innocent until proven guilty, and the burden of that proof falls on the individual making the accusation. This system is meant to protect the truly innocent from wrongful punishment. It also happens to reflect a particular perspective of justice: a guilty person free is better than an innocent person

imprisoned. While no justice system can be perfect 100 percent of the time, the hope of this method is that conducting cases under due process of law and requiring the burden of proof to fall on the alleged victim rather than the accused will ensure that more harm is not done in an effort to do good.

The right to due process can be found within the U.S. Constitution under the Fifth and Fourteenth Amendments. Among other protections, the fifth amendment states that no person can be deprived of life, liberty or property without due process of law⁸. Due process is also mentioned in the first section of the fourteenth amendment⁹. This clause in both of these amendments is referred to as the Due Process Clause. The people's right to due process of law within the Due Process Clause holds federal and state governments accountable to a standard of fairness meant to protect the people's rights from being violated by governmental powers. Information from Cornell Law School's website provides useful information for understanding how due process works in criminal and civil cases (procedural due process), stating:

Procedural due process refers to the constitutional requirement that when the government acts in such a manner that denies a citizen of life, liberty, or property interest, the person must be given notice, the opportunity to be heard, and a decision by a neutral decision-maker. The government must also demonstrate that there is an articulated standard of conduct for their actions with sufficient justification. The requirements, called "*fundamental fairness*," protect citizens from unjust or undue deprivation of interest (Legal Information Institute).

⁸ US Constitution, amend. 5.

⁹ US Constitution, amend. 14, sec. 1.

This supports the understanding of the Due Process Clause as one that not only protects citizens from violations of their rights, but it also explains the requirements for what “fair” should look like. The third point identifying what ‘fair’ looks like is bound up in the burden of proof, as well, in that it is not the responsibility of the accused to disprove the accusation against him, but rather the responsibility of providing proof in order to substantiate or justify a punishment of some kind falls onto the one making the accusation.

A young woman’s case on the docket that day helps us understand how due process and the burden of proof functions in practice in the case of protective orders for domestic abuse and sexual assault. As the docket progressed through each case, this young woman, who sat a couple rows in front of me, waited for her turn. While listening to her story, I never saw her face, but her body language throughout the time her case was being evaluated by the judge spoke volumes. She was at this court because she had filed for a protective order against a man who I understood to be her ex-boyfriend, who had assaulted her.

Though he would have received notification of this court date, he was not there at the court by the time the docket started at 9:30. For protective orders, there are specific rules that account for situations in which one party or the other does not come. Because she was filing this protective order against him, she would have to provide the judge with her side of the story: she would explain enough of what happened for the judge to determine that a ruling for a protective order against him is legitimate. If her ex-boyfriend had arrived at court that day, she would have said her piece, and her ex-boyfriend would have the opportunity to respond. If after responding he chose to pursue a hearing, he would reject her story and the case would move to trial. Another option would be that he could accept the restrictions of the protective order, at which point the

judge would rule in favor of the protective order and the case would be closed. It is important to note that accepting is not the same as admitting guilt; under the fifth amendment of the United States Constitution, no one can be compelled to admit guilt under oath¹⁰. Because her ex-boyfriend did not arrive at court, his absence represented his choice to waive his right to reject the protective order, leaving it up to the judge alone whether this woman's experience justified the protective order she was hoping to obtain.

The judge briefly explained to her that because he didn't arrive, all she had to do was tell him what happened so he could grant her the protective order. "He sexually assaulted me," she said. The judge prompted her to provide him a little more information. She seemed uncomfortable and sat quietly for a moment. The silence filled the space. The judge waited a moment before saying, "I just need you to give me enough of the story for me to be able to determine if I can give the protective order. You don't need to give me every single little detail of what he did to you, but just enough so that I can tell that, yes, I can grant you this protective order." He spoke kindly, and as she explained what happened, he listened attentively and patiently. One evening they got into an argument while he was driving, and she was in the passenger seat. He pulled over and got out of the car, clearly extremely angry. When he got back inside the car, he was screaming all kinds of obscenities and profanities at her, calling her every horrible name there was. Suddenly, he lunged over her, getting on top of her. He bit her cheek and her lip while choking her, then began screaming at her that he wanted to kill her and rape her while she was dying. She ended there.

¹⁰ US Constitution, amend. 5.

The judge nodded and said, “First of all, I’m so sorry that happened to you.” He proceeded to clearly state for the record that the protective order will be granted, and he stated the terms of the protective order. He then asked if she requested any modifications to these terms. She said yes, and explained that her bank, which was also his bank, is across the street from her home. She has permission from this bank to use their parking lot for her car because if she doesn’t park there she would have to park further away, and she often arrives home very late at night. Her ex-boyfriend knows that she uses that parking lot, and even though their bank has many locations throughout the city, he chooses to use this location. She had two witnesses with her today should the judge want to talk to them, who she said saw him milling around in the parking lot around her car. She requested that the protective order include that her ex-boyfriend will be prohibited from using this specific bank location in addition to her home and her place of employment. The judge granted this request, added it to the restrictions of the protective order, and excused the woman, ending the case. I saw her face for the first time as she turned around and came back down the aisle, leaving the courtroom. Her gaze was glued to the floor as she walked. I felt a pang of guilt at being a spectator in this; I was a perfect stranger to her, who suddenly was given an uninvited glimpse into a very private and gruesome experience in this woman’s life. Did I make her uncomfortable by being a spectator as she was asked to relive it?

The story of what I witnessed in court that day not only illustrates due process in practice, but it also breaks open another aspect of the experience of the court. The precautions built into the justice system to protect the rights of the people through due process of law ultimately work to the benefit of the society. However, in this context, two things are true at once: due process is important because it protects a standard of fairness within the system – one that is built with the

hope of serving rather than harming; it is also true that in cases of sexual assault, the experience of the court can be a site of revictimization for victims of sexual assault precisely because of this process.

In cases of sexual assault, the victim is asked to relive the experience to a judge in front of however many members of the public might be in the court for whatever reason. The context under which the young woman I witnessed in the courtroom was asked to share that story was challenging for a multitude of reasons, many of which stem from the nature of an open courtroom and the structure of due process. This piece of my fieldwork was important because it allowed me to access a sensory understanding of the experience in a courtroom that I previously had not experienced. That day through that woman's story, I gained a greater awareness of the reality of the feeling of a courtroom and the perception of being judged in that context for women considering pursuing justice. Every victim of sexual assault who makes the choice to fight for justice through court, has had to endure this public vulnerability, opening themselves up to public scrutiny and judgement.

II. The 'Perfect Victim': Activating Myths in the Courtroom

There is an underlying mythology of sexual violence which permeates society and is activated within the courtroom in a position where it is given a certain degree of power through the jury. In addition to the protections provided by Due Process Clause I listed earlier, the accused is also promised to be given a fair trial by a jury of your peers; jurors are lay people of a particular age and region depending on the jurisdictions of the court who are randomly selected to participate as a juror in criminal cases.

Because jurors are not legal professionals in any way nor are they expected to have a greater understanding of the intricacies of law and legal procedure than the rest of the population, they are in no way immune to the mythologies of the broader socio-cultural environment. These myths prove detrimental to victims of sexual assault both emotionally and legally, as they influence the jury thereby potentially influencing the verdict. In the introduction, I introduced an article titled “‘I Think She’s Learnt Her Lesson’: Juror Use of Cultural Misconceptions in Sexual Violence Trials,” by authors and researchers Yvette Tinsley, Claire Baylis, and Warren Young. In this article, they draw upon other research and use their own research to examine the influence of “culturally embedded misconceptions” (Tinsley et. al. 2021, 466) on juror decision making in rape trials. The authors state that they have chosen to use the term ‘misconception’ for what is commonly referred to — and which I refer to — as ‘myth.’ They highlight what they believe other research and studies on rape myths in court have failed to identify, which is that there are two forms that myths and misconceptions tend to take within this context: “First, there are misconceptions based on perceived facts that are wholly without foundation and altogether irrelevant to decision-making” (Tinsley et. al. 2021, 469). The example they provide for this first form is the belief that a victim’s clothing is relevant in determining consent. Because this type of belief is completely unfounded, they say that “If the assessment of a complainant’s credibility takes into account evidence of that sort (which ought arguably to be prima facie inadmissible), it will inevitably lead to fallacious reasoning and flawed decision making” (Tinsley et. al. 2021, 469). These first misconceptions are completely irrelevant to the case in that they have no bearing to the facts of the case. Rape is in no way determined by the clothes someone is wearing.

Of the second form rape myths take in court, they write:

Secondly, there are misconceptions about the degree of relevance of a particular fact. For example, we have already referred to the misconception that false allegations are common. While the possibility of a false allegation may be relevant to whether the case is proved beyond reasonable doubt, a belief that it is common will likely lead to its being given undue weight in decision making (Tinsley et. al. 2021, 469).

Tinsley et. al. conclude their analysis of this second form, expanding the possibility of jurors placing undue weight to include other details or evidence in the case, such as how quickly the victim pressed charges after the assault, the importance of the physical injuries, or the victim's demeanor in court. Unsurprisingly, each of these factors are relevant details bound up in what is perhaps one of the most all-encompassing myths: the 'perfect victim' myth.

The myth of the perfect victim revolves around false perceptions of what a rape victim or victim of sexual assault looks like and how they behave in the direct aftermath of the assault as well as in court. This common image of what rape is and what a victim of rape looks like typically includes a woman who is bloody, bruised, beaten, and injured, and who, despite fighting back, was overpowered with physical force, thereby sustaining injuries. Additionally, the nature of the assault itself is bound up in the perfect victim myth, as there is a tendency for people to believe that the attacker was a stranger to her and therefore her lack of consent is not some fuzzy gray area, but rather a black and white matter of fact. Tinsley et. al. write, "Culturally embedded misconceptions about sexual offending ... have been characterised by some commentators as inter-connected schema and scripts that make up a 'master narrative' of what people expect sexual violence to look like and in particular, how victims are expected to act" (Tinsley et. al. 2021, 464-465). Scholarship and the people I have spoken to within my

fieldwork consistently emphasize the prevalence of these incorrect yet widely held myths only to share in the next sentence stories and statistics that disprove each of them. As Tinsley et. al. state, these myths are “culturally embedded” (466), and because of this, they are perpetuated throughout the culture by word of mouth, subliminal messaging, beliefs that go unchallenged, and through the media we consume.

Rosa and the three police officers I had the opportunity to speak with highlighted the role played by television shows and crime dramas in perpetuating this myth. Rosa said, “Women’s bodies have give and take. There usually *are not* injuries.” She paused, for a moment, then emphasized the give and take of the female body, saying, “Women have *babies*,” She continued saying that what you find depicted in popular crime dramas, like Law and Order, is “*bullshit*.” She added that maybe sometimes there will be finger mark bruises, but usually not even that. The forensic nurses I spoke with also shared the same information, saying that many people think it is abnormal to NOT have any injuries after a rape, when, in reality, the reverse is true. It is actually abnormal to have injuries. Despite the facts, many people today believe the myths that are perpetuated.

A police officer I spoke to described this as the “CSI Effect.” The article “Fact or Fiction? The Myth and Reality of the CSI Effect” by Steven M. Smith, Veronica Stinson, and Marc W. Patry explains the CSI Effect as the “potential influence” of television crime dramas on “the ways in which people think about criminal investigations and behave relative to the legal system” (Smith, Stinson, and Patry 2011, 4). In discussing the CSI effect, officer Miles said in a definitive, matter-of-fact tone, “It doesn’t work like that. And that’s the problem. The jury is tainted by TV shows, so their jury already has in their mind what this is supposed to look like. So

the jury in their mind thinks this is supposed to be some violent act, whenever what happened was she was drunk; she fell asleep – passed out; he did his thing. So: ‘Right, well, you shouldn’ta got drunk!’” Smith et. al. succinctly corroborate Miles’ explanation, stating: “Essentially, the argument is that watching *CSI* causes jurors to have unrealistic expectations about the quantity, quality, and availability of scientific evidence” (Smith, Stinson, and Patry 2011, 4). Miles’ comment not only highlights the role of the media in perpetuating and sustaining long-held myths, but also draws into the discussion the misconceptions and misunderstandings about consent. When you are under the impression that a sexual interaction without consent requires force, as the perfect victim myth indicates, then assaults which leave no physical injuries or occur between friends, family, or acquaintances turn consent into a battle between his words and hers.

Defense attorneys know this. They know that jurors are likely to believe this, and their job is to defend their client by creating reasonable doubt. Research done by Tinsley et. al. supports this by providing evidence of the influence these myths have in jury decision-making. For example, the myth that rape requires a use of physical force by the perpetrator, and therefore resistance on the part of the victim, is represented in their research. They write, “Jurors in our study expected complainants to have evidence that they tried to ‘fight back’ to show that they did not consent or, as one juror put it, to provide “a consistent message of non-consent” (Tinsley et. al. 2021, 473). This mythical perception of true rape as requiring a ‘consistent message of non-consent’ completely overlooks tonic immobility, or the ‘freeze’ response. Furthermore, Tinsley et. al. describe this myth represented across multiple cases they looked at in their research, saying, “Individual jurors in 11 of the 18 cases stated that the extent of the

complainant's resistance affected their (or other jurors') assessment of how credible the allegation was" (Tinsley et. al. 2021, 473). Just like this myth, other myths that I have discussed, such as those revolving around her behavior, her clothes, her substance consumption, and more impact juror decision making just as the resistance myth has in this research. I made these connections in my own research, and I later learned that my understanding of the way that this cultural mythology is activated in the courtroom is supported by other scholars, such as Tinsley et. al., Susan Ehrlich, and others. Ehrlich writes, "... defense lawyers in criminal rape trials have been shown to draw strategically upon cultural mythologies surrounding rape as a way of impeaching the credibility of complainants" (Ehrlich 2012, 392). Thus, the cultural mythology that is embedded in the bodies and minds of the jurors becomes a tool in the defense's toolbox to shift the narratives and reshape the events. In the following pages I dive into three memoirs in which survivors of sexual assault recount their experiences in court. From analyzing their stories, we can see examples of how these myths manifest and are activated in the courtroom.

In her memoir titled, "Know My Name," Chanel Miller chronicles her experience of transforming from an anonymous victim known as Emily Doe, to a survivor of sexual assault who pursued charges against her assailant in court. In 2015, Chanel went to a fraternity party with her younger sister at her sister's university one evening. She drank in excess, and eventually blacked out. She awoke in a hospital bed and did not know what had happened. Later she would learn that a beloved Stanford college athlete named Brock Turner had sexually assaulted her and left her unconscious and half naked behind a dumpster outside the fraternity house. Though she didn't remember the actual assault, she took Brock to trial. The process of this trial, however, was highly traumatizing. After describing how she felt confident at first that even Brock's

expensive defense attorney wouldn't be able to twist the truth, it became clear to her that the defense would twist, or at least confuse, the narrative so it works in their favor. She writes:

The way I saw it, my side was going to convince the jury that the big yellow thing in the sky is the sun. His [Brock's] side had to convince the jury that it's an egg yolk. Even the most eminent attorney would not be able to change the fact that this massive blazing star, not a ludicrous floating egg. But I had yet to understand the system. If you pay enough money, if you say the right things, if you take enough time to weaken and dilute the truth, the sun could slowly begin to look like an egg. Not only was this possible, it happens all the time (Miller 2019, 150).

As she recounts the trial, we see evidence of the way that these myths are employed by the defense attorney's to play into the beliefs of the jurors, trying to create just enough doubt that maybe the sun is, in fact, an egg. One way they did this was by using her lack of memory to their advantage. Because she did not remember the assault, Brock was able to testify that he had received her consent for the sexual act he committed.

We see the activation of the cultural mythology through the jury in this trial. Throughout the cross examination when the defense was questioning Chanel as she sat in the witness stand, they asked not only about her drinking that night, but also her history of drinking and blacking out, the defense also questioned intentions in going to a fraternity party, somehow trying to imply that maybe there was consent. "When asked how many times I've blacked out, I'd said four to five. I detected a sudden shift in the room, heads tilting down to make note of this remarkable fact.... I was not here to lie about who I was or to apologize for my past. Still, I berated myself, my character flaw burying my whole team [the prosecution team working her

case] deeper” (Miller 2019, pg. 180). The reason her ‘character flaw’ was negatively impacting her team is highlighted later, when she writes:

He [the defense attorney] already knew the answers he wanted; he just wanted me to say them. I had also heard an underlying pattern: *That’s what you decided to do at that time, right? That was an intentional thing. And that was a decision you made.* He littered my night with intentions and poor decisions, suggesting they had everything to do with the final act. If you decided to go to this party, intentionally got wasted, is it really that hard to believe you intended to get handsy, fool around? (Miller 2019, 181).

Here, she clearly identifies the defense’s goal to imply somehow that she intended to sexually engage with someone in some capacity that night. And because Brock did not deny committing sexual acts, they were able to indicate that there is reasonable doubt – maybe she did consent, as Brock said. How does the defense create this doubt? By playing into the stereotypes that already exist: by painting Chanel as a carefree, young woman, who got drunk and ‘fooled around’ at a party. This narrative reduces and minimizes the violence of the assault, and makes Chanel look somehow responsible for what happened. Tinsley et. al. describe how the minimization of the violence is one way that defense attorneys influence jurors’ perceptions of the crime and therefore have the power to influence rates of convictions, saying. They write, “...culturally embedded misconceptions which minimise sexual violence or encourage a lack of trust in complainants’ veracity are widely thought to contribute to low reporting, charging, and conviction rates in sexual violence cases” (Tinsley et. al. 2021, 466).

Throughout my research, this was a major point of confusion for me. There are certain subjects that I just could not understand why a lawyer would use them in court. Lawyers know

that the fact that a woman is drunk entirely removes consent; they know that the relationship between the victim and perpetrator doesn't matter because a relationship doesn't prove consent; they know that lack of evidence of physical injury does not equate to evidence of consent; they know that her clothes do not indicate consent; yet they will *still* follow lines of questioning that bring to the forefront what she was wearing, her alcohol consumption, where she was and who she is with or if she was alone. If she said no or was incapacitated or was coerced, then it is rape. So why do lawyers and defense attorneys bring it up when they are not legally making a sound argument? In my conversation with police officers Donovan, Miles, and Bill, I was able to get an answer to this question. They explained to me that by bringing her relationships and her character into question, the defense attorney has a chance at a non-guilty verdict by putting just enough reasonable doubt in the jury's mind. Tinsley et. al. corroborate what these officers told me, but add that some of the tactics used to create that reasonable doubt are problematic.

Drawing upon their own research and that of their sources, they write:

In at least 14 of our cases, defense counsel referenced the supposed prevalence of false allegations of sexual offending or reinforced aspects of the 'real rape' paradigm during cross-examination or in closing submissions. Temkin and Krahé argue that in this way, defence counsel 'cognitively prime' jurors to activate misconceptions or stereotypes as they respond to the evidence. While defence counsel have a duty to defend their clients, and often need to present an alternative narrative on the specific facts, the use of stereotypes which reinforce misconceptions seems targeted at bringing out the potential prejudices of jury members.

The police officers I spoke with said that prosecutors who try these cases know that these tactics are used by the defense, and the officers described how it seems like some lawyers will go through the entire trial in their head, weighing its chances at success. Sometimes, based on the facts of the case, prosecutors don't know if it is worth putting the victim into that position where they know she will be "eaten alive" on that stand, her character publicly destroyed and her reputation questioned. They highlighted how all of this would happen to her in this incredibly public space and that the jury already has preconceived notions.

In her memoir *Lucky*, Alice Sebold chronicles her experience in the wake of being brutally raped in her first year of college. She shares the story from the moment of the rape through her experience in the hospital, and the trial that followed. Alice's rape aligned fairly well with the 'perfect victim' myth. She highlights this in her own way, referring to what she calls the "cosmetics of rape." After describing the photos that were taken of her face and neck after the assault, she writes, "The cosmetics of rape are central to proving any case. So far, in appearance, I was two for two: I wore loose, unenticing clothes; I had clearly been beaten. Add this to my virginity, and you will begin to understand much of what matters inside the courtroom" (Sebold 1999, 32). Her unflattering clothes left no room for the myth about women wanting sex if they wear revealing clothes. Her virginity seems to add to the violence, making it appear more significant. Her attacker was a stranger, and left her bruised and beaten. It is precisely the "cosmetics of rape" that invoke the common images of rape that exist within the cultural mythology that Sebold identifies as being significant in proving a case in the courtroom.

While her victimization aligned with the 'perfect victim' myth, she was not immune to the mythology that existed inside each juror. The cultural mythology not only pulls into its orbit

the details of a rape, but also, perhaps worse than that, it perpetuates a tendency for people to search for blame in the victim, despite the cosmetics of the rape that may be present. In court, one juror asked, “Alice, why were you coming through the park alone at night; do you usually go through by yourself?” Another said, “Didn’t anybody warn you not to go through the park at night?” Another asked, “Didn’t you know that you are not supposed to go through the park after nine-thirty at night? Didn’t you know that?” (Sebold 1999, 152) What bearing did these jurors think this subject had on the fact that while in that park, a man attacked and brutally raped her?

Alice doesn’t give answers to this question. In fact, she expressed confusion as well, saying, “... the questions about what I had been doing in the park ... made me numb. They [the jurors] were not getting it, that’s how I felt” (Sebold 1999, 152). In my mind, the questions these jurors asked her correlate directly with what we are all taught women should and shouldn’t do in public space. Women are taught not to go outside at night, so, when they do, the blame shifts from the person doing the criminal act to the mistake she made that they perceive enabled her to be victimized in the first place. Even perfect ‘cosmetics’ fail to counter the strength of the mythology.

In Chessy Prout’s memoir, she shares how her connection to the assailant as well as highly personal information was asked in front of a jury and spectators. She, a freshman at a private high school, was raped by a senior about to graduate who was fulfilling an abhorrent tradition called the “Senior Salute” that is maintained by the senior boys at the school. The goal of the Senior Salute is to hook up with the youngest women at the school within their [the boys’] senior year (Prout and Abelson 2018, 11). While she initially turned down his advances, Chessy eventually agreed to a date. He promised to take her to a spot on campus with a beautiful view

that few in her grade knew about, and some of her friends convinced her that nothing bad would happen (Prout and Abelson 2018, 101). Convinced to do it at least for a good view, she didn't see the harm in a date. He took her up to the chapel bell tower, and brought her into a back room where a heavy door closed and locked behind them. The view from the top of the bell tower was pretty, but there was no view where he took her next; he brought her into a dark room where the sounds of loud machinery drowned out any possibility of the outside world hearing her as she asked him to stop (Prout and Abelson 2018, 108).

In the trial, the defense attorney used the fact that she had agreed to a date in his attempt to sway the jury into believing that the sex was consensual. The attorney even went as far as to ask Chessy, a 15 year old girl in a courtroom full of people, if she shaved her pubic hair as an attempt to imply that if she had, then she was somehow preparing for sex. Regarding this line of questioning, Chessy recognizes the false logic, saying, "He [the defense attorney] quizzed me on my grooming habits, as if shaving my private parts was an invitation to have sex with me against my will.... It was preposterous to ask me, a teenage girl, about how I took care of my body and imply that it had provoked a sexual assault. ... This was an opportunity for Carney [the defense attorney] to twist and spin, shame and blame. Distract the jury with my shaving habits instead of my words. I said no " (Prout 2018, 234). Not only does this question imply that choosing to shave is a direct correlate to agreeing to sexual activity, implicit within it is also the perception that agreeing to or preparing for sex in one moment removes the possibility of removing consent in the next moment. Consent can be revoked at any time. If the activity does not stop when consent is revoked, it is no longer just 'sex;' it is rape. Believing consent cannot be revoked or

that a 'yes' in one moment to one act gives unlimited access to continued sexual activity and other sexual acts is another dangerous myth that exists which many people believe.

In an interview with Women's Media Center, Chessy describes the experience of the courtroom as a victim, saying:

Going through the trial was probably the hardest two weeks of my life. It not only wrecked me emotionally, but it also wrecked me physically. I would wake up in the morning, violently throw up, not be able to eat anything until dinner that night when I would shove a shit ton of food in my mouth out of exhaustion and hunger. Then I'd wake up the next morning and throw up again. During the day I'd be constantly dry heaving over garbage cans. Even now it has become a side effect of my anxiety. [Sometimes] I just have to excuse myself and run to the toilet and throw up. And that is not normal (May 14 and women, n.d.).

Through their powerful memoirs, Chanel Miller, Chessy Prout, and Alice Sebold illustrate the traumatizing nature of the courtroom for the victim, the bravery it takes to be a 'victim' in the eyes of the law, and the way that courtrooms are sites of revictimization for the victim as much as they are of adjudication against the perpetrators. Each of these women's stories are powerful demonstrations of mythology in action; They depict how this cultural mythology is both embedded in individuals and activated by the defense to spin an alternate narrative.

III. Forces of Care: Reducing Revictimization and Counteracting Myth

The victim advocate I spoke with in my fieldwork, Beatrice, described the difficulty of the victim's experience of trial. She said:

I think that [the case being out of their control] is a nerve-wracking thing for people. To put yourself out there, A. to have it out of your hands; now you're fearful for retaliation. You're fearful for shame. You're fearful for what people will think – those who don't know you and those who do. There are all these stereotypes about those who do come forward, right? 'Why *now*?' 'Why didn't you fight?' 'Why did you... why did you wait so long?' 'Oh they're lying. They want money. They want attention.' I have seen the journey that people go through. This is not attention that most people would *ever* want. It's violating. And it's emotionally draining. And it's not something that people usually proudly walk around with.... The legal process is hard to go through! Grand jury is a *very* difficult thing. You are sharing your story in front of countless strangers, and you can't really make eye contact with them, and they're determining whether your case has enough credence to go to trial.

As we have seen from the previous memoirs, the questions women are asked, such as those outlined by Beatrice, reflect exactly the internalized belief about women's roles in the violence committed against them. These beliefs come from the normalization of violence discussed earlier. In the context of the court, this approach to a victim can deter them from reaching out. If they feel they will be met with criticism, skepticism, and interrogations about their behavior, they may choose to keep silent. There is no shortage of stories of women who have been met with criticism and questions. But these questions come not only from outside, they come from inside oneself, too. As someone with her own experiences, there was a string of invalidating things I told myself which effectively kept me quiet about what I had experienced and placed all blame and responsibility on me for what happened. Things like, 'I'm probably overreacting.' 'I should

have been clearer.’ ‘Maybe it’s my fault because I wasn’t assertive enough.’ I didn’t know if I was right or if I had internalized this way of thinking until I finally opened up to family and friends. I experienced a range of emotions. I was embarrassed, I was nervous that my friends would see me differently. Like Beatrice said, I was afraid of shame and I was afraid of judgment. But most of all, I was afraid they would tell me the same things I was telling myself. Luckily in my case, I was validated by those close to me. When I opened up to a relative who is a victim advocate, I remember asking, “Why didn’t I just get up and leave?” She prefaced her answer with, “I can’t tell you how many times I have heard women say the exact same thing.”

There are different ways that victim advocates and other actors can be forces of care which mitigate the potential revictimization in the courtroom. Through mitigating these factors, these people hope to make the choice to come forward legally that much easier for victims who would otherwise wish to pursue charges against their assailant.

Evelyn and I sat on benches that lined the walls outside the courtrooms alongside the individuals who were waiting for their own cases to begin. When we spoke we whispered, and it was only about five minutes of this hushed speech before Evelyn said, “Let’s go see if that room is open.” At the time I didn’t know what room she was referring to, but I followed as she led me through the building. Not far from the courtrooms we had been sitting in front of, there was a small room that housed a couple chairs and a table in the corner. Evelyn took a seat near the door so that she would know when it was time to go into the courtroom. She explained that this room we were in was for victims of domestic violence. It offers women who are there to handle cases of domestic violence a private space to wait where they are not at risk of seeing their abusive partner or spouse before they are in the courtroom. Evelyn recounted cases in which the abuser

tried to intimidate the victim before entering the courtroom in order to make her give up before she could even begin. “Once,” Evelyn said, “an offender tried to step on the victim’s toes before the docket.” The private room prevents this by reducing fear, stress, and anxiety in the victim.

This private space is one way we see how care manifests in the physical space of the court. However, once the victim enters the courtroom, the integration of care is no longer present in the physical space, but rather in some of the actors in the courtroom. Family members and friends that sit in the courtroom are actors of care that can provide comfort and support. While they are not allowed to say anything during the court proceedings, their presence there can, for some women, be comforting. For Chessy Prout, the presence of her parents in the courtroom was a comfort. For other women, the presence of family and friends is traumatizing, as sensitive photographs of the victim may be presented as evidence, and the victim will have to verbally relive the experience during questioning, potentially sharing details of the assault which they may not have shared with family and friends. For example, Chanel Miller had tried to put on a brave face in front of her family to protect them from the true nature of the brutality of her assault, but this facade she created came crashing down the moment her parents saw the pictures of her in the hospital that were projected on a large screen against the wall of the courtroom for all to see during the trial. She recounted how she felt when her mother saw this image for the first time in court that day, saying:

I watched my mom cover her mouth with her hands. I wanted to whisper ‘Mom’ into the microphone, but everyone would hear. I looked around, everyone’s gaze fixed on the photo. My eyes became hot, my head pulsed thinking *can somebody cover her eyes please*. I wanted to say, *That’s not me, me is right here, sitting in front of you*. I clenched

my hands, flexed my feet, trapped in my stand with no power to stop what was happening (Miller 2019, 169).

For Chanel, this moment marked a painful breaking point. She describes losing belief in the point of putting herself through this process. “I did not care about the outcome, about impressing a jury. ... I was ready to go home” (Miller 2019, 170). People at the shelter, the forensic nurses, victim advocates, and police I have spoken to describe the emotional toll that comes with being in the courtroom, and they shared with me stories of victims who had such traumatizing experiences that they swore they would never do it again.

Alongside family and friends, victim advocates and counselors who support victims behind the scenes as they undergo this process can sit in the courtroom during the trial. Additionally, victim advocates will also sometimes provide their testimony in court, which is a form of support insofar as their testimonies can support the prosecution.

Forensic nurse examiners are also among the expert witnesses who can provide their testimonies. Forensic nurses’ and victim advocates’ testimonies are detrimental to the case because of the authority with which they speak and the myths that they dispel through their testimonies. After Bekah shared her experience with the victim who cried upon hearing that she bore no injuries from her assault because she felt that no one would believe her without injury, Bethany described how this is the reason that their jobs and their expertise matter so much in the courtroom. She said:

It’s very necessary that we can clearly articulate to law enforcement, to the prosecuting attorney, to a *jury*, why there is no injury. And um, that is something that weighs heavily on us as medical providers, that we *have* to be able to explain how an injury occurred,

why it occurred, why it didn't occur, and be convincing enough and solid enough in our knowledge to clearly articulate that, so that somebody, a lay person, can understand that, 'okay this is a normal thing that can happen. It is kind of *abnormal* to see an injury, versus normal to see an injury,' and change *their lifelong perception* that 'rape' means 'injury.' You *have* to be strong enough and articulate that, otherwise it doesn't matter if there's physical evidence or not.

There are many examples of situations where nurses and other expert witnesses actively counteract the myths that are present within the judge and jury by providing their testimonies. Nurses and advocates can speak to the presence of injury or lack thereof, as well as other crucial information that can explain other aspects of an assault that are shrouded in myth, such as tonic immobility, or the "freeze" response.

Many falsely believe that if a woman does not want to engage in a sexual encounter, then she will do her utmost to fight off the attacker. While some women do fight and are overpowered anyway, many other women do not react with the simple "fight or flight." Instead, their body resorts to a third physiological response known as "freeze." Also known as tonic immobility, the body in this state is frozen, leaving the victim unable to either fight or flee. This is a completely normal physiological response. Different people's bodies will react differently when they are in danger, and the freeze response is one way that some people react in survival situations. I sat with Amelia as we discussed the topic of freezing, and there is one woman Amelia met at the hospital whose story has stuck with her even though it was possibly one of the first victims she worked with 20 years ago. Amelia recounted this victim's experience and the conversation they shared in the hospital that day. She said:

She was telling me she had grown up taking karate and just different forms of self-defense classes and things. Because she enjoyed it. It wasn't for the purpose of self-defense so much as just...she loved it, so I remember it was taekwondo, just things like that. When she was raped she froze. And so she was...second guessing. 'Why? Why didn't I fight back?' She's sitting there, safe – and I use that term loosely—in a hospital room, and that's when she's thinking, 'why didn't I do this? Why didn't I do that? He was holding me this way, I could've done this!' In the safety of that hospital room, all of that comes back. But, when she was living that experience, that's that tonic immobility; her brain just took over, all of those chemicals are released, and it shuts down what is unnecessary for survival; and she survived that. And that's what I told her. I said 'you did the most important thing you could do at that moment. And for *you*, for *your* brain, *your* body, that was freezing. You survived that situation. You're here right now. This isn't where you want to be, I'm sorry you have to be here, but you're here, and you're alive, so you did what you needed to do.

Amelia continued, underlining the fact that victims who experience tonic immobility do not have control over this reaction. There's no control over it," she said:

Whenever you're in that life-or-death situation, and your brain kicks in for survival, that is *pre-wired*. You can't undo that." So that's why I hate to hear, 'Why didn't you scream? Why didn't you bang on the wall? Your roommate is right next door, why didn't you bang on the wall?' Because literally, *they couldn't*. Their body was shut down; their limbs were shut down. They were breathing; their heart was beating. That was it. They were surviving.

By bringing these questions to the forefront, Amelia brings our attention back to the victim-blaming tendencies embedded in myths. She continues to describe tonic immobility as deeply misunderstood, which we see represented in Tinsley, Baylis, and Young's research on myths about resistance which manifest in the courtroom. People who have never been in this position cannot know how they would react if they were in this position, because, as Amelia said, survival responses like fight, flight, and freeze are pre-wired. We do not use our every-day logic to survive these situations; instead, we operate on instinct. Tinsley et al. write, "In at least seven cases, there was evidence that the complainant had reacted to the alleged sexual offending by freezing or dissociating for at least part of the time. ... jurors continued to expect medical evidence of injuries resulting from the defendant's force and the complainant's resistance" (Tinsley et. al. 2021, 473). They then quote jurors who illustrate this expectation by comparing how they think they would act in the same situation. These jurors say, "I was sure that if someone had done that to me, I would have been covered in bruises" (Tinsley et. al. 2021, 473). Unfortunately, the dominant cultural myth would argue that if she doesn't fight, then maybe she was fine with it at that moment, because they believe they would have fought.

Through their testimonies, expert witnesses, like nurses and victim advocates, can be forces of knowledge who have the power and authority in the context of the court to contest and counteract the mythologies being activated in the jury by the defense.

Conclusion: Changing a Culture

I. Limitations of Visibility

Phoebe is a very close friend of mine. I knew she had experiences with support services for sexual violence long before taking on this research. And so, at the beginning of this project, I asked her if she would like to share her story with me. Phoebe felt it was important to tell me what happened to her which led to seeking help from support services down the road.

One spring evening in 1987 when Phoebe was 17 years old, she and three other people decided to go to a concert together. The group consisted of Phoebe's best friend Kelly; Charles, who was Phoebe's date that evening; and Charles's friend Julian. This was Phoebe's first date with Charles.

That night, the group drank. Phoebe told me that she was "drinking to get drunk." They had a handle of vodka, and at one point she chugged it, taking around 10 to 15, large gulps. The effects of the vodka hit her all at once, and after this, the memories are blurry. For Phoebe, much of the details of this night are lost in the fog, except for bits and pieces and one, glaring fact: she was raped. That night, Charles raped Phoebe in the back of the car. Despite the alcohol-induced fog, Phoebe was dimly aware of the sexual assault as it was happening. Over time, other details would confirm her limited recollection.

Phoebe was not intending to have sex with Charles that night, and she is confident that she would not have consented. She was on her period on the night of the concert. Regarding the idea of having sex while on her period, Phoebe said, "I never would have done that." The next day, Phoebe noticed that a used tampon was laying on the floorboards of the car they had taken to the concert.

Additionally, the next morning she saw that the little soccer ball that had been on her keychain was missing. This keychain was very important to her; she was a student athlete, and playing sports was one of the few things that brought her happiness and kept her going despite the suffering she was experiencing in her home life. She recounted her feelings when she noticed it was missing, saying, “I was very numb afterwards. I knew the soccer ball was missing, but it took some time before I could admit what I thought was true: he had stolen it; he wanted a trophy.”

Phoebe spoke very little with Kelly after the assault, but one conversation stands out. Kelly said that, in the car that night, she told Charles, “I couldn’t get him off of you... I told him ‘Just don’t get her pregnant.’” From this and other details of the assault, Phoebe believes that both Kelly and Julian were also in the car when the assault occurred. If true, they were witnesses.

Phoebe’s experience diverges from many of those represented in this ethnography. Victim advocates, forensic nurses, police, and juries interact with victims and learn stories of victims’ experiences only because those victims’ chose to become visible in some way. They chose to call a hotline; they chose to go to the hospital; they chose to press charges. Phoebe told me that she knew what happened was wrong. She knew it was rape. She knew it wasn’t her fault even though she had been drinking. She knew she was incapacitated to the point where she could not have consented. She also remembers saying ‘no.’ He didn’t stop. Phoebe knew what was fact and what was myth at seventeen years old. Yet she did not press charges, she did not go to police, she did not tell her parents, she did not call a hotline; instead, she locked it up somewhere inside her. For her, this was something that she just had to take.

Throughout these four chapters, I have explored the various barriers that exist which keep victims from reaching out or deter them from choosing visibility, such as the normalization of abuse; the fear of not being believed; the fear of judgment; fear of scrutiny and criticism due to the prevalence of cultural myths about violence; and the myths that victims themselves believe, which cause shame and embarrassment, and can ultimately cause them to blame themselves for the abuse they experienced. There are countless stories which remain hidden, despite deep understandings of right and wrong, fact and myth, like Phoebe had. Therefore, the barriers represented in the previous chapters are only those which become known to the resources I spoke to through victims coming forward. The people working in these positions have seen glimpses into why people's stories stay hidden, but again, only if the women do come to them.

Bethany, one of the forensic nurse examiners I spoke to, shared with me a story of two patients that were there for sexual assaults who had gone through the court system after being sexually assaulted in the past. Bethany said:

I talked to two people within, probably two or three days of each other, just a few weeks ago, both of them had been sexually assaulted, but both of them did not want to proceed with anything, and they *each* said, 'have you been a victim of a violent crime and had to go through the court system?' I can't say that I have. And they're like, 'I'll never again do it.' because they had both previously been raped. And they said that they were scrutinized, one of them said, 'I was made to feel like *I* was the bad guy. *Not* the victim. And they said 'I will never subject myself to the legal aspects of going through this again. Through the police interview, and then the court process. They said absolutely not. ... They shut down and they want nothing to do with it. They're like, 'No, I'm done, I don't

want to hear about it, I don't want to talk about it. It happened. It is what it is.' And they're done.

This is an example where two people go to the hospital to manage the physical effects of violence, but choose not to access greater legal visibility through the court. While these stories are only visible by virtue of these women's decision to access hospital services, they shine a light on how violence can remain hidden due to negative past experiences with various institutions. Earlier, I talked about the myth that if a victim goes to the hospital, she must have a rape kit done. If these two women, in the story Bethany told me, thought that a rape kit and a police investigation would be inevitable if they went to the hospital, they may have chosen not to go. This serves as an example of how those who understand that they are victims of a crime and recognize that they didn't deserve what happened to them may choose to keep their victimization hidden.

Phoebe, who did not press charges or experience the court process the way that these women had, looks back with a sense of regret at the injustice of this violence going unrecognized. In our conversation, speaking about herself, she said, "I wish I had stood up for that seventeen-year-old girl." There were details of her assault that she shared with me which she believed she may have had a strong legal case against him. For Phoebe, the fact that she would never have taken out her tampon in a car or had sex while on her period, let alone in front of two other people was proof that she did not consent. Second, Kelly's comment, "Just don't get her pregnant," is fraught with meaning. It suggests that what was occurring between Phoebe and Charles that night was rape. In a sense, it sounds like this was Kelly's last ditch effort to minimize the damage that she knew was occurring. Additionally, this comment both directly

indicates that sex occurred and that Kelly, and potentially Julian, were witnesses. Third, Phoebe highlights how drunk she was, clearly communicating that it would have been impossible for her to consent to sex that night. If Phoebe had pressed charges and an investigation ensued, Kelly and Julian might have been called in as witnesses. Ultimately, because of these details, Phoebe believes that she would have had a strong case.

Phoebe also shared that she couldn't approach her teachers about anything because of the culture at the high school she went to. She was gaining a reputation that was not looked upon kindly in this small town in 1987; a reputation of a "bad girl," as she put it. She was sexually active and she drank, and while she didn't let it affect her ability to participate in sports — the only thing that truly mattered to her at that time — she remembers her basketball coach giving her position to a far less skilled, younger player. Phoebe believes this was likely due to her reputation.

From what I have learned in my research, from what the women who experience the court system share in memoirs and to forensic nurses, as in the examples above, is Phoebe right in thinking that she would have had a strong case? The facts of her case suggest that she is right; there are clear indicators that the sex was nonconsensual. But the prevalence of the cultural myths and the power they have in our institutions and throughout our society, as discussed throughout this ethnography, would suggest the strong potential that her case could be torn apart in a trial. Again and again, we see that if these myths are given power through belief, countless experiences of sexual and domestic violence will remain hidden. In recognition of this, shelters and other resources not only give direct support to present-day victims of sexual and domestic violence, they also work to dispel pernicious cultural myths through education and outreach.

II. Education as Prevention: Ending Cycles of Violence

When I spoke with Nora, the co-facilitator of AIP, she described how the abuse that one experiences in childhood can become normalized. Normalization of abuse in childhood, in turn, can make people susceptible to repeating that violence in their adult relationships. Nora shared one story of a man in AIP who, when asked if his parents abused him, responded in negative. He then continued to share a part of his childhood that clearly indicates that abuse did happen: as a child, his stepfather, who wore steel-toed boots, would kick him while wearing these boots whenever he did something wrong — sometimes kicking him in the head. Nora recounted this now-grown man's perception of the violence perpetrated against him; he said that he felt that *he* was the one in the wrong because he did the behavior that ended up resulting in the violence.

Nora said:

It was so normalized in his childhood to get kicked with a steel-toed boot in the head, that that's just... 'I shouldn't have done that behavior.' So, clearly, if he gets into a relationship, he just sees that as normal. So what is he gonna do with his partner? What's he gonna do with his children? So, trying to teach them that that's 'abuse' when they don't see it as abuse. They think abuse is getting beat for no reason, when there's many forms of abuse that they go through. And it's so normalized within their family system that they continued the same pattern. And a lot of them grew up this way. And we have to say, 'No one should ever have to go through that.' And I'm here to tell them every time that 'you shouldn't have had to live like that. Now that you know better, you can do better.'

Not only does abuse in one's childhood impact the likelihood of their continuing that cycle of violence, it also increases the chances that one will become a victim of violence in the future.

Looking back, Phoebe recognizes the role that the abuse she experienced in her childhood played on her choice to keep what happened to her hidden and not reach out to anyone for help. For Phoebe, the abuse in her childhood did not impact her ability to recognize that what had happened to her that night in the back of that car was an act of violence, but rather it impacted her sense of self and perception of what she deserves. She did not feel that she deserved justice at that time.

While it is true that the shelter where I conducted my fieldwork does education, outreach, and awareness work to make themselves visible to people who may need their resources in the present or in the future, there is another dimension to this work: prevention. This education work is preventative in that it seeks to break cycles of abuse. The shelter conducts a highschool program that does this prevention work. The kids in this program are considered at-risk due to their family environments. There are different factors which raise the risk of the potentiality of abuse in the home, such as alcoholic parent(s) or broken families. In my interview with Conrad and Julia on their education/prevention work, Conrad said, "I guarantee you, and this is unfortunate, I feel like I might see some of my guys from my groups [in AIP]. That's what I hope *not* to see. But within our discipline, our field, there are no gold stars. You don't get a pat on the back. But to *not* see someone come through [AIP] would be a big thumbs up; you did something right." Here, Conrad highlights that through their education work they hope to be able to break cycles of violence by having special groups that focus on youth who may be experiencing certain forms of unstable or unhealthy family dynamics. In a perfect world, their services would not be

needed. Shelters understand that the view they have of sexual and domestic violence is based upon the stories that become visible to them. Therefore, it is through education that they attempt to fill in the gaps they are aware of by reaching into the communities which may be staying silent or have not experienced violence yet (but might in the future). In this way, they hope to prevent people from continuing the violence that they experienced in their childhood.

Teaching kids what behavior is and is not normal and the kind of treatment people deserve – and which *they* deserve — will hopefully prevent them from becoming abusive in their future relationships; help them to recognize when others are being abusive to them; and make the different resources that are available visible to them at a young age, so they know there are people out there who can help them. The result of this is hopefully a younger generation of people who have a strong understanding of how to navigate all of their relationships in a healthy way, who have strong self-esteem, and who do not see violence as normal but instead truly believe that they deserve kindness, safety, and love. This prevention work is representative of this shelter's effort, and the efforts of other organizations and movements, to end the cycles that perpetuate violence and myths. In other words, education as prevention is representative of their effort to change a culture.

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