

Accounting for Comprehensive Safety:
Intimate Partner Violence, Marginalization, and Institutional Response

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ABSTRACT

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This dissertation examines the ways intimate partner violence (IPV) survivors' experiences of poverty, mental illness, social isolation, and gender inequality shape their opportunities to protect themselves and their children before, during, and after separating from abusive partners. Ethnographic research was conducted in three communities in the United States over two years. In each site I observed and interviewed women about their experiences of abuse and their attempts to achieve long-term security. I also observed and interviewed practitioners across a range of disciplines about their work with IPV survivors.

The results of this study demonstrate that when women ended abusive relationships they often sustained a variety of losses related to their economic stability, social support, and access to their children. After leaving their batterers, many survivors faced challenges such as debt, trauma, and protracted custody disputes that continued to disrupt their lives. However, the IPV interventions studied were routinely designed as though the collateral damage to an IPV survivor's life ended when she left her abuser. Interventions rarely accommodated survivors' post-separation social, economic, and parenting needs, and indeed, often placed additional strain on women's lives. As a result, the most disadvantaged survivors often found institutional resources in the domestic violence service system inaccessible, irrelevant, and at times counterproductive. This dissertation demonstrates that IPV is more than a series of isolated acts by individual people: it is the cause of many women's diminished agency and heightened suffering long after their abuse has ended.

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Dedication

In memory of my grandpa, Robert Arthur Shoener

Chapter I - Introduction

The United States' response to violence against women has been fundamentally transformed in the past four decades. The effects of the national movement to curtail domestic violence can be seen in the media's more sensitive portrayal of wife abuse (Kozol, 1995; Ryan, Anastario, & DaCunha, 2006; Tierney, 1982), the proliferation of specialized services for domestic violence victims in the public service and legal systems (Schechter, 1982), the billions of dollars spent by the federal government to open domestic violence shelters and advocacy organizations across the country ("Violence Against Women Reauthorization Act of 2013", 2013), and a generation of women who believe that being abused by the person they love is unacceptable (B. E. Carlson & Worden, 2005; I. Johnson & Sigler, 2000; Worden & Carlson, 2005). However, women's access to long-term safety in United States has not improved significantly since formalized domestic violence services began (Stark, 2007).

Well-established theories of violence against women and mainstream models of service provision fall short in understanding and addressing the root of this problem. While the short-term effects of abuse and immediate interventions are well documented (Abel, 2000; Allen, Bybee, & Sullivan, 2004; D. K. Anderson & Saunders, 2003; Campbell, 2002; Hare, 2006; Logan, Walker, Shannon, & Cole, 2008; R. J. Macy, Giattina, Sangster, Crosby, & Montijo, 2009; Postmus, Severson, Berry, & Yoo, 2009), a coherent account of the fundamental causes and effective remedies of IPV remains out of grasp (Postmus, Plummer, McMahon, Murshid, & Kim, 2012; Ramsay et al., 2009; Stark, 2007). Public and private funding for local communities' institutionalized responses to domestic violence rarely identify, acknowledge, or target the structural forces that facilitate violence against women by their intimate partners (Goodman &

Epstein, 2005; Smyth, Goodman, & Glenn, 2006). Instead, programs often focus their limited resources on responding to discrete “incidents” of physical violence in women’s lives, obscuring the broader context of coercion and its profound harms (Epstein, Bell, & Goodman, 2002; Goodman & Epstein, 2005; Stark, 2007). As a result, institutional responses designed to address domestic violence (in sectors such as law enforcement, the legal system, and the public housing system) often do little to improve women’s access to long-term safety even when they are implemented exactly as intended (Bumiller, 2009; Buzawa & Buzawa, 1996; S. Miller, 2005).

Research Project Purpose and Questions

Given this research and service landscape, the purpose of this study was to better understand intimate partner violence (IPV) survivors’ barriers to long-term safety in the United States and to assess local domestic violence service systems’ efforts to address those barriers. To do this, I conducted ethnographic research in three communities in the United States over two years. In each site I observed and interviewed women about their experiences of abuse and their attempts to achieve long-term security. I also observed and interviewed practitioners across a range of disciplines about their work with IPV survivors. My research questions were:

1. What are IPV survivors’ most significant barriers for achieving long-term safety when:
 - a. They remain in an abusive relationship?
 - b. They leave their abusers?
 - c. They have left their abusers?
2. How are IPV survivors’ barriers to long-term safety addressed in the domestic violence service system?

- a. What are the institutional pathways through which women navigate to find safety?
- b. What factors shape who receives domestic violence services and how are they provided?

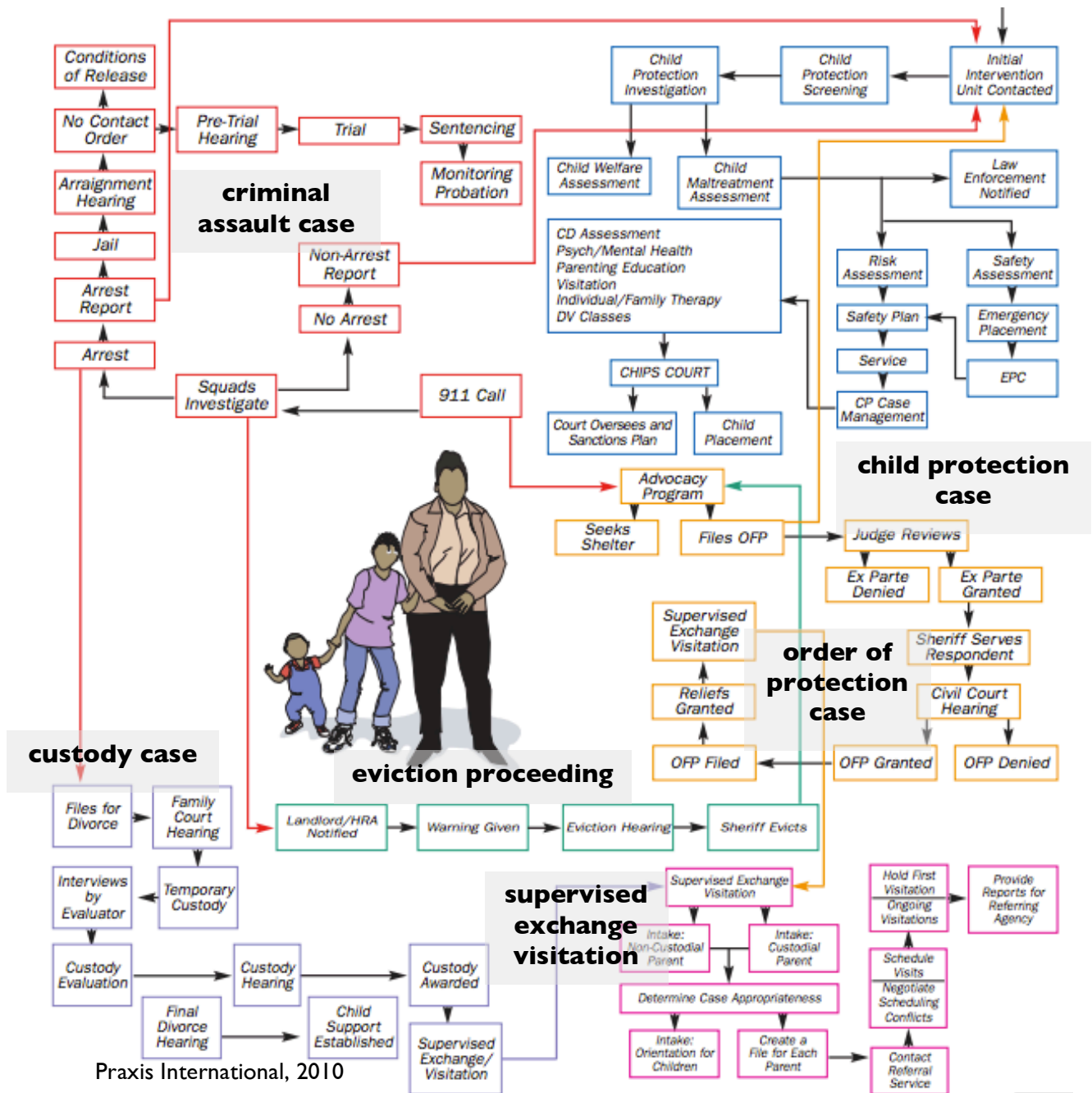
The results of this study demonstrate that when women ended abusive relationships they often sustained a variety of losses. Most frequently they lost some of their economic stability, social support, or access to their children. As a result, many women could not or chose not to leave their batterers. A large body of research shows that IPV survivors experience the most severe physical violence after they have separated from their abusers (Campbell et al., 2003). In addition, advocates and researchers have taken inventory of the many non-physical forms of harm IPV survivors endure such as psychological abuse, economic abuse, emotional abuse, and social isolation. Yet, the IPV field has not investigated IPV survivors' increased economic, social, and child-related risks post-separation.

Instead, the IPV interventions studied were routinely designed as though the collateral damage to an IPV survivor's life ended when she left her abuser. Services designed to protect IPV survivors were often not designed to accommodate survivors' post-separation social, economic, and parenting needs. Indeed, many services placed additional strain on women's lives. As a result, the most disadvantaged survivors often found institutional resources in the domestic violence service system inaccessible, irrelevant, and at times counterproductive.

For the purposes of this project, the term 'domestic violence service system' represents the governmental and non-governmental resources and organizations to which IPV survivors are typically referred to help them achieve long-term safety. The domestic violence service

system includes: civil courts such as protection order court and child custody court; criminal court; community-based domestic violence service organizations; family counselors and trauma therapists; public housing; public benefits; and child protective services. Praxis International (2010) developed Figure 1.1 to illustrate the diversity and complexity of possible institutional pathways in the domestic violence service system.

Figure 1.1: Institutional Pathways in the Domestic Violence Service System



At its core, this is a study of the ways in which women's economic and social resources shape their opportunities to protect themselves and their children before, during, and after separating from an abusive partner. It includes a number of conceptual and practical points. First, **the negative effects of intimate partner violence persist, and many times worsen, after the abusive relationship has ended.** These effects can restrict women's options throughout their lives and at times make returning to their abusers the most strategic choice for increasing their economic and social wellbeing.

IPV survivors' economic and social disadvantage at times worsened during and after leaving their abusers. This is noteworthy because most research on intimate partner violence tends to frame the end of the abusive relationship as the intervention goal and end point for data collection. As D. K. Anderson and Saunders (2003) assert, "The majority of the process studies on battered women either ignore or downplay the importance of the post-separation period, including the violence and other stressors that often occur then." Instead, "the process of leaving seems to abruptly end with the woman's physical departure from the relationship, or else the possibility of ongoing violence or other obstacles following the separation is mentioned in passing."

Barriers to long-term safety for IPV survivors are surely diverse. However, during data collection the lasting harms to domestic violence survivors' social and economic trajectories (and the domestic violence service system's failure to address these harms) were particularly prominent. IPV survivors' economic hardship encompassed much more than short-term restricted financial power at the hands of their batterers. Rather, they experienced damage to their social networks, bodies, professional reputations, credit reports, and mental wellbeing

that in combination, led to persistent economic loss long after the abuse had ended. Likewise, IPV survivors' loss of social support was not just a result of batterers' personal attempts to remove their partners from their social networks. Instead, the social sabotage that survivors endured often created irreparable damage to existing social ties and impeded the formation of new connections by limiting their mobility, ruining their reputations, weakening their emotional wellbeing, and reducing their willingness to trust other people.

The intimate partner violence field has thoroughly mapped abusers' purposeful actions to harm to women's social ties and financial resources (Adams, Sullivan, Bybee, & Greeson, 2008; Lanier & Maume, 2009; Postmus, Plummer, McMahon, Murshid, et al., 2012) Abusers' tactics of economic sabotage such as stalking their partners at work, taking credit cards and loans out in their partners' names, ruining their schoolwork, and obstructing job interviews are well documented (Adams et al., 2008; Galvez, Mankowski, McGlade, Ruiz, & Glass, 2011; J. E. Swanberg & Logan, 2005). Likewise, batterers' social isolation of their partners is typically considered a core component of their attempts to gain power and control in an intimate relationship (Lanier & Maume, 2009; Stets, 1991). However, the indirect and long-term effects of intimate partner violence on women's social and economic trajectories have received less attention. IPV survivors often experience economic and social disadvantage simply for *having had* experienced IPV at some point in their past.

Second, **systems intended to improve women's physical safety often fail to account for the social and economic disadvantage many IPV survivors face.** Despite the association between IPV, poverty, and reduced social support, systems and services intended to aid survivors in seeking safety often fail to incorporate an understanding of economic hardship and

social isolation into the structure and content of their work. Domestic violence service systems' prohibitive service fees, geographic inaccessibility, inconvenient operating hours, lack of childcare accommodations, regulations against visitors in residential programs, rules disallowing certain communications, processes unfavorable for relationship-building, and burdensome mandatory meetings often made their resources irrelevant or inaccessible. Because the structural support necessary to maintain IPV survivors' security was technically available but actually unreachable, many women returned to or never left their abusers.

Third, **resources and services intended to aid socially and economically marginalized women often fail to account for the unique safety needs of IPV survivors.** Traditional economic interventions such as debt restructuring, credit repair, job training, and federal tax advocacy are frequently implausible and sometimes even potentially dangerous for women whose behaviors are monitored by their abusers. Even economic interventions developed specifically for IPV survivors rarely account for IPV- and poverty-related challenges. Often developed in partnership with large companies in the private banking and insurance sectors, economic advocacy projects for IPV survivors typically focus on issues such as financial skills building, microfinance loans, financial investing, and getting "banked." These programs fail to account for the lack of economic and physical security that many IPV survivors experience. Moreover, they do little to address the social forces that increase survivors' vulnerability to future abuse and economic hardships.

Likewise, systems and services intended to address women's socio-emotional needs neglect to incorporate an understanding of the power imbalance and coercive control they have experienced in their intimate relationships. For example, family counseling sessions and

co-parenting classes place equal responsibility on batterers and survivors to be cooperative partners in parenting. Similarly, mental healthcare services often diagnose the effects of IPV survivors' social sabotage as individual-level pathology, which can further stigmatize survivors and invalidate their perspectives in the justice and child welfare systems.

Fourth, gender organizes institutions' resource distribution, partners' interactions, and individuals' identities in ways that are central to the incidence of intimate partner violence.

Across the spectrum of social advantage, gender influences IPV survivors' risk of future victimization in ways that have been well documented (Czapanskiy, 1993; Massachusetts Supreme Judicial Court, 1990). However, gendered attitudes about parenting also routinely permeated the domestic violence service system, batterers' interactions with their partners, and survivors' self-assessments in ways that disadvantaged women.

Two intertwining gendered attitudes about parenting shaped survivors' safety options: that children benefit from being raised by both parents equally and that fathers need not be held to the same parenting standards as mothers. IPV professionals, members of survivors' communities, and survivors themselves were frequently guided by the belief that men and women should co-parent their children, even when the fathers are violent. As a result, the efforts to encourage men to be responsible fathers often eclipsed those to keep women and children safe. While differential parenting expectations for fathers and mothers were not expressed explicitly, they were often manifest in the harsh judgments of IPV survivors' mothering and the accolades for batterers' minor efforts to care for their children.

For IPV survivors with the social and economic resources to leave their abusers, their most significant barrier to safety often was the fear of harming their children by depriving them

of engaged fathers. Survivors' frequently chose to maintain contact with their abusers in order to encourage closer relationships between their children and their children's fathers. When survivors chose to end their abusive relationships, domestic violence service system practitioners regularly forced women to maintain contact with their abusers for similar reasons.

- - -

The institutional failures to address women's intersecting experiences of abuse, economic hardship, and social isolation generated far-reaching effects throughout IPV survivors' lives. Abused women without other housing options were blamed for failing to protect their children from witnessing violence. Women lost their public benefits because their batterers restricted them from fulfilling their mandated work requirements. IPV survivors who relied on child support to feed their children lied in criminal court to keep their abusive ex-husbands out of jail. Women were evicted from public housing for "disturbing the peace" due to multiple police responses. The effects of IPV, social sabotage, gender inequality, and poverty interacted to create complex and enduring barriers to safety.

IPV and Poverty Literature

Despite the clear association between IPV and poverty, research on their relationship typically remains confined to abusers' direct actions toward current intimate partners. This dissertation contributes to the conceptualization of the IPV/poverty relationship by investigating (1) the ways women's experiences of abuse affect their economic stability during and after leaving their abusers and (2) the domestic violence service system's effects on women's economic security. Decades of research have established the mutually exacerbating affects of poverty and IPV victimization: IPV increases one's economic insecurity, and in turn,

poverty heightens one's vulnerability to future IPV. Researchers, service providers, and IPV survivors have all substantiated the link between material needs and violence. Batterers frequently create economic instability for their partners through acts of sabotage and control, often referred to as economic abuse (Brandwein & Filiano, 2000; Chronister, Linville, & Palmer Kaag, 2008; Galvez et al., 2011; Lindhorst, Meyers, & Casey, 2008; Logan, Shannon, Cole, & Swanberg, 2007; Postmus, Plummer, McMahon, Shaanta, & Kim, 2012). IPV has been linked to a wide range of negative economic outcomes including housing instability (Baker, Cook, & Norris, 2003; Pavao, Alvarez, Baumrind, Induni, & Kimerling, 2007), fewer days of employment (Riger, Staggs, & Schewe, 2004), job loss, job absenteeism, and difficulty finding employment (Romero, Chavkin, Wise, & Smith, 2003).

Correspondingly, economic hardship increases women's vulnerability to IPV and creates additional barriers for seeking safety (Gibson-Davis, 2005). As shown in the comprehensive literature review of IPV risk factors by Cattaneo and Goodman (2005), many studies have demonstrated an inverse relationship between IPV survivors' socioeconomic status and their risk of re-abuse. Additionally, survivors' employment status and other situational economic factors considerably inform their decisions to leave abusive relationships (Aguirre, 1985; Strube & Barbour, 1983). For example, survivors' difficulty supporting themselves serves as a significant deterrent for leaving the relationship, particularly for women with children (Kim & Gray, 2008). Moreover, housing options are often a major consideration when separating from an abuser. Current literature indicates that material considerations such as income, transportation, and childcare often rank as the highest priorities in battered women's decision-making processes regarding their intimate relationships (D. K. Anderson & Saunders, 2003).

Given the relationship between poverty and domestic violence, it is not surprising that studies have reported that income is among the strongest predictors of IPV (Cunradi, Caetano, & Schafer, 2002; Vest, Caitlin, Chen, & Brownson, 2002). Women living in poverty experience IPV at rates twice that of those who do not (Vest et al., 2002). More than half of homeless women report being physically assaulted by an intimate partner (Browne & Bassuk, 1997) and more than 70% of women receiving public welfare have reported abuse from a former partner at some point in their lives (Allard, Albelda, Colten, & Cosenza, 1997; Barusch, Taylor, & Derr, 1999; Tolman & Raphael, 2000).

Mapping economic abuse tactics

Economic abuse is an effective control tactic because safety from IPV can be incredibly expensive. If a survivor lacks the resources necessary for safety, she often has few options other than staying with her abusive partner. The size and timing of the financial demands of safety are unpredictable. Even once a woman has made a safety plan and has begun implementation, it may need to be revised many times depending on the unanticipated economic obstacles in her path. In the short term, IPV survivors often need to pay relocation costs. Money might be needed for transportation, finding a new job, housing, navigating a new municipality's public benefits system, and paying debts in order to secure new accounts and contracts. If an IPV survivor manages to cover these costs and leaves her abuser, she will still need to make a long-term plan to sustain economic independence. Her budget might include education to secure a stable job, work clothes, transportation to and from work, childcare, and any costs associated with parenting children. Then there are the additional costs incurred by the abuse, which might include property damage, identity theft, mental and physical health needs, and involvement in

the court system. This study contributes to the economic abuse literature by exploring the ways IPV affects survivors' economic trajectories throughout their lives. Moreover, this study expands the analysis of IPV's economic effects by situating batterers' control tactics within a larger institutional context.

A seminal 2008 study by Adams, Sullivan, Bybee, and Greeson, which was one of the first to measure the prevalence of economic abuse, found that an overwhelming 99% of IPV survivors reported some type of economic violence during the course of the abusive relationship. Within their definition of economic violence, the researchers included three types of controlling tactics: 1) preventing women's resource acquisition, 2) impeding women's resource use, and 3) exploiting women's resources (Adams et al., 2008). Within the category of preventing resource acquisition, the researchers included behaviors such as forbidding one's partner to work, sabotaging current or potential employment opportunities, interfering in human capital development, and obstructing asset ownership. Each of these behaviors keeps women from acquiring new resources through a paycheck, a better job, or investments. IPV survivors who participated in this project experienced resource acquisition prevention strategies such as having car keys hidden on the morning of a job interview, sustaining visible injuries before important events, and being stalked while at work.

The second domain of economic abuse, resource use prevention, included behaviors that obstructed a partner's access to resources already under the control or ownership of the household. Relevant control strategies included withholding or lying about financial account information, providing a limited allowance, denying access to money for household necessities, and disabling a partner's vehicle. In the third category of economic violence, resource

exploitation, a batterer capitalizes on his control over his partner by using her resources to his own advantage or to her detriment. This might include taking out credit cards in a partner's name or generating debt in her name.

Adams et al. (2008) used their framework of preventing women's resource acquisition, preventing women's resource use, and exploiting women's resources to construct a Scale of Economic Abuse (SEA). The SEA consists of 120 items measuring IPV survivors' experiences of economic violence within the context of an abusive relationship. Every IPV survivor who participated in this study experienced Items included in the SEA: sabotaged businesses, disabled cars, destroyed property, falsified contracts, stolen savings, and ruined credit. Each interview provided a new example of a batterer's attempt to control his partner by exacerbating and exploiting her economic insecurity.

Other studies have documented abusers' employment-related tactics to obstruct women's economic security. Abusers often obstruct women's economic productivity before, during, and after work hours (J. E. Swanberg & Logan, 2005). Reported job interference behaviors included physically restraining one's partner, beating one's partner until she could not attend work, making harassing phone calls at work, and stalking one's partner at work. These behaviors resulted in higher rates of workplace absenteeism, job termination, tardiness, and job quitting (J. E. Swanberg & Logan, 2005). Batterers may engage in more insidious acts of economic sabotage as well, including tampering with childcare, transportation, access to a driver's license, and immigration status (Galvez et al., 2011).

Social Support Literature

Scholars and advocates have long recognized batterers' attempts to socially isolate their partners as a means of coercive control (R. E. Dobash, Dobash, & Cavanagh, 1985; Hilberman & Munson, 1977; James, 2004; Lanier & Maume, 2009; Levendosky et al., 2004; Mitchell & Hodson, 1983; Stets, 1991). However, little attention has been paid to many survivors' decreased access to social support once they leave their abusers. This dissertation investigates the under-studied experience of IPV survivors' post-separation diminished social support and the ways in which IPV survivors' continuing lack of social support shapes their service and safety needs. It contributes to the IPV literature by demonstrating (1) the ways in which social isolation restricts women's access to long-term safety post-separation from their abusers, (2) the importance of continuous personal relationships for IPV service success and (3) the institutional factors most conducive to increasing survivors' social support.

While the effects of trauma typically decrease within the first few months of leaving an abuser, new stressors such as economic instability, retaliatory violence, and a lack of social support can lead survivors to experience even more depression and trauma-related disorders than when they were in abusive relationships (Kemp, Green, Hovanitz, & Rawlings, 1995; Lerner & Kennedy, 2000). Social support is often categorized according to four defining attributes: emotional support (provision of love, caring, and empathy), instrumental support (provision of tangible goods, services, or aid), informational support (provision of information during a time of stress, typically related to problem solving), and appraisal support (provision of information, typically related to self-evaluation) (Langford 1990).

Research suggests that social support can be protective against post-separation stressors that have been “largely underestimated and overlooked” (D. K. Anderson & Saunders, 2003; D. K. Anderson, Saunders, Yoshihama, Bybee, & Sullivan, 2003; Beeble, Bybee, Sullivan, & Adams, 2009; B. Carlson, McNutt, Choi, & Rose, 2002; Constantino, Yookyung, & Crane, 2005; Kamimura, Parekh, & Olson, 2013). IPV survivors with high levels of social support have been found to be three to five times less likely to be depressed as compared to women with low or moderate social support (Mburia-Mwalili, Clements-Nolle, Lee, Shadley, & Yang, 2010). However, IPV survivors in this study typically lacked high levels of social support. In addition, domestic violence services, prioritizing privacy and physical safety, often neglected survivors’ enduring social support needs. As a result, many survivors chose to return to their batterers rather than to be uncomfortable, mistreated or lonely.

The Intersection of Social Support, Economic Stability and Mental Health

The causal relationship between IPV victimization and mental illness is not well explicated. Though few studies have measured the sequencing and mechanisms of association between these two variables, the link between them is easily identifiable in the lives of IPV survivors. This study contributes to our understanding of the IPV/mental illness relationship by exploring the ways facets of survivors’ lives affected by IPV, such as their social and economic wellbeing, influence and are influenced by their mental health.

Mental health was often a critical facet of IPV survivors’ experiences of abuse. While many survivors’ psychological suffering was a barrier to long-term safety, the stigma of mental illness independently contributed to survivors’ risks. Stigma influenced survivors’ capacity to generate empathy, to earn money, and to maintain custody of their children. This study was

not designed to comprehensively collect data on mental healthcare services and from survivors with mental health needs and therefore the data on mental health and IPV are insufficient for an extended focus on their intersection. However, the experience and stigma of mental illness are woven throughout IPV survivors' narratives in the following chapters.

The association between intimate partner violence and poor mental health outcomes has been described by a growing body of research. Many women who have experienced IPV never suffer any lasting mental health effects, but IPV survivors are at substantially greater risk of mental illness compared to the general population (Briere, Woo, McRae, Foltz, & Sitzman, 1997; Friedman & Loue, 2007; Mueser et al., 1998). Many studies have demonstrated a strong association between depression and emotional, sexual, and physical abuse in female mental health patients (Hegarty, Gunn, Chondros, & Small, 2004; Romito, Molzan Turan, & De Marchi, 2005; Scholle, Rost, & Golding, 1998). One study of women treated for anxiety and depression reported that 62% had been raped and/or battered by their husbands or boyfriends (Weingourt, 1990). In a study of mothers with severe mental illness who were involved with the child protective service system, 63% had self-disclosed experiences with domestic violence (Lewin, Abdrbo, & Burant, 2010).

Risk of physical and sexual victimization of episodically homeless and severely mentally ill women is so common as to be considered normative (Goodman, Dutton, & Harris, 1995). In the study of 99 women from this population, 97% reported some type of victimization during their lifetimes (Goodman et al., 1995). Research also suggests that women with severe mental illness are more likely to experience recent episodes of physical and sexual assault in the immediate past. A study by Goodman, Dutton, and Harris (1997) found that within the past month, one

third of a sample of homeless women with severe mental illness had been physically or sexually assaulted. Similarly, a study of recently hospitalized women found that 80% of the patients had been physically assaulted by a family member or partner within the past year (Cascardi, Mueser, DeGiralomo, & Murrin, 1996). Another study of women with severe mental illness found that approximately one third had been physically or sexually assaulted in the past year, and 87% had been assaulted in their lifetime (Goodman et al., 2001).

Furthermore, the likelihood that this data represents an under-reporting of IPV and severe mental illness is high. For survivors of IPV, reporting mental illness could lead to a number of unwanted outcomes, including losing custody of their children, weakening their reputation as a credible party in a court case, or simply encouraging another person to pathologize and invalidate their analyses of their experiences. Likewise, women with mental health diagnoses who report domestic violence also risk losing custody of their children if their home is deemed to be unsafe (Chan, 2005).

Economic insecurity can also deeply affect women's social and psychological lives. Much like economic hardship and IPV, economic hardship and mental health issues can also worsen one another. Physical and psychological abuse can lead to poor mental health outcomes and resource constraints, and resource constraints can lead to poor mental health outcomes on their own (Beeble, Bybee, & Sullivan, 2010). Consequently, IPV can have negative psychological impacts long after the violence is over (Lindhorst, Oxford, & Gillmore, 2007). Goodman, Smyth, Borges, and Singer (2009) contend that IPV and poverty can produce similar mental health outcomes rooted in stress, powerlessness, and decreased social support.

Gender Theory

The relationship between gender and IPV has been a central concern in IPV research and advocacy communities for decades (K. L. Anderson, 2005; Berns, 2001; Davies, Ford-Gilboe, & Hammerton, 2009). Current theories of gender often conceptualize it as a socially constructed stratification system based on sex category (Connell, 2002; Ferree, Lorber, & Hess, 1999; Risman, 2004). Gender shapes opportunities and constraints by influencing individual identity, interpersonal relationships, and access to institutional resources.

Using Risman's (2004) theory of gender as social structure, this dissertation contributes to our understanding of the way in which gender operates in the lives of IPV survivors at multiple levels of analysis. She argues that gender is "deeply embedded as a basis for stratification not just in our personalities, our cultural rules, or institutions, but in all these, and in complicated ways." Risman delineates three levels at which gender shapes opportunities and constraints: the development of gendered selves at the individual level, the organization of interpersonal interaction through cultural expectations, and the regulation of resource distribution in institutional domains. In addition to gender's role in determining the causes, severity, and consequences of men's violence against women, the following chapters demonstrate gender's influence on the functioning of the institutions survivors navigate when seeking safety and the distribution of resources within those institutions.

In contrast, most research on men's violence against women in the United States over the past 30 years has treated gender as a static, binary variable that operates only at the individual and interpersonal level. While the early Battered Women's Movement argued that domestic violence was the product of gender inequality (R. Dobash & Dobash, 1977), the 1980s

saw domestic violence reconceptualized as a characteristic of flawed families struggling with individual-level problems such as substance abuse, poor anger management skills, and previous victimization (Schechter, 1982). Much of the feminist response to IPV's gender-neutral framing has been an attempt to differentiate men and women's violence by emphasizing batterers' use of coercive control. Efforts have been focused on redefining and renaming IPV, rather than critically assessing the underlying theorizations of gender that direct IPV research (M. Johnson, 1995) Conceptualizing IPV as a pattern of control rooted in gendered power differences has helped to measure facets of IPV that individual people experience. However, it is rarely utilized to identify how gender structures violence. Moreover, it does little to theorize how other forms of social stratification shape one's experiences of IPV.

Risman's theoretical framework offers a number of strengths for studying IPV. The examination of gender across multiple dimensions can demonstrate that gender equity in one domain does not signify gender equity in all domains. For example, in addition to neglecting other forms of marginalization in their analysis, the early battered women's movement typically presumed that if men and women operated within identical structural environments, gendered differences in opportunity and resources would disappear (Risman, 2004). This framework overlooks the ways gender continues to shape cultural expectations and interactions for and between individuals. This phenomenon is particularly visible in IPV survivors' and batterers' assessments as parents in the domestic violence service system. As will be described in detail in Chapter 6, although custody standards and regulations might appear gender neutral at the institutional level, cultural expectations regarding the gendered responsibilities of parenting clearly influence their implementation. Risman's framework is also well suited for the

identification of strategic sites for intervention. The isolation of the processes by which gender determines access to resources and the levels at which these mechanisms occur points to intervention strategies that would be both effective and feasible.

Structure of the Dissertation

In Chapter 2 I describe the details of the research methodology, data sources, and data analysis for this project. Special note is given to the unique considerations that are often necessary when conducting research in workplaces and with survivors of trauma. Chapter 3 provides background and history of the research sites and the relevant institutional contexts in which this research took place.

Chapter 4, the first of three empirical chapters, broadens our understanding of the relationship between IPV and social support. Using the experiences of the IPV survivors involved in this study, I map the indirect and lasting effects of IPV on survivors' social support throughout the lifecourse. I then demonstrate why batterers' tactics are often better conceptualized as "social sabotage," rather than the popular term "social isolation," and how services that account for survivors' experiences of social sabotage are frequently considered more successful than those that do not.

Chapter 5 broadens our understanding of the relationship between IPV and poverty. Using the experiences of the IPV survivors involved in this study, I map the indirect and lasting economic effects of IPV and argue for an expansion of the current conception of economic abuse to include survivors' economic trajectories throughout the lifecourse. I then describe the ways in which IPV services often fail to account for the poverty-related barriers to safety.

Chapter 6 discusses gendered attitudes about parenting that permeated the domestic violence service system, batterers' interactions with their partners, and survivors' self-assessments in ways that increased women's risk of IPV. For IPV survivors with the social and economic resources to leave their abusers, the most significant barrier to safety often was the fear of harming their children either by isolating their children from their children's fathers or by losing custody of their children to their abusers. I demonstrate the ways abusers often exploited survivors' care of their children and the domestic violence service system's prioritization of father-child relationships to gain greater control of their partners. Chapter 7 concludes the dissertation with recommendations for policy, practice, and future research.

Chapter 2 - Methodology

There have been few studies on IPV survivors' experiences seeking safety and of the resources they find helpful. The majority of scholarship on the effectiveness of IPV response services (1) relies on quantitative methods; (2) separates women's service experiences from other parts of their lives; (3) conceptualizes service experiences as a single moment in time, rather than a process; (4) defines independent and dependent research variables in terms of services rather than survivor-defined experiences; and (5) ignores variation in individual IPV survivor's personal goals.

While quantitative studies offer valuable insights into larger trends in the service field, they fail to develop a contextualized understanding of the causal processes that underlie the statistics they produce. Notably, studies often measure women's attempts to seek domestic violence services as a proxy for domestic violence incidence. However, many women stop seeking services not because the abuse has ended, but because the services do not address their needs. As a result, lower rates of service provision post-intervention are framed as programmatic success, when in fact they might be indicative of intervention failure. For example, cross-sectional studies that find an association between protection order petitions and fewer police reports of domestic violence cannot discern whether reports decreased because the violence ended or because women had negative experiences with the court system (see Kothari et al., 2012).

Qualitative methods allow inquiry to begin with IPV survivors' lived realities, rather than researchers' pre-defined measures. By asking survivors' open-ended questions, I was better able to recognize the key factors that shaped their experiences seeking safety. This was critical

for identifying survivors' previously undocumented barriers to resources. With the aim of understanding how institutionalized IPV services have and have not reflected women's actual needs, this study presents women's own accounts of their experiences.

Meso-level analysis

An in-depth study at the meso-level also offers a particularly valuable contribution for potential social change. Hirsch (2014) describes 'meso' as a term that refers to institutions and processes that are 1) neither at the micro, individual, or interpersonal level, nor at the macro-social level; 2) typified by a causal relationship to a health-relevant practice; and 3) potentially changeable through collective action. Using labor migration's contribution to HIV risk as an example, she argues, "working at the meso-level can correct the tendency toward a behaviorist approach while forestalling the 'public health nihilist' argument that the only way to address health inequalities is to erase the injustices that produce them" (Hirsch, 2014).

Rather than seeking a universal and parsimonious social law, this study attempts to develop a historically and politically contextualized understanding of how meso-level factors shape specific causal processes in the lives of IPV survivors. This focus makes visible the ways in which institutional contexts, social forces and political history intersect to shape individual women's safety risks and access to resources. By examining the institutions that reproduce macro forces in the micro world, this study lends itself to identifying concrete targets and more precise strategies for changing those processes. As Risman (2004) argues:

...the feminist project is better served by finding empirical answers to particular questions and by identifying how particular processes explain outcomes in need of change. If our goal is to do scholarship that contributes to transforming society, the

identification of the processes that explain particular outcomes is the first step in effectively changing those processes and subsequently the outcomes themselves.

Study Design and Sites

The study data was collected between April 2011 and December 2012. In 2011 I collected preliminary data via interviews with domestic violence service providers and archival analysis of publicly available organizational documents from domestic violence service providers across the country. The findings of this preliminary research were used to inform the development of the overall data collection and analysis plan, which began in January 2012.

The data collection for this study took place across in three separate communities in the Northeast United States. The collection of data in multiple sites was an attempt to reflect some of the variation in the experiences of American IPV survivors. During the preliminary data collection it became evident that many of survivors' barriers to long-term safety were embedded in their local institutional environments. In an effort to distinguish phenomena particular to a specific place from those common across different community-level contexts, this study was designed to capture women's experiences in multiple domestic violence service systems.

Table 2.1 details community characteristics across the three field sites. Based on their observed effects during preliminary data collection, effort was made to select sites with variation in population density, access to transportation, and size of institutional service system. Site 1, which will be called Pigeon Pines, is an almost entirely white, sparsely populated rural community with a job market disproportionately comprised of manual labor opportunities. Site 2, which will be called Jacobsville, is a small post-industrial city and its

surrounding suburban towns. Site 3, which will be called New Byrne, is a large urban center with significant participation in the global economy and nearly unmatched racial and ethnic diversity. I lived in each site during the data collection period and traveled between the three sites frequently during the 21 months. My mobility allowed for an iterative data collection process in which early interviews and observations informed the questions and direction of later data collection.

Table 2.1: Community Characteristics in Three Field Sites (Approximated Values)

Site	Pigeon Pines	Jacobsville	New Byrne
Community demographics			
Population	<45,000	215,000	>2,000,000
Population per square mile	50	500	25,000
Families	12,000	55,000	>1,000,000
White (% of population)	98	72	44
Annual income			
Median household income	\$45,000	\$53,000	\$51,000
Per capita income	\$23,000	\$28,000	\$31,500
Median income full time worker male	\$40,000	\$47,500	\$46,500
Median income full time worker female (\$)	29,000	37,000	43,000
Below the poverty line in last 12 months (%)			
Families	9	10	16
Female HOH with kids under 18	38	38	40
Female HOH with kids under 5	44	46	38
All people	12	14	19

Pigeon Pines is a small, rural community with a population of approximately 45,000. According to the 2010 census, there are under 12,000 families residing in the community. Over 98% of the community is white. Of those employed, more than a third perform manual labor such as mining, agriculture, construction, or manufacturing. As Table 2.1 shows, the median household income is approximately \$45,000. The median full-time salary is approximately \$40,000 for men and \$29,000 for women. While 9% of families have lived under the poverty

line in the last year, 44% of female heads of household (HOH) with children under 5 years old have lived in poverty in the last year.

Jacobsville is a mid-sized community with a population of approximately 215,000. The most common forms of employment are educational and social services, health care, and retail trade. The population is predominantly white (72%), with a high proportion of Italian, Irish, and Polish communities. The past ten years have seen an exponential rise in recent immigrant populations, particularly from Central America and South Asia. The median household income is approximately \$53,000. The median full-time salary is approximately \$47,500 for men and \$37,000 for women. The proportion of families below the poverty line in the past year is 10% overall, 38% for female HOH with children under 18, and 46% for female HOH with children under 5.

New Byrne is a large urban center with a population of over 2,000,000 people. The city is home to over 1,000,000 families, with a median household income of approximately \$51,000. The population is 44% White, 26% Black or African American, 29% Hispanic or Latino, and 13% Asian. Over a third of the population works in management, business, science, or art occupations. Notably, the median income for a full time worker is \$46,500 for men and \$43,000 for women. The gender gap in earning power is markedly smaller in New Byrne than in Pigeon Pines and Jacobsville. Women earn more money in New Byrne than in Jacobsville, yet men earn less in New Byrne than Jacobsville. Moreover, men in New Byrne earn salaries that are 8% higher than women's salaries in New Byrne, while men in Pigeon Pines earn salaries that are 40% higher than women's salaries in Pigeon Pines.

As Table 2.1 shows, the proportion of individuals (19%) and families (16%) living below the poverty line in New Byrne is higher than Pigeon Pines and Jacobsville. However, the proportion of female HOH with children under 5 living in poverty is the lowest in New Byrne at 38%. New Byrne is also the only site in which the percent of female HOH with children under 18 living below the poverty line (40%) is higher than women with children under the age 5. This data indicates that mothers of young children in large New Byrne are less likely to fall below the poverty line than mothers in the smaller sites, even though the general population in New Byrne is more likely to live in poverty. These differences in women's earning power and risk of poverty across sites could potentially shape IPV survivors' access to safety.

While all data collection took place within these three communities, the data included information about communities that stretch far beyond the borders of the study sites. Few of the IPV survivors interviewed for this project had experienced IPV response services exclusively in one community. Due to abusers' strategies of removing their partners from their local support networks, survivors' need to relocate for safety reasons, or other life circumstances, many of the study participants were able to speak at length about their experiences in multiple municipalities with court systems, law enforcement, housing programs, and public benefits.

Data Collection

This project drew upon several sources of data (in-depth interviews, key informant interviews, and participant observation) at each site to answer its research questions. This approach allows for a process of triangulation and corroboration of data that strengthens the internal validity of the study's inferences (Creswell, 2007). Each data source provided insight into a different facet of IPV survivors' experiences and institutional IPV response. In-depth

interviews afforded the time and rapport building needed to hear survivors' perspectives regarding their victimization, options for safety, resources and risks. Key informant interviews offered extensive technical information regarding organizational environments in short periods of time. Participant observation provided firsthand experiences in the domestic violence service system.

In each site I partnered with a local private non-profit organization that provides support and advocacy services to survivors of domestic violence. Services typically include safe housing, civil legal assistance, crisis response and hotline, and support groups. The organizations served as my home base for recruiting interviewees, conducting interviews, and writing up fieldnotes.

In-depth interviews with IPV survivors

I conducted and recorded 31 semi-structured in-depth interviews with women who have experienced intimate partner violence. These interviews were the central data source for this study. By exploring women's experiences with a broad scope of institutional IPV responses, as well as seeking long-term safety more generally, these interviews provided a contextualized perspective on IPV survivor-defined priorities and IPV services' success in meeting them. Moreover, the interviews with IPV survivors provided insight into the ways in which public policy and organizational protocols translated to experiences for program recipients. These interviews also provided an opportunity to explore both IPV survivors' structural barriers to safety (Stark, 2007) and the characteristics of services that have most efficiently helped women negotiate these barriers.

In-depth interviews are often characterized as being more open-ended, unstructured, time-intensive, and intimate than structured interviews. They are often used to understand

complex behaviors and phenomena without imposing *a priori* categorizations that would limit the field of inquiry (Fontana & Frey, 1994). In addition, they seek to build a level of trust and familiarity between the interviewer and interviewee that allows for greater disclosure. As a result, in-depth interviews aid in understanding a topic in a more comprehensive way, strengthen the construct validity and internal validity of a study's inferences, and generate richer information about local contexts and causality (Maxwell, 2005). Because women's thoughts and experiences regarding the violence they have experienced are often very complicated, emotionally intense, and infrequently articulated, in-depth interviews were the most appropriate interview type for this line of inquiry.

The interviews were guided by a semi-structured interview protocol. The protocol included a list of open-ended questions and related probes concerning IPV survivors' experiences seeking help from institutional response systems and their self-defined service needs. I typically asked women to talk about what was going on in their lives when they decided to contact the domestic violence organization, to describe the experience of navigating the various institutions with which they came into contact, and to assess their overall satisfaction with those experiences. The full semi-structured interview protocol is included in the Appendix.

The women ranged in age from 19 to 54 and were interviewed between one and four times depending on their interest and availability. A demographic summary of the sample is included in Table 2.2. The interviews averaged approximately 90 minutes in length, but ranged from 30 minutes to three hours.

Table 2.2: Survivor Sample Summary

Race	
Caucasian/White	23
African American/Black	4
Hispanic/Latina	2
Multiracial	2
Age	
18-25	5
26-35	8
36-45	8
46-55	10
Number of children	
0	1
1	8
2	7
3	9
4	3
> 5	3
Time separated from abuser	
Not separated	5
< 6 months	5
> 6 months	21
Annual income	
<\$10,000	13
\$10,000-\$20,000	10
\$20,000-\$30,000	5
\$30,000-\$50,000	2
>\$50,000	1
Sites services were received	
Pigeon Pines	12
Jacobsville	21
New Byrne	7

For recruitment, case managers at the host organizations explained to their clients that a study of IPV survivors' experiences of government and community-based services was taking place. They then asked if their clients would be willing to be contacted by the researcher to hear more about the project. The case managers then passed interested women's names and a safe method of contact to me. In addition, I met and recruited four IPV survivors while observing court proceedings and organizational events. Interviews took place in locations that were deemed to be private, convenient, and safe by each interviewee. A more in-depth discussion of special considerations when interviewing survivors of violence concludes this chapter.

Service provider interviews

Thirty key informant interviews were conducted and recorded with local service providers in each community to better understand the institutional context of the domestic violence service systems IPV survivors navigated. In field research, key informants are interviewed for their specialized knowledge that might triangulate findings of other data sources, complement the investigator's observations, or identify new avenues of inquiry in order to better understand a social setting, structure, or process (Burgess, 2002). Key informants are often interviewed to identify patterns of a social group or culture by interviewing a few people (Tremblay, 2004). Interviews with service providers generated insight into topics including perceived pressures and priorities of funders, structural barriers and resources for providing services, the nature of relationships between various service sectors, the ways in which the current funding landscape has determined services provided, how funding realities have shaped

the assigned responsibilities of direct service staff, the translation between organizations' administrative priorities and services provided.

These interviews were conducted with social service providers across a wide range of disciplines and sectors. Interviews were conducted with direct service and administrative staff of the host domestic violence service organizations, legal services attorneys, police officers, housing service providers, employment service providers, shelter workers, and legal advocates. Their average duration was one hour, but ranged from 20 to 140 minutes.

Table 2.3: Practitioner Sample Summary

Position	Number of participants
Domestic violence organization advocates	4
Domestic violence organization administrators	4
Domestic violence organization attorneys	4
Housing specialists	3
Legal services attorneys	3
Family Justice Center staff	3
Domestic violence legal advocates	3
Emergency shelter staff	2
Police officers	2
Employment specialists	2

The service provider interviews were also guided by a semi-structured interview protocol. The protocol included a list of open-ended questions and related probes concerning service providers' daily responsibilities, service priorities, and resources for and barriers to helping IPV survivors achieve long-term safety. These questions necessarily varied according to key informants' professional settings and job responsibilities. Examples of the semi-structured interview protocols are available in the Appendix.

Participant observation

Burawoy, Burton, Ferguson, and Fox (1991) contend that what distinguishes participant observation from other data collection techniques is that it allows the investigator to study people in their own time and space. It includes being involved in community life, observing, talking, and learning about the explicit and tacit culture of the study subject (Levy & Hollan, 1998). The goal of conducting participant observation in this study was to gain a better understanding of (1) the experience of navigating the domestic violence service system and (2) the forces that influence the actors in the domestic violence service system.

Each host organization provided me with office space from which to work and access to routine proceedings both within the organization and in the larger domestic violence service system. During a typical day I might sit in on a morning coalition meeting among local service providers throughout the community; eat lunch with a group of the organization's staff; take a trip out of the office to attend court proceedings; and participate in a community organizing in the evening. Within the organization I frequently attended staff meetings, was included in group emails, sat in on counseling sessions, participated in off-site advocacy and fundraising events, and casually socialized with staff while I was being hosted in each of the three organizations. In the larger domestic violence service system outside of the host organization, I typically conducted observations in other public places multiple times per week including shelters, transitional housing units, protection order proceedings, custody hearings, and criminal trials.

In settings where taking notes was not out of the ordinary and I was not actively participating, such as a court proceeding or a staff meeting, I typically overtly jotted notes in my

field notebook (Emerson, Fretz, & Shaw, 1995). In situations in which I was more directly participating, such as socializing at a community event or eating lunch with staff members, I kept my notebook out of sight until the first opportunity to jot some quick phrases or keywords, perhaps in a hallway or bathroom, that would jog my memory of the events when I had an opportunity to write.

As soon as I returned to my computer, I would revisit my jottings and write fieldnotes of my day's observations in detail. Fieldnotes were also written after each formal interview. These fieldnotes typically included detailed descriptions of any new settings or main characters, pertinent events, or relevant interactions. Fieldnote writing also provided an opportunity to reflect upon the day's observations and begin sketching some preliminary thoughts about the way disparate events and narratives related to one another.

Data storage and analysis

According to the guidelines set forth by Yin (2009), a study database was built to store and organize the data collected for this research project. The database components included sections for primary data, notes, and narratives. The primary data section included transcribed fieldnotes, audio files, and transcripts of interviews. The notes section provided space to write down impressions and contextual information not captured in the primary data, as well as preliminary reflections that arose during the data collection phase and transcription phase. The narrative section organized longer pieces of analytic writing and their evidence chains.

Data collected during the study was further organized and analyzed through a process of coding and memoing (Emerson et al., 1995), with the primary purpose of gaining a deeper understanding of IPV survivors' barriers to long-term safety and the domestic violence service

system's response to those barriers. The *a priori* coding technique described by Miles and Huberman (1994) was utilized for this project. In this technique, a provisional "start list" of codes is developed prior to data analysis. That list is typically generated from research questions, hypotheses, and intended themes of study. In this instance, the start list was developed from foundational concepts in IPV research such as economic abuse (Adams et al., 2008), social isolation (Lanier & Maume, 2009; Stets, 1991), batterers' parenting (Bancroft & Silverman, 2002), and gender (Risman, 2004).

Often a master code is created to denote a category of codes, with additional sub-codes to delineate classes of data within that master code (Miles & Huberman, 1994). The start list of codes is applied to the first sets of fieldnotes and transcripts and assessed for fit and comprehensiveness. The list is then edited with use to create a finalized set of codes with a conceptual orientation conducive to answering the research questions (Miles & Huberman, 1994). For this study, when codes in the start list did not adequately match a segment of text relevant to the research questions, a new code was developed. For example, the code "social sabotage" was developed when the code "social isolation" did not match survivors' accounts of batterers ruining their reputations post-separation.

For this project, all primary data was read closely and relevant segments were assigned codes that denoted specific analytic dimensions and categories particular to the theoretical perspectives central to this study. To begin, I reviewed and transcribed the recorded formal interviews. During this process I continued writing my immediate impressions of the interview content and added them to the fieldnotes and memos developed while I was in the field. Theoretical memos were written to preserve and elaborate on the ideas generated during the

analytic process, and to begin identifying salient themes present in the data (Lofland, Snow, Anderson, & Lofland, 2006). Because I began transcribing interviews while continuing to conduct others, my thinking about the direction of this study slowly came into focus as the data collection was completed.

By the time all fieldnotes and 53 interviews were transcribed, I had generated a list of categories according to which I organized a preliminary set of descriptive codes. Some of these categories arose as themes that continued to occur throughout my fieldnotes and interviewees' narratives. Others were developed from my research questions and background reading. The final categories were: 1) IPV survivors' barriers to safety; 2) capital utilized by IPV survivors or batterers; 3) contextualizing socioeconomic details; 4) cultural values and assumptions regarding families and individuals roles within them; 5) tactics of intimate partner violence; and 6) IPV survivors' assessment of seeking services versus remaining in the abusive relationship. For comparative purposes, I also developed a list of contextualizing codes such as location, class, and race to flag instances when survivors' social environments appeared to significantly influence their experiences.

Next, I reread each transcript closely and assigned relevant passages codes that correlated with the identified categories using the Atlas.ti software package. For example, within the category of intimate partner violence tactics I created codes such as sabotaging finances, using the courts and police as tools of abuse, and manipulating the couple's children. Within the category of barriers to safety, codes developed included lack of language proficiency, lack of material resources, and risks to physical safety.

As I reread and coded transcripts, thoughts about the relationships between the codes and more general commonalities in the texts often arose. When this occurred, I would stop the coding process to do some stream-of-consciousness writing in order to preserve these thoughts and pin them to the primary texts from which they were generated (Lofland et al., 2006). Once all of the texts were coded, I did two things. First, I organized all of the excerpts with the same codes together in one file and read them as one group, paying particular attention to patterns in the contextual codes. By doing this, I was able to see commonalities and contradictions in women's experiences that were not apparent when each survivor's narrative was read separately.

Second, I returned to my written memos and more systematically considered the relationships between codes and passages by drawing charts, creating tables, and developing outlines that visually represented the connections between concepts (Lofland et al., 2006). As the data clustered together into discernible themes or constructs, I created pattern codes (or what Atlas.ti calls "super codes") that encompassed more theoretically complex phenomena and ultimately tracked closely with the layout of this paper. Pattern codes aids in generating cognitive maps, reduces large amounts of data into analytic units, and lays the groundwork for thematic analysis (Miles & Huberman, 1994). I then organized the data by pattern code, wrote additional memos that tied codes together and began selecting passages that illustrated or supported the arguments I wished to make.

Special Methodological Considerations

This research project included a number of unanticipated challenges and special considerations that were unique to the particular contexts of this study. Specifically, strategies

and accommodations were made for interviewing survivors of IPV and generating trust within workplace environments.

Interviewing survivors of intimate partner violence

By far the most significant, and largely unanticipated, challenge in collecting data for this study was the logistical coordination with IPV survivors to find a time and place at which they could be interviewed. A number of factors typical of IPV survivors' experiences made this task exceedingly complicated. Most significantly, we had to find a place the interviewee deemed safe. While I had a private interviewing room at each host organization, many women did not feel comfortable being seen within the vicinity of the building. For some, being seen talking in public with anyone at all seemed unsafe. Others could only leave the house at specific times or to do specific things, requiring them to lie or sneak out of the house when their partners were unaware. Due to this limitation, I became familiar with what one advocate called "private public places," which are places open to the public but often so large or crowded that two people could have a private conversation without interruption. The most frequently used public private places were a children's library, a mall food court, and a playground.

Similarly, contacting survivors for recruitment and coordination also posed a safety risk. Without having any prior contact with the women I would be interviewing, I did not know if I would be calling a phone whose records were monitored, emailing an address that was hacked, or giving my card to a woman whose purse was checked. The first and most obvious solution to this challenge was to ensure that the advocates who were recruiting interviewees asked for their clients' preferred method of contact and any safety considerations of which I should be aware. Regardless of this, I never publicly labeled my project as one about intimate partner

violence. If I was given permission to leave a message, I gave my first name and the first name of the person who gave me their contact information without mentioning a study or the host organization. If a survivor preferred to contact me, she was given a plain white business card with my phone number and email address. The voicemail recording associated with the phone number indicated that it was for a women's health study.

Another barrier to scheduling interviews with IPV survivors was women's busy schedules. As will be made apparent throughout the course of this dissertation, IPV survivors typically had many responsibilities competing for their time. Accommodating childcare and transportation needs, working around required court appearances, and finding unscheduled space in survivors' work schedules sometimes became an insurmountable task. Regarding childcare, the children's library and playground remained handy interview sites. I secured a stack of vouchers for public transit for those living in remote areas without transportation. Regarding scheduling, I often asked potential interviewees if there was a time they planned on being at the host organization or another "public-private" place where I could steal some of their time. Despite these accommodations, a high rate of cancellations and requests to reschedule occurred.

When conducting interviews with IPV survivors, the likelihood of touching upon very sensitive and potentially traumatic content was high. I employed a number of strategies to elicit meaningful information while working to create a positive experience for the interviewees. First, I often spent a sizable amount of time previous to and after the formal interviews chatting informally with the interviewees. Even once the formal interviews began, the first few questions I asked were intended to get to know the interviewee and give her some time to get comfortable with me. Similarly, I put the more sensitive questions toward the end of the

interview guide to allow for a bit of trust to build. Second, I attempted to word sensitive questions in ways that did not communicate judgment. This included directing questions to the external world, normalizing perceived deviance, and using plural pronouns. For example, rather than asking the question “Why did you move back in with [your batterer]?” I might say, “A lot of women have talked to me about their decisions to move back in with their partners. How did you come to that decision?” or, “What are some of the challenges women face when they are trying to leave their abusers for good?” Last, and certainly not least, I attempted to present myself as warm, respectful, and willing to listen (Levy & Hollan, 1998).

Many interviews with IPV survivors touched upon topics that were challenging to discuss. To minimize the likelihood of retraumatization, every effort was made to avoid asking questions or otherwise steering the conversation in a direction that was not in the service of answering the study’s research questions. For example, in-depth details about the violence they experienced were not necessary to understand their barriers to service. Therefore, I did not ask them to discuss their victimization and potentially cause additional emotional distress for no purpose. I also scheduled all interviews with a large time buffer to allow for conversations to take as long as they needed to and not feel rushed. Finally, I was cognizant of allowing the interviewees to have a level of control over the time allotted to and order of the topics of conversation, rather than requiring them to tell their stories in a format that was rigid and predetermined (Chaitin, 2003). These strategies seemed successful given that all interviewees were enthusiastic about participating in follow-up interviews and remaining in touch regarding the development of the research. Indeed, many survivors expressed gratitude for the opportunity to have someone bear witness to their stories. The most common reasons for

losing contact with interviewees were their busy schedules or their lack of a permanent phone number.

In writing up the interviews and observations in which IPV survivors were involved, particular caution was taken to ensure that no one could be identified from the data included in this dissertation. Survivors who shared their stories risk retaliation from their abusers for speaking to others, as well as a backlash from judges and court personnel, should they still be involved in the justice system. To avoid this, all names and identifying information were removed from interview transcripts and fieldnotes as they were being transcribed. Where particular court procedures or survivor stories are described in this dissertation, details were changed, preserving the spirit of the story while obscuring the identity of the people involved. For example, in many of the stories discussed, women's occupations, number of children, or locations were changed to a comparable substitute. For similar reasons, the names of the people and places involved in this study are not disclosed (Agar, 1996).

While I felt relatively prepared to respond to the risk of retraumatization of interviewees, I was not prepared for the extent to which listening to women's trauma histories would affect me. The relative social isolation typical of some ethnographers' data collection experiences in unfamiliar communities compounded these effects. Many of the relationships I developed outside of the data collection were with study participants. As a result, I had few outlets for more candid interactions. Lack of preparation for this challenge was perhaps one of my most significant oversights while conducting this study and one that I would attempt to avoid in the future. After concluding my data collection, I participated in weekly therapy

sessions to process both what I had experienced during the data collection phase and what I continued to expose myself to in the transcription and analysis of that data.

Conducting data collection in organizations and worksites

In order to recruit IPV survivors and conduct participant observation in non-public settings in the domestic violence service system, it was necessary to gain access to the organizations and institutions that belong to this system. This often required negotiating with organizational gatekeepers and navigating workplace politics (Lofland et al., 2006). I quickly learned that organizations' leadership often perceive that they have little to gain from an independent researcher watching and inquiring about the way they perform their job functions. The risk of publicizing damaging information is not readily invited. Moreover, routine surveillance can engender self-consciousness and discomfort.

My point-of-entry into each domestic violence service system was the domestic violence service organization that hosted me at each site. After a series of rejections, I began to offer my own work in exchange for access to these organizations, which produced successful results. For example, in one site I helped with administrative tasks and sorting donations. In another I helped update the organization's website and write their newsletter. Making myself useful helped me gain acceptance with my hosts and provided the opportunity to participate in activities to which I would not have otherwise been invited. Members of the host organization staff in each site were often initial informants, providing a general overview of the structure of the local domestic violence service system as a whole, suggestions for observation sites in the community, referrals for other key informant interviews in the community, and help recruiting IPV survivors interested in participating in in-depth interviews.

While initial negotiation of access to each host organization was typically conducted with the Executive Director, I introduced my project and presence to staff and clients personally, in an effort to separate myself from the organizational leadership. In this way, I hoped to construct an identity that was independent from interviewees' supervisors and service providers. Though I formed personal connections with many of the service providers in each site, clarifying my role to the IPV survivors was more challenging. Some survivors seemed unclear about my connection to the domestic violence organizations and referred to the organizations' services as "what you do" or "your work." As a result, I placed additional emphasis on my independence from the organizations during introductions, consent processes, and interviews with survivors.

While conducting interviews at the organization, I dressed casually. The work environments of the host organizations were very informal, and most staff wore jeans to work routinely. I dressed similarly except for when I met with the organizations' attorneys and staff directors, who often wore business casual attire or suits to work. At those times, I dressed to match their typical level of formality.

Positionality

The perspective from which I study the professional IPV field shaped this project's results. I locate this project in the context of my own biography to recognize the ways in which my social position, history, and location shape the making of meanings and relationships in the world I study (O'Reilly, 2005). Examining my positionality aids in clarifying my theoretical stance from the outset, reflects on my own personal attitudes of the study subject, and orients the reader to the perspective from which the findings were generated (Salzman, 2002). Perhaps

most notably, I have worked in this field for the past 15 years. During that time I had volunteered at some of my host sites and for organizations connected to my host sites. Moreover, I have and continue to collaborate with some of the professionals interviewed for this study. A number of friends, colleagues, and family members have worked or currently work for organizations and institutions that participated in my research, including my mother, who has been a battered women's advocate for over 25 years.

This long history with the anti-IPV movement offers me a privileged vantage point of my study topic in some regards, while likely obstructing my view in others. I do believe that my familiarity with this advocacy work lent a level of credibility and trust from interviewed IPV professionals. Conversely, I am predisposed to be sympathetic to the point of view of these interviewees and might be less likely to examine our shared values and assumptions about their work. I have also worked professionally providing training and technical assistance to advocates and attorneys across the United States who develop and implement IPV response services. While this history offers enhanced access to IPV professionals and movement leaders across the country, my insider status might have led some to be disinclined to share the details of their weaknesses or doubts about the system. Finally, as a longtime advocate for survivors of violence, I am inclined to believe women's stories of abuse. It is likely that my empathetic and nonjudgmental stance encourages women to share details of their lives that they might not have otherwise. However, my deliberate choice to believe women's narratives increases the possibility that I miss other actors' versions of events. For this reason, I make every attempt to describe my observations and contextualize interviews in great concrete detail before providing analysis so that readers are best able to arrive at their own conclusions.

Limitations

While the narratives in this study reflect the experiences of women from a broad cross-section of locations, socioeconomic statuses, and cultures, they are certainly not representative of all survivors in all municipalities. The barriers identified reflect issues related to local policy regulations, policy implementation, community infrastructure, and available advocacy services. They are not meant to serve as an exhaustive or universal list of challenges, but as structural inventories of particular communities. Connell (1987) describes structural inventory as an examination of a set of intersecting structures that work together to shape a social environment. As opposed to structural models, which aid in drawing comparisons across local situations, structural inventories are “a more complete exploration of a given situation, addressing all its levels and dimensions” in order to assess “the current state of play or balance of forces” (Connell, 1987). The experiences described below were selected to illustrate IPV survivors’ economic and social challenges for the analytic purposes of this project. The lack of description of other forms of marginalization is not meant to suggest that the experiences of the IPV survivors in this research were not significantly shaped by other social differences. Indeed, issues such as immigration status, sexual orientation, and physical ability were at times factors in survivors’ decision-making processes.

In addition, this study’s sample of IPV survivors reflects women’s barriers to services. For example, as Chapter 4 will describe, the two host organizations in the smaller sites (Pigeon Pines and Jacobsville) developed stronger relationships with survivors than New Byrne. When advocates in Pigeon Pines and Jacobsville asked their clients if they would like to hear about possibility participating in a study, a large portion agreed. Conversely, survivors in the host

organization in New Byrne got passed between many advocates, each with specialized expertise. If an advocate thought to ask her client if she would like information about the study, the client usually refused. I think that the lack of cohesive and trusted advocacy in New Byrne contributed to its small sample size of survivors. Moreover, the design of this research project did not incorporate recruitment strategies to comprehensively capture the ways in which trauma, poverty, and social isolation can restrict IPV survivors' access to the domestic violence service system. Because most interviewees were recruited while they were seeking resources from this system, the experience of those without any access to services was often left uninvestigated.

Chapter 3 – Local and Institutional Context

Like any social movement, the movement to end violence against women is shaped by local contexts, institutional realities, popular knowledge, and political forces. This chapter will provide a brief overview of relevant local and institutional settings in order to contextualize IPV survivors' barriers to safety. I will start with a brief description of the three study sites' local economic and cultural environments. I will then review the current evaluation literature on IPV interventions and provide a summary of reported characteristics of successful IPV programs. In addition, I will review the Battered Women's Movement's history and the ways in which it aligns with the trajectory of IPV-gender theories. Next, I will provide an overview of the current frameworks regarding IPV, mental health, and the pathologizing of trauma. Finally, I will discuss the recent popularity of fatherhood promotion efforts.

Study Sites

Pigeon Pines

With a population under 45,000 people, Pigeon Pines stretches over 800 square miles; it can take over two hours to drive from one end to the other. Near the center is a small town with a few roads of independently owned shops, corner bars, restaurants, and a courthouse. The courthouse is a two-story brick building built in the 1850s in the Greek Revival style. Sitting on a slight incline in the center of town, one can see its Ionic columns, gable roof, and cupola from blocks away. In the main courtroom on the second floor, the floor slopes downward like a theater so that everyone who comes through the large doors in the back of the room is immediately visible to the judge and court administrator. A large painting in the front of the

room depicts the courthouse along a dusty road, prior to the construction of other buildings or paved streets in the town. Above the audience is a second floor balcony with ornate carved details and a magnificent chandelier. The only judge presides from a large bench that sits between two tall white columns in the front of the room. There were fewer than five protection order hearings per week, which happened on Wednesday mornings.

The local domestic violence organization is located on one floor of an office building that houses a few other nonprofit and service providing organizations. There is no emergency shelter. It has two full time staff, one part time legal advocate, and one part time clinical social worker. The majority of the organization's funding comes through two federal grants: one from the U.S. Department of Justice to provide legal advocacy and one from the U.S. Department of Health and Human Services to provide transitional housing. The staff primarily communicate with IPV survivors by phone because their clients often do not have transportation to the organization's offices. Every morning the staff gather around the organization's kitchen table to strategize about the day's cases and eat breakfast together. As a result, everyone at the organization knows each other and all of the clients notably well.

Each advocate has her own office, painted in a warm color of her choice, with a desk for administrative work and a mix of overstuffed furniture for meetings with clients. Soft lighting, curtains, and survivor-made artwork decorate the space. The largest room in the organization is filled with shelves of toiletries, diapers, groceries, and special treats such as perfume and candy. When I first arrived at the office, the hallway was lined with gift bags of body products to give to clients for Mother's Day. Before every survivor interview I conducted, one of the

advocates would leave a plate of cookies and a pot of coffee on the table of the interview room.

Over the past five years, Pigeon Pines has experienced upheaval because of drilling in the Marcellus Shale (a vast rock formation that harbors gas reserves) throughout the region. The small inns and pubs are filled with young men from midwestern states who have traveled to the region for opportunities in the natural gas industry. The majority of vehicles on the community's small single lane country roads are large trucks carrying water to drilling sites. Over 250 wells had been drilled in Pigeon Pines during the time of data collection, with permits issued for over 400 more in the coming months. The rural landscape changed daily; tops of mountains were removed, country roads crumbled under the weight of the heavy machinery, and large drills loomed over farms that had previously been passed down through generations of local families. The well sites, which often occupy a few acres of land, operate around the clock, emitting a glow at night reminiscent of a science fiction movie.

The local economic growth has had complicated and contradictory effects on the community's residents. Many small business owners and job seekers have benefitted from the industry boom. The local unemployment rate is significantly lower than the state and national averages and housing rental rates have more than doubled. Residents with entrepreneurial energy have generated new streams of income through side businesses such as mobile lunch trucks. Restaurants have expanded their hours, bars have raised their prices, and inns have built new rooms. The influx of out-of-state workers with higher-paying jobs, however, has significantly reduced the availability of affordable housing, and as a result, the number of homeless families is on the rise. The gendered effect of natural gas drilling in a rural community

could be a study in and of itself. Given the physical nature of most of the jobs in the natural gas drilling industry, women have not seen the same growth in employment opportunities. Women who have been hired for jobs on drilling sites tell stories of frequent harassment and unabashed favoritism.

The impact of the influx of young men is undeniable. As a woman in her 30s who was often alone and walked everywhere in a town with no public transit, I experienced this facet of Marcellus Shale's influence almost without interruption. Sitting alone in public was nearly impossible, as men from the drilling sites would at times wait their turn to ask, "How about I keep you company rather than that book?" "What's a girl like you doing in a place like this?" or "Why don't you give me a smile and I'll buy you a drink?" Unsurprisingly, social service providers in the area reported a spike in sexual assaults and sex-work related violence in the communities in which the gas drillers are working and residing.

Jacobsville

Originally built on the railroad and coal industries, Jacobsville experienced a rapid economic decline in the middle of the 20th century. Since that time, the population fell by half to approximately 215,000 people. For the past two years, the factory town anchoring the community has been teetering on the brink of economic collapse, liquidating and selling its remaining resources in an effort to avoid tax increases. The unemployment rate is well above the state average, and the region's poverty rate has been the highest in the state for over three years. In 2012 the town gained national attention for reducing the wages of all municipal employees, including the mayor and police chief, to \$7.25/hour. During the most recent local

elections, candidates focused their platforms on strategies for remedying the growing presence of abandoned properties and the merits of declaring bankruptcy.

The majority of the population is of Polish, Irish, and Italian descent. However, the region is home to a small but growing number of racial and ethnic minorities. From 2000 to 2010, the Hispanic population (now 5% of the community) grew by over 250%. In addition, the Asian population, mostly from southern countries such as Nepal and Bhutan, has grown by over 150%. These demographic trends have spurred legislative and social action in the outlying, more rural communities. For example, one 25,000-person town in this municipality also gained national attention for passing ordinances that made English its official language and levied \$1000 fines on landlords for each undocumented immigrant to whom they rented property.

The town center is home to the community's court complex, centered around a three-story Romanesque-Revival style masonry building with a five-story clock tower. The majority of the courtrooms in the court complex belie the buildings' century-old exterior, and many could be mistaken for classrooms, with low-hanging dropped ceilings, rows of chairs facing the front of the room, and a judge's bench that is little more than an office desk on a raised platform. Ten judges preside over all civil and criminal matters including divorce, custody disputes, prosecutions, lawsuits involving money or property, and protection from abuse order petitions.

The local domestic violence organization provides safe housing, civil legal assistance, crisis response, a 24-hour hotline, and support groups. It employs approximately 25 people: eight administrators; four attorneys; a paralegal; and 12 project staff who provide services including assistance locating housing, relocation assistance, emergency shelter, counseling for child sexual assault, teen dating violence response, 24-hour crisis response, and empowerment counseling. The

organization's development is rooted in the grassroots efforts of the Battered Women's Movement. It began as a volunteer-run project that primarily consisted of crisis counseling and safe housing. Since then, the project has grown into an organization that serves over 2000 women and children per year, reaches across two counties, and has secured funding from a diverse array of sources. These funding sources include individuals, corporations, the city, the state, the U.S. Department of Housing and Urban Development, and the U.S. Department of Justice.

The organization is located in one of the original sites of the Battered Women's Movement and maintains contact with many leaders in the field. This collaboration has shaped the organization's work in several ways. First, it has maintained an awareness of the Battered Women's Movement's feminist analysis of violence against women. An informal survey of the websites of the 55 domestic violence service organizations recognized by the statewide domestic violence coalition showed that the organization is one of only five with an explicitly feminist organizational philosophy and one of 15 with a structural analysis of IPV in its mission statement. It also maintains relationships with contributors to the content and passage of the Violence Against Women Act. As a result, the organization is politically situated to have access to information about government funding opportunities. As will be discussed in Chapter 4, the organization's concurrent appreciation for its feminist history and acute knowledge of State funding realities have precipitated tensions between mission and financial viability that are a frequent point of concern and conversation.

New Byrne

The population of New Byrne is over 2 million people and its justice system is large and complex. There are 120 civil court judges, approximately 50 who preside over civil court procedures. The remaining 70 may be assigned to sit in criminal courts or family courts. The civil court system is composed of eight separate buildings located throughout the city. The civil

courts process approximately one quarter of the state's filings with 6% of the court system's workforce.

New Byrne's criminal court system handles arraignments and preliminary hearings for felonies, as well as overseeing all misdemeanor crimes and lesser offenses. There are ten criminal courts in the city with 107 authorized judgeships and over 1,000 non-judicial employees. In 2012, there were over 500,000 summons filings and 73 judges actually sitting in the criminal court system.

The city's family court system handles all cases that involve children or families. There are five family courts in the city that oversee cases regarding issues such as child support, paternity, domestic violence, adoption, custody, and juvenile delinquency. The city's supreme court system, which is the trial court of unlimited original jurisdiction, includes nine locations throughout the city.

One hundred twelve nongovernmental organizations are listed as providing domestic violence services in the city's resource directory. The list includes organizations that specialize in economic advocacy, legal assistance for Central Americans, healthcare for Dominican women, advocacy for survivors of abuse with physical disabilities, anti-trafficking advocacy, and youth development services. The largest organization that provides domestic violence services operates from 57 program locations including nine emergency shelters with over 700 beds, 30 court-based programs, and four community-based programs. They offer counseling, legal services, a 24-hour hotline, life skills and parenting courses, medical aid, economic advocacy, support groups, and childcare.

I had the most contact with a domestic violence program using the Family Justice Center (FJC) model (Gwinn, Strack, Adams, Lovelace, & Norman, 2007). This model, often referred to as a “one stop shop,” consists of representatives from different sectors of the domestic violence service system (such as police officers, attorneys, case workers, interpreters, and self-sufficiency advocates) who are co-located in one large office space, typically in a courthouse. The model’s founders highlight co-located services’ potential for survivors to access resources independently and efficiently (Gwinn et al., 2007). During a survivor’s initial visit to the FJC, she is typically asked to meet with an intake worker who inquires about her experiences of abuse and service needs. The intake worker then provides referrals to the various practitioners located in the FJC.

This particular FJC is located in a very large and modern looking courthouse with a cement and glass exterior. Inside, the ground floor is almost entirely open, with laminate floors, tall windows, over a dozen police officers, and a labyrinth of vinyl belts roping off a path to metal detectors, reminiscent of a major airport terminal. The FJC itself occupies one floor of the courthouse. After taking and exiting the elevators, clients check in with a receptionist at the FJC’s front desk and take a seat in the waiting room until they are called. Behind the waiting room partition is a series of door-lined hallways housing the various service providers. The hallways are color-coded to distinguish their function: the red halls contain case managers, blue halls contain law enforcement, green halls contain legal services, and yellow halls contain “culturally specific” services.

The FJC’s overhead costs and three administrators’ salaries are federally funded. Practitioners’ salaries, however, are funded by their home organization. For example, the FJC’s

free legal services are provided by local legal aid attorneys who have been transferred from their home office. By reassigning these attorneys to an FJC, the primary legal aid offices operate with fewer staff. Due to this dynamic, local organizations must determine whether their staff resources are best used in the centralized FJC or in their home offices.

Conceptualizations of Intimate Partner Violence

Intimate partner violence has been given many labels such as domestic violence, gender-based violence, battering, family violence, and domestic abuse. In this dissertation I use the term “intimate partner violence” in order to highlight the relationship between the perpetrator and the victim of violence. However, when I discuss projects that use the term “domestic violence” to describe their work, I mirror that language. Though I almost exclusively refer to survivors’ experiences of victimization as “violence,” assault is only a small component of this social problem. Evan Stark (2007) has argued to rename the problem “coercive control” in order to better capture the entrapment and loss of self-determination that result from abuse. He explains that survivors he has worked with have articulated that,

What is done to them is less important than what their partners have prevented them from doing for themselves by appropriating their resources; undermining their social support; subverting their rights to privacy, self-respect, and autonomy; and depriving them of substantive equality. [...] Coercive control is a liberty crime rather than a crime of assault. Preventing a substantial group of women from freely applying their agency in economic and political life obstructs overall social development.

Similar to the coercive control model, and perhaps the most widely recognized model of domestic violence, is the Power and Control Wheel created by the Domestic Abuse Intervention Programs in Duluth, Minnesota in 1984 (Domestic Abuse Intervention Programs, 2011). As is shown in Figure 3.1, the Power and Control Wheel depicts domestic violence as a pattern of behaviors intended to dominate and control another person. These behaviors include isolation, emotional abuse, economic abuse, and the use of children. Physical and sexual violence “holds it all together,” contextualizing and giving power to the controlling behaviors (Domestic Abuse Intervention Programs, 2011).

Figure 3.1: Domestic Abuse Intervention Programs’ Power and Control Wheel



Despite the popularity of this conceptual model in the domestic violence field, an understanding of the role of power and control has not been incorporated into institutional domestic violence response such as criminal law, child protective services, and emergency shelter systems (Stark, 2007). Instead, a conceptualization of domestic violence has emerged in policy and intervention that focuses almost solely on discrete incidents of physical violence with little regard for previous harms, future risk, or power inequality.

Domestic Violence Intervention Efficacy

The first global systematic review of data on the prevalence of violence against women, published in the summer of 2013, reported that one in three women is physically or sexually assaulted by a current or former partner during her lifetime. In addition, 40% of all murders of women globally are committed by intimate partners (World Health Organization, 2013). Nationally, the statistics are equally dismal. In 2011, the Centers for Disease Control and Prevention published the baseline data of its *National Intimate Partner and Sexual Violence Survey*. They reported that 35.6% of women in the United States have been physically or sexually assaulted by an intimate partner in their lifetime (Black et al., 2011).

In addition to the immediate traumatic effects, intimate partner violence is associated with a range of health issues throughout the lifecourse. Women who have experienced intimate partner violence are twice as likely to experience depression; 1.5 times more likely to contract HIV, chlamydia, syphilis, and gonorrhea; and almost twice as likely to abuse alcohol (World Health Organization, 2013). IPV survivors report higher levels of digestive problems, urinary tract and vaginal infections, pelvic and genital pain, migraines, and back and neck pain (Campbell, 2002).

Despite the widespread effects of IPV, there is a dearth of research on IPV survivors' experiences seeking support services and best programmatic practices for improving their life chances (Abel, 2000; R. J. Macy et al., 2009; Wathen, 2003). There is also little empirical data on recommended strategies from the perspective of domestic violence service providers (R. Macy, Rizo, Johns, & Ermentrout, 2013). One recent review of the domestic violence program evaluation literature found insufficient evidence regarding the efficacy of screening for domestic violence in other service sectors, protection orders, media campaigns, mandatory arrest policies, no-drop prosecution policies, specialized courts, and coordinated community response (Whitaker, Baker, & Arias, 2007). Victim advocacy, shelters/transitional housing, batterer intervention programs, couples counseling, and alcohol abuse counseling were deemed "promising" based on a review of the literature, but also lacked enough empirical evidence to confirm their effectiveness.

While a full review of the academic literature on domestic violence service practices is beyond the scope of this project, a few relevant ideas will be highlighted here. First, there is growing evidence from qualitative and quantitative research that program participants find *how* services were provided to be as important as *what* they received. Survivors were likely to consider the service experience successful when they felt in control of the advocacy process (Chang et al., 2005; Zweig & Burt, 2003); respected by staff (Grauwiler, 2008; Rothman, Hathaway, Stidsen, & de Vries, 2007; Watt, Bobrow, & Moracco, 2008; Zweig & Burt, 2007); their existing strengths and resources were utilized in the advocacy process (Goodman, Dutton, Weinfurt, & Cook, 2003); and the services were tailored to their individual goals, needs, and

stages of readiness (Burke, Denison, Gielen, McDonnell, & O'Campo, 2004; Frasier, Slatt, Kowlowitz, & Glowa, 2001; Zink, Elder, Jacobson, & Klostermann, 2004).

A concurrent body of literature has advanced the argument that IPV services have focused too intensely on providing emotional and social support, while ignoring the women's economic and other material barriers to seeking safety. For example, a 2009 study of over 400 women's experiences with domestic violence found that material services and supports, such as job training, childcare, housing, and food, were perceived as most helpful (Postmus et al., 2009). The services the study population reported receiving most often, however, were less tangible supports such as self-help groups, medication, and professional counseling.

Undoubtedly, both material and social support can contribute to positive outcomes for survivors of IPV. Indeed, one qualitative study of women experiencing economic hardship report defining "economic self-sufficiency" primarily in emotive and psychological terms (Gowdy & Pearlmutter, 1993). What these studies of service helpfulness often fail to consider, however, is that IPV services rarely benefit all women in a uniform way. Rather than recognizing that women in different parts of the social structure and in different stages of their relationships prefer different types of safety strategies, IPV program evaluations often operate under the assumption that IPV is experienced uniformly by all women. This project is an attempt to develop an understanding of the variability in how women experience the domestic violence service system and of how social forces shape that variability. Women in abusive relationships might be protecting a number of things they value including their physical integrity, their children's welfare, their family and pets, their friendships, their dignity, and their jobs (Hamby & Bible, 2009). As a result, one should understand IPV, as Liang, Goodman,

Tummala-Narra, and Weintraub (2005) describe, “not as a unitary construct, but as a complex phenomenon that is subjectively experienced by each woman and thus affected by distinct histories and values.”

History of Domestic Violence Interventions’ Incorporation of Gender

The early Battered Women’s Movement

Though spousal abuse was prohibited by the end of the nineteenth century, it was not until the early 1970s that specialized services for survivors of IPV began to be developed. The origins of the Battered Women’s Movement were inextricably linked to the Second Wave Feminist Movement of the time (Bush, 1992; S. L. Miller & Barberet, 1994; Schechter, 1982). Original IPV interventions consisted of shelter programs (often in private residences), counseling services, and individualized advocacy that largely grew from the work of IPV survivors and feminist activist allies. Prior to that, IPV survivors had three primary options: interventions of child welfare agencies; their individual acts of placation and resistance; and support of family, friends, and neighbors (Gordon, 1988).

The founders of the Battered Women’s Movement declared that IPV was too deadly and too widespread to be addressed solely at the individual level or in the private sphere. Like many feminist activists of that generation, they advocated that their concerns were not isolated personal problems, but rather were significant public and political concerns (Brownmiller, 1975). Their understanding of IPV was rooted in a structural analysis of gender that argued that women’s subordinate political and social status shaped their role within the family (R. Dobash & Dobash, 1977; Stark, Flitcraft, & Frazier, 1979). Battered women’s advocates challenged commonly held conceptions of IPV that relied on the pathologizing of battered women and on

individual- and interpersonal-level analyses of battering. Instead, they constructed theories of IPV that focused on the social structures and institutions that facilitated battering (Jacobsen, 1977; Martin, 1976). A culture that considered wives subordinate to husbands, a criminal justice system that ignored violence in the home, and widespread denial of power relations in the family were highlighted as underlying supports of IPV (Bush, 1992; Schneider, 2000).

Understanding IPV as a product of the relationship between the gendered power imbalance in the family and in other social institutions had direct implications for advocacy and service work. Policy and criminal justice interventions were considered with great skepticism. Many within the Battered Women's Movement believed that providing services through the patriarchal institutions that were part of the fabric of the social and political landscape contradicted their feminist goals. They argued that government-run services would not question the form of the contemporary family, or the institutions that rely on it. In response to this analysis, feminist advocates developed group counseling, consciousness raising groups, and shelter systems that sought to embrace a nonhierarchical framework and promote women's collective empowerment (Bush, 1992; Schechter, 1982).

The Battered Women's Movement also challenged the commonly held image of battered women. By articulating how gendered structures place limits on women's agency, this perspective moved away from pathologizing IPV survivors' victimization. Instead, it highlighted institutional issues such as a law enforcement system that was unwilling to intervene in domestic matters, a labor system that did not accommodate childcare, and a court system that was lenient toward perpetrators. In this analysis, IPV survivors were women with restricted

options and limited resources for ending the violence, rather than individuals who were too weak or ignorant to end an abusive relationship.

Despite the Battered Women's Movement's analysis of structural inequality, it rarely accounted for social stratification that did not involve gender. Inequalities based on race, class, sexual orientation, religion, citizenship, physical ability, or ethnicity were rarely incorporated. Moreover, analyses of survivors' social positions typical of that moment in American feminism often did not inform IPV theorization.

Depoliticization of IPV and micro-level analyses of violence

By the early 1980s, the efforts of the Battered Women's Movement garnered significant public attention for IPV, which was increasingly recognized as a social problem (Bush, 1992). Simultaneously, the group of individuals who advocated for IPV survivors was changing: self-defined former battered women were being replaced by trained advocates in social work, psychology, legal, and political fields (Kanuha, 1998). During this time, the Battered Women's Movement added concrete policy reforms to their political agenda.

Over time, law enforcement, the judiciary, and the health care system responded to advocates' work with policy-level changes such as codifying domestic violence as criminal conduct, increasing penalties for domestic violence, and mandating domestic violence training for law enforcement (Burt, Newmark, Norris, Dyer, & Harrell, 1996). More aggressive policy and institutional change followed early state reforms. Mandatory, or pro-arrest, policies became popular in the mid-1980s, which required police officers to arrest anyone believed to have perpetrated an assault, regardless of victims' wishes. Shortly afterward, "no-drop" prosecution policies proliferated, which required prosecutors to move forward with battery cases,

irrespective of victims' consent. In the 1990s, the healthcare sector began adopting mandatory IPV policies as well, requiring practitioners to file police reports for patients who were suspected victims of IPV (Mills, 1999).

In 1994, the United States Congress passed the Violence Against Women Act (VAWA) as Title IV of the Violent Crime Control and Law Enforcement Act. The legislation expanded and revised federal laws in many ways including mandating financial restitution to victims by offenders, establishing criminal penalties for crossing state lines to commit domestic violence, and directing the U.S. Sentencing Commission to increase the restitution options and severity of sentencing for perpetrators of domestic violence. Additionally, many state grant programs were created through the Department of Justice, Department of Transportation, and Health and Human Services for increased law enforcement, prosecution, education, and victims' services related to violent crimes against women (Stolz, 1999).

VAWA served as a landmark collaboration between feminist advocates and the federal government in sharing the responsibility of addressing IPV. This process shifted the dialogue regarding IPV causes and responses. A social service consciousness replaced the critique of a gendered social stratification in the IPV field. With this, the image of an IPV victim changed from one of a battered woman to one of families who were experiencing violence (Bush, 1992). While government systems appeared to embrace the end goal of eliminating IPV, it subverted the Battered Women's Movement's analysis of the problem by focusing on individual- and interpersonal-level causes of IPV. Moving away from the earlier conceptual foundation that family life is characterized by a systemic imbalance of gender power, public policy was created to strengthen the abstract ideal of "the family" by constructing policies to intervene with

dysfunctional families (Bush, 1992). This shift from macro- to micro-level explanations characterized much of the IPV research (as well as social policy more generally) that was generated in the late 1980s and early 1990s. Literature focused on identifying individual- and interpersonal-level risk factors for IPV incidence (Pan, Neidig, & O'Leary, 1994; Straus, 1990) such as substance abuse, depression, stress, and low self-esteem (Bennett, 1995; Julian & McKenry, 1993; McCauley, Kern, & Kolodner, 1995). Rather than considering IPV a social problem, it was treated as an emergency with quick responses and little attention to underlying causes (Lipsky & Smith, 1989).

The Conflict Tactics Scale and gender symmetry

Research on the scope and consequences of IPV at the time often took the form of randomized population surveys and typically utilized quantitative instruments that focused on measurable, physical acts of violence. The most popular of these instruments is the Conflict Tactics Scale (CTS), which measures IPV by counting isolated acts of violence among married and cohabitating partners (Cogan & Porcerelli, 1996; Downs, Miller, & Panek, 1993; Lawrence, Heyman, & O'Leary, 1995). The results of such studies often produced findings that women and men use violence equally within intimate relationships (for a review: Archer, 2000). Moreover, instruments such as CTS produce results that suggest that 50% of “perpetrators” are also “victims” (K. L. Anderson, 2002). A growing number of researchers and advocates began speculating that gender played no part in IPV perpetration. A subset of IPV scholars argued that women’s use of violence against men was a growing social problem similar to men’s violence against women (Straus, 1993).

Men's rights groups and others who opposed feminist conceptions of violence against women used this research to leverage resources to support their work and obstruct the allocation of government money for battered women's services (Messner, 1998; Schwartz, 2000). The early men's liberation movement of the 1970s considered the feminist movement necessary for men's freedom from patriarchy and the rigid sex roles that dehumanize men (Messner, 1998). However by the 1980s, the pro-feminist discourse changed to one of men's oppression and the need for men's rights advocacy. Issues such as the military draft, men's shorter lives, and divorce laws were used as proof of women's privileged position (Messner, 1998).

Father's rights and domestic violence have been two of men's rights advocates' most popular rallying points. Activists have argued that feminist ideology has obscured the large number of men beaten and killed by women (Baumli, 1985). Similarly, many men who felt that divorce or custody courts treated them unfairly found a powerful outlet for their anger in the men's rights movement. Though their discourse rarely addressed the division of parenting responsibilities pre-divorce, men's rights activists somewhat successfully co-opted feminist ideals of rights and equality to create a rhetoric "that gives the illusion of equality, but, in essence, the demands are to continue the practice of inequality in post divorce" (Coltrane & Hickman, 1992).

By dismissing gender as a significant component of IPV analyses, proponents of gender symmetry advanced the notion that gender need only be considered when sex emerges as a statistically significant independent variable, or in other words, when a person's sex influences her or his likelihood of a particular outcome. For example, by only comparing men and

women's isolated acts of physical violence, gender symmetry proponents conceptualized gender narrowly as an individually held trait. Therefore, when sex was not determined to be a significant predictor of IPV victimization or perpetration, many concluded that gender was not an important facet of IPV incidence (Archer, 2000; Felson, 2002). By equating gender with sex-related differences in behavior, this framework failed to account for the ways in which gender organizes relationships, stratifies society, and influences performance. Instead, it treated gender as a static trait of individuals. Through this perspective, individuals carry these characteristics, which can then be grouped into masculine or feminine categories.

Feminist response and maintenance of individual-level analyses

The feminist response to the gender symmetry perspective has not been to revisit the early analyses of gendered structural inequality. Instead, it has predominantly focused on criticizing the methodology of gender symmetry research for measuring isolated incidences of physical violence without accounting for the contextual and gendered uses of violence. Critics of gendered symmetry findings have often called for a closer investigation of participant characteristics such as age, ethnicity, sexual orientation, and relationship status (McHugh, 2005). In addition, there has been a stronger push for studies that account for facets of IPV outside of physical assault, including coercive control, economic abuse, and psychological violence. As a result, a large body of research has been developed that seeks to delineate individuals' gendered differences in the meanings and impacts of violence between intimate partners (Archer, 2000; Osthoff, 2002; Saunders, 1988; Yoshihama, 2000). Characteristics of physical violence such as severity, frequency, escalation, and purpose have all been highlighted as points of distinction between men and women's uses of physical assault.

Survey research on the gendered consequences of IPV largely focused on the differences in the severity of injuries and need for medical care between men and women (Sorenson, Upchurch, & Shen, 1996; Szinovacz & Egley, 1995). This body of research has found that women were more likely to need medical care and sustain severe injuries as a result of IPV than men were. More recent research on the gendered differences of health and psychosocial outcomes of IPV such as substance abuse, fear, and depression, has also countered arguments of gender symmetry, demonstrating that women often face worse outcomes in each of these domains (K. L. Anderson, 2002).

Differentiating between men and women's uses of violence by outlining its characteristics and outcomes has created new subtypes and labels for IPV. For example, in an effort to make sense of women and men's quantitatively equal use of physical violence, M. Johnson (1995) created a taxonomy of IPV that distinguished "common couple violence" from "intimate terrorism." Johnson characterized common couple violence with low levels of mutual physical violence that results from partner conflict getting "out of hand." He explains that this type of violence is "less a product of patriarchy, and more a product of the less gendered causal processes discussed at length by [researchers] working in the family violence tradition," such as poor anger management and alcohol abuse. Intimate terrorism, on the other hand, is marked by one partner's long-term battering of and coercive control over the other partner, and is typically perpetrated by men against women. He suggests that the mutual physical violence found by quantitative national surveys employing CTS is mostly common couple violence, while intimate terrorism is more readily found in studies of individuals who seek IPV services such as safe housing and counseling. Therefore, random population studies of common couple violence

and targeted studies of intimate terrorism are tapping into two “distinct, virtually nonoverlapping populations of violent families.”

A number of feminist academics have adopted this distinction between hitting and battering as a support to their argument that heterosexual women who hit their partners should not typically be considered batterers. Osthoff (2002) argued that when women use physical violence against their partners, it is often done out of self-defense or as a result of ongoing battering. In turn, she argues, just as not all women who hit are batterers, not all men who hit their partners should be considered perpetrators of IPV.

In response to researchers’ interests in exploring the varied dynamics of different subtypes of IPV, new scales and research instruments are continually developed. For example, Dutton and Goodman’s (2005) coercive control scale attempts to measure partners’ use of power and coercion within an intimate relationship. They assert that previous scales of abusive tactics, such as CTS, are measured outside of the context of the perpetrator’s intention to control his or her partner. The coercive control instrument seeks to differentiate acts of violence that are done out of self-defense and those done as acts of control. Other scales have attempted to weight acts of violence based on their intended aggression and the severity of injury (McHugh, 2005).

While this research has challenged the gender symmetry framework, it has relied on a concept of gender that is static and embodied. The argument that common couple violence should be attributed to “less gendered” factors continues to rest on the notion that gender is not a useful construct when studies measure similar outcomes for men and women. For example, if a husband and wife hit each other with the same severity and intent, their violence

would likely be categorized as common couple violence. Moreover, without information other than their interpersonal interactions, a study might argue that gender did not shape their conflict. This dissertation counters these gender symmetry arguments by providing descriptions of the ways in which gender as a structural phenomenon meaningfully influences the experience of IPV, regardless of the frequency or severity of individual physical acts. For instance, the gender might influence a person's access to resources, sense of self, or expectations of a partner in ways that contribute to their use of violence.

Battered Women's Syndrome and Survivor Theory

In the 1980s and early 1990s, the notion that battered women's mental health problems were the product of their social environment gained notable popularity. Rather than focus on the deficiencies of individual women, many feminist activists adopted this framework as one that would allow for a structural critique of IPV while accounting for the emotional and psychological tolls of IPV. Perhaps the most popular theory to be born from this framework was Lenore Walker's battered women's syndrome. Walker's syndrome relied on the concept "learned helplessness" (Walker, 1977). Walker argued that battered women's failures to leave an abusive relationship were due to society's indifference to IPV victimization and a system of broken institutional responses. Over time, as women do not succeed in breaking free, they develop a learned helplessness. Learned helplessness was characterized by passivity, fear, depression, submissiveness, and ambivalence to one's victimization as a result of realizing that getting safe was impossible.

While the notion of battered women's syndrome reflected a structural analysis of failed response systems and a patriarchal society that allowed IPV to occur, it also placed an

unprecedented focus on individual women's psychology and decisions. Walker fiercely advocated for the inclusion of empowerment counseling, assertiveness training, consciousness-raising, and therapy for IPV survivors in order to rebuild their self-esteem and sense of agency (Rothenberg, 2003). With wide popularity in social science literature, popular media, and the justice system, the battered women's syndrome was "the most recognized explanation for domestic violence through the mid-1990s" (Rothenberg, 2003).

Despite its mass appeal, Walker's analysis contains a number of points that diverge from IPV survivors' own narratives. Most notably, it portrays survivors of IPV as helpless victims rather than as individuals who strategically access a wide array of coping mechanisms given the resources available to them. In response to Walker's work, Gondolf and Fisher (1988) developed his Survivor Theory which, in contrast to battered women's syndrome, argues that IPV survivors assess their options for feasibly enhancing their long-term safety and make (sometimes unseen) choices for action based upon the structural limitations they face. In comparison to Walker, who argues that IPV survivors' primary need is psychological counseling to treat their low self-esteem and masochism, Gondolf posits that IPV interventions should focus on increasing access to resources that would enable survivors to escape their batterers.

Gendered Beliefs About Model Parenting

As mentioned in Chapter 1, gender organizes institutions' resource distribution, partners' interactions, and individuals' identities in ways that are central to the incidence of IPV. In this study, gendered attitudes about the value of two parent families and paternal presence especially permeated the domestic violence service system, batterers' interactions with their partners, and survivors' self-assessments in ways that disadvantaged women. Though

many individuals and institutions advocating for gender equality often support more nurturing and participatory roles for fathers, this emphasis can have stigmatizing and potentially dangerous consequences for IPV survivors.

Government

Encouraging the formation of two-parent families has gained popularity within various sectors of the government including federal funding streams, departmental programming, state-level initiatives, and Presidential attention. The United States' welfare policy history illustrates a significant shift in the government's philosophy on its relationship with single mothers. In 1996, the federal government created the Temporary Assistance to Needy Families (TANF) through the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA). TANF replaced Aid to Families with Dependent Children (AFDC), which previously had been providing welfare to families living in poverty. The stated mission of TANF is to:

- (1) provide assistance to needy families so that children may be cared for in their own homes or the homes of relatives;
- (2) end dependence of needy parents by promoting job preparation, work, and marriage;
- (3) prevent and reduce the incidence of out-of-wedlock pregnancies; and
- (4) encourage the formation and maintenance of two-parent families.

This mission stands in contrast to AFDC's original purpose in 1935: to provide income support to children whose fathers had died, were absent, or were unable to work. From the belief that mothers should remain at home to parent their children, AFDC provided female-headed households with an income that was lost with their breadwinner (Fragile Families and

Child Wellbeing Study, 2011). Until 1968, many states even disallowed AFDC funds be granted to households that included an adult male (Blank & Blum, 1997).

While this legislation was intended to grant women flexibility to stay at home and care for their children, a series of demographic, economic, cultural, and political changes brought this intention under scrutiny. As rates of divorce, out-of-wedlock births, and welfare rolls increased, AFDC was criticized for economically incentivizing single motherhood (Murray, 1994). Ultimately, in 1996, President Clinton pledged to “end welfare as we know it” with PRWORA (Grossbard-Shechtman, 2003). PRWORA’s mission coupled welfare’s original purpose of providing economic stability to poor families with a second goal of reducing single motherhood. A number of facets of the legislation spoke to this mission, including its new time limit. Families could no longer receive welfare for more than five years, making survival without another source of income even more difficult (Purvin, 2007).

Under the G.W. Bush Administration in 2005, another piece of federal legislation, the Deficit Reduction Act, created the National Responsible Fatherhood Clearinghouse (NRFC) for “the development, promotion, and distribution of a media campaign to encourage the appropriate involvement of parents in the life of any child and specifically the issue of responsible fatherhood, and the development of a national clearinghouse to assist States and communities in efforts to promote and support marriage and responsible fatherhood.” The NRFC has continued to receive funding through the U.S. Department of Health and Human Services. The Claims Resolution Act of 2010 currently provides \$150 million every year for the promotion of responsible fatherhood and marriage promotion through funding for activities

such as marriage education, parenting classes, and relationship skills building (House Ways and Means Committee, 2004).

In addition to support from the legislative branch, eleven federal agencies participate in the Federal Interagency Working Group on Responsible Fatherhood, which “exists to explore what administrative actions can be taken to remove barriers to and institutionalize our efforts to support and encourage responsible fatherhood and father engagement in their children’s lives” (U.S. Department of Health and Human Services, 2011). Examples of federal agency participation include the Department of Commerce’s collaboration with the Department of Labor to promote fatherhood in the workplace by finding effective work-family balance strategies for men; the Department of Health and Human Services’ development of the Fatherhood Quality Improvement Center and the Fatherhood First program to facilitate and to help fathers understand the importance of their presence in the lives of their children; the Department of Housing and Urban Development’s Fathers’ Day Initiative, to strengthen the bond between children and families by connecting dads with economic, employment, health, and education resources; and the Department of Agriculture’s Fathers Supporting Breastfeeding Initiative, which targets African American fathers to encourage a mother’s decision to breastfeed (National Responsible Fatherhood Clearinghouse, 2013a).

President Obama has also increased the visibility of the federal government’s responsible fatherhood promotion activities. His administration created the President’s Fatherhood Pledge “to encourage individuals, especially fathers, to be involved in the lives of their children, and to be positive role models and mentors for the children in their lives and communities” (National Responsible Fatherhood Clearinghouse, 2013a). In addition, a national

Ad Council campaign for fatherhood involvement centered on the President's relationship with his daughters. In the 2013, President Obama used the State of the Union address to highlight responsible fatherhood as a national priority (National Responsible Fatherhood Clearinghouse, 2013b). He announced:

And we'll work to strengthen families by removing the financial deterrents to marriage for low-income couples, and doing more to encourage fatherhood – because what makes you a man isn't the ability to conceive a child; it's having the courage to raise one. Stronger families. Stronger communities. A stronger America.

The importance of two parent families also has been prominently featured in the political rhetoric of more conservative politicians. During a Presidential Candidates' debate in 2011, when Republican candidate and former Massachusetts Governor Mitt Romney was asked how he would reduce gun violence, he responded by pledging to promote two-parent families (The White House, 2013).

We need moms and dads, helping to raise kids [...] Gosh to tell our kids that before they have babies, they ought to think about getting married to someone, that's a great idea. Because if there's a two parent family, the prospect of living in poverty goes down dramatically. The opportunities that the child will be able to achieve increase dramatically. So we can make changes in the way our culture works to help bring people away from violence and give them opportunity, and bring them in the American system.

While previous government response to fathers' absence in the family included economic assistance to substitute for the missing income, current government projects have shifted

toward attempts to increase fathers' involvement in the family and mothers' participation in the workforce.

Research

A growing number of research initiatives investigate the benefits of two parent families. While research on the effects of paternal presence has existed since the turn of the century, it gained increasing popularity in the 1970s with the belief that fathers could and should be active participants in the care of their children (Lamb, 2000). Scholars' markedly quantitative approach to measuring fathers' involvement grew from father absence and maternal deprivation literatures popularized during the Second World War and a reemergence of interest in time-use methodologies (D. J. Johnson, 1996; Lamb, 2000). A later rise in divorce rates and economic inequality in the United States turned additional attention on the negative effects of single motherhood on child and family outcomes (D. J. Johnson, 1996).

Hundreds of articles, books, book chapters, and working papers have been published on the negative effects of father absence. Single parenthood has been linked with a number of negative outcomes for children including poorer marriages in adulthood, lower psychological and physical wellbeing (Center for Research on Child Wellbeing, 2013), lower educational attainment (Bramlett & Blumberg, 2007) more births outside of marriage, and weaker bonds with parents (Cavanagh & Huston, 2006; Magnuson & Berger, 2009). In comparison to stably married parents, unmarried mothers are reported to have lower income growth, poorer health, more mental health problems (Amato, 2005), harsher parenting practices, and greater reliance on public assistance programs (Osborne, Berger, & Magnuson). The conclusions drawn from

this large body of literature is that children parented outside of stably married families suffer from a range of disadvantages related to their wellbeing.

Conclusion

The local communities in which domestic violence services are implemented are culturally, politically, and economically diverse. However, domestic violence service systems in the United States share some common influences and history. There has been little change in women's access to safety since formalized interventions have begun and even less agreement about the most effective methods for curtailing violence against intimate partners. Existing domestic violence service systems across the U.S. are being shaped by inattention to gender inequality in analyses of IPV, insufficient resources for addressing IPV survivors experiences of trauma, and an emphasis on paternal presence as a solution to a wide range of social problems.

IPV interventions, research, and policy have emphasized individual- and interpersonal-level determinants such as survivors' behaviors, skills, and education. Efforts to reduce violence against women have moved toward direct services for survivors and away from community education and social action. For example, advocates have attempted to address survivors' mental health needs by adding screening and services for the effects of trauma, rather than attempting to change institutions to be more accessible to those with trauma histories; responses to gender symmetry arguments have focused on isolated acts of physical violence and have neglected to account for gender's influence at every level of the social world; and the response to the economic struggles of single mothers has been to encourage men to stay committed to their families, instead of critically assessing the institutional forces that undercut

women's ability to parent their children independently. Research and activism have yet to develop a framework that identifies the common social forces influencing each issue.

Chapter 4 – “They Treat You Like They’re Family”: Social Sabotage and the Value of Supportive Relationships

Most studies of IPV survivors’ social support investigate two issues: social support’s effects on survivors’ wellbeing and survivors’ experiences of social isolation while in abusive relationships. These studies fail to cover batterers’ other tactics that decrease women’s social support after abusive relationships end. Here I highlight how batterers’ strategies other than social isolation weakened their partners’ social networks. IPV survivors’ loss of social support significantly shaped their service needs. However, many of the resources in the domestic violence service system further restricted survivors’ access to social support and isolated those who oftentimes were in the greatest need of supportive relationships.

IPV survivors spoke at length about social support’s significance in securing safety for themselves and their families. Women often credited their relationships with IPV service providers as a primary reason for using a given service. Conversely, women who felt uncared for or disrespected by service providers frequently returned to their abusers, citing their temporary social and emotional connection. Services that were cold, impersonal, or otherwise disregarded relationship-building often reinforced women’s notions that they were not worthwhile, had no voice, were making too big a deal of their suffering, or could not access the resources they needed to achieve long-term safety.

This chapter begins by mapping the ways in which IPV survivors might experience lasting damage to their social ties as a result of their abuse, with particular attention paid to the relationship between social support and mental health. While batterers’ use of *social isolation* as a control tactic is well documented, the IPV survivors in this study experienced a more pervasive and under-studied damage to their social networks that could be better described as

social sabotage. Then, I will describe survivors' resulting social support needs and the domestic violence service system's gaps. I argue that services that fail to attend to the importance of relationship development with IPV survivors also often fail to maintain contact with women who could benefit most from their resources. In addition, services' attentiveness to social support was often a key factor of their success. The chapter ends with a discussion of the relationship between programs' models and their capacity to enhance social support.

Long-term Costs of Social Sabotage

Scholars and advocates have long recognized batterers' attempts to socially isolate their partners as a means of coercive control (R. E. Dobash et al., 1985; Hilberman & Munson, 1977; James, 2004; Lanier & Maume, 2009; Levendosky et al., 2004; Mitchell & Hodson, 1983; Stets, 1991). There is no shortage of accounts of abusive partners restricting women's access to family members, friends, community groups, work, and hobbies outside their homes. For example, IPV survivors in this study reported their phones taken from them, their cars damaged, and their computer activity monitored. These tactics increase survivors' economic reliance on their batterers, reduce the likelihood of hearing negative opinions of their batterers, and limit survivors' options for leaving the relationship safely.

However, while the IPV survivors in this study certainly experienced direct attempts to curtail their social contacts, the damage to their social ties was much more extensive. In addition to destroying women's social networks, abusers sustained their control by restricting women's opportunities to develop new social ties. In addition weakened social networks during their victimization, the majority of the women interviewed for this study reported few to no personal, professional, or intimate relationships even after leaving their abusive relationships.

Targeting network members

Some IPV survivors lost social ties because their abusers created negative experiences for survivors' friends and family. The severity of these negative experiences varied. Some batterers would become aggressive in the company of their partners' friends to deter them from maintaining contact. Maria described how Felix would yell and slam doors whenever her friends visited, making her friends uncomfortable and compelling them to leave. Sophie experienced more serious social sabotage when she began dating after her divorce from Henry. According to Sophie, Henry reported her new boyfriend to child protective services, alleging that her boyfriend sexually assaulted their children. She recalled,

Then this whole investigation happened, and we broke up. And I was so upset. He had to be interviewed by Children and Youth and he had to get investigated. I really liked him too. I think I will always grieve that. He's scared. I don't blame him.

At the most violent extreme, one interviewed survivor's social sabotage turned lethal. Her ex-partner broke into her home while she and her current partner were sitting together watching her toddler son play on the floor. Without a word, her ex-partner shot her boyfriend in the head and then killed himself in the middle of her living room. All three women decided against pursuing new friendships and intimate relationships for fear of creating more harm than good. Regardless of severity, each abuser contributed to his partner's loss of social support during and after the abusive relationship.

Exploiting mental illness suffering and stigma

Women's experiences of mental illness were often closely connected to their experiences of social sabotage. Abusers' exploitation of women's (real or fabricated) mental

health diagnoses was the most commonly reported tactic of social sabotage. As was discussed in Chapter 1, previous research has established a clear link between IPV and poor mental health. The experience of IPV survivors' interviewed for this study substantiated that association in a variety of ways. While some survivors attributed their vulnerability to IPV to already occurring mental illness, others reported experiencing symptoms of poor mental health only during or after their abusive relationships.

For example, Sophie was diagnosed with borderline personality and bipolar disorders, which she contends were accurate assessments. However, she reported that she did not recognize any signs of mental illness until she began enduring daily beatings from Henry. She explained,

They labeled me as borderline personality disorder and bipolar. Which, I pretty much accepted. Those are my diagnoses [...] But I believe that if I had not been abused that trait would not have manifested itself. The medication certainly makes my life better, but I don't believe that the reason that I wound up in the hospital is because I have a borderline disorder or bipolar.

Similarly, Karen sunk into a deep depression and began abusing drugs after she moved from her hometown to a sleepy beach community with her husband, Ed, a boat repairman. Ed kept Karen imprisoned in their home, regulating her movement with threats of severe consequences:

I was just too afraid of the consequences that my ex-husband has programmed in me.

Like he was going to fight for the custody [of the children] [...] He froze all of my bank accounts, financial punishment. Putting fear in me, he threatened my life with the gun, he threatened to kill my children [...] His quote was "I'm the law."

Karen decided to secretly flee the state with her children when Ed killed Karen's dog in front of the family. However, while Karen's physical abuse ended, the psychological effects of her trauma history and her resulting addiction to prescription drugs grew worse.

Regardless of etiology, IPV survivors' poor mental health restricted their access to social support. While survivors' psychological suffering often weakened their social ties, the stigma of mental illness further burdened survivors' relationships. First I will describe the ways in which survivors' internal experiences and outward signs of mental illness contributed to their isolation. Then I will discuss how the stigma of mental illness and substance abuse generated additional hardships for survivors.

Inflicting trauma

Some survivors' experiences of trauma influenced the formation of relationships long after their abuse had ended. For example, some survivors were traumatized to the extent that they did not "present well" in social situations. Without specific knowledge of their past abuse, IPV survivors could appear apathetic, unreliable, or oversensitive. Before I met one IPV survivor, Carla, an advocate working with her mentioned that she was often difficult to understand. The advocate explained that Carla often went on seemingly wild tangents and never followed one train of thought for very long. This style of communication put Carla at a disadvantage in her fight to gain custody of her daughter, in which she would benefit from the court's empathy and respect. After talking with me for an hour, Carla apologized for her excitable demeanor. She

explained, “It’s like my house is on fire, and even though I’m screaming for help, no one will respond. They just focus on the fact that I’m screaming.”

Lola, a very petite and soft-spoken woman, had a string of abusive partners over the course of her life. She told me that the years of abuse left her feeling as though she couldn’t moderate her emotions or reactions to mistreatment:

After having things happen to you so many times, you kind of snap [...] and I get abusive or I have the potential to be violent. There was a point in time when if you were going to slap me, I would hit you with a baseball bat. When you are in a situation like that, it's like being a cornered mouse because I'm a tiny person and it's very hard for me to defend myself physically without just losing it.

Lola and Carla’s seemingly exaggerated reactions undermined their ability to develop meaningful personal connections.

Other survivors’ abuse contributed to their distrust of other people. For example, Janie’s experience with the court system’s lack of regard for confidentiality left her skeptical and defensive. She recalled,

It really took a serious mental toll on me, and I stopped being friends with all my friends. I couldn’t trust nobody. I felt like everybody was telling [my ex-husband] something because he was finding out things, and then the court system is telling me, “Well we didn’t tell him that.” So I’m blaming people I know.

For Janie, her experiences with the domestic violence service system, rather than the abuse itself, led to her self-isolation.

Some women isolated themselves because their trauma led to debilitating depression and anxiety. Once Emily's abuser was incarcerated, the severity of what she endured began to sink in. She told me that the realization that she could have been killed left her almost incapacitated. "I started getting a lot of anxiety, like breaking out in hives all the time and having like psychosomatic symptoms of fear and stuff," she described. "So I didn't want to go out. I just started going out, like within the last six months. I was basically inside." Similarly, Etta ended her relationship with Michael after the first time he physically assaulted her. A week later, Michael set fire to the house in which Etta and her three sons were sleeping. Two of her children died that night. In the years since, she revealed, she only leaves her bedroom to go to work, and then immediately returns to her bed. She explained:

My room is my sanctuary [...] If I go downstairs, then I have to look at [my older son's] face on the wall in his football uniform. And then [my younger son's] picture that was in their coffins on my entertainment center. Sometimes I just can't handle it always sitting down there. I sit down there for a little while, but I can't stay down there all the time.

Etta's memorialization of her sons limits her ability to inhabit her own space and contributes to her social isolation. Even though Etta has not had contact with Michael since he was incarcerated and Emily is now happy in a supportive relationship, the negative social effects of their abusers' actions persist.

Destroying reputation

Abusive partners also sabotaged women's social ties by attempting to ruin their reputations. Particularly in Pigeon Pines, where the population was quite small, IPV survivors recounted their abusers' efforts to spread stigmatizing rumors throughout their communities.

Many batterers claimed their partners could not be trusted due to (real or fictional) mental illness or substance abuse. For example, Annie told of visiting a friend shortly after her husband, Bill, requested a protection from abuse order (PFA) against her:

She goes, oh my God, he's all over the place. He's a town crier. He was in [a local bar] complaining, 'Oh my wife, she's got a problem with the bottle. So she moved out on me so I had a PFA put on her because now all she wants to do is call me for money.'

Other batterers tracked and then distorted women's actions in order to shame them. Lola's ex-husband would stalk her and later portray her covertly observed behaviors in the worst possible light. She described a few instances of this experience:

I was at a secondhand store and buying a used couch from somebody who was considered a crack addict in town. Apparently [my ex-husband] drove by when I was buying the couch. And so I was fraternizing with a crack addict. And then one time I was out at a bar. It was a friend's birthday and I bought her a shot. Well, then the next thing you know I'm dumping my kids someplace and I'm out drinking and things like that. It just went on and on and on.

Abusers regularly fabricated stories that were not rooted in reality, such as Bonnie's ex-boyfriend who spread rumors that she was arrested for prostitution, while Angela's ex-boyfriend informed her conservative Catholic community that the couple had broken up because Angela was sleeping with a woman.

In Jacobsville and New Byrne, batterers' attacks on women's reputations were typically targeted toward particular social circles. For example, Sophie told me that after she relocated

to another state, her ex-husband Henry reached out to her family and new church community, saying he was worried that Sophie was addicted to drugs. She explained that she had been excited to have a fresh start in a new community without Henry, where she could have more control over her reputation. When she realized that Henry had contacted her new friends from church, she was emotionally devastated:

[My new friends] were like, 'You know Sophie, you could try to work with Henry a little more.' And when they said that, it was just like, crash, crash. My support system in [my previous town] was gone. But it was like, how is he getting my support system in [my new town]? How is he able to do this? And the walls just started crashing.

Henry maintained relationships with Sophie's new community, and according to Sophie, his intrusion into her network damaged it beyond repair:

I felt completely rejected and alone. And I thought, if he can turn my support system from three states away against me, what chance do I have? Where can I go where he won't attack me and my support system?

The inescapability of Henry's abuse led Sophie to find herself thinking about killing her children and committing suicide. "It was such a horrible, horrible existence, that I wanted to be delivered," she explained. She later realized the severity of her thoughts and checked herself into an in-patient psychiatric facility. Upon her release, she moved back to the town in which Henry and her children lived. Sophie reported that Henry used information about her hospitalization to systematically discredit her in each of her new social circles. She said,

He was going around to the kids' schools and then their doctors, telling them I was trying to kill the children [...] I was finally making some room at [my son's school]. People were finally starting to talk to me. I was actually making friends. And he came and said, 'My ex-wife is mentally ill and she will try to come here and she will try to tell you this and that. But I just want to let you know that she tried to kill my children.'

Henry's abuse and Sophie's lack of social support exacerbated one another. Henry's tactics destroyed Sophie's social ties. In turn, Sophie's social isolation and its effects increased her vulnerability to abuse.

Service Related Effects on Social Support

Despite social support's protective effects for IPV survivors, the domestic violence service system often failed to account for batterers' lasting damage to IPV survivors' social ties. The conflict between enhancing IPV survivors' safety and increasing their social connectivity most often presented itself in domestic violence organizations' prioritization of confidentiality and immediate physical safety. Given IPV survivors' risks of retaliation by their abusers, domestic violence organizations kept shelters and service locations confidential. However, this policy served as a barrier to IPV survivors' maintenance of existing social networks and development of new social ties. In addition, the structure and processes of the domestic violence service system were rarely conducive to relationship development with service providers. Survivors with additional disadvantages, such as poor mental health or economic hardship, were often further excluded from socially supportive opportunities.

Required isolation

Service providers achieved safety and privacy, but at the cost of IPV survivors' social networks. The most obvious example of this tension was domestic violence crisis shelters. Because emergency shelter locations were confidential, shelter residents were not allowed to disclose their whereabouts, to have visitors, or to take rides from individuals outside the organization. Moreover, survivors' children were also forbidden from telling their friends where they were. While these rules were only an inconvenience for some, for others they were significant barriers to safety.

Another example is the city-funded domestic violence shelter system in New Byrne, which restricted residents from being placed in the same neighborhoods as their batterers. As a result, the city's conception of safe and affordable housing often meant uprooting survivors from their local support networks and the upending of their daily lives. One survivor who utilized the shelter system described her experience moving to a different neighborhood this way:

It's a different place. Different people. I didn't necessarily feel safe. And you can't have anybody over. At all. I was like, even my mother and father? No. We have to keep the confidentiality of the building. My only support system. And my parents, they were worried sick. I'm living on [a high-traffic street]. And it's hard. All that influx of people every day. Me, out of my mind, scared because I don't know if he's coming.

This woman's shelter placement caused some loss of contact with her family and her sense of physical safety. As a result, many survivors chose to stay in their homes and attempted to curtail their partners' violence – a goal that seemed more manageable than securing financially

and socially sustainable housing. One woman in Jacobsville described her experience in a shelter approximately 30 miles north of her community:

I was stressed out about everything that was going on in my life. And then them putting me that far away? I mean everything, everybody that I know, which isn't very many people, every place I knew, was all down here. And I didn't have a car or nothing. So I just couldn't deal with it.

The domestic violence service system's singular focus on physical safety disrupted IPV survivors' access to social support and hindered survivors' healing processes.

In addition to the remote locations of some safe housing, rules regarding communication could create additional barriers to social support. In one shelter, residents were not allowed to unblock the private number on the publicly available phone when making calls. The mother of one teenage survivor staying in the shelter would not allow blocked calls because she was also fleeing an abuser who made threatening calls. As a result, the survivor could not speak to her mother (the only family member with whom she had contact) while she was staying in the shelter. "So I won't be able to speak to nobody now," she said. "Which, I mean, I understand because it's a safe house, so they have like the confidentiality and all of that. But, I don't know." She eventually moved back with her abuser to ensure her mother's safety.

Inattention to psychological suffering

Existing support services were frequently inaccessible or unhelpful to women experiencing multiple marginalizations – particularly those who struggled with the effects of trauma. For example, a few survivors explained that they did not participate in group counseling sessions because they feared leaving their homes or talking to other people. Others

who hoped to access communal services were at times barred from participating because they were considered disruptive or in need of resources outside the services' capacity.

These limitations became particularly clear in the case of two survivors whose interviews were cancelled after they were asked to leave one of the host organizations. Both women were shut out for seemingly erratic behaviors that they attributed to their traumatization. I eventually interviewed one of the two women. Madeline had been evicted from Jacobsville's domestic violence shelter for acting aggressively and unpredictably around shelter staff after taking an excessive amount of her prescription painkillers. Madeline had come to the shelter a few days earlier, after her boyfriend, John, attacked her in a jealous rage. John stabbed Madeline multiple times in the chest with a broken bottle and then poured gallons of cleaning solvents on her face and body. She recalled,

I just remember feeling gallons and gallons and gallons of that cold, I was sopping wet, soaked to the bone. They had to cut my clothes off of me in the ambulance. Because I would've burned [...] I could only tell them that it was ammonia and bleach. And other things. They found all kinds, they found 10 or 15 empty bottles of cleaning solvents, blood.

Because of the chemical fumes from her assault, Madeline's building was condemned. As a result, after 14 hours in the trauma bay and a few nights in the hospital, Madeline moved into the emergency domestic violence shelter. At the shelter she was having difficulty sleeping and keeping track of time. Madeline said that while she thought she was taking her medication at designated times, hours often felt like days, and she suspected that she overestimated the time between doses. "With the twist of time, what I took as three weeks was three days," she

explained. "So the five minutes in between pills was to me hours. 'It should've kicked in by now, okay, take another one, take another one, take another one, take another one.' And I ended up OD'ing." Within a week of being at the shelter, organizational staff were informed that Madeline had caused a disturbance in the middle of the night, yelling seemingly nonsensical statements and damaging property in the shelter kitchen. She was taken to an in-patient psychiatric facility, where she stayed for a week. She was not allowed to return to the shelter, for fear that she would be a disturbance or threat to other residents. When I interviewed Madeline, she was living in a motel room by herself outside of town. She arrived an hour early, explaining that she was happy to sit in the waiting room until I was ready. She said she was just lonely and could not wait any longer to get a change of scenery from the inside of the motel. Despite the possibility that Madeline could have benefited from social support, her trauma was the cause of her suffering and the barrier to services that might help her heal.

In the converse of Madeline's situation, some survivors who were required to participate in communal services in order to receive other resources found community-building events unhelpful or even harmful. One survivor with an extensive trauma history was mandated to participate in group counseling twice a week as a condition of receiving emergency housing. She explained that the experience of talking in a group setting without having more space and time to process her abuse was particularly retraumatizing:

I'm empty after I leave a group. I should feel filled. [...] With this traumatic disorder I'm still going through, my mind is so racing, I'm already on next week. I need somebody to come tomorrow and say, did you hear what they were talking about in group? Do you understand? And how, it's not your fault? And how this is a process. [...] So to go

through it is just so so so so so lonely. Because I don't want to get punched in the face anymore [...] So I'll just stay to myself. I'll just stay in my house for the past couple of months. I just close my blinds. Because it's safe in there.

The traumatic after-effects of the group counseling sessions became so much to bear that this survivor felt alone and socially depleted for days afterward. To cope, she further isolated herself to recover enough to attend the following session. For her, a service intended to build social bonds created additional barriers to doing so.

Punishment for revealing mental health needs

When IPV survivors shared information with service providers about the psychological effects of their victimization, it often resulted in unwanted outcomes – particularly for women with children. For example, both Sophie and Karen, whose experiences of IPV-related mental health were described earlier in this chapter, asked for help when they became concerned that their traumatization was negatively affecting their parenting. Karen sought help from a day treatment facility for substance abuse. Sophie described her realization that she needed to ask for help when she contemplated harming her children:

I was like, what the fuck are you thinking? [...] That is not a good thought. And I scared the hell out of myself [...] I called a hotline right away. I said, “I just had thoughts of killing myself and my children.” I couldn’t believe it. I mean nicely – I was trying to think of some nice, you know, like I was looking up serums. Isn’t that horrible? Next thing you know, hearing. I was in the hospital for a week. [Henry] came with his nice pretty girlfriend all dressed up, and they took the kids.

Sophie's confession of psychological suffering led to her institutionalization and to the transfer of child custody rights to her abuser.

Karen's request for help led to similar results. She recalled,

I opened a case for me to ask for help. And then this was a child endangerment issue.

And so they swooped in and put my kids in foster care [...] I was getting angry. And I love my children too much. I would hate to be pushed to the part where I react on my anger,

So I told them, I feel like I might hit them. They used that against me in court [laughs].

The legal system in [city] failed me. Big time. I thought I was being a good mom, saying I'm unstable, I can't be with them right now. They wrote it up as abandonment.

Karen's children were put in foster care before custody was transferred to her abuser, Ed, when he was released from prison for killing the family dog in front of the children. When Karen finished her psychiatric treatment she sought to regain custody of her children through the court system, but was denied. In an act of desperation, she resumed her relationship with Ed to coax him to transfer custody rights to her. He ultimately agreed, and once the paperwork was signed, Karen left the state with her children for a second time. She explained to me,

I was getting stuck in the system. And when they gave custody to Ed, I was devastated.

That's when I just decided, you know what? I'm done listening to the rules [...] I called him and I said, "I really want to reconcile. I have two years of sobriety, it was all me, the marriage ended because I was taking the pills." And he let me back in. And then I was just like, "Oh, since you work in Maine, it's really important that we have joint custody so I can do the doctors appointments and the school." So he went to court, gave me my

custody. And once I had joint custody, I went to court and said, “I want to move to my mom’s in [a different state].” And I left him.

Sophie, Karen and others like them weighed the risks of remaining with their abusers, hiding the psychological effects of their trauma, or engaging a system that placed their children in violent homes without a protective parent. The domestic violence service system’s lack of accommodation for IPV-related mental health needs exposed Sophie, Karen, and both women’s children to the risk of future harm.

Isolating and retraumatizing social interactions

Many of the IPV survivors in this study acknowledged that they avoided utilizing services that required retraumatizing or isolating social situations, particularly in the family court system and with law enforcement. The lack of assistance, sympathy, or encouragement they experienced was at times more difficult to endure than their ex-partners’ abuse. Janie explained, “Mentally I couldn’t deal with it [...] I could deal more with him beating the shit out of me than I could deal with the court system.” As a result, she said, she gained weight, lost some of her hair, and began drinking excessively.

Obligatory interactions with their batterers deterred some survivors from seeking protection through the court system. Perhaps most notably, abusers who represented themselves in protection order court hearings had the opportunity to call and cross-examine all witnesses, including their alleged victims. For some survivors, this possibility deterred them from allowing their cases to proceed to a hearing, and instead they settled out of court with disappointing results. Others who decided to endure hearings described experiences that mirrored their abusive relationships. For example, Sophie detailed,

They put me on the stand and they let [Henry] cross-examine me. And I fell apart. He was like, 'On May 2008 did you blah blah blah? And did you live with your brother for three months? And did you move [our son] five times between this time and that time?'

I didn't remember the dates [...] It was a joke. I was a mess.

Because of Henry's previous violence against Sophie, he operated at an advantage in an institution meant to decrease families' vulnerability to violence.

Some survivors chose to discontinue receiving particular resources because they felt judged by the individuals providing them. One survivor receiving job training through a domestic violence service organization told me that she stopped attending because of the way the trainers treated her. Her breaking point came when she was already disappointed in herself:

I failed a test one day and I was about to cry. I was like, how in the hell do you fail an open book test? The teacher said, "I was wondering the same thing." That was the last day I went. I was so insulted, and that was it for me.

She explained that she was simultaneously entangled in a complicated custody battle in which she was harshly scrutinized for her parenting choices. Her time in court was taking such a toll on her self-worth that she decided not to subject herself to additional criticism in the classroom.

Even without direct interactions with service providers, IPV survivors considered many of the domestic violence service system locations to be hostile. Most commonly, the cliquish and flippant nature of many of the courtrooms communicated indifference and disrespect that survivors often found disturbing. Before cases began, particularly in the larger sites (Jacobsville

and New Byrne) the court administrators, attorneys, stenographers, bailiffs, and judges would engage in loud, casual conversations that stood in contrast to the experiences of parties in front of them. Conversations often focused on weekend plans, vacations, recipes, and workplace gossip. One morning before cases began, a male attorney noticed that the female stenographer was rubbing her neck as though she had hurt it. Loudly, so that the whole courtroom could hear, he asked, “What did your daughter break her [protection order]?” The stenographer laughingly replied, “You’ll need to take out a protection order on me if I come back there.” The survivor I was accompanying to get a protection order that day turned to me and said, “I need this [hearing] to be over” with tears in her eyes.

Rather than encouraging a higher level of decorum, the judges in these courtrooms often set a similar tone of informality. One judge that presided over protection order cases in Jacobsville frequently brought his wife and pre-teenage sons to sit next to his bench and watch the hearings. In the warmer months the judge’s wife would often arrive in a flowing tunic, leggings, and flip-flops, while her children wore their baseball uniforms or swim trunks. They would drink sports drinks, share snacks, and watch families recount their experiences of violence until the judge was ready to take them to lunch. Upon learning I was a student observing his courtroom, one judge in New Byrne often yelled his commentary about preceding cases to me as I sat in the back of the room. After one case in which a young woman was seeking a protection order from an older man who required crutches to walk, the judge shouted back to me, “What does she need a protection order for? It’s not like he can catch her if she runs.” Rather than cultivating social environments that communicated support for IPV

survivors' wellbeing, institutional actors in the justice system often behaved as though survivors' suffering was of little relevance to their daily work.

Some survivors opted to end or refuse services in order to preempt the possibility of experiencing negative social interactions with support service staff. For example, one woman decided to leave the emergency shelter the day after I interviewed her. She had not had any negative interactions while staying at the shelter, but described feeling a tension she could not fully articulate. She said that she stayed in her room and watched television during the day in order to avoid feeling uncomfortable around shelter staff. When I asked for more details she attempted to explain,

I've been feeling tension. It's just a vibe. I'm just feeling like it's some kind of pressure of trying to get me out the door or something. Like, "Will she do something that we don't like? Then we don't have to give her anything but send her back where she came from."

This woman told me she watched staff cancel services for other IPV survivors who broke rules such as revealing the shelter's location or acting aggressively. As she explained, she began to shake and cry. She said that she attempted to keep to herself to lower her odds of giving the staff a reason to be upset with her. Though she had not had any negative interactions directly, the stress of watching those around her quashed any attempts to reach out and ultimately contributed to her decision to seek safety outside the structure of domestic violence services.

Some survivors chose not to use portions of the domestic violence service system based upon negative experiences unrelated to their abuse. Most commonly, survivors did not trust law enforcement. Some women decided not to call the police due to previous negative experiences, such as sexual harassment and sexual assault by police. For others, race

contributed to IPV survivors' mistrust of the police. I asked one Black woman who had spent time living in the larger sites, Jacobsville and New Byrne, (and had decided to "take care of things on [her] own" in the future) to compare her experiences with the police in both places. She talked at length about how she perceived the police mistreated her because of her race. She explained,

The only similar thing with these police is the aura of authority, wherever they are. I'm still disappointed. This intimidation factor, I can't get through. Because they're roughing up the wrong people. I've been turned away and looked at and gawked and talked about and whispered about while being in police stations. They don't make it easy.

Whether with police, in court, or at a domestic violence organization, IPV survivors' retraumatizing experiences in the domestic violence service system restricted their access to resources within that system.

Value of Socially Supportive Services

Almost without exception, when asked about the characteristics of the most helpful resources received, IPV survivors talked about relationships with support service staff. Survivors routinely cited two facets of beneficial relationships. First, they placed particular value on relationships in which they felt listened to and not judged. Second, they appreciated relationships to which they could bring any and all of their concerns and experiences. These two relationship qualities were often discussed as two sides of the same coin: when women felt understood and accepted, their needs were comprehensively met. Likewise, when women's needs were comprehensively met, they felt understood and accepted.

Listening and non-judgmental relationships

The vast majority of IPV survivors indicated that a defining result of the most helpful resources was feeling heard and understood. When working within the domestic violence service system, women mentioned the value of “having somebody that listened and didn’t try to push you one way or the other,” services that were “supportive without being infringing,” and individuals who “made me feel like I have a voice.”

Some survivors explained that by having someone listen and help them think through options without driving them to a set of prescribed actions, they built the self-confidence to accept greater autonomy and make decisions for themselves. Rather than being told what to do and maintaining the passive role that many occupied in their intimate relationships, IPV survivors’ best experiences unfolded when they were supported in determining and implementing their own plans. As Olivia, a recent immigrant from Latin America who was closely monitored by her husband, explained,

They made me more strong [...] Because they no tell you anything like, what you have to do. It’s just listen and probably they give you opinion, or they talk to you, but they never decide for you. They just listen and, ok, they try to help you to get what you need.

Probably that made me no go back with my husband.

The relationships that Olivia developed during her stay in a domestic violence shelter provided a counterpoint to the relationship with her husband in which her agency was significantly restricted. The social support she received while engaged with the domestic violence service system strengthened her self-confidence and encouraged her belief that she could thrive without her husband.

The respect IPV survivors received also provided reassurance that the supportive service providers would “always be there,” regardless of decisions or mistakes that they might make. While some survivors chose to stop receiving particular resources because they were made to feel stupid or ashamed, (“Well I shouldn’t call. They did all this work the last time and I still took him back,” as one woman articulated) others noted that they continued to return for services because they never felt judged. A devoted Catholic, Laurie was continuously torn between her conviction to stay married and her desire to end the abuse she was experiencing. As a result, she left and then returned to her husband multiple times. At the time of her interview, she had chosen to continue living with her husband, but to keep her relationship with him platonic. According to Laurie, she had stopped receiving resources from a number of organizations because they expressed their frustration that she had not left her husband, making comments such as, “You’re just going to go back to him anyway.” However, she maintained contact with the local domestic violence service organization. She told me,

They don't always agree with my decisions, but they are always here. They are always supportive. I'm not your normal 'get away from the guy, live happily ever after' [case]. They help you start a new life. I'm struggling between two worlds and they are just supportive. It's good because I need that.

Rather than focus narrowly on immediate physical safety, the domestic violence organization maintained a relationship with Laurie by respecting her self-determination and expertise in her own life.

Services offering comprehensive support

When I asked IPV survivors to name the resources they found helpful, they also frequently mentioned relationships in which they could bring the entirety of their needs. I was consistently told that all-inclusive service provision offered the most benefit to survivors. Knowing that all aspects of survivors' experiences and goals would be treated with consideration provided a sense of safety and confidence typically not experienced in their abusive relationships.

Rather than offer resources based upon one's profession, the service providers that survivors reported valuing the most offered resources based upon the survivors' self-identified needs. Etta talked about this distinction at length, particularly regarding the mental health professionals she spoke with after her two sons were killed. While she never found much benefit in visiting a psychiatrist, she expressed great appreciation for the network of support she received from advocates at the local domestic violence organization. When I asked her to tell me more about the distinction she found between the two, she said:

Psychiatrists sit there and they're more like, clinical. Here, if I call [the advocates] are like, 'Anything you need, just let me know what you need.' Never do you hear a psychiatrist say, 'Anything you need. What do you need? What can I do for you?' Like, they don't really go the extra mile. Their only job is sit there and listen to you, try to tell you what you know [...] I know it's not my fault. I did everything I was supposed to do, calling the cops, reporting, restraining order, I did it all.

Organizations and professionals who demonstrated that they built advocacy relationships upon survivors' self-defined needs and goals, rather than a predetermined menu of service options, were the entities that survivors most often chose to contact. As Caroline described,

I know that I can come here and say 'I need help with my divorce papers or with an application for a job, anything.' And they are going to be here. So I just knew that when I was going through this [custody] problem again, that was the first thing I thought of. Whenever I had any problem at all this is the first place I think of. Because I know that I can call here, and I know that somebody will help me with whatever problem that I have.

The survivor-driven nature of particular advocacy services was not just an added perk for the women who received them. Indeed, it was often the fundamental factor that encouraged survivors to continue contact with those services.

“They Make You Want to Try”: Benefits of Supportive Services

IPV survivors named a wide range of benefits they received from supportive relationships in the domestic violence service system. However, three benefits most frequently mentioned were comfort, feeling valued, and motivation. While each of these benefits was mentioned separately, they were often discussed in relation to one another. For example, women who felt valued were often more motivated to succeed, and women who were made to feel comfortable often felt more valued.

Feeling comfortable

For Elise, the comfort she felt in the local domestic violence shelter was what encouraged her to stay and to recommend it to others. When I asked Elise how she felt about the services she received she told me,

This place, it's really friendly. And that's the thing that makes it easy. Like, when we're coming from a rough situation [...] you want things to be as easy and friendly and everything to go right as you can. And these people make it really comfortable for you. And that's the thing that I was looking for. Like, the comfort. Like if I don't feel comfortable, how are you going to feel good?

Elise had spent time at other shelters in the region and always returned to her abuser. She explained that she felt unsettled by the cold and clinical nature of both the shelter staff and the shelter's physical space.

Many of the women who used shelter services expressed that the level of comfort they felt in the space communicated the level of care of the shelter staff. Like Elise, the comfort that Olivia felt at the local domestic violence shelter was the determining factor in her choice to stay. In a previous attempt to leave her husband, she visited a homeless shelter in the region. After seeing the space, she decided to remain in her own home and endure the abuse. In contrast, when she arrived at the domestic violence shelter, she perceived the look of the space to communicate the organization's care for her:

I just feel like, that they had a room waiting for me. Like just for me. Because once I left with my daughter and my younger son [to a different shelter]. But this place was just for women that was just like homeless. So as soon as I walk in, I just say no. No, no stay

here. So I went back in with my husband. So over here, this place was just for me. Like it's a nice clean house, my bedroom, in my room you are allowed to have TV, and they help you with everything [...] I just felt so comfortable. I thank God I found this place.

For Olivia, a welcoming, comfortable environment was a necessary precondition for uprooting her family.

Feeling valued

IPV survivors also frequently indicated that services demonstrated recipients' value were particularly beneficial. Many of the women seeking safety had partners who sought to demean them. As a result, IPV survivors often questioned whether they deserved assistance or were to blame for their abuse. Laurie reminisced fondly about the time that she spent in a local domestic violence shelter. She described,

In the month that I was [in shelter], really was the first time in my entire life that somebody took care of me and watched out for me and listened and generally cared how I was feeling and how I was doing. If the kids were running around, they'd pull out a coloring book and sit with them for five minutes, just so I could get myself together because I was having a bad day or something. I miss that. Because I never had that.

The nature of the relationships that were formed with IPV survivors when they were seeking safety determined the use and success of those services. Maria discussed this point when she recalled her experiences with the police officers in her community. Her interactions with them had led her to believe that the officers had no regard for her wellbeing and as a result would never be of any help to her. However, she had once had a short phone conversation with an advocate at the local domestic violence organization. Within those few minutes, she developed

an affinity for the organization that compelled her to reach out years later when she was ready to leave her abusive boyfriend. She told me:

When I [worked with the police], there was no help at all. So I'm like, okay, it's hopeless. They don't care either. I'm like, all right. They don't care. Nobody cares. It's hopeless. Just deal with it. And then I remembered, hmmm, the [domestic violence organization] does care. They talked to me last time. And then figured I would try them.

Had Maria spoken with an advocate who did not communicate a level of concern, she might have decided to “just deal with it.” Instead, a brief conversation with a caring individual created an enduring impression.

Caroline mentioned similar reasons for choosing to return to a domestic violence organization. She repeated a refrain that many of the survivors used to describe the resources and individuals they found most helpful: “they treat you like you’re family.” For Caroline, this meant being remembered and treated as an individual. Explaining why she reached out to them again, she said,

I just knew the women here, they're not the type that look at you like a number. That's what I like about it here. You know there's got to be hundreds of girls that come through the door. But they don't treat you that way. They treat you like you’re family.

By treating women with the dignity that their abusers had robbed from them, practitioners encouraged IPV survivors’ to recognize their worth.

Feeling motivated

The caring relationships that IPV survivors developed with service providers also contributed to their determination to stay safe and improve their wellbeing. Women often

discussed their time utilizing IPV-related services as the first and only time that they did something exclusively for themselves. As one woman explained, “I’m kind of a nice person, and I put others before me, so being here kind of put me ahead of everything else.” After feeling as though someone cared for them, some survivors were motivated to care for themselves.

Motivation for other women arose from a feeling of accountability toward the people who cared for them. For some, developing meaningful relationships with service providers meant that someone else would notice if they gave up. After Emily received help getting into public housing, she started suffering from health problems that made her contemplate going back to her abuser. Eventually she chose to stay by herself, in part because of the social support she had received from individuals in the domestic violence service system. She told me, “Seeing that people care and that they have no motive, they just care about the community, it just made me want to stay stable. Like, wait, too many people have put themselves on the line for me, to go back to this man.” For Emily, domestic violence services motivated a realignment of her life that she had difficulty realizing alone.

Many IPV survivors also spoke at length about increased motivation they garnered from the social support they received. The warmth and kindness Elise experienced from the advocates with whom she built relationships contributed to the motivation she needed to participate in court cases against two of her abusers simultaneously. She described,

It’s how they talk to you. They’re really friendly. They’re always motivating you and lifting your spirits and making you happy. They’ll take you to support groups. It’s just a good comfortable setting that they surround you with that makes everything so much easier.

For Elise, as well as many others, social support was an indispensable resource when gathering the emotional energy to engage the legal system.

Women often described the dual experience of abuse and social disadvantage as exhausting and depleting. They frequently mentioned feeling fatigued and questioned whether they were capable of continuing to seek safety with so little physical and emotional energy. In this context, the positive relationships they built in the domestic violence service system were spoken of as reserve tanks of fuel, personal cheerleading squads, and rays of light continuing to guide the way. As one woman explained to me,

They were there for those days when I couldn't even pick myself up, let alone run for my life. I couldn't have gone through it without them. They never condemned me. They never made me feel bad, they never judged me. Like I said, I don't think I could've gone through the process that I did without them. I'd still be at home being abused.

Some survivors indicated that the motivation they received was due to the increased self-confidence they developed while seeking services. After being told by their partners that they weren't capable of achieving much in their lives, hearing positive feedback from social service professionals inspired them to make change. One woman explained, "They just keep motivating you, tell you a bunch of good things. Like the stuff that you never received before [...] I never thought that I was doing a good job. But they're starting to change it." Another likened the advocates she found most helpful to personal cheerleaders:

They're cheerleaders. I had so many people my entire life telling me you can't do anything. You'll never amount to anything. To finally have somebody behind me saying

you can, you can, you can. When I needed to be able to, I was finally able to. Knowing there was somebody, anybody out there behind me made all the difference.

For some, feeling this increased self-worth was the difference between safety and future abuse.

Compared with interventions that distributed goods and services without engaging recipients in a more sustained conversation, the relationships that helped survivors reframe their experiences were at least as helpful, if not more so, than the material resources for which they came. One woman drew this contrast between her previous experiences at emergency shelters and her current encounter at a more holistic domestic violence safehouse:

[At the emergency shelter] It was all about, 'you've got 30 days to get out of here.' But [at the safehouse], they were more concerned about you on a daily basis of how you were healing emotionally each day, each hour if that's how it had to be. That's the support being there, and not feeling like I was a burden on society. That's what helped me to not want to go back to anybody like that. They showed me that I'm better than that and not to be ashamed of it.

Many survivors gathered motivation from a personal feeling of accountability that was produced from such positive relationships with service providers.

Some survivors, particularly in Jacobsville and New Byrne, where public services tended to be more siloed and bureaucratized, contrasted the apathy they felt when receiving most public services to the motivation generated by their relationships with domestic violence professionals. One survivor who had previously resided in a homeless women's shelter before arriving at a domestic violence shelter told me that she would have decided to return to her abuser had she not switched locations. She explained,

[The homeless shelter staff] don't care. It's just, 'Here, take this apartment until you get into your housing. Sit here rent-free. Don't do nothing.' [...] I'm sure that every girl that's [in the domestic violence shelter] tries because they make you want to try. They make you want to make yourself better.

Others explained that once they got into public housing or started receiving public benefits they began procrastinating about difficult decisions. For example, one survivor had lived in public housing in large urban New Byrne before moving to Jacobsville and entering the emergency domestic violence shelter. When I asked her about her experience in New Byrne, she explained,

Their system is just pretty much just your place to live. And I felt like you get so comfortable there, that most people don't even do anything. And I don't want to say that that's kind of how I got, but that's just how I felt [...] That I didn't want to do anything else.

Without someone supporting her development toward longer-term plans or encouraging her to expect more for herself, she said that it felt easier to avoid confronting the trauma she had experienced.

IPV survivors' experiences of services (or lack thereof) that prioritized providing social support played a pivotal role in their ability to get safe, stay safe, and thrive. In domestic violence service organizations, the court system, training programs, or the offices of a government bureaucracy, activities and settings that felt unsupportive often produced significant barriers for IPV survivors, particularly for those exposed to trauma. At a time when survivors might have few people on whom to rely, the relationship-building and social support

provided by comprehensive and non-judgmental services often offered the comfort, sense of self-worth, and motivation necessary to implement life-altering change in the midst of crisis.

Institutional Means to Provide Valued Services

The host domestic violence organizations in Pigeon Pines and Jacobsville received most of the accolades documented in this study. These organizations paired each survivor with an advocate who became her point person for all future work. This advocate was responsible for returning the survivor's phone calls; meeting with the survivor for requested counseling; accompanying the survivor to relevant meetings outside the organization; and personally introducing the survivor to other practitioners outside the advocate's expertise such as attorneys, housing coordinators, and employment advocates. With this service model, survivors maintained a consistent relationship with one person while receiving access to information and resources throughout the community. Advocates' contextualized knowledge of survivors' experiences improved their ability to strategize safe plans with them, build rapport, account for their previous efforts, hold practitioners outside the organization to a standard of care, and follow up on earlier plans.

In contrast, "one stop shops" such as Family Justice Centers (FJCs) are the prevailing domestic violence service model in New Byrne. As I mentioned in Chapter 3, in this model, representatives from different sectors of the domestic violence service system (such as police officers, attorneys, case workers, interpreters, and self-sufficiency advocates) are co-located in one large office space, typically in a courthouse. During a survivor's initial visit to an FJC, she is asked to meet with an intake worker who inquires about her experiences of abuse and service needs. Intake processes are often guided by a series of screening questionnaires and can take

multiple hours. Next, the survivor is assigned to a case manager. One director of a one-stop-shop in New Byrne said she tells case managers to think of themselves as survivors' "air traffic controllers." Case managers consult their clients' intake reports and make referrals to other services located within the office. Survivors can then visit the recommended practitioners to receive their particular services.

For survivors who urgently need a specific resource, FJCs and similar models are often quite effective. For example, in New Byrne, one Director in a community-based domestic violence organization similar to those in Pigeon Pines and Jacobsville regularly refers survivors to FJCs to obtain attorneys. "It might be the fastest way to get an attorney or start working on [an application for citizenship], rather than going through an organization with a huge waiting list," she explained. However, when her organization was invited to become a part of an FJC, she declined. According to the Director, she was concerned that the one-stop-shop model was ill-suited for relationship building:

They do better operating on the stance of just, 'Who can I connect you with? What referrals do you need?' But they're lacking long-term counseling and support. They operate in such a crisis mode. Once the crisis is over, someone else with a crisis pops up. According to this Director, the local FJC's prioritization of efficiency existed at the expense of its ability to maintain connections with individual women.

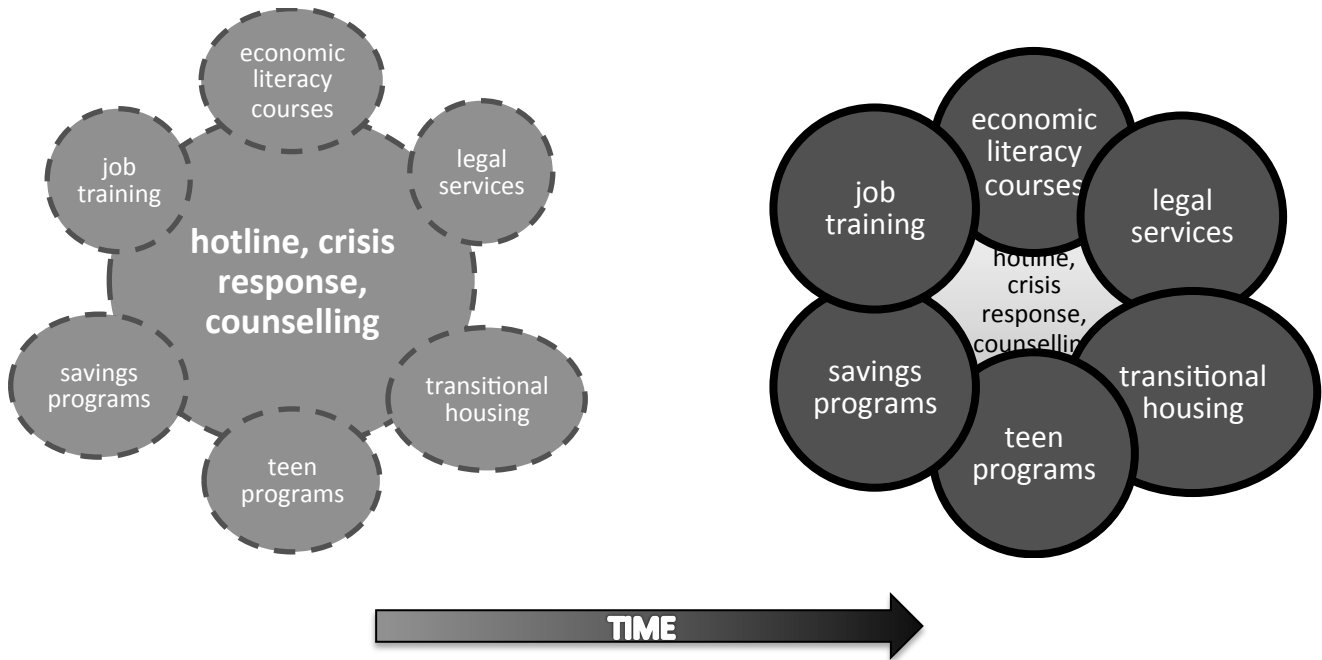
In addition, the Director did not want to move her organization's services from their small office above a local deli to the downtown area. The Director explained that many of her clients will not visit the local FJC located in the courthouse because of the negative feelings they have toward the government:

There's a huge need for annexes like us to get [survivors] to go [to the FJC]. The clients we work with are terrified to go to a courthouse. And I don't blame them [...] It's still an intimidating environment for them to go to.

As a result, she asserted, smaller organizations embedded in communities were a necessary bridge between survivors and intimidating institutions.

Due to the small size of their communities, the domestic violence service organizations in Pigeon Pines and Jacobsville likely will not be in competition with one-stop-shop models, which tend to exist in larger cities. However, a different funding trend is threatening the sustainability of their advocate-centered service models: funders are becoming increasingly interested in supporting discrete, specialized projects, rather than the organizations in which the projects are housed. There is a tension between what were called "special projects" and "core services" by many domestic violence organization employees. The term "core services" typically referred to resources that have been provided by domestic violence organizations since the beginning of the Battered Women's Movement. Core services included emergency shelter, 24-hour hotline, support groups, empowerment counseling, and on-call crisis response. Conversely, "special projects" were services that had been added in the past ten years, mostly as a result of specifically designated streams of funding from the local, state, and federal government. The current special projects for domestic violence organizations in this study include a free legal clinic, an economic advocacy project (which includes transitional housing, financial skills training, and other services related to material needs and strategizing) and a teen dating violence prevention program.

Figure 4.1: The Growth and Partition of Specialized Services in Community-based Domestic Violence Organizations Over Time



As the budgets for Pigeon Pines and Jacobsville became increasingly dedicated to special projects, the proportion of money available for core domestic violence crisis work and long-term relationship building dwindled. As a result, the domestic violence advocates in Pigeon Pines and Jacobsville no longer had time for extended conversations with clients (organizational records from Jacobsville indicate that the amount of time spent with a first time caller decreased from eight hours to five hours in the past decade) or to reach out to those who have stopped seeking services. Instead, advocates focused on fulfilling their grant funded-responsibilities. When I asked the Director of the domestic violence service organization in Jacobsville to list services disappearing, she responded,

Information and support, crisis intervention, education around domestic violence and sexual assault and what's available in the community, safety planning. But one of my

main concerns is there is less time to do follow-up with the women who might've called yesterday. So we used to be much more proactive I think, in reaching out to women, and I think we've become more dependent on them calling us.

This Director observed that both the quantity and quality of core domestic violence services decreased as a consequence of their many specialized grants.

An advocate who had been working in Pigeon Pines for over 20 years explained that the experience of providing services had changed as well. When I asked about the role of funding source on her work, she responded,

I remember working here, and I didn't even know who my funding sources were. It's like, 'Answer the phone and help the woman,' right? Now it's like, 'Okay, you're on this grant, and here's what you have to get done.' So the unintended consequence of that is people get into much more, like, silos, I think. You know, like [the housing advocate] has to make sure – even though she's a crisis worker – that she assists X number of women every month with homeless prevention money.

In this case, the housing advocate's funding source determined both the amount of time she had available for unstructured advocacy and the starting point for that advocacy. The advocate had to negotiate each survivor's self-defined safety needs with her funder's activity requirements. When I asked the housing advocate if she would change anything about the nature of her job, she responded, "It wouldn't be so focused on, like, the check." She also lamented losing the flexibility to maintain longer and more comprehensive relationships with the women she served. When I asked her to describe the advocacy she would prefer, she said,

It would be much more on what her total needs are in her life. It would be being able to work with her on an ongoing basis, around having her have a safe place to come and talk about the violence in her life, having her have education and information, bringing her into support groups, having her be able to call, to say, 'You know what, here's what happened over the weekend, and now I'm ready to do X.' And [now] it becomes much more case-management based.

Even though this advocate believed in the value of comprehensive care, institutional mandates hindered her capacity to implement this professional philosophy.

The host organizations in Pigeon Pines and Jacobsville have attempted to maintain their approach within the current funding climate through creative allocations of their grant money. For example, advocates whose entire salaries are paid through specialized grants are still required to provide core services in addition to their grant-funded work. In another instance, organizational leadership convinced their transitional housing funders to allow money to be spent on emergency shelter, framing it as the first step on the path to a safe home. Despite these strategies, practitioners' energy and organizational resources are running low. Within a month of ending data collection I learned that approximately half of the direct service staff in Jacobsville's domestic violence organization had left and that their only emergency domestic violence shelter had closed.

Conclusion

Almost without exception, IPV survivors considered social support from service providers to be the most valuable resource they received from the domestic violence service system. Relationships that were perceived as non-judgmental and holistic provided survivors

with the comfort, self-esteem, and motivation to continue working toward their long-term safety. However, current domestic violence service models often create programs that are siloed and outcome-driven, increasing the likelihood of service experiences that are disjointed and mismatched with survivors' self-identified needs.

Organizations that implemented core-service-focused models had greater capacity to offer the kind of relationships that survivors routinely found most valuable. Services that relied on a case management approach oftentimes played complementary, important, but ultimately somewhat subordinated (or at least sequentially secondary) roles. Funding constraints and donor biases have impinged on the capacity of communities to offer these different styles of services in an appropriately symbiotic way. While FJCs and similar one-stop-shops are typically better funded than small community-based programs, their access to resources did not always translate to services of the highest value. Co-located services and division of labor can often provide predetermined resources with greater efficiency. However, given the social sabotage IPV survivors often experience, many still garner necessary strength and motivation through the continuity of personal relationships.

Chapter 5 – Poverty, IPV Risk, and Access to Services

While current literature has detailed IPV perpetrators' deliberate actions to sabotage survivors' economic security during abusive relationships, the negative economic impacts of IPV last far beyond the relationship itself. Economic violence typically has been framed as a series of isolated and decontextualized incidents directly perpetrated by batterers to achieve greater economic control over their partners. However, the economic effects of IPV observed in this study were cumulative, durable and, perhaps most importantly, at times exacerbated by the social service systems women were expected to navigate. Well after new incidents of abuse had ceased to occur, the interpersonal, physical, and psychological effects of domestic violence created significant obstacles to women's long-term economic security. In turn, survivors' economic instability often increased their vulnerability to future abuse, both within and outside of battering relationships. Survivors' experiences of abuse and economic hardships were inextricably linked, mutually reinforcing, and shaped by the institutions they were obliged to navigate.

Drawing on the literature reviewed in Chapter 1, in this chapter I discuss the poverty-domestic violence relationship and the interventions attempting to address it. To do this, I will describe and categorize the long-term economic effects of IPV that exist outside the prevailing conceptualization of economic abuse. I will then discuss the ways in which these economic effects are often overlooked and sometimes heightened by institutions intended to enhance security for IPV survivors, feeding the cyclic relationship between poverty and abuse.

The Economic Ripple Effect of Intimate Partner Violence

Even though she was stably employed, when Sophie and her boyfriend, Henry, learned they were going to have a baby after three months of dating, she accepted Henry's invitation to move in. She explained, "I didn't want to be a single mom. I lived in a crappy apartment, I had black mold. He seemed sincere." The day Sophie moved into Henry's apartment, the abuse started. According to Sophie, Henry forced her to quit her job at an insurance agency, refused to give her access to his car, and began telling her church and family that she was addicted to drugs. Years later, while pregnant with their second child, Sophie filed for a civil protection order after a particularly violent incident. Henry came to Sophie's home with professional movers, emptied the entire apartment, turned off the utilities, cancelled the lease (which was only in his name), and moved to another state. "So there I was, in an empty apartment, eight months pregnant, with a toddler, with no job," she described.

Henry began filing harassment charges against Sophie, requiring her to travel across state lines to appear in court. Each time one set of charges against Sophie was dismissed, Henry would file more. In the meantime, Sophie's economic stability was crumbling. She explained, "I couldn't keep a job. I'd try to get a job and I'd lose it because I couldn't handle myself at work [...] I had no money, I had no food, I had no brain, I had no time, I had no mom, I had no friends, I had no church." Soon after, Henry sought full legal and physical custody of their two children and won. He also falsified their children's school bills to inflate the amount of money he was spending on parenting and was granted an \$800 monthly child support order.

Sophie moved to Henry's neighborhood to be closer to her children and tried to fight the child support order in a civil court hearing. She said that after missing ten days of work in

five months, she was fired from her job at a medical center. After that, she was fired from a financial company for coming to work emotionally distressed. "I wasn't doing good," she recalled. "I would break down crying. I wasn't too with it. I was a supervisor and making really good money. But I was crazy and in court all the time."

Sophie did eventually win partial custody of her children, which now requires her to maintain routine contact with Henry and with the custody court system to settle disputes and make changes to their order. According to Sophie, "The judge has us in court every 30 to 90 days. And usually in between that time, something happens where we need to go to court for an emergency for some reason." She won't consider seeking full custody of her children, because she doesn't have the time to parent, maintain a sustainable job, and attend to Henry's harassment through the court system. She explained,

I'm pretty much self-supporting now except for every time I lose my job, because I have to go to court. And the way I look at it is, that's what the government is allowing me right now. This is what the government says Sophie is allowed to do: Sophie is allowed to work. Sophie is allowed to collect food stamps. Sophie is allowed to collect unemployment. Sophie has to go to court. And Sophie has to listen to what the judge says [...] If that's the way the system wants it right now, then I will continue to suck off the government and they will continue to allow Henry to harass me, and my kids will continue to get family services. And that's the broken system.

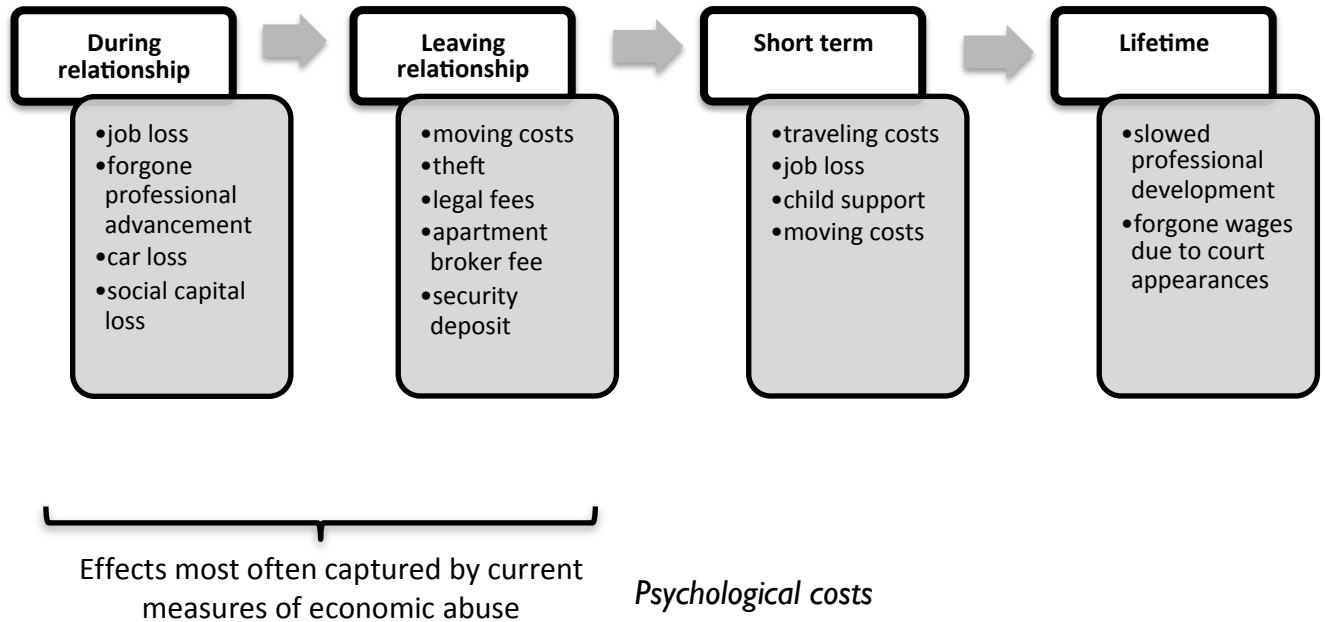
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Figure 5.1 illustrates the cascading effects of domestic violence for women. In this case, Henry's abuse continued to contribute to Sophie's financial insecurity long after their intimate

relationship ended. Sophie's narrative demonstrates some of the ways in which economic hardship and vulnerability to IPV fuel one another. After moving in with Henry, Sophie reported that she was pushed to give up her independent source of income. Information about household finances, such as the lease, utilities, credit cards, and routine expenses was hidden from her. Henry facilitated Sophie's financial dependence, leaving her with few options for securing stable housing and maintaining an income. When she did not have the financial resources to defend herself in another state's courts, Henry exploited this vulnerability, precipitating additional economic costs. The abuse that Sophie endured at the hands of her batterer and the economic hardships she experienced were inextricably linked, mutually reinforcing, and shaped by the institutions she was obliged to navigate.

The following section will detail the ways in which IPV negatively affected the economic trajectories of IPV survivors interviewed for this study. These harms often extended far beyond the immediate context of their abusive relationships. While five distinct categories of long-term economic abuse will be separately enumerated below, these facets overlapped and interacted in women's daily lives.

Figure 5.1: The economic ripple effect of domestic violence – Sophie’s story



As Chapter 1 detailed, IPV can produce a range of negative mental health consequences for survivors. In addition to generating mental health care costs, these consequences create additional financial harm by constraining IPV survivors’ ability to seek and maintain resources (Brandwein & Filiano, 2000). Like Sophie, some IPV survivors’ poor mental health outcomes contributed to job losses. Survivors attributed losing jobs to crying at work frequently, becoming angry easily, and struggling to remain focused on tasks. Others never found employment due to fear of leaving the house, low feelings of self-worth, or institutionalization in a mental health facility.

One survivor, Greta, experienced negative economic consequences of IPV that were mediated by her mental illness. She had been in a relationship with David, the father of her two daughters, for six years. When they met, she had a job working as a bank teller and helped at an art gallery on the weekends. Soon after the relationship started, David became severely

sexually abusive. After a year of dating David, Greta had what would be the first of many anxiety attacks at the bank. She recalled feeling as though her throat was closing, her heart was going to explode, and that she would die at any minute. At first, these anxiety attacks appeared irregularly when Greta was around large groups of people, but increased in frequency as David's sexual violence grew more severe. Her anxiety became so debilitating in social situations that she eventually quit her job. After continuing to suffer from attacks at two other customer service jobs, she resigned herself to seeking employment in which she did not have to interact with other people. With only a high school diploma, this type of work remains difficult to find. When working at the bank, she was hoping to save enough money to go to school for a certification in music therapy, but is now afraid to invest in a future in which she might not be able to succeed. David's abuse contributed to Greta's mental health struggles, which limited her capacity for independent resource acquisition both during the relationship and long after the relationship was over.

Some survivors' experiences of traumatic abuse decreased their mental focus and comprehension. Sophie's trauma history was a significant obstacle in her efforts to secure public benefits for herself and her children. Her inability to focus or motivate herself made navigating the necessary bureaucracies an impossible task. She described,

I remember I couldn't process information. I remember times when I couldn't read a form without just crumbling. I didn't know how to read a form. I didn't know how to make a phone call. I would sit in piles of phone calls and work and I would just stare at it because I couldn't wrap my mind around anything else.

For Sophie and others, the psychological harm from IPV-generated trauma undermined their abilities to lead productive lives.

Physical costs

Some of IPV survivors' most visible barriers to economic security were their lasting physical injuries. During interviews some women displayed injuries such as broken teeth that affected their personal appearance, broken bones that reduced mobility, and chemical-burned eyes that could no longer see clearly. Some injuries were permanent and untreatable, while others could have been ameliorated if the victims had access to the necessary healthcare. In either case, many survivors of severe physical abuse reported contending with persistent physical harm that narrowed their employment possibilities.

Despite the common conception that severe physical abuse is a central component of IPV, only a small subset of the interviewed survivors suffered from chronic injuries resulting from the abuse. Most of these cases occurred in the small rural setting. In the larger, more urban sites (Jacobsville and New Byrne), many of the survivors experienced physical violence infrequently and made full recoveries. Their batterers often used the threat of physical assaults to maintain fear and control in the home, but relied on more invisible tactics of abuse that did not fit neatly into any legal definitions of prosecutable crimes. The cause of this difference between sites is unclear. One possible explanation is that the cultural disapproval of domestic violence in the two larger sites was more powerful, compelling batterers to hide the visible effects of their violence. Another possibility is that the women in Jacobsville and New Byrne had greater access to healthcare that allowed them to treat physical injuries such as missing teeth, broken bones, and torn ligaments before they became permanent problems.

When I spoke with Daisy, she was trying to raise \$400 to get her car fixed and drive a few states away to live with her family. She lived in Pigeon Pines and had always earned her income in the local quarry. She told me that she was toothless because her first husband “beat them out of my face,” and never had the money to get them fixed. As a result, she was ashamed to talk to people and pursued a career in manual labor. However, recently she left her job due to persisting back pain. She explained, “From the constant punches and kicks in the back I have little spurs and bumps all through my spine and neck. And they decide to grab and lock and they hurt.” Even though Daisy’s husband died years earlier, his abuse continued to create barriers to Daisy’s economic stability.

Though poverty prevented some survivors from treating their injuries, the physical costs of IPV were not limited to women without access to healthcare or education. For example, one evening after returning home from her job as a dentist, Susan was interrogated by her husband, Will, regarding her late arrival. According to Susan, Will’s rage escalated and he attacked her with a knife in their kitchen. As she held her hand up to protect her face, he severed nerves in both her hands, rendering four of Susan's fingers immobile. Susan never regained full control of her hands and abandoned her practice as a dentist. When I met Susan a few months later, she was living in a shelter due to her lack of a steady income. She was searching for jobs that would allow her to be financially stable, support her two children, and not require the use of her hands. While Will’s immediate intent probably was not to exact lasting financial harm, it lived on as an indirect and permanent effect of the physical punishment resulting from Susan’s late arrival home.

Professional costs

Many studies have investigated and recorded abusers' tactics to obstruct and disrupt women's employment. However, the effects of these tactics often linger long after survivors lose jobs and wages in the midst of an abusive relationship. The majority of women interviewed for this study were subject to acts of professional sabotage that destroyed work-related investments, ruined their reputations as employees, or called their occupational integrity into question. As a result, these women not only experienced setbacks at the actual moment of abuse, but also faced a continual uphill battle to regain economic stability.

One woman interviewed, Caroline, owned and operated her own business as a special events photographer. She was well connected in her community and was widely recommended among families planning weddings and formal events. Because her job often took her on the road, she set up a business phone line that could be routed to either her home phone or her cell phone, depending on her location. After years of enjoying a thriving and expanding business, she began to notice a slowing of her workflow. She learned that her husband, Robert, was diverting her business line away from her cell phone when she was on the road. While Caroline was away, he would answer her clients' calls and book appointments for her without telling her. Caroline was unaware that families who had been using her services for years were expecting her presence at their special events. According to Caroline, her professional reputation deteriorated and her business could not be salvaged. She explained:

A lot of [customers] just got really mad and they just left [...] There were people that had set up for weddings. There were some people that set up for prom. There were some people that set up for serious things. And I didn't show up for it. Because I didn't

know about it. Some of those people were long-time customers that I've been doing for like 14 years. So, he was just like, he destroyed it on me [...] I lost so much money. And then right after that, we were in debt so bad because of what he did. Because I couldn't pay bills. I couldn't do anything. And he didn't care. Because he kept all of his money that he got from disability.

Caroline eventually shut down her photography business. When I met her, she had just invested \$2500 in a program to sell skin care products from a larger company's catalogue. However, she was unsure of her ability to move large volumes of product since many people in the community did not trust her professional judgment. Even though she had ended her intimate relationship with Robert years previously, his actions continued to affect her financial security.

June was enjoying a career as a nurse until her ex-boyfriend started coming to the hospital where she worked to harass and threaten her. Her supervisor grew impatient with the disruptions and reported June to the hospital's administrators. She recalled, "[The supervisor] didn't understand. You know like, 'Leave him.' Or, 'I can't have this here on my floor.' I didn't ask him to come." According to June, she chose to leave her job after the hospital threatened that she would lose her nursing license if her ex-boyfriend's disruptions continued.

Professional subversion was typically reported by women who had invested a measureable amount of effort and personal identity into their work. Women whose careers were a long time in the making, relied on personal networks, or were built on prestige were affected the most severely. Whether it was because entry-level jobs did not require as much previous experience, batterers were relying on their partners' money, or because batterers

tend to target what women value most, women who worked minimum wage jobs did not report much intentional career sabotage.

Opportunity costs

For many IPV survivors, there were substantial opportunity costs to coping with abuse. In other words, by having been in an abusive relationship, the women in this study did not enjoy the benefits that could have been generated had they invested their time and resources elsewhere. Due to the abuse they experienced, many IPV survivors dropped out of school, turned down job offers, and stopped developing new skills. As a result, they lost the earning potential these professional advancements would have generated.

Some survivors, particularly younger women and those earning the lowest incomes, reported being coerced or otherwise convinced to stop pursuing their professional goals. For example, one survivor, Maria, told me that when she met Felix and got pregnant, he convinced her to drop out of high school. Once the baby was old enough to go to daycare, she started talking about getting her GED. However, according to Maria, Felix strove to ensure that did not happen. He told her how stupid she was and that she would never be able to pass the GED test. Maria reported that when she began studying for the test despite his protests, he destroyed her books and would play loud music when she was trying to read or sleep. When she continued to pursue her education, she believes that Felix tampered with her birth control and got her pregnant again. Years later, now that Maria has left Felix and moved into an emergency shelter with her children, she is looking forward to working toward more stable employment again. She said:

I'm going to get my GED now, try to find a better job. Please Lord. After I get my GED, I'm going to start taking classes to either do dental assistant or like CNA or something. Something I would have never done before because he always called me, "Oh, you're stupid. You're not going to get a job in that kind of field or anything like that."

In the interim however, she lost the extra wages that she might have earned if she had completed her GED when she first desired.

Women who pursued professional success in the face of their partners' abuse were routinely made to forego opportunities by third parties or external factors outside their control. For example, Lola, a social worker with a teenage son, explained to me how her ex-husband used the custody court system and his status as the father of her child to keep her from moving to pursue her education and rebuild her social networks. She recalled:

I got into college, I got a scholarship, the whole nine yards. [...] And the judge made a decree that I could not leave the area without his permission. Do you know what the reasoning was on that? Because of his son. Because I had his son and that would prevent him from having easy access to visitations. Which made no sense to me because 99% of the time he wasn't picking up my son.

Carla's ex-husband used the custody court in a similar way, except Carla had already earned her degree in dermatology. She was hired for a fulltime position in a well-regarded clinic just over the state line, which was about a 90-minute drive from her ex-husband's home. Carla's ex-husband convinced the court that Carla was a "flight risk" and was likely to go into hiding if she and their son moved to another state. Similar to Lola's husband, Carla said that her husband almost never visited with his children, and when he did he left them with a family member.

However, the court forbade Carla to live in another state, which made employment at the clinic unfeasible. She ultimately took an hourly part-time job outside her field of specialty. Across the spectrum of educational attainment and earning power, the controlling behaviors of each woman's former partner limited her opportunity to develop additional human capital.

Financial costs

In addition to the short-term financial costs of domestic violence, such as losing one's job or having one's property destroyed, many of the survivors interviewed were haunted by the enduring financial consequences of the abuse. These consequences were often rooted in consumer issues such as debt, credit, bankruptcy, identity theft, federal income taxes, and public benefits eligibility.

Many batterers had access to survivors' personal information, which they used to inflict financial harm on their partners by fraudulently opening credit cards, forging contracts, and receiving loans in their partners' names. In addition to contending with the debts, survivors also faced the economic burdens related to having ruined personal credit. Poor credit scores significantly hindered access to the resources necessary for independence, such as a car lease, a home loan, new credit cards, or an apartment lease. Moreover, at a time when credit scores are used with increasing frequency in hiring practices, some survivors were concerned about the role their poor credit score would play in their ability to maintain stable employment.

For example, Maria lived in a community in which the local public housing authority gave preferential placement to citizens who were employed within that municipality. Her partner Ernest was making a comfortable living off the books as a car mechanic, but kept his salary separate from the household accounts. Maria reported that he used physical violence

and threats of taking her children to coerce Maria into applying for public housing under her name, using her job at a local restaurant as qualifying employment. Maria was happy where they were already living and did not want to uproot her children. However, Maria reported that while she was in the hospital giving birth to Ernest's son, Ernest fraudulently applied for public housing using Maria's information. Maria said that soon after moving into public housing, Ernest threw her computer out the front window of her apartment. As a result, she was permanently kicked out of the housing assistance system.

While trying to rent a new apartment, Maria learned that Ernest had simultaneously been renting an apartment on the other side of town, forging Maria's name on the lease and using her social security number for the credit check. According to Maria, he never paid any rent on that property and consequently destroyed Maria's credit. Maria has since left Ernest and was living in a domestic violence shelter when data was being collected for this study. With no family in the area, she was unsure where she was going to live after leaving the shelter. Because of the enduring economic harm she faced due to Ernest's abuse, she was afraid that she was going to have no choice but to move back in with Ernest in order to give her children a place to sleep. While Ernest created financial obstacles to Maria's immediate housing independence, his abuse also ensured that she would continue struggling to find safe and affordable housing for years to come.

Long-term financial sabotage took different forms in different communities. In the small rural site, women were more likely to be struggling with issues related to property ownership such as car loan payments, foreclosure, and other mortgage-related problems. Conversely, in the large urban site, women were often more preoccupied with problems related to rent

payments, utility access, and public housing eligibility. Women with greater means were typically more concerned that fraudulent tax returns or credit card applications would be filed in their names, while women with fewer resources were more likely to experience barriers to employment or public benefits based on a criminal record related to the abuse they experienced.

Table 5.1: Long-Term Economic Effects of Intimate Partner Violence

COST	LONG-TERM EFFECTS
Psychological costs	<ul style="list-style-type: none"> • Fear of being in public • Limited ability to “present well” in job interviews • Limited capacity to focus on job responsibilities
Physical costs	<ul style="list-style-type: none"> • Decreased mobility • Decreased dexterity • Altered physical appearance • Limited sensory ability (e.g., sight, hearing)
Professional costs	<ul style="list-style-type: none"> • Ruined professional credibility • Restricted movement to jobs in other communities • Decreased employment opportunities due to criminal record
Opportunity costs	<ul style="list-style-type: none"> • Forgone opportunities for education • Forgone opportunities for career-enhancing employment • Forgone opportunities for investments and property acquisition
Financial costs	<ul style="list-style-type: none"> • Unpaid debt • Ruined credit • Ineligibility for public benefits • Federal tax complications due to identity theft

More broadly, women’s economic security determined their vulnerability to the five domains of long-term IPV costs shown in Table 5.1. Women who were capable of maintaining their own financial independence were more likely to be subject to tactics that damaged their professional reputations, created barriers to new opportunities, and generated lasting damage to their financial security. Women on more tenuous economic footing were more likely to experience barriers to the educational, professional, mental health, and physical health resources that would increase their stability and their options for seeking safety. Regardless of

women's incomes, communities, and educational attainment, most of their economic situations were negatively affected by having been in an abusive relationship.

Unaffordable Safety: Structural Barriers to Physical and Economic Security

Women's access to safety was often significantly restricted by their economic insecurity before, during, and after leaving their abusers. However, the domestic violence service system rarely accounted for survivors' poverty-related barriers to resources in either the structure or the content of their services. Despite the fact that survivors' economic insecurity was caused by abuse and the structural factors supporting it, the "economic empowerment" services available to abused women focused on providing financial skills and knowledge to help them navigate, rather than change, those structural factors. The interventions rarely granted lasting economic empowerment and offered a short-term fix at best. This section describes the ways in which IPV interventions often failed to account for the structural roots of survivors' economic insecurity and similarly how poverty interventions often failed to account for survivors' continuing physical insecurity.

Poverty-related inaccessibility

Elise moved into a women's shelter with her three toddlers after escaping the abuse of her youngest child's father, Danny. Before leaving, Elise was struggling a bit financially, but was managing to pay all of her bills on time. While Danny did not keep a steady job, he helped pay for the household's utilities and sometimes watched the children while Elise worked overtime shifts as a cocktail waitress. When she fled her home with her children, she learned that the local domestic violence shelter was full, and her family was transported to a shelter two counties away. Every morning Elise got on a bus with her three children for the two-hour

commute to her job and her children's daycare. While this worked initially, soon Elise lost her childcare benefits within her home county because she no longer had a residential address there. In the time it took to secure new childcare and to navigate the public benefits system in the county in which the shelter was located, Elise lost her job due to work absences that occurred while she was watching her children. With no job, no possessions, and the stay limit at the shelter quickly approaching, Elise returned to her abuser.

After a few months, Elise secured a lower-paying job as a waitress at a 24-hour diner. When she had secretly saved what she thought was enough money for a security deposit and first month's rent on a new apartment, she began looking for a new place to live. During this process, she learned that Danny had been lying about paying the utility bills, and that he had fraudulently put them in Elise's name. She could not open new utility accounts in her name at a new apartment until the old debts were paid. However, she could not pay off the debts without alerting Danny to her plan to leave. Without seeing a safe and financially feasible way out for herself and her children, Elise decided that her most stable and secure option was to remain with Danny until her children no longer needed childcare.

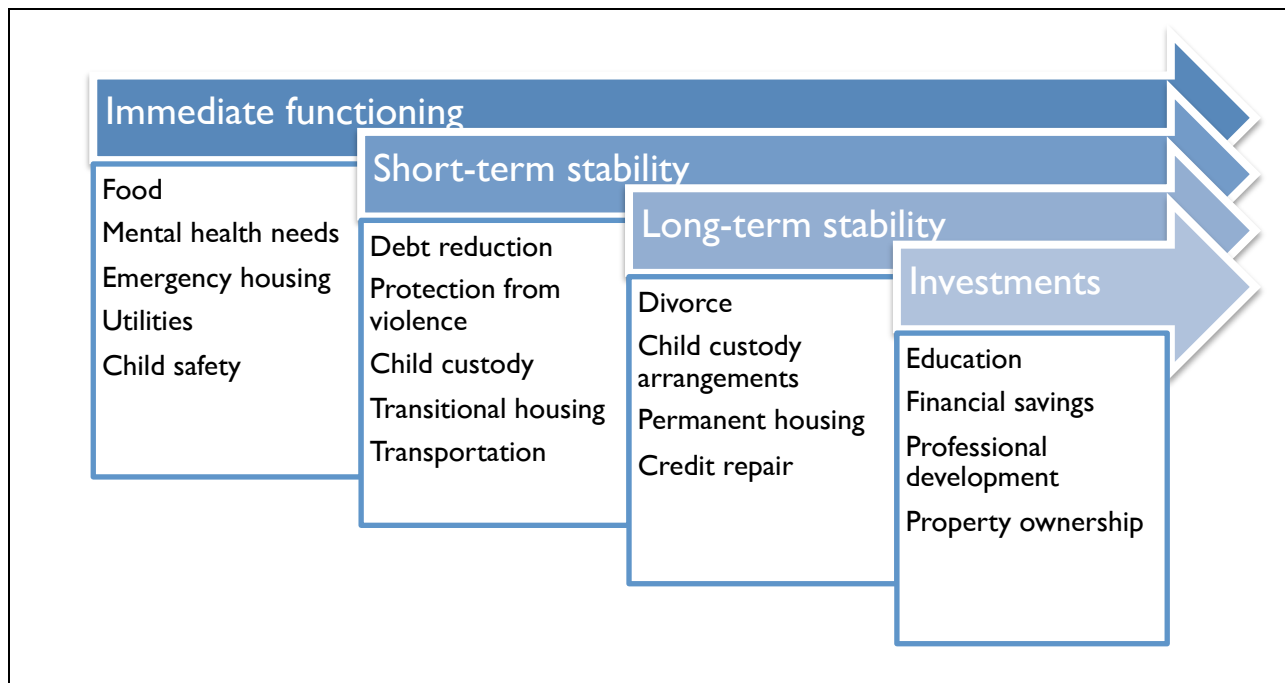
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While Elise was attempting to secure physical and economic security for herself and her children, structural barriers hindered her ability to leave Danny permanently. An inflexible public benefit system, lack of access to affordable childcare, domestic violence services' incapacity to address her professional needs, and her work environment's and housing system's institutionalized unresponsiveness to IPV were a few of the obstructions that stood between

Elise and safety. Each of the barriers she faced effectively raised the price she would have to pay to achieve her long-term goals.

Much of the advocacy available to her was developed for individuals with economic and physical security. Yet, the vast majority of survivors in this study sought services in order to regain a more immediate functionality or short-term stability. Their most pressing concerns were often finding a place to live, keeping their children safe, and managing their mental health needs. However, the economic advocacy services available to them focused on issues such as starting a small business, getting a college degree, or owning a home. Not only did the women seeking services not have the resources to attain these programmatic goals – they did not even have the resources to participate in the interventions. Figure 5.2 represents an approximation of service goals and priorities typical of IPV survivors according to varying levels of economic and social stability in their lives.

Figure 5.2: Survivors’ service goals according to their economic and social stability



The domestic violence service systems studied for this project did not provide services that realistically met the needs of women experiencing economic instability. Programs that focused on long-term economic concerns such as permanent housing, employment training, and job placement assumed an existing economic foundation. The basic act of applying for these resources often required an unrealistic amount of time, skills, information, money, and mobility to navigate the bureaucratic channels in which they were located. Programs' locations, hours of operation, eligibility requirements, and lack of childcare options often prevented IPV survivors experiencing economic hardship from even walking in the front door.

For example, regarding eligibility requirements, service-providing staff in each of the employment and housing programs visited were asked how they determined which clients would receive the services they could offer. Because resources such as affordable housing and a path to employment were in such high demand, these programs could not accept every survivor who could benefit from them. While none of the service providers named any formal criteria for selecting service recipients, they all reported that they sought to select clients who had the highest likelihood of positive outcomes once leaving their organizations. Regarding job training and placement programs, this predisposition often translated into accepting only those clients who met a certain number of "job ready" standards, such as a relatively strong work history, a competitive resume, and minimum education standards. The workforce placement program in New Byrne had a definition of "job ready" that included English proficiency, a high school diploma, citizenship, a prepared resume, stable housing, and secured childcare. The IPV survivors in rural Pigeon Pines seemed to be least affected by the domestic violence service system's preference for women with economic stability, if for no other reason than the fact

that employment and housing options scarcely existed for anyone at all. Moreover, the few employment prospects in the community were mostly manual labor and entry-level jobs that did not require a significant amount of professional preparation.

The safe house, shelter, and transitional housing programs observed in the larger sites, Jacobsville and New Byrne, tended to select clients whom they perceived as having better odds of finding and independently sustaining stable housing before the free or subsidized programs' maximum time allotment expired. That way, agencies' report numbers showed higher levels of success in terms of the number of women served and transitioned to permanent housing. One shelter manager explained:

We look at things like income too. [...] And I think sometimes women who have no income who seem to not be a match for any of the opportunities, I think we look at that in a way that might negatively impact our decision to take her in [...] Sometimes there's a lot of pressure on those of us working in the safehouse to have people moving, getting out into their own space.

Other housing opportunities in the community were no more sympathetic to those at the most vulnerable positions in the social structure. One housing advocate explained:

If somebody has no income and it's hard for them to maintain a job, maybe they never even had a job, maybe there's been such a long history of abuse, maybe they've had childhood sexual abuse and now they've been with a string of abusive partners and they're not getting income. Maybe they're just getting public assistance and it's a pretty small amount of money. It's difficult to find housing opportunities for those women [...] And as funding gets cut for things and people are bearing down, it gets harder and

harder to get people to have housing that's adequate and isn't some shitbox, that they can maintain.

When another IPV agency's transitional housing manager was asked about the futures of the applicants she sees, she said that about 25% of the women end up going into some kind of emergency domestic violence shelter program. Another 25% go into some type of transitional housing program or get on a list for similar services. More than 25% are couch surfing with friends and family. "The other quarter," she said, "I'd like to know what happens, but I don't." Ironically, even IPV programs focused upon enhancing economic security screen out the most economically vulnerable survivors.

Geographical inaccessibility

Many of the programs developed to address the needs of IPV survivors and their families were also out of reach for those with limited ability to travel. Particularly in rural settings, women often could not access services simply because they had no means of getting to them. While mid-sized Jacobsville included a bus system and a private cab service, these resources were only available to individuals within the town and did not cover the surrounding rural areas of the community. Moreover, the bus system was limited in its route and schedule, while the cab service was cost-prohibitive for many of the survivors in this study. In rural Pigeon Pines, the county did not offer any means of public transportation or cab service. A privately owned car was necessary to get to town. Physical distance from services created a number of obstacles for IPV survivors. First, nearly all of the women interviewed did not own a car, either because they could not afford one or because their abusers would not let them own one. As a

result, many IPV survivors in Pigeon Pines relied entirely on resources that could be accessed by phone, or on family and friends with cars.

Second, due to the size of the town, residents were often familiar with one another's vehicles. If a woman did own a car, her whereabouts could be easily tracked through sightings of her car on the roads and in parking lots. This potential for local surveillance could create a significant safety issue if she were to park near buildings known to house public services. Third, driving the length of the municipality of the rural site required approximately two hours due to the size of the county and the capacity of the small rural roads. Trips from one's home to the center of town, where many of the services were located, often required an unaffordable amount of gas.

While urban New Byrne had an extensive public transit system, many survivors lived in low-income communities far from domestic violence service locations. As was mentioned in Chapter 4, the domestic violence service system in New Byrne has been undergoing a consolidation process in which domestic violence services are centralized in one location. The public rationale for this centralization argues that IPV survivors can access a “one stop shop” for domestic violence-related resources rather than traveling throughout the city. One of the unintended consequences of this shift has been the closure of smaller, community-based domestic violence services embedded in neighborhoods. For women with limited time, taking multiple trains and buses into the center of the city was often a major deterrent. As one woman who wanted to sign up for a series of job training classes, but lived a 90-minute bus ride away, said, “I understand if that's for a person who's not working, but I work two jobs. How can I participate?”

Schedule-based inaccessibility

Regardless of transportation options, a lack of schedule flexibility was often problematic across all three sites. For example, none of the courthouses or service-providing NGOs operated on evenings or weekends. As a result, women without paid vacation days -- or those who otherwise could not afford to miss earning tips or an hourly wage during normal business hours -- often made substantial financial sacrifices in order to receive IPV-related services. When these survivors also had childcare needs, the financial burden only grew.

When I interviewed Elise, she walked me through some of the scheduling demands of her current week. She was parenting three toddlers and managing court cases with two of her children's fathers. Seeking to stabilize her family's situation, she relied heavily on the tips that she earned as a waitress to save enough money for a security deposit on her own apartment. A series of unforeseen circumstances mostly related to her lack of access to adequate childcare, coupled with a last-minute call to court, created a substantial financial setback.

When [my son] puked, it was at daycare. I was scheduled [at work] til four. I had to leave a little after one. So I lost three hours [Tuesday]. Wednesday I found out that I had to go to court Thursday for [my son's] child support [and miss work]. And then Saturday, they weren't at the daycare when they were supposed to be there. [...] So I didn't get tips that day, and it's just, it's just very frustrating because you're supposed to rely on all these people.

While Elise's child support proceeding was intended to increase her economic security, it cost her a day's wages during an already tight week and jeopardized her standing with her employer.

In addition to hours of operation, the amount of time required to access services added another scheduling barrier. The isolated, uncoordinated, and sometimes contradictory components of the IPV service system forced IPV survivors to sacrifice significant amounts of time to access basic needs such as housing, public benefits, and protection orders. This time took away from employment and welfare work requirements and added to survivors' childcare and transportation costs. For Janie, who lived a half hour outside of town in a rural part of mid-sized Jacobsville, appearing in court required a complicated synchronization of childcare, time off from work, and transportation. "And I would drive all the way down," she explained:

I'd sit there for like an hour and a half for them to tell me, "Oh, your hearing is canceled." But they wouldn't tell you nothing until you got there and you had been sitting there. So then I would go all the way back. But that means I have another hearing in a week or two. So I have to take another day off in a week or two. That's what kept happening. So I was taking like two days, three days off a month. Then not mention if my son got sick or something, so I was missing a lot of time.

Even when it was working exactly as intended, the lack of coordination of the domestic violence service system required a substantial amount of time to navigate. The time burden generally increased with the size of the community served. For example, in the largest site, to file for orders of protection, survivors had to arrive at the family courthouse building one hour before the court opened and line up outside, regardless of weather conditions or safety concerns. When court opened, petitioners were slowly processed and then asked to wait inside the courthouse. Then they were told that they would be at the courthouse all day if they

wanted to petition for a temporary order of protection. Therefore, if they had any other commitments or needed to make childcare arrangements, they had to do so immediately.

Typically, orders of protection were the lowest priority cases to be heard and were therefore presented to judges at the end of the day. Hearings for these orders often occurred approximately eight hours later, just before the courthouse closed. The community's housing court also demanded persistence and a large amount of time. While respondents were given a specific hearing time, it could take over an hour to get through the building's security and to the correct floor using the elevator. As one housing advocate explained, "If you show up 30 minutes ahead of time, which seems reasonable, you're going to default, because the judge will default you, even if you're in the lobby, in line waiting for the elevator." The inconvenience and inflexibility of parts of the domestic violence service system require coordination, energy, and resources that IPV survivors may struggle to maintain.

Programmatic tension between physical, psychological, and economic security

When Elise started planning to leave Danny and the apartment they shared, she pulled her credit report and learned about a number of accounts that Danny had fraudulently put in her name. In addition, at the beginning of their relationship, Elise had agreed to put all of their asset-building accounts in Danny's name because he claimed that debts generated during his first marriage had ruined his credit score and he needed help rebuilding it. As a result, Elise's credit score plummeted over the course of their relationship, significantly lowering her odds of securing a new apartment, leasing a car, taking out loans, or even landing a new job.

When she attended a free clinic for women struggling with economic hardships, the financial advocate recommended that Elise close her open lines of credit, dispute the incorrect

information on her credit report, and sign up for a department store charge card or some other easily-attainable line of credit to begin rebuilding her score. However, Elise knew that none of these options were possible for her. If she shut down and disputed the accounts Danny was using, he would immediately know that she was aware of their existence and would be enraged that she challenged him. Moreover, he knew enough of Elise's personal information to pull her credit report online and track her financial history. His knowledge that she opened an account in her name without his permission would be a dangerous risk for Elise and her children. Even if Elise ended her relationship with Danny, her new billing address would be reflected on her credit reports, opening the possibility that he could track her and continue her victimization.

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Economic advocacy for survivors of IPV presented a complex programmatic challenge. Many of the financial curricula and advocacy programs drew heavily on the expertise of professionals in the financial field such as credit counselors, financial literacy specialists, housing experts, and banking professionals. While these strategies benefited from the in-depth knowledge, skills, experience, and networks of financial insiders, they neglected to account for the unique considerations often necessary to ensure survivors' physical safety. In Elise's case, her economic security could not be strengthened by simply following the financial consultant's advice and devising an additional layer of strategies to account for her safety concerns. The situation forced Elise to choose between working toward financial independence or physical safety.

IPV policies and programs intended to improve women's economic security failed to account for their compromised physical security, need for confidentiality, and limited freedom.

One survivor wanted to apply for public benefits so that she could begin saving money to leave her abuser. However, all household members were required to apply as one unit for cash assistance, and she knew her live-in boyfriend could potentially become violent and would definitely take the money if he knew she was receiving it. Likewise, a different married survivor participating in a low-income taxpayer clinic was counseled to file joint taxes with her husband in order to claim the earned income tax credit, student loan interest deduction, and dependent care credit. However, she had been investing money to leave her husband, and was afraid he would become violent and steal the money if he detected it on their tax return.

Numerous public policies have institutionalized the conflict between economic and physical security. Among the most prominent are length of stay policies in government-funded emergency shelters and lack of public funding for longer-term affordable housing. Across sites in this study, IPV survivors and professionals consistently cited the lack of housing options as the most formidable barrier to women's long-term safety. As one executive director explained, "Housing is the biggest hurdle that we face. There used to be options. Now you can sit on a [public housing] waiting list for months." Without a financially feasible place to reside with their children, IPV survivors were left choosing between going to a shelter or staying in their homes with their abusive partners. If a woman chose to go to a shelter, she then needed to find a way to house herself and her children before she reached the shelter's length of stay maximum. Shelters' caps ranged from 30 to 135 days. In these dire circumstances, systems disregarded survivors' concerns about their long-term mental, physical, and economic safety. As one counselor described the lack of options for developing economic stability,

Now, it looks very different in how you prepare them. Before, the ultimate goal was always to get a job. But you could always approach it in a way of, “How do we get you a sustainable job and a job that actually is going to mean real growth for you, real opportunity?” Where now it's like, “Go get whatever you can get, and get it now.”

By failing to address survivors’ needs for long-term economic security, shelter policies significantly reduce survivors’ odds of maintaining physical security as well.

Survivors’ financial demands when they left their abusers limited their ability to regain control over their lives and heal from the trauma they had experienced. A counselor at one domestic violence services organization lamented the way the affordable housing landscape has negatively affected IPV survivors' long-term mental health:

The mental health piece, it's very difficult to process that when you're dealing with the stress of, “I don't have a place to live. I don't know how I'm going to feed my children, let alone myself.”[...] Often what happens is that they'll get to a certain point and you have 12 days left in shelter. So now, “Okay, I don't really care how I'm feeling, I don't care that I'm scared, I know that I'm scared, but I don't know exactly why I'm scared.”

And it's easy to focus in on the very obvious crisis that's in front of them. So those deeper wounds and traumas - really a lot of the women that we work with, they're lifelong traumas - so then the emphasis is focused on whatever the current crisis is.

You're never really able to address those other things.

Between caring for her four children, working two jobs, and managing her husband’s abuse, Laurie could not find the time to process the emotions that counseling was bringing to the surface. She spent a few months in public housing with her children in order to reduce her

financial strain, but became fearful of living in a high-crime neighborhood without an adult male in the house.

Her move back into her husband's house (where she was paying all of the bills in addition to supporting her husband and her children) limited her time to participate in group therapy and support services. She described the experience of emotionally and psychologically connecting decades of trauma history in the midst of such financial strain:

Now I feel everything all at once. And it's so hard and it's so overwhelming. And I'm still trying to function. And my day literally starts at 5:00 in the morning and I don't get done until 11:00 at night and it's not sitting around anywhere. It's basically go go go go. And it's exhausting physically, and with all the mental stuff on top of it, I'm just... I'm worn.

Survivors facing the impacts of a depressed economy on the job market and of housing services that are not accounting for the unique needs of IPV survivors are left with the question that one respondent asked: "How can I not stay in this [abusive relationship]? I see no other way of supporting myself and my children."

Conclusion

In all of the circumstances detailed above, there existed an underlying flaw in the service system's response to IPV survivors: few steps were taken to ensure that individuals of all socioeconomic statuses had equal access to safety. As one woman entangled in the family court system reflected over a cup of tea,

I think that one of the problems is... unless a judge is a parent and knows what it's like not being able to make ends meet, not being able to have enough food, they are not going to know how hard it is. And most of the time the people that get into college to

become judges, lawyers, et cetera, they are well-to-do and they've never had the opportunity to wonder what it's like to scrape for stuff.

As evidenced by the study data, IPV survivors are often required to work within systems that are not designed to accommodate women in poverty. In order to secure safety, survivors must navigate a series of rules, requirements, and procedures that do not align with the lived realities of individuals experiencing economic hardship. Given the often high cost of safety, this gap in the domestic violence service system frequently generated additional risk for IPV survivors.

Chapter 6 – “Men Get Bonus Points Just for Walking in the Door”: The Influence of Gendered Attitudes About Parenting on Women’s Safety Options

Gendered attitudes about parenting permeated the domestic violence service system, batterers’ interactions with their partners, and survivors’ self-assessments in ways that disadvantaged women. In particular, two intertwining gendered attitudes about parenting shaped survivors’ safety options: (1) that children benefit from being raised by both parents equally and (2) that fathers need not be held to the same parenting standards as mothers. IPV professionals, members of survivors’ communities, and survivors themselves were frequently guided by the belief that men and women should co-parent their children. The efforts to encourage men to be responsible fathers often eclipsed efforts to keep women and children safe. Differential parenting expectations for fathers and mothers were not expressed explicitly, but they were often manifested in the harsh judgments of IPV survivors’ mothering and the celebrations of batterers’ minor efforts to care for their children. Assessments of survivors’ and batterers’ parenting contributed to the ways gender organized institutions’ resource distribution, partners’ interactions, and individuals’ identities (Risman, 2004) in ways that were central to the incidence of intimate partner violence.

For IPV survivors with the social and economic resources to leave their abusers, the most significant barrier to safety often was the fear of harming their children. Survivors frequently chose to maintain contact with their abusers in order to encourage closer relationships between their children and their children’s fathers. When survivors chose to end their abusive relationships, domestic violence service system practitioners regularly forced women to maintain contact with their abusers for similar reasons. Abusers often exploited

survivors' care of their children and the domestic violence service system's prioritization of father-child relationships to gain greater control of their partners.

Gender and IPV

In all three sites and across the spectrum of social advantage, gender influenced IPV survivors' risk of future victimization in ways that have been well documented (Czapanskiy, 1993; Massachusetts Supreme Judicial Court, 1990): some survivors reported instances of sexual harassment and sexual assault by police officers after they had been battered by their partners; others told stories of judges and police commiserating with batterers about their "nagging" and "bitchy" wives; and some left school and their jobs to care for their children, creating economic dependence on their batterers. However, this chapter will focus specifically on gendered assessments of parenthood, which, despite its powerful influence on survivors' chances for long-term safety, has been understudied in IPV literature. I will begin by describing batterers' exploitation of their parental status to maintain control of their partners. Then, I will demonstrate how the stigmatization of single motherhood influenced women's decisions to stay with their batterers. Last, I will discuss the ways gendered values of parenthood permeated the domestic violence service system and disadvantaged battered mothers.

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Janie and her boyfriend Sam had a baby when they were 18. Even though Sam quickly became physically, sexually, and psychologically abusive, Janie never wanted him punished. She explained to me, "I knew that we would never work out because I didn't have any love for him, but I tried to give him a lot of chances to be a father to his son." Janie ultimately left Sam because she was worried about the abuse's effects on her son:

What pushed me over the edge was that he threw a knife at me. And my son was turning two. I just thought, I don't want my son to be that way [...] The same reason that I was trying to make it work with him was the same thing that pushed me away.

She moved to a city a few hours away to be close to her family and to pursue better employment opportunities.

After a year without hearing from Sam, Janie received a notice that he was pursuing custody of their son. The court ordered Janie to return to Sam's hometown with her son or risk being charged with kidnapping. She explained, "All of a sudden he just wanted to see him one day. He found out that I had moved on, so he just went crazy." Janie moved back, and despite her testimony at the custody hearing regarding Sam's absence from their son's life and his history of violence, the court granted Sam unsupervised visits with their son. She explained, "I don't know if it's everywhere, but around here they push the fact that the fathers be active, regardless of how they are in their kids' lives." Soon Janie's son was coming home from visits with his father acting out of the ordinary. Janie described, "He would go to sleep and he would wake up in the middle of the night and throw up all over the floor. I'd be scrubbing this once a week at 2:30 in the morning."

Janie took her son to a counselor. Her son told the counselor that Sam was hurting him, but was afraid he would be in additional trouble if Janie told Sam she knew about the abuse. When Janie took the counselor's report to an emergency hearing to petition for custody of her son, she was surprised by the court's negative reaction toward her:

They told me that I didn't have the right to take my son to a counselor, and that, I don't know how you say it, I disobeyed a law by taking my son to a counselor without his father knowing.

One night Sam came to Janie's house demanding to take their son for the evening. Janie said that when she refused, Sam attacked her. He knocked her down and then went for their son. She recalled with a shaky voice:

Watching my son scream, mommy help, mommy help. And if you're a mother that's just the worst feeling in the world to not be able to help your kid. So I found it in myself somehow to get up, but at this point they were already in the main hallway of my complex. Luckily I just had my nails done, and I had just had acrylics put on [laughs].

Janie dug her nails into the back of Sam's neck until he dropped their son, who then ran back inside and called the police.

This incident, and her son's decision to call the police on his father, encouraged Janie to seek a protection order against Sam. Sam violated the protection order regularly. The violations included showing up at his son's baseball game, breaking into Janie's car, stalking her at work, threatening to kill her over the internet and the phone, and cutting wires in her car, causing it to catch on fire while she was driving. When Janie went to court for Sam's protection order violations, she faced additional challenges with the judge, who was more concerned with maintaining the father-son relationship. Janie recalled,

[The judge] actually started off her hearing with just attacking me. He had just violated. But instead of her addressing his violation, she stood up and looked directly at me and had a lot to say just directly at me. She said, 'you know, in [this state] we want fathers to

be a part of their life so even if the father has issues, they are going to get help. I think it's in the best interest for [Sam] to get help and to see if we can reestablish a relationship [with the son].'

Sam was made to wear a GPS bracelet. Janie was able to list locations she didn't want Sam to go, but again experienced resistance when she asked to keep Sam away from her son:

My biggest fear was that he was going to get to my son when I wasn't around. So I listed my son's baseball field, my son's school, my son's church, those types of things. And the GPS guy was like *pssh.* Like I was an asshole for putting everything on my son. Like he talked condescending to me. He made me feel terrible.

Janie's protection order against Sam is expiring soon and he continues to abuse her through the court system. She is not allowed to move without disclosing her address to Sam, even though he is not visiting his son. Moreover, Sam continues to file for custody:

Every six months the court allows him to file paperwork all over the place. So he goes and files this paperwork just to rile me up. And then he doesn't show up at the hearings [...] So he basically still has control. He still wins at the end of the day no matter what you're looking at because the whole time the [protection order] was on him, he got to harass me and take me to court. And now it's pretty much over and they're just going to let it go. So that's how the law works.

Though Sam's use of the court system was difficult for Janie to endure, the lasting trauma was caused by the court system's stipulations:

Of course it sucked what he was doing [...] But the court system made it so much worse. Because at the end of the day, they have the authority to tell you what you're going to

do with your kid. And they didn't care for your kid. They're not raising your kid. They don't wake up in the morning to take your kid to school [...] When you know your kid is going to be in danger if they're put in a circumstance – it just makes you feel like the emotions that they put you through are just, it's nothing that you can even explain [...] They made it hell for me. They made it horrible. It was the worst experience that I've ever had to go through.

Abusers' Exploitation of their Parental Status

Researchers and advocates have identified abusers' use of children as tools of control, as in Janie's case, for decades. In Bancroft and Silverman's (2002) *The Batterer as Parent*, the authors categorize an array of reasons that abusive partners seek custody of their children more often than non-abusive partners. Those reasons include contemptuous opinions of their partners; grandiose and romanticized self-images; the desire to impose control; the desire to heighten their former partners' fear and pain; the desire to economically weaken their partners; the desire for vindication; the avoidance of child support; and the desire to gain a bargaining chip for reduced alimony, reduced criminal charges, or coerced sex.

Batterers win custody and visitation rights of their children with the same level of success as non-battering fathers. When *The Batterer as Parent* was written ten years ago, the authors listed reasons that abusive men often succeed at decreasing their victims' access to their children. Those reasons included the batterer's ability to manipulate or intimidate children's statements to a custody evaluator; the batterer's economic advantage; battering's corrosive effects on a mother's relationship with her children; a batterer's ability to perform better on psychological tests than a recently abused woman; gender bias; the traumatic effects of

custody litigation on an abused mother; and a batterer's presentation of himself as the individual most willing to communicate and co-parent. Women volunteered many stories that illustrate how children are used as tools of abuse. Battering fathers lied to their children to make them distrust their mothers, threatened to hurt the children to maintain control of their victims, threatened to take the children through custody court, used custody litigation as a means to force women to stay in state, and avoided paying child support by fighting for custody.

An additional under-described facet of abusers' exploitation of their parental status is their manipulation of gendered values about parenthood in policy, the domestic violence service system, their social networks, and survivors' decision-making. In this section, I will describe some of the ways these values, particularly as they relate to the prioritization of father involvement and the stigmatization of unmarried mothers, undercut women's efforts to provide social and economic stability for their children.

Stigma of Single Parenthood

The stigma of single motherhood became visible when I was talking to a young woman who recently had left her abusive boyfriend and was living in a domestic violence shelter. In her teens and seven months pregnant, she had recently left her hometown in New Byrne to move in with her boyfriend in Jacobsville. I asked if she thought her relationship with her boyfriend was over. She answered, "As far as being together right now, I don't want to be together. But I do hope that in the future, because my mind puts it out there like, ok, I don't want to be a statistic." When she said this, I assumed she was referencing domestic violence statistics. But she continued, "I don't want to be this young pregnant mom who they say never lasts with the

baby's father. I don't want to be like that. But it's just the reality of the situation that that's how most of them end up. And it's just like, I can't let that happen."

Though most survivors were not at risk of being unwed teenage mothers, many were ashamed for not meeting their communities' particular cultural standards of motherhood. For example, the two survivors in upper-middle class families struggled with tarnishing the veneer of their perfect-looking lives in front of their status-conscious peers. Others were afraid of judgment for choosing a dangerous partner and thereby putting their children at risk. Regardless of who or where they were, most survivors were acutely aware of their victimization's influence on their public identities as mothers.

Internalized stigma

Despite the diverse personal histories of each woman interviewed for this study, survivors consistently cited their children as a primary reason for staying or leaving an abusive relationship. They often reported staying because they wanted their children to have a father, to have stability, and to feel loved. Many survivors cited their own lack of supportive fathers as motivation for ensuring their children did not experience the same absence. One woman who stayed in a physically violent relationship for almost 20 years rationalized, "I had no father growing up, and I wanted my kids to have a father. I was like, well, I'll have to sacrifice myself."

Guilt at the thought of taking their partners' children away made some women hesitate to seek domestic violence services. For example, the first time Maria called a domestic violence hotline, she got nervous and hung up the phone when the advocate asked if she would like to pursue a protection order. When I asked her what caused the nerves, Maria responded, "Because it just made it seem like it was so final. Like now he's never going to be able to see his

kids. And he's not going to be able to do any of that.” On the other hand, I asked every survivor I interviewed to try to identify the factors that ultimately led to the end of their abusive relationship, if it had ended. Almost all interview participants reported that they attempted to end the relationship in part because their children were becoming affected by the abuse.

Maria finally decided to leave when Felix began beating her in front of her son from her first marriage. She recalled,

He started hitting me in front of my oldest, who is not his son. So that was like, the first red flag. Enough is enough. My baby can't see that. I'm responsible for him growing up and being a man and not doing stuff like that. So I called because he had smacked me in the face, he pulled my hair, he bashed me up against the wall, he kicked me in my ribs. My son then saw it and said, 'leave my mom alone!' And then [Felix] is going off, and I'm like, oh my god. So I just got up and ran, and we left.

Others began getting concerned when their children grew old enough to understand and remember the abuse happening in their home. One survivor explained to me:

My kids made me want to call [the domestic violence shelter]. My oldest son, he can understand, he was around. I'm responsible for these little kids. They can't grow up and be raised like that. See daddy hitting mommy all the time or anything like that. [My daughter] definitely doesn't want to see daddy cheating on mommy and then she thinks it's okay to go find an abusive cheater as well. Or I'll be damned if one of my boys starts beating on women and then their girlfriends are calling me.

Many survivors' decided to seek help, at least in part, when they estimated that the costs of their children's exposure to violence outweighed the benefits of having a two-parent family.

When many of the women left their abusers, they often engaged in protracted decision-making regarding the extent to which they should include their abusers in their lives. Throughout this process, a constant typically remained: a near-all-encompassing anxiety about the health and happiness of their children. Providing a supportive and stable family for their children was typically a key factor in this decision-making. One night an attorney who represented IPV survivors confessed:

I'm thinking of a couple women who stayed for the children, to try to maintain that kind of typical family lifestyle, despite the abuse. And now they still go back and forth about it. Even though it took them that many years to recognize where the problem lied and that they wanted to leave, and even after that many years and making that big drastic decision, they still have this question and they're still doing a lot of self-blame for the marriage not working out or the children being unhappy with them or taking dad's side.

For many survivors with children, leaving their abusive partners was not a one-time decision, but rather a continual evaluation of the health of their families.

Stigmatization from others

Women's feelings of guilt and shame for failing to provide a "normal" family with two parents arose throughout the interviews. Once they left the abusive relationship, women often articulated an internal conflict regarding their role in fostering a relationship between their children and the children's father. While they could recognize the risks of exposing their children to an abusive man, they often felt a sense of responsibility to their children to provide them with a loving father figure. For example, Caroline often struggled with deciding whether to call the police when Robert violated his protection order. She knew that if Robert went to

jail, her son would not be able to see his father. She justified, “So when he [is incarcerated] he doesn't see his son. I would rather him not see his son but then that hurts my son because he thinks his father doesn't love him then.”

Single mothers' feelings of inadequacy, guilt, and responsibility were sometimes reinforced by friends, family members, and service providers who told them that they should have one husband, support him forever, forgive him, be a good wife, think of the children, and support a relationship between the children and their father. One woman lamented:

I mentioned the word divorce, then [my friend] called my pastor. So when I went to talk to him to get help about how I'm struggling with all the feelings and all this other stuff, I had to spend the first half hour defending myself [...] Now I'm getting pressure because [my husband] is trying, so I should be trying [...] So it's hard because a lot of times I don't feel validated. I feel like it's just me, and it's just my problem, and I'm complaining too much, and I should just suck it up and deal with it and not be such a crybaby.

This kind of direct resistance was most easily observed in the lives of women who were a part of more socially conservative communities. A few also spoke of feeling blamed by therapists and counselors. Yet, even those with more understanding (or nonexistent) social networks seemed to have indirectly internalized these values and wanted to hold themselves to these standards for their children. They did not want to be single mothers, unsupportive wives, or “alienating parents.” They cited their desire to avoid the stigma often associated with being a single mother. This concern was a fair one. The majority of Americans (69%) say single mothers without male partners to help raise their children are bad for society. Moreover, 61% agree that a child needs a mother and a father to grow up happily (Pew Research Center, 2010).

Institutions' Gendered Parenting Standards

Most of the IPV survivors who ended their relationships with their children's fathers were met with resistance, judgment, and hostility regarding their parenting choices, particularly from professional service providers. Institutional actors such as mental health professionals, law enforcement officials, judges, and clergy often showed greater concern for the maintenance of a two-parent family than for the safety of the mother and children. As a result, IPV survivors and their advocates received the message that they were vindictive or selfish women conspiring to take men's money and keep their children from them. A few attorneys even hid their clients' experiences of abuse in court because mention of fathers' past violence could be considered unnecessarily petty. As one domestic violence attorney mused, only half joking, "[My organization] is not looked on positively by a lot of people in the community. Which is mind-boggling, because we're an organization that advocates for families affected by violence. Yet, the community puts a spin on it like we're a bunch of man-hating lesbians who break up families and acquire a lesbian army that's going to take over the county."

One survivor, Caroline, had a particularly difficult time navigating the court's expectations of her as a mother. According to Caroline, one night her husband, Robert, came home drunk after spending the night with another woman. Though Caroline was already asleep, Robert began beating and choking her, claiming that she was accusing him of infidelity. Caroline managed to break free and run for the door. As Robert followed, he tripped over the telephone he had previously pulled out of the wall to keep Caroline from contacting the police. When he fell, he cut his arm open on the coffee table. After the police arrived, Robert claimed that Caroline stabbed him in the arm with a knife. Though his wound was not consistent with a knife

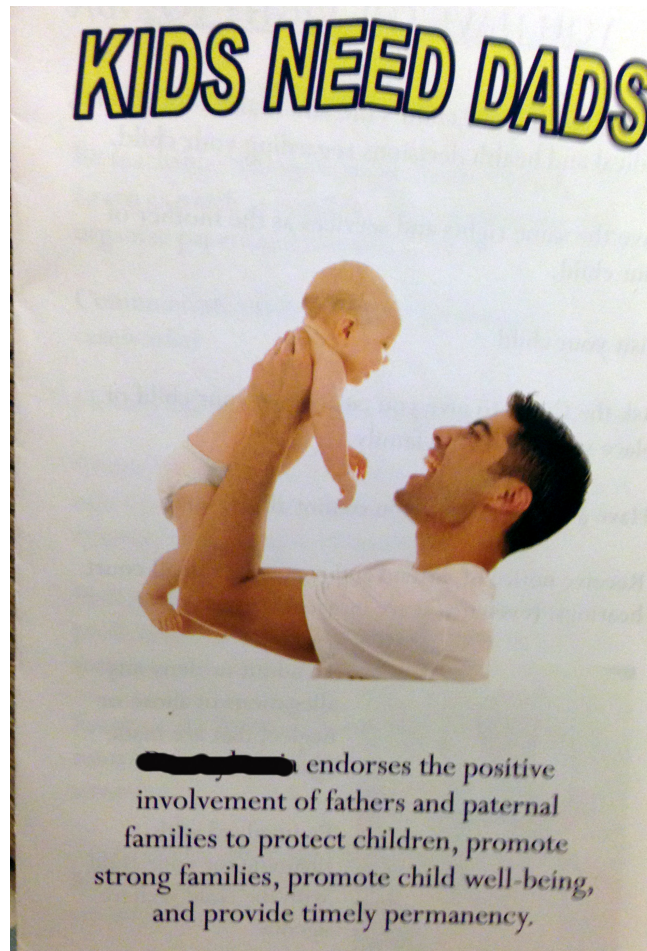
attack, Caroline was sent to jail for three days. Robert also filed a protection order against Caroline to keep her out of their home. The order created substantial challenges when Caroline tried to take her son to see Robert. She recounted:

When I got out of jail, Robert was calling me and harassing me because he wanted to see [our son]. But I was told by the judge I couldn't be in the presence of my husband. Robert had put restrictions on me [...] So I called the judge's office and I said, 'what do I do here? I'm not allowed to be the person who dropped [our son] off.' He said, 'You know what, you are a lousy mother.' And I said, 'What?' He said, 'You are just trying to keep this child from his father aren't you?'

Caroline said that she had endured blame and judgment of her mothering while being accused of victimizing her husband.

Similarly, when mothers attempted to protect their children from abuse, the child custody system's assessment of their intentions sometimes had additional dangerous consequences. Women who had entered the justice system to protect their children from abusive parents were frequently perceived at best as mothers who had not successfully kept their children out of harm's way and at worst as liars who were alienating children from their fathers. In such cases, mothers' attempts to protect their children left them vulnerable to additional harm.

Figure 6.1 – The cover of state-funded pamphlets located immediately outside the door of Protection Order Court in Jacobsville



One attorney described cases in which two different clients in different states faced identical challenges with the justice system. Both women had been concerned that their children were being sexually assaulted by their batterers. When these mothers forwarded their concerns through the appropriate channels, they were accused of purposely alienating their children from their fathers. As a result, both had their custody rights reduced to supervised visitation, in which they only saw their children for short windows of time in the presence of a third party supervisor. The attorney recalled the experience of her first client:

It was decided that she was coaching the children on it, and she has gone on supervised [visitation] for four years. Which is literally, exactly the description of what happened to my [current] client. My client's working on four years she's been on supervised visitation [...] The thing that drives me crazy is if we had a father on supervised visitation for four years - well, we wouldn't. We just wouldn't have that because the focus is so much about getting fathers back to 50/50.

The identical outcomes in these two child sexual assault cases, the attorney argued, were indicative of institutionalized gender bias that she had witnessed in each of the communities where she worked.

Promotion of equal parenting time

In the larger sites, Jacobsville and New Byrne, I frequently observed the social service and court systems prioritizing equal parenting time for both parents. In other words, the (sometimes silent, but often explicit) presumption was that fathers and mothers should enjoy quantitatively equal access to their children. In this way, joint child custody was an end in itself, often without an incorporation of safety considerations. As a result, players in the social service system at times overlooked concerns regarding fathers' potential to further harm their children and the mothers.

One spring afternoon I was sitting on the curb outside the courthouse with Katie, a woman who had just been through a custody hearing. She had lost two additional days per week of physical custody of her children to her batterer, Josh, who was also being prosecuted in criminal court for burning her son with a cigar lighter. The primary evidence used against Katie

was a picture of her and two friends drinking cocktails in her home, illustrating her apparent unsuitability as a mother. She explained to me

I tried to get my kids out before things got really bad, and the court was like, where are the bruises? It's not so bad. Why are you alienating the kids from dad? Next time I went they said, why didn't you get out? Why didn't you protect the kids? They want you to get away from the abuse and then they make it so hard.

I had previously watched Katie's protection order hearing, during which she asked for her children to be listed on her order of protection because they had disclosed to a children's services worker that Josh had committed "inappropriate behavior." Josh's attorney repeatedly asked the children's services worker for pictures of the children's injuries, which the worker was not at liberty to disclose in a protection order hearing.

When Josh was on the stand, he denied ever being violent or being arrested. When Katie's attorney presented Josh with records of his previous arrests (some of which were for violent crimes), Josh argued that he "was never put in handcuffs or anything," and that Katie was abusive toward him as well. When asked to elaborate, Josh explained that when Katie was angry, "sometimes she gets in my face and points her finger at me." Without evidence of the abuse, the judge refused to include the children on Katie's protection order. Moreover, the judge waived Josh's court fees, explaining, "He's a good dad and a hard working individual trying to raise two children." He then turned to Josh and said, "Put the money toward the kids." Katie was expected to produce an unrealistic amount of evidence to demonstrate that her children would benefit from less time with their father. Instead, Josh was praised for exhibiting an interest in his children.

On another visit to a protection order court, I watched a recently divorced couple attempt to arrange for the woman to retrieve her belongings from the man's house. The woman stated that she had tried previously to collect her things, but her ex-partner attacked her while she was putting her clothes in a suitcase. The judge asked the man if he was intoxicated, at which time the man admitted to taking four Xanax, four Adderall, and four Zephalin per day.

The woman requested a protection order, physical custody of their children (they were then splitting physical custody), and police accompaniment to her former home to safely get her property. The presiding judge interrupted the palpably fearful woman and scolded,

Ma'am, the police are busy responding to real crimes. They can't get bogged down in domestic disputes. This case is a mess. My concern here is the two children. How are they going to get out of this unscathed? This conflict you both are embroiled in is harming the children.

The judge denied the request for a protection order hearing and instead offered a temporary six-month order. She also denied the request to amend the custody order. She continued, "I hope the two of you can find a way to solve your problems here, for the children. Hopefully you will have resolved this in six months and won't have to come back." Although the judge was presiding over a protection order hearing, which is intended to grant safety to potential victims of domestic assault, she chose to focus on the wellbeing of the children, which should be handled in custody court. This scene crystallized the refrain many of the professionals I interviewed at Jacobsville often repeated: "Protection order court has turned into custody court."

This judge did not seem to make a connection between granting the mother protection from abuse and generating positive outcomes for the children. In addition, she appeared to ignore any link between the father's history of domestic violence and potential harm of the children. Instead, her unspoken assumption seemed to be that both parents had an equal responsibility to get along in order to best care for their children, which was a priority that trumped all others. While I only occasionally witnessed cases in which court personnel so clearly articulated the values guiding their decisions, the influence of these values was evident. As one custody evaluator said after an IPV survivor asked that her batterer with a history of child abuse not be allowed to have unsupervised visits with their children: "Ma'am, my goal here is equality."

Battered mothers in rural Pigeon Pines seemed to have the highest odds of winning protection order and child custody hearings. IPV survivors were granted the custody and protection rights they requested almost without exception. A legal advocate in the community speculated,

It used to be women had more of an advantage in custody where they would get the children. I think up here maybe it still is a little more like that because the judge is more old fashioned. Which kind of works in our favor most of the time [...] He has a general 'women staying home and taking care of kids and cleaning kind of thing, and that's the way it's supposed to be' attitude.

The protection order and custody hearings I observed in Pigeon Pines supported the legal advocate's hypothesis. Though survivors' requests for monetary compensation or their share of

their batterers' property were harshly scrutinized and rarely granted, their petitions for custody of their children were treated as foregone conclusions.

Notably, one contrary instance involved a young woman, Holly, who was working fulltime and earning her nursing degree at night. Her ex-husband and the father of her two children, James, was unemployed, lived with his parents, and had lost his driver's license after a drunk driving conviction. Although Holly lived with James and his parents, she was often out of the house. When she was not at school or work, she attended to other responsibilities such as driving 50 minutes into town to pick up the family's food stamps and other public benefits. James' violence escalated when Holly graduated from nursing school and was anticipating a better job. Holly showed me injuries from being thrown down the stairs, having her hands slammed in doors, and being burned with boiling water. Holly became deeply depressed and realized that she wanted to leave James.

During their child custody trial, James' attorney used Holly's depression diagnosis as evidence against her. Holly lost full physical and legal custody of her children. When I met Holly, it had been 18 months since she had spent time with her two children. I attended a custody hearing in which she was trying to regain some of those rights. She told me,

We're at least trying to get shared custody. Because I never really had a lot of father figures in my life. And I don't want that to happen to my kids. Even though I don't trust him at all.

During the hearing, James' attorney repeatedly asked Holly, "Why did you choose not to be the primary caretaker for your children?" James' parents, who Holly says often heard James beating her upstairs, testified against Holly. They argued she "wasn't motherly," and spent too much

time doing her homework, rather than tending to the children when she was home. As an example, James' mother recounted a time when Holly went onto the front porch of the house for a cigarette break while the children were watching television inside with their grandparents. "She left her children alone," recalled James' mother. "That's not what a good mother should do." In this instance, Holly was criticized for not being an ever-present mother, rather than for failing to give her partner access to the children. Though the cultural definition of good mothering was different in rural Pigeon Pines, survivors were still penalized when they failed to meet that standard.

The discrepancy between the cases in Jacobsville and New Byrne and the cases in Pigeon Pines also suggests the influence of judges' personal interpretation of child custody standards, which has recently been documented in a small body of literature. While courts in every state rely on a best interests of the child (BIC) standard when determining custody cases, the content of these standards is often vague and subject to interpretation (Zorza, 2010). One recent study of custody evaluators' beliefs regarding domestic violence found that custody evaluators' sex, gender ideals, and knowledge about domestic violence played a significant role in their custody decisions (Saunders, Faller, & Tolman, 2011). When presented with a vignette in which one person was clearly the perpetrator of domestic violence, almost half said it would be in the best interest of the child to grant joint legal custody and sole physical custody to the victim. Almost 30% said it would be in the best interest of the child to grant joint physical and legal custody. The remainder reported that they would grant sole legal and physical custody to the victim. In addition to showing the significant proportion of custody professionals who prioritize joint

parenting, the study demonstrated the differences in custody evaluators' understanding and implementation of current regulatory custody standards.

Gendered expectations of parents

In each of the three study sites, abusers were always granted some level of access to their children unless they (1) did not seek it, (2) were incarcerated, or (3) occasionally, were recently convicted of abusing their children. Otherwise, regardless of the severity of violence they had inflicted on their children's mothers (including lethal violence), they were given some degree of visitation rights. One interviewed attorney's laments were consistent with my observations:

The fathers are going to have visitation or some contact with your child, regardless of if he beat mom or not. Even if it was in front of the child, even if when she was pregnant, even if they're mentally and emotionally abusive to the children. They're going to have some contact because they're entitled to it. If it starts out as supervised visitation, that doesn't last for long. Unless the court sees that there's direct physical violence from dad to the children, you can expect that dad's going to have some visitation rights. The purpose of protection order court is to protect women from further abuse, and the safety of the children is obviously a concern, but if there's children involved, it seems as though they're not focusing on the abuse toward mom. They're focusing on what they feel is the best interest of the children.

In this context, the best interest of the children was assumed to be an equal division of time between parents.

Because such high priority was placed on involving fathers in their children's lives, actors in the service system often were willing to overlook batterers' past failures to parent. In

addition, fathers' relatively minor attempts to parent were frequently disproportionately celebrated and used as justification for transferring additional custody rights from mothers to fathers. Conversely, facets of IPV survivors' lives that were perceived to be inappropriate for mothers were often used as proof of their incapacity to care for children. For example, one afternoon two attorneys returned to the law office and told me the story of their day while we were eating lunch. A client's child was removed from the client's home because the child had persisting bug bites and the court believed the client's home was the origin site. However, the child continued to have bug bites when she was in the primary care of her father. The attorneys explained,

So we went to photograph [the bug bites]. And now we get a call from opposing council and guardian ad litem and they said, there's no bug bites on the child. We're like, we have photographic evidence [...] When we have evidence on our side, there's that overreaction on our part, but then they're taking something that seems slight to us, or a miscommunication, and completely blow it out of proportion.

According to the attorneys, photographs and multiple witnesses demonstrating the mother's blamelessness in this instance did not trump the unsubstantiated accusations of the father.

Aside from contradictory outcomes within the justice system, institutional actors' gendered assessments could sometimes be witnessed in the language used during proceedings and in archival records. In one example, an owner of a local strip club with a long domestic violence record appeared in court with one of the club's former dancers to negotiate custody of their young daughter. The court ordered them both to receive psychological evaluations before a custody determination was to be made. In the evaluation report, the mother was described as

someone who had “a personality type typified by other strippers,” who was materialistic and overly concerned with her appearance. Conversely, the man was described as strong, gruff, and stoic. His occupation was never mentioned, which seems to suggest that the sexualized nature of his work did not factor to the same extent into his ability to parent. Moreover, his silence and coldness were described with language connoting positive masculine traits, while her characteristics were cast as feminine flaws.

In addition to this less frequent, more overt editorializing in written reports, I routinely observed more mild forms of gendered undermining in conversation. Perhaps most noticeably, in the smaller sites, Pigeon Pines and Jacobsville, court personnel would at times slip into calling female respondents by their first names, while continuing to use formal titles with male respondents. One day I mentioned the use of discrepant titles to an employee of a legal center in Jacobsville. She quickly connected the inconsistent language in the justice system to her observations of its gendered assessments of quality parenting:

We see, where a father does minimal parenting and he’s like a superhero. He doesn’t show up late, or he makes a partial support payment [...] On the other hand, we’ve had a woman that’s missed two support payments and was arrested and in prison. We see where a father’s word is taken for truth, and it will be like, ‘the facts are....’ And yet when they talk about one of the women we work with, it’s ‘alleged.’ It’s the vernacular, it’s the vocabulary. It’s the fact that they’ll call opposing counsel and an opposing party ‘mister’ or ‘attorney.’ And they’ll call our women by their first names and our attorneys by their first names.

The silent cultural definitions of “good mother” and “good father” shaped the practices of many institutions that IPV survivors were required to navigate. Mothers and fathers were regularly judged by different rubrics across a range of issues including: having a new partner; hitting their children; failing to pay child support; hitting the other parent; drinking or using drugs; prioritizing the children over work; being seen having fun in public with friends; dropping off and picking up the children at the designated times; showing emotion; and speaking negatively about the other parent. Even when custody was not the central issue of a court case, the respondents’ roles as parents were sometimes incorporated into the assessment of their guilt.

For instance, while sitting in a hallway outside a courtroom one afternoon, I began talking to a woman whose boyfriend repeatedly slammed her head against the dashboard of his car while he was driving them to a Valentine’s Day getaway. He then pushed her out of the car while it was moving and tried to run over her legs. She told me that she was terrified of him and had hoped the romantic weekend was going to lighten his spirits. While I was speaking with the woman, the responding police officer was talking with her advocate from the domestic violence shelter where she went after the attack. The officer asked the advocate somewhat rhetorically, “Why was she going on a holiday weekend with this guy when she just got her kids back from [Children and Youth Services], if she was so afraid of him?” He said that when he arrived on the scene, the woman was “being very emotional” and “kind of making a big deal out of things,” while the perpetrator was “really easygoing and he admitted to doing it, and that he probably shouldn’t have done it, and that he wouldn’t do it again.”

The police officer told the advocate that he'd like to cut the man a break, since he has been a "troubled man since his kids were taken away." The advocate later explained to me that the abuser had been in a car accident in which his former wife and child died. His other children were since taken from him. Though there were no children involved in or witness to the assault, the police officer's subjective assessment of both parties' roles as parents played a significant role in his evaluation of the crime. While the woman neglected her duties as a parent first by losing custody and then by spending a weekend away from her children, the man deserved leniency for his emotional distress for not seeing his children.

Institutional actors also scrutinized mothers more closely for ensuring the physical health of the children such as taking them to the doctor, giving them medicine, monitoring their hygiene, or sending them to school wearing appropriate clothes. Sophie was routinely monitored by child protective services because Henry would report her. On the other hand, she said that she never received any follow-up on any of the concerns she brought to light. She explained,

One time [my son] came home with welts on his bottom. Bruises, black and blue. He got suspended from school for punching a girl. And I called Children and Youth because I was so scared I didn't know what to do. And they came and they said it was nothing. They wrote it off. I said okay. And then [my daughter] goes without a hat and they want to talk to my therapist and they want to talk to my counselor.

Another woman recalled the challenges she faced after securing her child's health insurance. She was ordered by the court to give her abuser an insurance card for their son. She delayed

doing so because she was concerned her abuser would use the information on the card to access her medical information. She described,

So then you have where the court system was actually helping with the abuse. Because they were making stipulations of me that they weren't making of him. Like, when I had insurance I had to make sure that [my ex-husband] had an insurance card [...] I was going to get it for contempt of court because I didn't get him an insurance card fast enough one time. Yet he had been jerking me around with child support for three years. And [the court] never did anything. Never yelled at him, nothing.

This gendered double standard for parenting creates a power imbalance between batterers and IPV survivors. A batterer's threat to take a woman's children from her if she leaves him keeps many mothers trapped in abusive relationships. Many women I spoke with determined that they would rather be in an abusive home with their children, rather than forgo the opportunity to supervise their abusers' behavior toward their children.

Survivors who did leave often faced years of repercussions, including judgment for destroying the family, lack of control over the abuse of their children, years of constant custody court appearances and monitoring, and complete loss of contact with their children. This reality across the study sites deeply affected women's choices and their advocacy options. One attorney explained to me,

I always tell our clients, they should just prepare themselves because men get bonus points just for walking in the door [...] And I think the court almost finds them more credible or more of a stand-up individual because they are fighting for their kids. And the court doesn't see it as, they don't really care too much about their kids most of the

time. They're just doing it to get her. Cause he knows that she cares about her kids and he knows the way to really hurt her is to take the kids. And the court just sees the men that are coming in who want to see their children, and they give good spiels in court: 'I want to be there for my child, I want to do all of these wonderful things, I've never been abusive to my children.' Whereas if she said, 'I've never been abusive to my children, I may have put my fist through the wall several times in front of them, but I've never hit them,' the court would have a problem.

The very systems meant to punish perpetrators and protect survivors of violence risk binding the two more tightly. Courts demand that women seek safety for themselves and their children; however, women who seek to protect their children by limiting their abusive partners' custodial access often find themselves vilified for their attempts.

Changing Gendered Attitudes Within Institutions

No site or sector of the domestic violence service system was unaffected by gendered conceptions of parenting, making cross-site comparison of cultural change unfruitful. However, practitioners noted a few instances of changed gendered attitudes over time within specific groups. In these instances, practitioners usually reported that the development of cross-sector coalitions, rather than policy change, created the most noteworthy results.

For example, the domestic violence organization in Jacobsville devoted significant effort to changing the local police force's response to domestic violence. While a domestic violence police protocol had been instituted in the region years ago, the domestic violence advocates saw little change until a productive professional relationship developed between one senior advocate and the town's police chief. "We've been doing police trainings and developing police

protocols forever,” the advocate said. “They don’t seem to be working. In any situation, we need supervisors to be holding their staff accountable.” Based on this belief, the advocate began reaching out to the directors and chiefs of various sectors of the domestic violence service system for routine meetings. The town police chief admitted that these meetings had a significant impact on the activities of the force:

In all honesty, [the domestic violence organization] changed the way we’ve done things. [...] I was aware of those things, but it was brought to the forefront. They would come over with victims to tell their stories. You’d realize this wasn’t about a crime- it was about a whole lifestyle. The actual arrest is only a small part of someone’s life.

The police chief explained that while he was sympathetic to the experiences of domestic violence survivors, changing the attitudes of his fellow officers had been a long-term project. “It’s like trying to turn a barge in a creek,” he analogized.

As a point of comparison, the chief recalled a story from his first month as an officer, 20 years ago. He was with a senior officer and responding to his first domestic dispute call. A woman answered the door with blood dripping from her nose:

She said, ‘my husband assaulted me, he’s on the couch there.’ And we could see him sitting on the couch through the door, drinking a beer. And the officer I was with, I just met the guy, said [to her], ‘whoa, when you start paying taxes call us back.’

The chief insisted that police response in the area has improved significantly, despite initial hesitation from his colleagues. “There was a lot of resistance,” he admitted. “They’re now starting to understand that there’s a lot more at play than what they see. The police reports are better. They’re talking to people better. The [domestic violence organization] isn’t calling to

complain anymore.” The long-term institutional dialogue between the domestic violence organization and the police has provided an opportunity for officers to develop a more comprehensive understanding of domestic violence survivors’ experiences.

Domestic violence organizations’ advocacy with the police has been less productive in Pigeon Pines and New Byrne. One advocate in urban New Byrne said, “It’s really a matter of who and what and where and why.” She explained that while some senior officers have provided phone numbers to call them directly at any time, another, for example, insists that there are no laws against domestic violence in his region. Another advocate in New Byrne explained that while her experiences with detectives have been relatively positive, officers who respond to emergencies rarely have the resources to effectively respond to domestic violence calls:

If you’re calling 911, you’re getting the rookie who is in a squad car in a bad neighborhood. You’re not getting a DV police officer that do the follow ups. You’re not getting a detective; you’re getting someone with the least experience.

The enormous size of the police force in this community allowed for a diverse landscape of attitudes about gender.

In rural Pigeon Pines, while the size of the police force was very manageable, advocates reported that cultural barriers often obstructed institutional change. Many of the advocates believed that the local mindset regarding family, size of government, and gender were significant barriers. “They’re a tough bunch to crack,” one said. “They feel like they don’t need to answer to you.” Another advocate hypothesized, “I think it’s culturally-based. The attitudes here in this rural area is, ‘the less law enforcement, the better.’”

Even in mid-sized Jacobsville, the advocates of the domestic violence organization do not believe the change that has occurred in the police department is permanent. One guessed that if the police chief post was filled by a different person, the results of their efforts could vanish. The senior advocate who was working with the police explained, “This is institutional change that requires maintenance.”

Conclusion

The gendered organization of institutions’ resource distribution, partners’ interactions, and individuals’ identities regarding parenthood were central to the experience of IPV. Survivors’ frequently chose to maintain contact with their abusers in order (1) to encourage closer relationships between their children and their children’s fathers, or (2) to lower the risk of losing their children to their abusers. When survivors did end their abusive relationships, domestic violence service system practitioners regularly forced women to maintain contact with their abusers for similar reasons. Though parenthood ideals varied across sites, survivors’ consequences for failing to meet these ideals remained the same. Their perceived parental missteps were often scrutinized harshly while batterers’ token attempts to parent were emphasized and praised. As a result, normative values about mothers’ and fathers’ responsibilities suffused every level of IPV survivors’ social worlds and shaped their risk of abuse.

Chapter 7 : Conclusion and Recommendations

The poverty, mental illness, social isolation, and gender inequality that IPV survivors faced shaped their experiences of abuse before, during, and after leaving their batterers. During relationships batterers routinely sabotaged women's social networks, economic security, and relationships with their children. In seeking safety, women often risked losing even more social support, economic resources, and connection to their children. Yet, the domestic violence service system was frequently unfit to address survivors' nonphysical post-separation risks. Instead, the service system often required additional resources from IPV survivors. After leaving their batterers, many survivors faced debt, trauma, and protracted custody disputes that continued to disrupt their lives. IPV is more than a series of isolated acts by individual people: it limits women's agency and heightens their suffering long after their abuse has ended.

Women's experiences with domestic violence services varied depending on (1) personal factors such as their location, income, race, and number of children, (2) the institutional climates within their local domestic violence service systems, and (3) the social forces shaping their communities. Despite the variation, however, women of all backgrounds faced barriers to safety related to their economic instability, social sabotage, and children – albeit in different ways. Regarding economic insecurity, in the smaller sites, Pigeon Pines and Jacobsville, economic factors such as a lack of affordable housing, a depressed job market, little access to mental and physical healthcare, and limited transportation options frequently shaped women's risk. Survivors who had the economic resources and mental stability to access domestic

violence resources such as housing, legal representation, and counseling often found them helpful. However, women with the greatest needs typically did not have the time, money, mobility, childcare, or emotional strength to access these services. Moreover, practitioners regularly chose to work with survivors with the highest odds of succeeding (and no longer needing services) when resources were scarce.

In large urban New Byrne, a broad range of resources existed including a network of emergency shelters, free legal services, and diverse counseling options. Many of these resources were available to anyone who requested them, however they often did not address survivors' long-term needs. They frequently isolated survivors from their communities, scrutinized survivors' behaviors, required unrealistic timelines, and operated in distressing social environments. As a result, women at times found life in an abusive home more economically and socially manageable than being alone.

For all three sites, the factors that complicated survivors' capacity to leave their abusers were also barriers to receiving services. Organizations' hours of operation, required time commitments, and distances from survivors' homes rendered many resources out of reach for women with limited time or access to transportation. Survivors' risks of abuse were also shaped by gender in all three sites. While gender inequality manifested itself differently in each community, it restricted women's options for safety in similar ways.

This study also assessed the match between some existing theories of IPV and IPV survivors' lived experiences. By starting with a critique of IPV's theorization of social isolation within abusive relationships, this study was well suited to identify women's experiences that fell outside of the concept. Batterers often used tactics that were more focused on

permanently sabotaging survivors' access to social support rather than isolating survivors during their relationships. Social forces such as stigma of mental illness and gendered income inequality also contributed to IPV survivors' enduring isolation. As a result, I suggest the term social sabotage to describe batterers' attack on survivors' social networks rather than a narrower descriptor such as social isolation. The social sabotage they endured also affected their domestic violence service needs. Nonjudgmental and comprehensive services built on sustained relationships were typically considered the most helpful. Survivors reported that relationship-oriented resources provided the accountability, motivation, and self-worth to continue working for safety for themselves and their children.

By mapping IPV survivors' experiences onto the current theorization of economic abuse, the long-term effects of IPV are made visible in Chapter 5. While current literature has thoroughly described batterers' actions to intentionally target women's economic stability, the negative economic effects last far beyond the relationship itself. The economic effects of IPV were cumulative, durable, and at times exacerbated by the domestic violence service system. However, despite the structural roots of survivors' economic disadvantage, current economic interventions focus almost entirely on financial education and skills building. Moreover, resources in the domestic violence service system often require the loss of additional economic capital in order to access them.

In Chapter 6, I described how gender shaped survivors' IPV risk at the individual, interpersonal, and institutional levels. Gendered attitudes about parenting routinely permeated the domestic violence service system, batterers' interactions with their partners, and survivors' self-assessments in ways that disadvantaged women. The prevailing beliefs in rural Pigeon

Pines about women's role in the family diverged from those in Jacobsville and New Byrne; yet women experienced similar consequences across all sites when they did not adequately satisfy those roles. Though policy about issues such as custody appears gender-neutral, abusers frequently exploited their fatherhood to gain greater control over the mothers of their children. Accordingly, instead of changed policy or training programs, gendered responses to IPV have improved most measurably when cross-sector relationships with service system leaders have been institutionalized.

Programmatic Responses to IPV

Advocates and researchers in the early anti-IPV movement underscored the universality of IPV and distanced themselves from the link between IPV and economic and social disadvantage. Strategizing within the political context of the 1970s, they sought to erase the stigma of IPV victimization and to strengthen the narrative that any woman could be a victim of domestic violence (Goodman et al., 2009; Purvin, 2007). This tactic served activists well and helped compel federal and state governments to fund IPV interventions with remarkable speed. However, decades later, an inadvertent consequence of this approach remains: IPV interventions are not built to accommodate the lived realities of women with limited life choices due to factors such as risk of abuse, economic constraints, and social isolation.

The most effective and feasible targets of change will surely vary across different political and historical contexts. One way to conceptualize advocacy for IPV survivors is to organize it into two broad strategies: (1) retheorizing the causes of intimate partner violence and restructuring our responses accordingly, and (2) addressing gendered social and economic inequality more broadly. I discuss each strategy in turn below.

Reconstructing IPV Theories and Solutions

Developing effective IPV interventions requires a thorough understanding of the problem. In order to be relevant and accessible, the reality of women's lives must be central to that understanding. The continuing investigation of women's experiences of IPV in the context of their local economic, political, and cultural realities would be particularly valuable.

A primary strategy of the movement to end violence against women has been to create policies at the state and federal level that recognize IPV as a crime and to create systems of accountability for that crime. Survivors' narratives have demonstrated how the regulations intended to protect families in crisis were used against those families and at times subjected them to additional victimization. Considering that the legal system in the United States tends to work most successfully for those with the most resources, relying on court involvement to secure safety will likely reproduce the disadvantages faced by women with more limited resources.

One possible strategy is to develop measures of success that encourage institutions to rewrite their policies, reconsider the ways they carry out their work, and revise their responses to survivors by placing the realities of women's lives at the center of their interventions. A critical assessment of institutions' social and economic barriers to services would be a beneficial first step. Questions to evaluate a particular service might include:

- Is it available at times of day that make it available to individuals in professions of all income levels?
- Is it accessible through a range of transportation options?
- Does it accommodate individuals' caretaking responsibilities?

- Do the requisite actions, processes, and environments require mental or emotional energy that might not be available to traumatized individuals?
- Does it account for individuals' time constraints due to second jobs, caretaking responsibilities, transportation limitations, or financial inability to miss work?
- Does it require fees or other financial investments that might render it inaccessible to individuals with fewer resources?

Volunteers of America Oregon's Home Free initiative is one program that addresses many of these barriers. Home Free provides "long-term, post-crisis support designed to prevent victims from having to return to an abusive home" (Volunteers of America-Oregon, 2014). They organize their resources into four categories: emergency services (such as crisis hotline, emergency shelter, safety planning, and assistance with relocating); transitional services (such as permanent housing support, long-term financial goal planning, home visits, and long-term one-on-one support); children's services (such as support groups and one-on-one mobile advocacy); and outreach services that connect with survivors on-site at places such as welfare offices, police precincts, prison, and supervised visitation centers. Through these services, Home Free pursues its mission "to assist adults and children surviving domestic violence to move not just toward safety, but toward freedom and all that the word home suggests" (Volunteers of America-Oregon, 2014).

Home Free's outreach services are an integral part of their work. Many of their advocates are located in institutions IPV survivors are required to navigate. They also conduct outreach in locations not explicitly related to domestic violence. Home Free's Director, Kris Billhardt, explained in a promotional video, "Our advocates are out in their cars, with their cell phones,

meeting survivors in places like a court house, a grocery store, a coffee shop” (Home Free, 2010). By operating outside of their offices, Home Free reduces service barriers related to transportation, work schedules, and time commitment. In addition, it engages community members and other portions of the domestic violence service system to support survivors’ long-term safety plans. Billhardt reasoned, “If our advocates are there, we’re able to make change in the systems we’re outreaching to.”

Home Free is also a self-described survivor-driven, flexible, and individualized initiative intended to reduce barriers to domestic violence support services. It aims to provide personalized services that attend to each survivor’s unique needs. Describing the initial development of Home Free, Billhardt recollected, “One of the things that we tried to do when we designed our program was look at gaps that we saw in the community as far as the services that were being offered. And we also did a whole lot of listening to survivors” (Home Free, 2010). By meeting survivors where they are at, both physically and mentally, Home Free has achieved notable success in reducing women’s barriers to long-term safety (National Alliance to End Homelessness, 2010).

Building Partnerships for Institutionalized Intervention Efforts

The incorporation of social and economic disadvantage into intimate partner violence policies will likely require long-term strategies for social change (Purvin, 2007). As has already been noted, in the current political and cultural climate IPV is treated as a criminal manifestation of individual flaws, rather than a social problem facilitated by structural inequalities. However, shorter-term practice-based strategies exist, particularly in broader social justice initiatives. Given that the vast majority of women living in poverty are survivors of

IPV, enhancing resources for low income earning women will also be valuable to IPV survivors. Indeed, many of the survivors in this study benefitted just as much if not more from non-IPV-specific public resources. Women frequently accessed public housing, employment services, federal tax relief, and cash assistance without disclosing their IPV experience. The advantage these services generated for survivors provides a strong argument for IPV practitioners in to partner closely with advocates in other fields.

Addressing the mental health impact of IPV

Given women's increased vulnerability to negative mental health effects when experiencing IPV and poverty, the development of trauma-informed services is particularly important. Trauma-informed services provide IPV survivors with the opportunity to 1) heal from the trauma they have already experienced and 2) maximize the benefit and accessibility of relevant services. The National Center on Domestic Violence Trauma & Mental Health (2011) suggests including five core components in one's trauma-informed approach. Those components are:

1. Provide survivors with information about the traumatic effects of abuse
2. Adapt programs and services to meet survivors' trauma- and mental health-related needs
3. Create opportunities for survivors to discuss their response to trauma
4. Offer resources and referrals to survivors
5. Reflect on our own and our programs' practice

At the individual level, developing trauma-informed services starts with generating the appropriate knowledge base and skill set of the institutions' staff members. Indicators of

appropriate expertise might include general education about trauma and its impacts, how to avoid retraumatization, withholding judgment of coping behaviors that could be viewed in a negative light, how to identify individuals who have been exposed to trauma, and the maintenance of personal and professional boundaries (Fallot & Harris, 2006).

At the organizational level, administrators and board members can assess the extent to which organizational practices and environments conform to the principles of trauma-informed practice. In their trauma-informed services self-assessment and planning protocol, Fallot and Harris (2006) identify five core areas of trauma-informed practice: safety, trustworthiness, choice, collaboration, and empowerment.

Addressing social costs

Another critical component of trauma-informed services is the nurturing of social bonds. Given the mental health and economic benefits of social support for IPV survivors, further damaging IPV survivors' social bonds in the name of short-term physical safety is neither strategic nor sustainable. However, traditional strategies for community-building within the Battered Women's Movement are often ineffective or inaccessible for women living in poverty. It is unrealistic to expect that survivors already juggling work, childcare, and safety from their abuser can attend support groups or skills-building dinners. Instead of tacking social support onto existing domestic violence services, it would better serve survivors to integrate it into institutional responses. Goodman and Smyth (2011) suggest moving toward a "network-oriented approach" to survivor advocacy in three ways:

1. Helping survivors engage their networks by working with survivors to assess their networks and existing resources within it.

2. Helping network members support survivors (at survivors' consent) by including them in hotline calls, counseling meetings, and organizational events.
3. Helping survivors develop new forms of informal support by hosting discussion groups where women in the community already congregate, encouraging survivors to connect over mutual interests and neutral topics, or developing peer groups for accessing non-DV-related services and activism.

By meeting women where they are, in their communities and around their existing activities, programs could enhance what is already present, strengthening social bonds in a way that does not require women to have additional resources.

In addition, the services in Pigeon Pines and Jacobsville suggest that IPV survivors often find value in developing sustained relationships with service providers who can help them comprehensively meet their needs. Though survivors benefitted from the support they received from certain organizations in Pigeon Pines and Jacobsville, those organizations did not have the capacity to serve as many people as the more efficient Family Justice Center (FJC) model, often leaving women in the greatest need without resources. Developing program models that utilize the efficient processes of FJCs and the relationship-building of feminist community-based organizations could result in particularly successful programs.

Addressing financial costs

While the domestic violence field has engaged in critical economic justice work, historically efforts have focused upon identifying ways to maximize survivors' future income through programs such as job and financial literacy training. While this is helpful for some, it does little to remedy survivors' economic damage, minimize their current expenses, and

protect their existing assets. Consumer law is a powerful tool that does just that. Consumer and other economic legal remedies have the potential to address issues such as debt collection, credit discrimination, bankruptcy, damaged credit, and foreclosure. In this respect, civil attorneys and advocates are well situated to address the substantial economic harms faced by survivors. Plunkett and Sussman's (2011) Consumer Rights Screening Tool for Domestic Violence Advocates and Lawyers outlines a number of consumer issues and strategies that could be incorporated into current services for domestic violence survivors. They include:

- Managing household income and expenses - After leaving an abuser, survivors typically must live with additional expenses and less money. Moreover, they often must pay for relocation and safety costs such as changing locks, moving trucks, and getting their address unlisted. Strategizing ways to manage new budgetary concerns can be an important step toward economic security.
- Credit reporting - Abusers can create significant damage to survivors' credit histories. Many women have had their partners take out credit cards in their name, been forced to commit credit card fraud, and had their money taken away so that they could not pay their bills. Many individuals and institutions look at credit reports when making business decisions. Employers, creditors, insurance companies, and landlords all might consult credit reports before offering a job, a loan, insurance coverage, or an apartment vacancy. Given that each of these resources can be critical to a woman's safety, ensuring that negative, incomplete, or false information is removed from survivors' accounts can be significantly beneficial.

- Foreclosure and eviction - Many abusers exert control over their partners by damaging their rental properties and causing disturbances to get women evicted from their homes. For survivors who own their homes, when resources are running low, they might fall behind on mortgage or rent payments. A number of legislative protections exist at the state and federal levels to ensure that individuals do not lose their homes due to having experienced abuse. Professionals familiar with housing law and policy are particularly valuable assets in this context.
- Utility access - If a survivor flees her previous residence, she may owe money on past utility bills. She might not be aware of this debt if her partner fraudulently put her name on household bills or did not tell her about household finances. In addition to basic needs such as electricity and water, survivors might be in particular need of utilities such as telephone service in case of emergency. Advocates can work with survivors to clear their names from old accounts, identify unpaid bills, and contact the public utility commission when necessary.
- Auto access and ownership - For some survivors, a car is their most important tool for securing and maintaining safety. Cars are often a means of fleeing the violence, a location to hide possessions, and an emergency place to sleep. However, abusers often exert control over their partners by limiting their access to household vehicles and destroying survivors' cars. In addition to helping repair credit and increase assets, domestic violence organizations can increase access to cars by developing car share programs, soliciting free repair services from auto body repair classes, negotiating rates

with local car dealerships, and creating car-related donation wish lists that include items such as AAA memberships, auto parts, service warranties, and towing services.

At the public policy level, institutional tensions between safety and poverty sometimes arise from the assumption that married partners are a financial unit and always work in one another's economic interests. When a batterer fraudulently uses his partner's name for economic exploitation, the opportunity to use institutional remedies for identity theft victims are severely limited. Spouses have the right to access accounts that were opened together and can even open accounts in one another's names. If a woman can make a case that her spouse opened an account in her name without her consent, she possibly could charge him with fraud. However, moving a case forward would require (1) evidence that she did not know about or benefit from the fraudulent account and (2) a police report regarding the matter. The latter is particularly difficult, as most police will consider this to be a domestic issue, rather than a criminal one. At that point, an individual who had her identity stolen by her spouse has two options: to pay off the debts or to divorce her spouse and attempt to have the debts moved to his accounts (Identity Theft Resource Center, 2010). Even when the abusive partner is found liable for the debt in a divorce proceeding, creditors are not bound by this determination. Oftentimes, a survivor's only remedy is to pay the debt and sue her former partner for reimbursement.

Institutional efforts to strengthen financial security and reduce financial victimization can be improved by assessing their applicability to crimes committed by intimate partners. Processes such as online tax preparation, credit card application, and utility account management could be improved with increased safeguards against fraud by individuals who

share mailing addresses. In addition, the law enforcement sector and the court system can better coordinate the necessary procedures for adjudicating financial crimes involving family members.

In addition, while economic interventions as they currently exist can provide great benefit, they often lack an incorporation of the safety and privacy needs of IPV survivors. DV survivor advocates might work toward changing this by joining coalitions to advocate for the contextualized needs of women living in poverty. A partnership between domestic violence and poverty experts is crucial in elevating the relevance and accessibility of both fields' interventions. A multisectoral approach would better attend to the ways in which physical and the economic risks (and the institutions reinforcing these risks) shape survivors' opportunities for securing safety. With this approach, economic advocacy can better account for the ways in which intimate partner violence presents unique safety and privacy concerns. Likewise, IPV survivor advocacy can better integrate the ways in which economics, and more specifically poverty, creates risks and challenges for survivors. These inequalities interlock and cannot be addressed as compounding oppressions that are experienced separately (Symington, 2004).

Addressing physical health costs

Access to safe and affordable healthcare is a particularly important issue for the IPV field. Advocacy and research on the relationship between intimate partner violence and health has focused on the negative physical health outcomes of IPV. Whether immediate physical injury or long-term chronic ailments, IPV survivors' health has rarely been considered outside batterers' negative effects on it. However, the healthcare system's role is much greater than a site for screening and crisis response.

Quality healthcare is a resource for gaining long-term safety and economic independence. Physical and mental health problems are among IPV survivors' greatest barriers to employment (Brandwein & Filiano, 2000). Appropriate preventive care and treatment can be an IPV survivor's key to securing and maintaining a job. In addition, affordable healthcare decreases IPV survivors' odds of relying on their partners for health insurance for themselves or their children. It also avoids the possibility that survivors will be saddled with insurmountable healthcare-related debt that ruins their credit, keeps them economically dependent, and reduces their options for securing safety. Domestic violence organizations can work to address this issue by joining coalitions with affordable healthcare advocates, developing partnerships with local health clinics, and requesting healthcare cost reimbursements in protection orders.

Addressing professional costs

Workplace environment and supports can provide significant protections from the negative professional effects of IPV. Disclosing IPV in the workplace has been associated with maintaining one's job (J. Swanberg, Macke, & Logan, 2007) and receipt of IPV-related support in the workplace was also associated with current employment. While these quantitative studies did not provide contextualizing information about the workplace environments (certainly, an IPV survivor would not benefit from disclosing her abuse to someone who was not sympathetic to her victimization), they highlight the economic benefit survivors can receive from workplaces willing to support their privacy and safety needs. In addition, recent research suggests that women in different stages of leaving an abusive relationship tend to prefer different types of workplace support (Perrin 2011). Employers can enhance the long-term safety of families in crisis by providing job training on the dynamics and stigma of intimate partner violence, safe

opportunities to disclose abuse, and information and referrals for appropriate resources within their local communities.

Survivors also face barriers to employment due to criminal records. Some survivors have criminal records from acts their abusers coerced them into committing. Abusers might also use the criminal justice system as a tool of abuse by claiming they had been victimized by their partners or falsely accusing their partners of a criminal act they committed. Whatever the reason IPV survivors find themselves with criminal records, they can present significant obstacles to economic security and long-term safety. Survivors can benefit from knowing their employment rights and preparing for job applications and interviews appropriately; pulling their record of arrest and prosecution (RAP) sheet to determine what information is on it and if any information can be expunged or sealed; and strategizing ways to show a record of rehabilitation (Sussman, 2013).

Addressing opportunity costs

While substantial resources have been dedicated to short-term employment and economic interventions for IPV survivors such as accessing low-wage jobs and transitional housing, there has been little attention paid to more sustainable, long-term strategies for income generation (Purvin, 2007). One of the stated purposes of Temporary Assistance for Needy Families (TANF) is to “end dependence of needy families by promoting job preparation, work, and marriage” (“Personal Responsibility and Work Opportunity Reconciliation Act of 1996”, 1996). While TANF exists as a block grant that offers states flexibility in determining the structure of their programs, requirements, and sanctions, the work participation rate of enrolled families remains the federal policy’s primary measure of effectiveness (Falk, 2012). As

a result, many of the women in this study who were receiving cash assistance were compelled to prioritize finding work over other short- and long-term concerns. This often resulted in securing jobs that had their own adverse consequences. Survivors found themselves working low-paying jobs that required long commutes, did not provide health benefits, and were physically and emotionally draining. After leaving an abusive home, these women were forced to choose between maintaining eligibility for public benefits and addressing the physical and mental health needs of themselves and their children. This study is not the first to document this sacrifice (Romero et al., 2003). Other IPV-related resource demands such as routine court hearings, relocation, and custody visitation schedules added additional diversions from TANF minimum work regulations. While TANF provides temporary waivers for survivors of domestic violence, in the field sites studied, none of the competing demands listed above qualified a survivor for such a waiver.

All states have adopted the Family Violence Option (FVO) or equivalent state law, which requires TANF recipients to be screened for domestic violence and granted waivers from program requirements if found to be experiencing abuse. However, the FVO's implementation has been inconsistent and ineffective (Lindhorst et al., 2008; National Law Center on Homelessness and Poverty, 2009; Postmus, 2003; Tolman & Raphael, 2000; United States Government Accountability Office, 2005). A recent study of 11 welfare offices in four states found that only 9.3% of interviews included screening for domestic violence and only 1.2% of encounters included at least two actions meant to increase the odds of an IPV survivor disclosing her experiences of abuse (Lindhorst et al., 2008). While barriers to screening differ from state to state, TANF's decentralized and voluntary screening protocol guidelines,

caseworkers' skill requirements, and waiver eligibility regulations do not provide easy opportunities to address them. Moreover, by simultaneously interviewing IPV survivors about their welfare eligibility and their experiences of abuse, caseworkers must perform the conflicting tasks of lowering welfare rolls and encouraging clients to use available support services.

TANF work requirements present additional barriers to IPV survivors married to their batterers. The legislation states that to receive cash assistance, single parents with no children under the age of six are to work an average of 30 hours per week during the month, while two-parent families not receiving childcare assistance are cumulatively required to work an average of 35 hours per week during the month (Schott & Pavetti, 2013). Therefore, married IPV survivors considering divorces from their abusers must weigh the responsibility of shouldering a significant work requirement in addition to providing stable parenting for their children. As Riger et al. (2004) assert:

Women in the United States, today, are expected to adhere to a male model of work in which life is organized around employment while simultaneously fulfilling their caretaking obligations. That poor women are able to do so in the face of so few resources – and when subjected to violence – is a testament to their commitment and to their resilience.

TANF recipients experiencing IPV must make decisions about their physical safety in a society that simultaneously judges women for being dependent on the state and for choosing work over their children. As Brandwein and Filiano (2000) presciently argued shortly after welfare reform went into effect, the federal government cannot successfully shame and punish

welfare recipients and simultaneously protect and empower IPV survivors. They are frequently the same people.

Resources that support IPV survivors' pursuit of advanced vocation training and higher education are also critically necessary for successfully bringing families above the poverty line. Under current TANF policies, which prioritize immediate employment and exiting the welfare roles as soon as possible, extended training and education are generally prohibited. Purvin (2007) suggests a modification to TANF called Safe Paths to Economic Self-Sufficiency (SPESS). A core component of this modification would provide IPV survivors receiving public benefits with an opportunity to pursue higher education and advanced vocational training. Services would include:

1. Support groups with women in similar situations
2. Waivers from TANF time limits and work requirements
3. Training of TANF staff on domestic violence issues
4. Supplemental supports such as money for transportation and child care
5. Referrals to counselors and other community resources.

A tailoring of this "work first" legislation to provide an advanced training option would provide many women with increased odds of maintaining economic and physical security.

Critically assessing fatherhood interventions and rhetoric

Given the increased safety risks generated by survivors' contact with their abusers post-separation, a critical assessment of the benefits of two parent families within the context of IPV would be beneficial. Certainly, children raised in stably married families tend to fare better on average than children raised by single parents. This correlation does not necessarily

demonstrate any inherent properties of marriage that improve children's life chances.

However, it does underline that communities and institutions have failed to address single parents' social and economic needs.

In response to evidence that single women face unique structural challenges to maintaining social and economic security, one-size-fits-all policies and interventions have been developed to reduce the number of families that do not include men. Marriage and father involvement is framed as a promising strategy for lifting families from economic and social insecurity. Under this paradigm, actions and policies that do not encourage parents to enter and maintain a marriage are perceived as a threat to the stability of children's lives and societal wellbeing. For example, McLanahan (2004) discusses the widening resource gap between married and single mothers, which she attributes to "feminism, new birth control technologies, changes in labor market opportunities, and welfare state policies." Based on her research findings, the author draws focus to what she considers the flawed actions of those with the fewest resources. She states, "The basic question is this: what policies may encourage mothers and fathers in the lowest quartile to adopt the behaviors of parents in the top quartile? Specifically, how can we get women from disadvantaged backgrounds to delay childbearing, invest in education and training, and form stable partnerships?"

One frequently recommended government intervention is a change in the federal tax code. Anti-poverty scholars recently described tax policies that require married couples to pay higher taxes than that of unmarried couples as "a significant burden on married couples and thwart efforts to improve economic security" (Maag & Cherry, 2013). The authors suggest a number of tax-based economic incentives for marriage, such as extending Earned Income Tax

Credits to married couples with newly born babies. They hypothesize that this money would reduce “marital disruptions” by easing financial tensions. Another study that found that co-parenting quality is a strong predictor of non-residential fathers’ future involvement in their children’s lives concluded that interventions should focus on improving parents’ cooperation and communication skills (M. J. Carlson, McLanahan, & Brooks-Gunn, 2008). Framed in these ways, men’s failures to be engaged fathers become the shared responsibility of mothers, the social service community, and the federal government.

This well-intentioned effort is not working for many families. Indeed, one report acknowledged that approximately one-third of unmarried couples have a history of violence or are not romantically involved, thereby disqualifying them from benefits of marriage promotion interventions (Center for Research on Child Wellbeing, 2003). Moreover, as one scholar noted in response to Mitt Romney’s comments on the connection between gun violence and marriage, “While two incomes are better than one, blaming economic inequality and social problems on single motherhood shoves rising economic insecurity off the policy agenda. It ignores the concentration of wealth in the hands of the few, women's low wages, the lack of services and supports for the growing group of single mothers and 30 years of budget cuts” (Abramovitz, 2012). In order to provide all families with access to the necessary resources, state and local governments could address the conditions that render single mothers at a disadvantage, such as lack of access to childcare and the undervaluing of caretaking in welfare requirements.

Future Research

IPV survivors' access to safety has not improved significantly in over 40 years. The domestic violence service system's continued failure to meet many of survivors' needs underscores the importance of future research on this public health problem. While the IPV field has broadened its understanding of batterers' non-physical control tactics and survivors' heightened physical risks after leaving abusive relationships, the two concepts have not been integrated. Quantitative studies of IPV's negative effects on women's economic trajectories and social networks over the lifecourse would be beneficial for understanding the extent of IPV's long-term influences.

Second, research could better contribute to our understanding of IPV by investigating how experiences of IPV and the domestic violence service system vary according to demographic and environmental factors. As I noted earlier, much of the IPV literature conceptualizes survivors as a homogenous group with comparable resources, power, risks and priorities. Though this study's design facilitated the exploration of variation in service needs primarily based on economic stability and location, IPV survivors' diversity of experiences are far greater. A qualitative inventory of survivors' varied experiences of abuse and services according to their immigration status, race, religion, physical ability, gender and sexual orientation are a few of the studies that could contribute to our understanding of IPV.

As I also mentioned previously, the psychological suffering and stigma associated with mental illness was a critical factor in this social terrain. Survivors' mental illness significantly restricted their access to many resources in the domestic violence service system. Options for housing, social support, legal remedies, law enforcement, and employment were all predicated

on survivors' mental and emotional stability. Given many IPV survivors' trauma histories, an in-depth exploration of the mental health-related barriers to safety would be a significant contribution to the literature.

Last, because macro social forces shape and are shaped by local environments, needs assessments of communities and evaluations of model programs are of great importance. The enactment of the Patient Protection and Affordable Care Act (ACA) is one opportunity to investigate variations in state policy and their influence on IPV survivors' experiences. The ACA will provide \$1.5 billion to states, tribes, and territories to develop and implement Maternal, Infant, and Early Childhood Visitation (MIECV) programs. These programs provide family-oriented resources to pregnant women and recent mothers through structured visits to their homes. Up to 25% of visitation program funding may be spent on "promising approaches that must be rigorously evaluated" (Health Resources and Service Administration, 2013). Evaluations of current MIECV models have reported that up to 48% of women surveyed are survivors of domestic violence (Schaeffer & James, 2012). The ACA's visitation program evaluation funding provides opportunities to identify successful service responses to IPV across the country.

The ACA will also generate funding for new service models within the healthcare system. The ACA categorizes domestic violence services as a preventive or early intervention, making it similar to smoking or obesity interventions already covered by providers. Starting January 1, 2014, health insurance providers are restricted from denying anyone healthcare coverage based on her status as a domestic violence survivor. The ACA also requires all non-grandfathered health plans to cover domestic violence screening and counseling with no deductible or cost sharing. These expansions in coverage provide additional opportunities to

conduct natural experiments that assess model programs and to extract insight and inspiration from innovative projects providing the resources necessary to prevent IPV.

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Appendix: Semi-Structured Interview Guides

Interview Guide for IPV Survivors

- Let's start by talking a bit about you. How long have you lived here in [community]?
 - Where were you before that?
 - What brought you here?
 - Did you go to school around here? When was that?
- Now I'd like to talk a bit about your experiences with [host organization]. What was happening in your life when you first came to the WRC for help?
- What do you think you needed to [leave the relationship you were in / stay safe]?
 - Materially? Emotionally?
 - Why do you think that was?
 - Who or what do you think was the biggest help to you?
 - What do you wish you got but didn't?
- Can you tell me a bit about the first time you came to [host organization]?
 - What made you decide to contact them?
 - What were the people like?
 - How do you remember feeling?
 - Can you remember what was on your mind at the time?
 - How did you hear about them?
 - When was this?
 - What else do you remember about your first time being at [host organization]?
- What were you hoping to have happen in your life at that time?
 - Thinking back, what did you need at that time?
 - What were you hoping to get?
- Can you tell me a bit about your experience with [host organization] since that first contact?
 - Who have you worked with? On what?
 - How did that go?
 - Tell me a bit about that process.
 - How did you feel about that?
 - How did you feel about the way it turned out?
 - Did it help?
- If someone you knew was in a situation similar to you when you first asked for help from [host organization], what would you tell her about it?
 - What would you tell her to expect?
 - Would you recommend their services?
 - Which ones?
 - Why?
- I'd like to shift gears now and talk a bit about the future. When you think about what you would like to be doing and where you would like to be a few years down the road, what do you think of?
 - What are you most looking forward to?
 - What would you most like to do?

Interview Guide for Service Providers

Representative questions to be asked of direct service staff, depending on their responsibilities

- Can you tell me a little bit about your responsibilities at [host organization]?
- What does a typical day at work look like for you?
- What would you say are the goals of your job?
 - What does a successful day look like for someone with your job?
 - What factors tend to contribute to having a successful day?
- What are the biggest obstacles for serving women the way you would like?
 - What do you think could be done to make them less challenging?
 - What do you think could be changed to make you more effective in your job?
- I'd like to walk through a typical experience serving a program participant. Say a woman contacts [host organization] for help. What happens, step by step, after that point?
 - And then what happens?
 - How is it determined that she will receive particular services?
- Do you keep records of the services you provide?
 - What do you count?
 - What does that process look like?
 - What happens to these records?
- Say you won the lottery and were going to build your own IPV organization. How might you set things up differently?
 - Where would you prioritize funding?
 - What would your goals be for the services?

Representative questions to be asked of administrative staff, depending on their responsibilities

- Can you tell me a little bit about your responsibilities at [organization]?
- What does a typical day look like for you?
- Can you list the services that [host organization] currently provides?
 - Are some prioritized over others? How come?
 - Can you walk me through how that decision was made?
 - Has this prioritization changed over time?
- I'd like to talk a bit about your experiences managing/raising funds for [host organization]. Currently, who does the [host organization] receive funding from?
 - How long has [host organization] had a relationship with each funder? What does that relationship look like? How did it come to be?
 - Of everyone you have listed, would you say that some sources of funding are more effective than others? Which ones? Why is that?
 - For you, what characteristics make for an effective source of funding?
- Have you ever had any particularly challenging experiences with funders?
 - What happened?
 - What made it difficult?
- How do you decide what types of funding you will pursue?
 - Has it always been that way?
- What kind of records does [organization] keep regarding the services it provides?
 - How are these records kept?
 - What do you do with them?
 - Who else sees them?
- How do you count services? What does that process look like?
 - How did you decide to count services in this way?
 - Has [host organization] always counted services in this way?
- Do you have to report [organization]'s accomplishments to anyone?
 - Who?
 - What do you have to report to them?
 - How does that happen?
 - What do you think their program goals are?
 - What do you think about those goals?
- If you were put in charge of allocating the public funds for all of the IPV organizations in the state, what would you do differently?
 - What services do you think should be prioritized?
 - How do you think success should be defined?
 - What would you keep the same?