Public Policy for Violence Against Women 30 Years of Successes and Remaining Challenges

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Introduction

hirty years ago only two scholarly articles had been published on what was then referred to as "wife battering." The Washington, DC, police department employed an informal "stitch rule" when responding to domestic calls. Police would make an arrest only if female victims had an injury that required a number of surgical sutures to close the wound. By the middle 1970s, the inattention to violence toward women stood in stark contrast to mounting evidence that domestic violence was not a rare and isolated personal trouble. Social scientists and advocates 1 alike reported on persistent patterns of psychological, physical, and sexual abuse of women by their intimate partners.

Concern for violence was embedded in the more general women's movement. As the modern women's movement gained momentum in the late 1960s and early 1970s, attention to violence and battering gained momentum as well.

By the early 1990s, violence toward women had reached the status of a social problem with a place on the public policy agenda. The public had come to realize that violence toward women was a health and justice, as well as a personal, problem. A poll conducted for the Family Violence Prevention Fund in 1995 found that 83% of American adults polled stated that domestic violence was an extremely or very important social issue.⁸

The Balkanization of "Family" Violence

The social transformation of violence toward women from a private trouble to a social problem that occurred in the 1970s through the early 1990s did not result in a unified problem labeled "family violence," or "intimate violence." Rather, violence among family members was "balkanized" into separate issues and subissues, each with its own constituency, advocacy groups, profes-

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sional journals, theoretic and methodologic paradigms, and intervention strategies.

Balkanization of the field resulted from a number of factors and produced some significantly negative consequences. The social transformations from private troubles to social problems traveled different pathways. As with domestic violence, public attention and professional concern for child maltreatment had waxed and waned for centuries. The medical and social work professions rediscovered child abuse in the late 1950s and early 1960s.9 By contrast, the grassroots women's movement served as the communications medium for identifying the personal trouble of domestic violence and then transforming it into a social issue. On behalf of battered women, women's advocates brought classaction suits against police and prosecutors in major cities. Most of the suits were settled with consent decrees that required the police and prosecutors to treat domestic violence as a crime. Grassroots advocacy created and staffed the first shelters and refuges for battered women in the United States. Shelters and refuges became the focal point for political and policy advocacy and led to statewide coalitions for battered women.

As social policy expert Barbara Nelson¹⁰ points out, the first people who identify a problem often shape how others will perceive it. Thus, child abuse, rediscovered in the 1950s by physicians, was perceived as a medical problem; violence against women, identified by women's advocates in the 1970s, was perceived as a feminist issue of gender inequality.

Balkanization caused competition for scarce resources and public attention. Child advocates and women's advocates both faced a relatively apathetic public and policymakers who were content with the status quo, in which women and children were subjected to patriarchal and paternal authority.

The balkanization of family violence is a major problem because it limits the abilities of policy and interventions to identify and respond to instances of the co-occurrence of violence toward women and the maltreatment of children. Child abuse and domestic violence overlap in an estimated 40% to 60% of families in which intimate violence occurs. Health care, criminal justice, and social services responses to violence against women and child maltreatment are often separate and sometimes contradictory. Pediatricians and other physicians who examine suspected cases of child

abuse often overlook obvious signs of violence toward the children's mothers (and on occasion, fathers). Similarly, child protective investigators rarely receive training in how to identify and respond to violence toward women during the course of an investigation of child maltreatment. Child abuse cases are heard in juvenile and family court, whereas domestic violence cases are heard in district or criminal courts. Domestic violence advocates bemoan the common situation of a family court judge ordering child visitation while a restraining order from another judge is in place.

Balkanization limits the coordination of policy efforts. The provisions of the Federal Adoption and Safe Families Act (ASFA) of 1997 reflect a practical problem resulting from the separation of domestic violence policy from child welfare policy. This act requires that states seek termination of parental rights if children are out of home care for 15 of the previous 22 months (exceptions include the child's placement in kin care). Such a policy, although properly aimed at child safety and child permanence, could mean that mothers who are victims of domestic violence (resulting in children being removed from their care) lose their parental rights.

The balkanization of intimate violence poses a final constraint: energy invested by constituency groups that compete for resources and public concern. Child advocacy groups and advocacy groups for battered women have, on occasion, competed against each other for federal, state, and local funding, as well as media attention. On rare occasions, this competition has generated claims that one problem—child abuse or violence toward women—is the "real" problem.

Advocacy, Theory, and Knowledge

Had effective advocacy not come from grassroots women's groups, we would not have begun to respond to violence against women as a social problem, there would be no federal initiatives, and funding for prevention and treatment efforts would still come largely from donations and bake sales. Advocacy, however, is a two-edged sword. On the one side, abundant evidence from polls to political actions shows that the public awareness efforts have yielded substantial dividends. Poll results demonstrate that a substantial majority of the population is aware of domestic violence and concerned about its extent and consequences. On the other hand, exaggerated or inaccurate advocacy statistics and claims feed a backlash against advocacy efforts on behalf of battered women.

Gains Produced by Advocacy

Not only have the hearts and minds of the public and policymakers been won; growing evidence also suggests that behavior has begun to change as well. The rate of violence toward women has declined for the past 4 years. According to the U.S. Department of Justice's National Crime Victimization Survey, the number of women reporting that they were victims of violence from intimate partners declined from nearly 1 million in 1993 to 876,340 in 1998.¹³ The rate declined from a high of nearly 10 per 1000 women, aged 12 and older in 1993, to 7.7 per 1000 women in 1998.¹³ In addition, the number of female intimate homicide victims declined from 1581 in 1993 to 1320 in 1998.¹³

The decline in the rate of violence and the number of homicides is part of an overall decline in criminal violence in the United States. ¹⁴ However, the successful creation of public and policy awareness about the problem of violence toward women certainly played a role in the decline.

The Constraints of Advocacy

Although advocacy has been important in the process of transforming the personal trouble of battering and violence into social problems, advocacy has sometimes hindered the development of effective social policies as well as intervention and prevention strategies.

The efforts to intervene with offenders exemplify this. For the past 20 years, the preferred response to domestic violence has been the use of police arrest followed by court diversion to men's counseling groups. Arrest became the preferred response first because advocates correctly pointed to police indifference to domestic violence, then as a result of class-action and civil-liability lawsuits, and finally as a result of the apparent effectiveness of mandatory arrest in reducing domestic violence. The U.S. Attorney General's Task Force on Family Violence as a crime and using arrest as a preferred response.

Arrest of perpetrators, however, is of limited effectiveness. Replications of the Sherman and Berk Minneapolis Police Experiment found that no broad pattern of arrest produced reductions in domestic violence. Research has shown that although married and employed men do seem to reduce their use of violence after an arrest, unmarried and unemployed men (men without an apparent stake in conformity) actually increase their use of violence toward their partners. This is an important issue, as advocates have continued to press Congress and the U.S. Department of Justice to heavily fund efforts to increase the use of arrest for domestic violence offenders, despite the lack of evidence for widespread efficacy of this intervention.

Mandatory and presumptive arrest policies created a substantial flow of men into criminal court. Because many men were first-time offenders and because much of the violence was misdemeanor violence, courts rarely sentenced men to jail or prison. Instead, men were diverted to counseling or "batterers" groups. We have no data on how many men's counseling groups exist;

likely there are thousands in the United States. Although initial reports suggested that batterer's groups were effective in reducing violence, ^{18,19} current assessments cast doubt on such claims. The few studies that have properly evaluated the effect of batterer's groups (using comparison groups and psychometrically sound measures) have failed to find reductions in domestic violence as a consequence of participation or completion of group participation (D. Levesque, unpublished observations).

The most widely disseminated intervention, the "Duluth Model," is a coordinated community response to domestic violence.²⁰ The Duluth Model is built on a feminist model of domestic violence that emphasizes the role of patriarchy and the male use of coercive control with women. It attempts to coordinate social service and criminal justice responses to violence toward women. As with batterer programs, even though the model has been widely adopted, little scientific evidence shows that it reduces domestic violence or protects victims.²¹

Although scant evidence exists for the effectiveness of many programs implemented to prevent and treat victims and offenders of domestic violence, advocates continue not only to push for such programs, but also seek to standardize and regulate these programs. The most recent survey of state policies, now 4 years old, found that eight states have laws mandating treatment of men convicted of domestic assault, or mandate treatment as a condition of deferred sentencing.²² Twelve states had already adopted standards for batterer program certification or funding, two states have recommended standards, and twelve states have standards under development.²² These efforts continue despite any evidence that particular forms of men's groups are actually effective in reducing the rates of violence toward women.

A final constraint of advocacy is what advocates do not support. The most consistent position of grassroots women's groups is that couples counseling should never be used for domestic violence. Couples counseling is considered unacceptable because of objections to the "neutral" model and the possibility that women are placed at risk because of participation in couples sessions. Anecdotal evidence has suggested that couples counselors have failed to hold men accountable for their violence and that women have been physically and psychologically victimized after couples counseling sessions. Anecdotal evidence notwithstanding, no scientific evidence supports the belief that couples counseling is so ineffective and so potentially dangerous that it should be ruled out as a possible intervention for domestic violence. The current advocacy approach focuses more narrowly and accepts or rejects programs and policies more on ideologic grounds than evidentiary. The reality is that, from a scientific point of view, we do not know what works to prevent domestic violence or to keep women safe. It is best to remain open-minded about programs and interventions.

Interventions for Violent Men

There is very little evidence to suggest that batterers programs are actually effective in reducing male violence or controlling behavior. This lack of evidence for program effectiveness is not a main concern to domestic violence advocates who conceptualize female partner violence as a sociopolitical problem. Society, and not the individual batterer, is the principal focus of intervention. ^{23–25} These domestic violence advocates see little hope of changing individual men as long as social structures, norms, and policies support men's dominance and condone and reinforce the domination and control of women. Although the public now sees violence toward women as a social problem, most in society do not see dominance and control as problematic.

Even if the goal of social change were accurate and appropriate, social change is slow and unpredictable. Moreover, societal change may not produce change quickly among individuals. If we are to reduce violence and abuse of women, we need to be concerned about male offenders. Programs and counseling groups that confront men with political goals and objectives but fail to bring about actual behavior change are of limited utility to the women and children who live with violent men. We must concern ourselves with male offenders, programs that work, and understanding the process by which male offenders change their physical, psychological, and sexually abusive and controlling behavior.

What to Do About Violent Women

A flashpoint in the field of domestic violence has been the issue of female-to-male violence. In 1978, Suzanne Steinmetz²⁶ used anecdotal and some statistical data to argue that "while the horrors of wife-beating are paraded before the public, the other side of the coin, husband-beating, is still hidden under a cloak of secrecy." The journal editor included a critique of Steinmetz's article in the same issue.²⁷

Two enduring unfortunate outcomes resulted from this initial clash. First, the debate about female-to-male violence focused on the claim that women were as violent or more violent than men. The methodologic nuances of the incidence data and the qualifications offered by the researchers¹¹ were lost in the argument. The complex issue of female violence distilled down to whether women were as violent or more violent than men. Second, advocates often claimed that, in fact, no battered men existed. This, of course, was as much an exaggeration as was the claim that women were as violent as men.

I don't have enough space here to fully review the

debate, battle, and data about female violence. What I think is important is that the issue of female-to-male violence has been confined to debate over whether women are "as violent as men." That debate has consumed all advocacy, intervention, and policy effort. As a result, we still have no programs or even plans to intervene with female offenders.

Female offenders do exist. In 1998, women killed 510 intimate male partners. ¹³ Although women who are defending themselves kill many of these men, at least some men, perhaps 100, are not killed in self-defense. The National Crime Victims Survey data reported 157,330 male victims of nonfatal domestic violence, or a rate of 1.4 per 1000. ¹³ Clearly, the number of male victims is much smaller than the number of female victims found in the same survey. However, male victims do exist, and the number and rate has not declined in the past 7 years. ¹³

Studies of dating violence^{28–35} also find large numbers of female offenders. But more important, studies of dating violence–prevention efforts find that although such programs are effective in changing attitudes and knowledge about male-to-female violence, such programs have little impact on female attitudes and behavioral intent about their own violent behaviors.³⁶ This, of course, is not surprising because most dating violence–prevention programs focus on the issue of male violence, male coercive control, and male privilege.

Females may not be as violent as males, and females may be more entrapped in violent relationships than are males. We have no reason to believe that we need as many (or any) shelters for male victims of intimate violence as we do for female victims. Nonetheless, because violence is interactive, failure to pay attention to female violence gives agency to that behavior just as failure to be concerned about male intimate violence has given that behavior agency for thousands of years. Prevention and treatment efforts need to address *all* forms of intimate partner violence.

Conclusion

Dramatic changes in public awareness and public attitudes have been achieved in the past 2 decades. What was once a dark, secret personal trouble is now a widely recognized social issue and social problem. We can be proud that so much has been accomplished and that today many hundreds of thousands of women are safe.

Much is left to do. A need remains to identify which programs work to reduce violence and protect victims, and for whom and under what circumstances such programs are effective. Evidence needs to inform and modify ideologic positions. Researchers in the field would be wise to follow the advice Paul gave to the Thessalonians: Test everything, and hold fast to that which is good.

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