

Mental Health and Society week 22 'Domestic violence'

There's a good deal of supplementary material online at <http://www.brown.uk.com/domesticviolence/dvlist.htm>

Introduction:

Domestic violence is often in the headlines. The British Crime Survey from 2004 showed that around 50% of all adult women have experienced domestic violence, sexual assault or stalking (Vine, 2005). A survey by YouGov in early 2007, widely reported in the press, indicates that 31% of women and 18% of men claim to have suffered domestic violence. Over the last few years there have been a number of high profile initiatives to raise awareness and changes in the law and prosecution procedure are being considered. Cherie Booth (ex-prime minister's wife and trustee of the domestic violence charity Refuge, was quoted as saying 'In the UK a domestic violence incident occurs every 26 seconds. In England and Wales, a woman is killed by a current or former partner every three days' (Independent 29/11/2001). According to Women's Aid, one in four women is a victim of domestic violence at some point in her life and each week two women are murdered by partners or ex-partners (Jones, 2006).

"Domestic violence is the willful intimidation, assault, battery, sexual assault, and/or other abusive behavior perpetrated by one intimate partner against another. It is an epidemic affecting individuals in every community, regardless of age, economic status, race, religion, nationality or educational background. Violence against women is often accompanied by emotionally abusive and controlling behavior, and thus is part of a systematic pattern of dominance and control. Domestic violence results in physical injury, psychological trauma, and sometimes death. The consequences of domestic violence can cross generations and truly last a lifetime (National Coalition against Domestic Violence [NCADV], 2007).

Domestic violence often accounts for nearly one quarter of all recorded crime. On average, 120 women and 30 men are killed every year by a current or former partner. Recent research shows that even in the 2000s one in five young men and one in 10 young women believe that violence towards a partner is sometimes acceptable. (Guardian, 9/12/2003)

In the early 21st century the Crown Prosecution Service was handling 13,000 domestic violence cases a year, but in many cases proceedings are dropped before the case reaches court or before the case is completed (Guardian, 29/11/2001). The number of such cases seems to be increasing. Statistics reported by Aitken (2007) show a 30 per cent rise in women who suffered at the hands of a male partner in the last 6 years. In 2005-6 there were 39,840 victims, compared with 30,517 in 1999-2000. In 1999-2000, there were 2,525 male victims, but by 2005-06 that figure had risen to 5,447 an increase of 115 per cent.

The overall cost of domestic violence to the economy and society as a whole may be considerably more. The Home Office estimate is even higher, at £23bn, and the Government says it accounts for 16 per cent of all violent crime. Domestic violence claims the lives of two women each week - the comparable figure for men is 30 a year - and it has more repeat victims than any other crime. On average there will have been 35 assaults before a victim calls the police (Smith, 2006).

Prevalence and classification

Alfred Hitchcock said that when it comes to aggressive behaviour 'there's no place like home'

Family as 'cradle of violence' (Steinmetz and Straus, 1973) 'The marriage licence as a hitting license' (Straus, 1973). Violence defined as 'an act carried out with the intention or perceived intention of causing physical pain or injury to another person.' Straus et al (1980, p20).

Straus and his colleagues have conducted extensive studies in the US. Aggressive behaviour in families is frequent - 2,000 couples 25% had engaged in some form of violence in their married life. Overall rates similar for the different sexes, but husbands more likely to do more harmful things, beating, knives, guns. Social class - white collar homes more negative views of violence were expressed but the extent to which it went on was similar. Other surveys in the US indicate similar incidences- 10% -22% of randomly selected couples (Straus and Gelles, 1988). Straus and Gelles (1986) 11.6% of 6002 households reported physical violence by the man, and in 3.4% of households the man was perpetrating severe violence against the woman.

In the UK there are a number of estimates. The largest surveys which assess the extent of violence are the British Crime Surveys (BCS) commissioned by the Home Office – typically 10,000 respondents. Mirlees Black & Byron (1999) report that in the 1996 BCS 4.2% of respondents (equal for both women and men) report being assaulted by a current or former partner in the past year. Overall, 23% of women and 15% of men aged 16 to 59 said they had been assaulted by a current or former partner at some time in their lives. Those in financial difficulties and those under 25 were most at risk. In a study conducted in doctors' surgeries (Coid et al, 2001) 41% of 1207 female respondents disclosed domestic violence. 17% had experienced domestic violence with more than one partner.

Other data, reported in e.g. Gelles (1987) relate to estimates published by Straus (1978) and Straus et al, (1980) where 16% of those surveyed reported violence between the partners in the last year and 28% at any time in the marriage. In addition, Deal & Wampler (1986) report that 47% of a US college sample had some experience of violence in dating relationships. The experience of violence is linked to sex role traditional attitudes (Nabors and Jasinski, 2009).

Most research focus has been on women as 'victims'. Straus et al (1980)'s data seemed to suggest that in the homes where violence took place, in a quarter of cases women were the victims but not the offenders, in a further quarter men were victims but not offenders and in a half of homes both were violent toward one another. This finding is controversial because it doesn't take into account whether women were retaliating or acting in self defence. Dobash and Dobash (1977 - 1978; 1979) study of 3,020 cases women were attacked in 75% of cases. In only 1.1% of cases were the men attacked. Some authors say battered men under report their own violent actions and exaggerate the culpability of their female partners in the commission of the violence (Browne & Dutton, 1990; Sonkin & Durphy, 1985).

Smith, (1994) suspects that a large proportion of domestic violence goes unreported and suggests that a higher rate can be detected when i) broad definitions are used ii) lifetime rates rather than just the last 12 months are looked at iii) Multiple measures are used – domestic violence may not be disclosed in response to a direct question but may be disclosed incidentally iv) multidimensional measures – not just the CTS/CBTS responses but also the context is important v) open ended questions can be effective in building

rapport vi) effective interviewers, sympathetic, empathetic, emphasis on rapport building and appropriate training.

Making sense of domestic violence is controversial – Sanders (1988) notes that 'to label self defence husband abuse serves to direct attention away from the victimisation of the woman and the function of male dominance.' (p. 90).

Do men get battered too?

Whilst much research has been done on women as 'victims' and men as aggressors there are frequent press reports of battered men and (especially in the US) pressure groups are campaigning on men's issues (Mann, 2008). This 'men get battered too' line of argument is typically supported by a finding from the work of Straus, Gelles and their colleagues using the Conflict Tactics Scale (CTS) which asks participants whether they or their partners have used any of the following tactics – these range from discussing things calmly at one end to using a knife or a gun. In between there are things like pushing, grabbing slapping and so on. This kind of research strategy allows researchers to count the events but does not tell them what the context was, or whether the incident took place as an act of aggression or self defence. The original research (Straus et al, 1980) reported that according to the CTS women and men reported using violence about equally as often. This was elaborated further by Straus (1993) who speculated that women's violence might not always be self defence. However, as Gelles – one of the original researchers goes on to point out (Gelles, 1995) - women were 7-10 times more likely to be injured as a result of intimate violence. In addition, as he also said although the CTS figures 'show similar rates of hitting, when injury is considered, marital violence is primarily a problem of victimised women' (ps. 79-80). In addition, other evidence suggests that 'battered husbands' are rather rare. To take two examples from a much larger raft of findings, the US Department of Justice (2001) reports that 'women accounted for 85% of the victims from among the more than 790,000 victims of intimate violence'. In the UK, a study of calls to the police (Hopkins, 2000) found that 80% of calls concerning domestic incidents concerned women being attacked by men. 'When women do use violence, men and women agree that it is generally infrequent, is rarely 'serious', results in few, if any, injuries and has few, if any, negative consequences for men' (Dobash & Dobash, 2004: 343-344).

The consequences

C. Everett Koop (ex US Surgeon General) (1989) 'violence against women by their partners [is] the number one health problem for women in the United States'

The health consequences of domestic violence are reviewed in Abbott and Williamson, (1999) and (briefly) in Hegarty et al (2008) which are linked to on my web based list of domestic violence materials.

Heise et al (1994) estimate that rape and domestic violence take about five healthy years of life away from women aged 15-44 in industrialised countries. Women in severely violent relationships spend twice as much time in bed due to illness and three times more likely to be in poor health, more stress related problems (Straus and Gelles, 1987). McLeer & Anwar (1989) reported that 30% of women attending an 'emergency room' (casualty) stated that their injuries were as a result of battering. The younger the woman the more likely her injuries were to be the result of battering - 42% of the 18-20 year olds. Abbott and Williamson (1999) similarly report that 30-35% of women seen in emergency rooms have injuries inflicted by their partners. In Australia, Webster et al (1996) reported

that 30% of women they interviewed in a hospital in Brisbane had been in violent relationships and 6% were in one at the time of the interview. Being in a violent relationship was a strong predictor of alcohol problems (Miller 1990). Gelles and Harrop (1989) report a survey of a sample of 3,003 women only 3 in 1,000 who weren't being battered thought of suicide 'fairly often' or 'very often' but 46 in 1,000 who were. Moreover 'the higher the level of violence experienced the greater the proportion of women reporting a form of psychological distress'(p.407). Tolman and Bhosley (1989) interviewed women one year after their male partner had been involved in group treatment for battering and found that psychological maltreatment was a powerful predictor of the woman's psychosocial problems, whether or not the man had been physically violent. Straus et al (1989) regardless of the presence of physical abuse, the more verbal aggression women are subject to the greater the likelihood of depression. Stark & Flitcraft (1996) identify what they call 'battered woman syndrome' characterised by recurrent assaultive injuries, stress related illnesses, isolation, substance abuse and mental illness.

Yet there is concern that people in the health care professions are either not noticing the impact of domestic violence on their patients or are assuming that e.g. social services or the police will sort it out. Gottlieb (1998) highlights how doctors and other health care practitioners should be aware of the issue and may be the first person outside the household to note that something is wrong.

McAfee (2001) describes how, in a study in Seattle conducted by a colleague, 'Women who came into the emergency ward with injuries caused by family violence were asked whom they would have preferred to tell of the events in their lives that led up to that injury. We were astonished that 87% named their family physician, many more than named their priest, their pastor, or their rabbi, and 25% more than named the police. When we looked at how well physicians were dealing with this ominous responsibility, less than 10% of the time did we take the extra time to go beyond treating the injury to ask about the causation, in an attempt to prevent the future injury.'(p. 372)

In a plea for obstetricians and gynaecologists to be more aware of the issues, Abbasi (1998) writing in the British Medical Journal said:

'Although there is a dearth of research data from Britain, American studies have suggested that women are at increased risk from domestic violence during pregnancy and the postpartum period, with violence being directed at the abdomen and breasts. Domestic violence results in increased rates of miscarriage, prematurity, low birth weight, chorioamnionitis, foetal injury, and foetal death. Foetal injuries have included broken bones and stab wounds.' (p. 7)

However it may be difficult for sufferers to disclose that they are being battered to the GP and doctors may be reluctant to broach the issue (Hegarty, 2008; Soglin et al, 2009). In a study by Bacchus et al (2003) one respondent said: I mean you rarely see your GP, and when you do, you see all different ones. They're always busy, so they haven't got time to sit and listen to all your problems. I've lost faith in health professionals because I've had such bad experiences with them. (p.14)

Why?

Dobash and Dobash (1979, p24) 'Men who assault their wives are actually living up to cultural prescriptions that are cherished in Western society - aggressiveness, male domination and female subordination - and they are using physical force as a means to enforce that dominance.' Ellis (1989) found that married men approved of slapping a woman for some of the following reasons i) She insults him privately ii) She insults him

publicly iii) She comes home drunk iv) She hits him first v) She has an affair vi) She does not do what he tells her to do. Edleson and Tolman (1992, p40) say that the men who batter view themselves as low in masculinity and low in positive traits typically associated with either gender. Battering is not restricted to men with an identifiable psychological problem, say Edleson and Tolman, but men with e.g. alcohol or drug problems (Hamberger et al, 1988) are over represented in battering groups. Men who batter are more at risk for depression and suicide (Ganley and Harris, 1978). Battering men tend to be more angry and hostile than non-battering men (Barnett & Planeaux, 1989). May be able to defend rights and territory but have difficulty in expressing desires in a socially appropriate manner (Mairuo et al, 1986). Men who batter may have greater need for power than those who don't have 'marital distress' (Dutton and Strachan, 1987).

Lupton (1994) notes that the way the causes of violence are conceptualised has implications for the kinds of interventions: 'Defined as individual problems they are more likely to be perceived as private problems, largely the responsibility of and thus within the control of the individuals or families concerned.' (p. 68).

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Mental Health and Society, Week 22 Domestic Violence part 2

What happens?

Tolman and Edleson (1992) note that psychological maltreatment may be of several types 1) Creation of fear through various types of threats 2) Isolation of partner by limiting or prohibiting her contact with others 3) Monopolising her life by constantly monitoring or interfering with her social or work life 4) economic abuse by limiting her access to family financial resources or decisions or by misusing family funds 5) Degradation of partner by forcing her to perform humiliating acts or verbally humiliating her 6) Rigid sex role expectations and trivial requests based on them to humiliate her 7) Psychological destabilisation that purposefully creates doubts in the victim about the validity of her perceptions 8) Emotional and interpersonal withholding sometimes for long periods of time without explanation 9) Contingent expressions of love that require compliance. Testimonies from battered women often describe relationships where severe psychological maltreatment occurs as well as being punctuated by acts of violence.

Attributing negative intent to wife behaviour (Holtzworth-Munroe & Hutchinson, 1993) found that violent husbands were more likely to attribute negative intentions, selfish motivation, and blame to the wife. '...certain types of marital situations (e.g. jealousy and rejection from wife) were particularly likely to elicit attributions of negative intent from violent husbands.' (p. 206). '...researchers should devote attention to identifying the types of marital situations that are particularly likely to elicit attributions of hostile intent from maritally violent husbands; we hypothesise that such situations would be the most likely to result in the husband's use of violence.' (p. 209)

Walker (1984) **cycle of violence** 'tension building' followed by violence followed by a 'honeymoon period'

Violence itself may be of many kinds, during pregnancy, marital rape as well as punching, shoving, throwing things, sexual abuse,

Marital rape, E.g. Gelles (1987, ps135-149), Finkelhor and Yllo (1985), Russell (1982) Hegarty et al (2008).

In the US it is estimated that 7.8 million women have been raped by an intimate partner, often with stalking prior to the sexual assault (NCADV, 2007).

Finkelhor and Yllo (1985) interviewed 323 women in Boston area of whom 10% of women said they had been forced to have sex with their husbands, and this was accompanied by violence in about half the cases. Rates of rape by strangers in the same area were about 3%.

Russell (1982) conducted a survey of 930 women in San Francisco. Of these 644 had been married and of these 14% reported marital rape on one or more occasions.

Shields & Hanneke (1983) found an association between battering and marital rape - when sexual violence occurs in a marriage it is likely not to be an isolated event.

Violence in Pregnancy E.g. Gelles (1987, p126- 134) finding that came up by accident in a study by Gelles (1974) that in almost a quarter of families reporting violence, it took place during pregnancy. Gelles (1975) identified five reasons why this might occur.

Watch out for the ideological framework behind the reasoning!! 1) 'Sexual frustration' difficulties with sex (note how this is assumed to lead to violence) 2) Family transition, stress and strain - rapid transition to parenthood before they're 'ready', especially allied to

economic stress. 3) 'Biochemical changes in the wife' - some women said that "he hit me one time when I was pregnant - but I was in such a nervous condition all the time" [not surprising!!] (p129) 4) Prenatal child abuse - 'oh yeah, he hit me when I was pregnant. It was weird. Usually he hit me with his fist, but when I was pregnant he used to hit me in the belly. It was weird' (p130) maybe it's some sort of attempt to accidentally-on-purpose induce a miscarriage. 5) Defencelessness of the wife - in line with findings that aggression is more likely when victim is unwilling or unlikely to retaliate.

Gielen et al (1994) performed a study of study of 275 women who were interviewed three times during their pregnancies and six months afterward. Nineteen percent reported experiencing violence prenatally, and 25% afterwards ' For partner perpetrated violence, being better educated was associated with increased risk of violence as was having had a sex partner who ever sot drugs; being older, having a confidante and having social support from friends were significant protective factors' (p. 781)

Denying or excusing abuse (Edleson & Tolman, 1992; Adams and McCormick, 1982) many men deny that abuse is severe - or deny that it is happening. 'She goaded me into it' 'I just lightly grabbed her wrist, but she bruises easily' Or may place blame on job stresses or alcohol.

Women may do this too (Burstow, 1992, p154) understating or trivialising the abuse, perhaps because of protecting their partners or avoid the horror of what happens. The process of abuse itself may reinforce the message that what happens to her doesn't matter. Sympathy for partner because he's been abused himself, is a member of a minority group.

Sometimes the cultural beliefs about spouse abuse apply to women too. Women who have been beaten by their husbands have been found to state that they 'deserved to be hit', 'needed to be hit', or 'husbands were supposed to hit their wives' (Gelles, 1974; 1976; Parnas, 1967). Women denied the opportunity to perceive their own sexual victimisation. In a UK study by Burton et al (1999) the authors found widespread acceptance of forced sex and physical violence against women. When asked whether abuse/violence against women was ever 'ok', one in five young men and one in ten young women said that it was. These figures increased when young people were asked to comment on the acceptability of hitting a woman or forcing her to have sex under certain circumstances such as if she had 'slept with someone else' or if 'she's his wife'.

In Burton et al's (1999) UK study, when asked whether it was ever 'ok' to hit a woman under particular circumstances:

- Almost one in four young men thought it could be acceptable to hit a woman if she has 'slept with' someone else.
- One in eight young men believed it could be 'ok' to hit a woman if she were 'nagging'.
- One in ten young men believed it could be 'ok' to hit a woman if she had been 'disrespectful'.
- One in ten young men thought it could be acceptable to hit a woman if she was his wife and 8% thought it could be 'ok' if she was his girlfriend.
- Comparative figures for young women ranged from 12% considering it acceptable for a man to hit a woman if she'd 'slept with' someone else to 2% thinking it acceptable for a man to hit his girlfriend.

Such figures can be contextualised by the findings from the focus group discussions.

Hitting women was regarded by most of the young people who participated in the group discussions as 'unmanly' or 'cowardly'. However, 'provocation' such as 'nagging' was

sometimes seen as a justifiable excuse for violence. As one young man commented: 'Some women just need a slap to the jaw and put into the bedroom to calm down'. Forcing a woman to have sex was also widely accepted. Again, young men were much more tolerant of such behaviour than young women.

- One in five young men considered it acceptable to force a woman to have sex if she were his wife (a further 15% were unsure whether or not it was acceptable.)
- One in seven young men thought it could be 'ok' for a man to force a woman to have sex if they had been going out a long time (a further 15% were unsure).
- One in ten young men thought it was acceptable to force a woman to have sex if 'he's so turned on he can't stop' (a further 16% were unsure.)
- Other circumstances in which they thought it might be acceptable included if 'he'd spent a lot of money on her' (6%) or if 'she'd slept with loads of men' (6%).
- Comparative figures for young women ranged from 6% to 1% believing that it was acceptable for a man to force a woman in any of these circumstances (with between 13% and 10% being unsure).
- Looking at responses to all the questions about hitting a woman or forcing her to have sex under certain circumstances, we found that one in two young men and one in three young women considered such behaviour to be acceptable in at least one of the identified circumstances.
- A significant minority of young men thought that they personally might force a woman to have sex. The number of men who thought that they might do so closely correlated with the number who judged such behaviour to be acceptable.
- One in six young men thought they might force sex on a woman if she was his wife (a further 11% were unsure whether they would or not.)
- One in eight young men thought that they might force a long term girlfriend to have sex with them (a further 11% were unsure whether they would or not.)
- One in ten young men thought they might force a long term girlfriend to have sex if they were 'so turned on' that they 'could not stop' (a further 10% were unsure.)
- Other circumstances in which they thought they might force a woman included if 'nobody would find out' (9%), if they had 'spent a lot of money on her' (6%) or if she had 'slept with loads of men' (6%).
- Overall only 64% of young men said they were sure that they would not force a woman to have sex in any of the specified circumstances.

The Burton et al (1999) study documented widespread victim blaming and the belief that women provoke violence. For example 81% of young men and 68% of young women thought that women may provoke violence by flirting.

Controversies about family systems theories

Family systems theorists have proposed that the process of violence can be conceived of as a circular process, with reciprocal interactions (Magill, 1989) or have an assumption that the victim has somehow provoked the abuse. Or go for a notion of 'co-responsibility' or 'co-dependency' For example Minuchin (1984) says 'focusing on the male as monster make people experience their individual separation and perpetuates defensive aggression. The goal should be to explore and improve people's independence' (p175) Growing suspicion that these kinds of perspectives are complicit with 'blaming the victim' in focusing on her role and removing responsibility from the batterer (Fields, 2008). For example 'Only when we recognise that battering is solely the responsibility of the man and that no woman deserves to be beaten and that the social/political context has a direct impact on the maintenance of the behaviour is the family system likely to change' (Hansen and Harway, 1993, p 81).

Why women stay in abusive relationships

'Psychotherapists working with battered women are often surprised to see the women blaming themselves for causing the abuse or for tolerating the abuse. However as Miller and Porter (1983) note, this coping mechanism allows the woman to maintain the illusion that she is still in control of her life, and to believe that a just world exists in which people get what they deserve' (Hansen and Harway, 1993, p39)

There is an assumption in professional theories and lay beliefs that the solution is to 'relocate' the woman, physically or psychologically. Assumption if the woman leaves she wouldn't get beaten. However, woman may fear that the abusive partner will retaliate (Ridington, 1978) or will harm children, friends and relatives. This may be realistic (Browne, 1987; Jones, 1981; Pagelow, 1980) as the man's violence may escalate after separation (Fields, 1978; Fiora-Gormally, 1978; Pagelow, 1980). Goodwin & McHugh (1990) write of 'termination terrorism'.

In addition, reasons for staying include logistical problems, Lack of money – economic dependence (Kim and Gray, 2008); transport and a safe place to go were cited as reasons (Bowker, 1983; Browne and Williams, 1989). Loss of social status, disapproval of family and friends and feelings of failure or guilt for abandoning the relationship (Dobash & Dobash, 1979; Frieze, 1979; Walker, 1984) Self sacrificing expectations (Walker and Browne 1985)

More controversially some authors have suggested a 'learned helplessness' sets in (inter alia Walker, 1984) compared to prisoner of war or torture victim. Chandler (1986) suggests fear and a loss of a sense of self characterise the severely battered woman. Kim and Gray (2008) say that having witnessed parental domestic violence is a 'risk factor' for staying in abusive relationships, or having experienced abuse as a child (Griffing et al, 2005). Emotional bonds between spouses or between spouse and children (Roberts et al, 2008). Also, Walker (1984) says that abused women report their partner was extremely attentive and affectionate early in the relationship, expressed interest in her whereabouts, expressed the desire to be with her all the time, demonstrated affection and jealousy, early commitment to a long term relationship. These tendencies then became intrusive, controlling and triggers to assault. Women became emotionally and geographically isolated and the men's concern for their whereabouts became more like surveillance and the batterers were described as showing severe or delusional jealousy

The strategies which people use in violent and non-violent marriages have been studied by Frieze & McHugh (1992) where wives of violent husbands used more influence strategies overall than wives of non-violent husbands. 'For the violent men, wives reported that those men who made more decisions ... used verbal and physical aggression as well as withdrawal and expert power.' (Frieze & McHugh, 1992, ps. 458-459).

Violence from partners The negotiation of meaning and choice.

Most of this is from Baker (1997) but see also Roberts et al, 2008)

There is a good deal of research and theory which argues that women

are disadvantaged and oppressed as a result of e.g. patriarchy (Firestone, 1974) capitalism, (Hartmann, 1981) and racism (Collins, 1991; hooks,

1984). Yet at the same time there are other authors who identify sources of resistance in women's everyday activities like reading romantic novels (Radway, 1983), watching television (e.g. Press, 1991) and attending Tupperware parties (Rapping, 1980). These activities are sources of resistance to, as well as a kind of support for traditional femininity. Women's resistance to processes of domination 'empowers' yet further subordinates them.

Where domestic violence is concerned there has been some oscillation over the past few decades. Traditionally, the advice from clergy, family, therapists and the courts has been to stay with the abusive partner (Gordon, 1988; Johnson, 1992; Schechter, 1982). More recently, with the growing awareness and feminist consciousness of the problem advice has been to leave abusive partners (Dobash & Dobash, 1992; Loseke, 1992; Loseke & Cahill, 1984).

In this context it has been particularly frustrating to scholars of domestic violence, law enforcement agencies, lawyers, the courts, friends, counsellors and therapists that violent relationships are so persistent. Women may leave abusive partners but will very often return to them. This has led to some pejorative theorising along the lines that some women need it, or have 'prone to violence personalities', or behave like 'doormats'. On the other hand Baker's (1997) work shows how her informants were actively negotiating the decision to return to abusive partners, as well as being propelled by domestic and financial circumstances to stay with the relationship. As she puts it, it is as if the battered women are 'resisting' a system for dealing with domestic violence which provides inadequate support and which places a set of obligations on them which may be untenable. Returning to an abusive

partner may even - paradoxically - seem like an active 'taking control of the situation'

For example, Baker's informants displayed a variety of strategies to deal with their husband's violence. The problem researchers are faced with is to see why actions like staying with violent men, not calling or co-operating with the police and not enforcing restraining orders are attractive strategies to women faced with this kind of situation.

Strategy 1: Staying with abuser - or returning to him

Once the woman separates from an abusive partner there is often a good deal of pressure to return from the abusive partner. As one informant characterised the situation "It's all just manipulation. That's what they [abusers] do - they suck you back in, and they make you think that it's safe. They lull you into this safe place that you want to be in so badly that you kind of help to create the safe image, but it isn't safe at all . . . I think they are the most wonderful guys in the whole world. To us they are. But those are the kind of guys who abuse their wives. It isn't just, you know, the big biker guy walking down the road and he's got a bad mouth and a bad attitude. Those aren't the guys that do it." (Baker, 1997, p. 60)

Some of Baker's other informants described how they had no finances, and no access to their children after they left so they were inclined to return. Moreover, there was often some emotional connection with the ex partner. As one informant put it: "I just wanted us to be together. I just wanted it to be like it used to be. Getting away from him is a lot like starting to diet. You know, it's easy to decide that you're gonna diet. It's difficult to diet and it's so . . . almost impossible to keep the weight off. And it's the same way to stay completely off away from him, because I believe that I

will never love anyone like I did him. . . Never! There was just no way out. I just *had* to have him, no matter what the cost was.” (Baker, 1997, p. 62)

Initially then, the women’s resistance or escape from the situation made the violence stop and their decisions to return brought them together again with their loved ones.

Strategy 2: Ignoring and lifting restraining orders - restraining orders are somewhat like injunctions under UK law.

Part of the cultural script for battered women is that they should make use of the legal system to keep violent partners away from them and should comply with the legal order themselves, for example by not soliciting contact with the partner and calling the police when he comes near them. Ignoring the restraining orders was one way that the women in Baker’s study were able to expand their choices. That is, when husbands subjected them to harassment and made them feel guilty then seeing the estranged partner was one way of relieving the situation. One informant routinely let her husband, under a restraining order, into the house to see the children because it was easier than taking the children to see him.

One informant whose husband was detained in custody after a particularly vicious attack which left her hospitalised described the situation as follows. “Part of my husband getting out was that he’d have no contact with me or any of my family members. Well, I . . . I told him that he could come to my house and stuff. I had to go through the state’s attorney’s office and get . . . write them a letter relieving them of any responsibility and stuff like that to get this no contact order lifted.” (Baker, 1997, ps. 65-66)

As Baker puts it:

‘children, money and homes were conditions in multifaceted life

circumstances that contribute to their choices to resist the cultural script and ignore or lift restraining orders.’ (Baker, 1997, p. 66)

Strategy 3: Refusing to call or cooperate with the police.

The role of the police in cases of domestic violence is a hotly debated topic. In the US and the UK there have been complaints that the system does not work effectively and that officer’s attitudes have been subject to criticism (Buzawa & Buzawa, 1990; 1993; Berk, 1993; Ferraro, 1989, Hirschel & Hutchinson, 1991; Tift, 1993). A variety of strategies have been devised, such as specialist domestic violence units and officers, training, mandatory arrest rules and much more. In Baker’s study it seemed as if the interactions with the police were another area where they could make decisions - which might put them at odds with a system intended to keep them safe.

For example, women were often fearful of their partners and sceptical of the effectiveness of police protection, so the involvement of the police might compromise their long term safety. For example one informant said that when the police were called, they took her husband but soon released him, with instructions not to go back for 12 hours. He promptly came back, and following this experience she did not call the police for a long time because she ‘paid the price even double when he came back’ (p. 68). Thus, for some women not to call the police is a decision based on previous experience that it might make the situation worse. Women in Baker’s study also reported that the police were sometimes ineffective or even pushy and rude. One informant said ‘Now that I look at it they did a pretty good job, but I was kinda angry at the time because they were trying to force me to tell them who did it to me’ (p. 69). Again, emotional connection with one’s partner was

identified as a factor which limited the women's involvement with the police. One woman, who did not co-operate with police, the state's attorney or the hospital staff after an assault said it was because she did not want her husband to 'get into trouble' and because she 'could not live without him'. Indeed, she 'felt awful' about what her husband had to go through after he assaulted her. (p. 70).

Overall, there are a variety of aspects of the statutory response to domestic violence which place restrictions and difficulties in the way of women, reduce their choices and yet do not fully protect them. Moreover, the 'cultural script' (as Baker calls it) about domestic violence enjoins the woman to get away from her partner and stay away, perhaps by going to a shelter, involving the police and seeking counselling, directs attention to the women. She is usually the one who has to make all the effort and attend to self support, legal processes and childcare whilst enduring a much reduced standard of living, perhaps as well as homelessness.

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