



When the Diagnosis is "Family Violence"

by **Kathleen Carlin, Founding Executive Director**

Introduction by Ulester Douglas

Despite the gains of the past twenty-five years -- perhaps because of these gains -- in the movement to end men's violence against women, efforts to silence battered women and their advocates are intensifying. The goal of these organized efforts, which are often disguised as "concern for the family," is simple -- to maintain male supremacy. The battered women's movement has long been seen by many as a threat to "men's rightful place as the head...the authority."

Most of us would deny having any role in organized efforts to uphold male supremacy. It may not be politically expedient to admit this, or perhaps we may sincerely see our actions as benign -- even unconscious. Intentional or not, there are ways in which we support, encourage, reinforce and protect these organized efforts.

We are supporting male supremacy when, twenty-five years later, we are still asking, "Why doesn't she leave?" Instead of asking, "Why doesn't he stop?"

We are encouraging male supremacy when, twenty-five years later, we are still trying to pathologize men who batter women by focusing on the cause (i.e. diagnosis) of their violence, instead of on the function of their violence --which is, to assert male authority and to keep women in line.

We are reinforcing male supremacy when, twenty-five years later, we are still trying to measure the success of "treating" individual men instead of working to change institutional and cultural norms that encourage men's violence against women.

We are protecting male supremacy when, twenty-five years later, we are aggressively trying to prove that, "women batter as often as men do," instead of admitting that the illegitimate power and advantages given to men in a sexist culture, makes "mutual battering" impossible.

The road to undoing male supremacy, as well as other social injustices, is long and hard -- the civil rights movement bears evidence of this. But that is not because of the failures of the oppressed. The road is long and hard because of the unwillingness of the oppressors to listen to, respect, and accept the realities of the oppressed.

Kathleen Carlin, our founding executive director and battered women's advocate for twenty-plus years, understood the realities of battered women and was a strong voice for gender justice. The following is an excerpt from a presentation she gave at the American Medical Association National Conference in October 1989. Given the issues I have referenced, her message is as timely and as urgent today as it was ten years ago.

A friend who works as an advocate for battered women told me a story. She had just finished giving a talk to a community group about the problems that battered women face, when a woman from the audience came up to her and said, "For ten years I didn't know I was a battered woman." Then she told my friend her story. She had married young, about twenty. There was an autumn wedding, so they had invited their

families to their new home for their first Thanksgiving dinner. About an hour before their guests were to arrive, she said, they got into an argument. It ended when he broke her nose and all of her grandmother's china. He never hit her again. After that, if she ever disagreed with him, he got that same, steely look in his eyes and said, "Remember Thanksgiving."

As the battered women's movement gained momentum, working its way into the public consciousness, the awareness of what battering is did not escape her notice. Battering is the use of violence or the threat of violence for the purpose of control. He batters not because he loses control of himself, which batterers always say ("I just lost it.")—but because he fears he is losing control of her and moves to reassert it. His behavior expresses his belief that he has the right and privilege to control her.

Battering is not discrete incidents, individualistic responses to external stresses. Battering is a systematic campaign of emotional abuse, economic abuse, sexual abuse, manipulation, intimidation and isolation, surrounded by the constant threat and/or use of physical violence, to stop any attempt she makes to assert herself or to act independently. Most battered women are killed after they try to leave. She has no reason to doubt him when he says, "If you leave, I'll kill you." "If you leave, I'll take the kids and you'll never see them again." She has no reason not to believe him when he says, "Remember Thanksgiving."

Because this woman's husband never hit her again, she thought she wasn't battered. Only as she heard other battered women describe living in constant fear, the walking on eggshells, their lives driven and controlled by his over whelming rage, did she understand how she, too, was a hostage to violence. Now she had a name for her experience, validated in the world. So now she could say, this is unbearable; no human being should have to live this way. And she could move to establish a life of safety and dignity.

We know that women have been battered in marriage as long as the institution of marriage itself has existed. Throughout recorded history, the beating of women by men has been a part of the cultural landscape. Myth, fable, jokes—the mechanisms that transmit cultural norms across the generations— instruct that men beating women is simply a part of what is. As Gloria Steinem said, "The word for battering was 'life,' as in, 'That's life.'"

But then about 1974, something began to happen. Battering got a name. It was as if one day you looked up, and there was a magazine article, a TV show, someone talking about battering. Doctors began noticing they had patients who were battered women; psychotherapists and mental health counselors began to hear about it from their clients. For most of us, it was as though this phenomenon had just sprung spontaneously into the public consciousness. What had happened? How did this come about?

What had happened was the battered women's movement, a grass roots movement that grew out of the women's movement, itself part of a worldwide liberation movement by colonized and oppressed people.

There is a story about how one of the earliest shelters began that, for me, illustrates the character of this movement as one in which those who are victimized empower themselves to change the conditions that keep them oppressed. It was in the early 70's at an Al-Anon meeting. It happened to be a group solely of women, and as they talked about the week, one of the women began to tell the group that her husband was battering her. As she talked, another woman began to tell that she was being battered. One by one, they went around and discovered that every one of them was being beaten in her marriage. This was a powerful, revelatory experience, as over the weeks they discovered the shared reality in what each had believed was a private humiliation, unique to her. Eventually, this group of women went out and found a house they could afford to rent; moved into it with their kids; got food stamps, jobs; shared child care; and began to take in other battered women.

What the women in that Al-Anon group did was a radical act. The reason battering had no name, the reason it didn't occur to anyone to notice that at least a fourth of all women were being beaten, maybe a third—maybe more—was because, as Andrea Dworkin says, the experience of female suffering is buried in cultural invisibility and contempt. She writes, "Because women's testimony is not and cannot be validated by the witness of men who have experienced the same events and given them the same value,

the very reality of abuse sustained by women, despite its overwhelming pervasiveness and constancy, is negated. It is negated in the transactions of everyday life, ...and it is negated by those who claim to care about suffering but are blind to this suffering. The problem, simply stated, is that one must believe in the existence of the person in order to recognize the authenticity of her suffering. Neither men nor women believe in the existence of women as significant beings."

But she goes on to quote Terrence DesPres from The Survivor, an Anatomy of life in the Death Camps, "Radical suffering transcends relativity, and when one survivor's account of an event or circumstance is repeated in exactly the same way by dozens of other survivors, men and women in different camps, from different nations and cultures, then one comes to trust the validity of such reports."

In such a way did battered women begin to validate their common experience. The battered women's movement created a place where women by the thousands could tell their truth and hear it acknowledged. In so doing they transformed themselves from the batterer's definition, "It's your own fault because you provoke me," into the means to empower themselves: "I have a right not to be hit." They claimed their right to safety and justice. In speak outs and in support groups in the shelters, their collective stories acted to authenticate their suffering and led them to envision their own existence as significant beings.

The reason I am telling you about this, the reason it is essential for you to know this history is that this collective experience, the stories of battered women, composes a different narrative from the narrative of the world. It is one told in a context of women's reality, which in the history of the world has been marginalized, trivialized and silenced. The shelters became a place where women came together to tell their personal individual stories *as they had meaning for them*.

Shelters thus act as signifier in the society. When women began to come together and call where they gathered a "safe house," a "safe shelter," they were making the statement that this society is not a safe place for women. For women to be safe, they will have to find a place for themselves, an enclave within the hostile environment.

What this forced was a fundamentally changed understanding of battering: Battering now came to be understood as the natural consequence of the patriarchal, hierarchical society, and in fact as purposeful behavior used to ensure what is believed to be the appropriate relationship and authority of men over women. The batterer justified his violence with "I had no choice," expressing his belief in his right to make her do whatever he wanted; the larger culture confirmed his belief by asking her, the victim, "What did you do to provoke it?" Focussing on the interaction—his action seen as a reaction to her provocation—the fact of his violence, the pain and hurt to someone else's body and spirit, fades and disappears into cultural invisibility and contempt.

The concept of woman battering as the result of usual, normal functioning is a hard concept to accept. It's disturbing to all of us, both men and women, to think of battering as normative behavior used to maintain an intrinsically oppressive system—because we all live in, and in varying degrees benefit from, that system. We resist it. We seek an explanation that resides inside the incident. We prefer to believe that behavior like battering, so abhorrent to us, is generated by bad antecedents. So we say, "It's because he's an alcoholic; it's because he's unemployed; he's under stress; he never learned how to express his feelings." We want to believe that in fact this is some kind of aberrant behavior on the part of a few men who somehow just haven't learned how to be good men.

So when the women with the shelters were heard putting out their message about battering serving a cultural norm, there were strong reactions. The first line of defense was to label the women who were delivering the message with the most pejorative terms the patriarchy has for women: "man-haters;" "lesbians."

Most people didn't react that way. Most of us took very seriously the problem that was being pointed out to us and began to think, What can I do? We began to apply our skills and resources to helping battered women.

But that often had an unseen effect; and I want to talk about the effect of applying typical problem-solving techniques to a political problem.

Since we are here and this is a medical meeting, I would like us to look at the medical model in this regard.

I don't need, here, to talk about the enormous benefits that have come to us through the application of the scientific or medical model. Let us assume its inestimable role in making possible progress in health, health care and standard of living.

But when we apply the scientific model to a social problem, to an existential condition like human oppression, we can begin to see how that model can work to neutralize a challenge being made to the assumptions that directly or indirectly perpetuate the problem.

Study and diagnosis assume a power hierarchy in which someone with greater power has the generally acknowledged authority to define the problem, define the reality, To say, "This is what the problem is; and this is what is needed to fix it." This model assumes an intrinsically good or healthy body within which is a problem—a pathology: "The problem is x; the solution is y. I will apply that solution, which will remove the pathological part and the body will again be whole, be healthy." When the problem is an infected appendix, or smallpox, this approach works.

The battered women's movement is doing something radically different from that. In this movement it is the victims of the problem who, in effect, are holding up a mirror to society and saying, "There is something terribly wrong with a society that tacitly accepts and condones violence against women." We know a power hierarchy invites oppression; and a male supremacist power hierarchy invites abuse of women, then renders it invisible. A society that, instead of stopping the batterer, defines the victim as the pathology—asking, "What did you do to provoke him?" or "Why do you stay?"—is the problem.

Blaming the victim is a form of social control. If the commission of a crime is responded to by blaming the victim, then we know that that particular behavior is not a crime, really; it's a form of social control. It's a way of letting the members of a certain category of people know they have stepped out of line. Earlier in this century, when lynching was a common practice, the Klan knew that the purpose of a lynching was to signify to every African American person that this was not their world—that they did not own or control the place in which they lived; and if they did something that white people, the people whose world it was, considered to be stepping out of line, then this is what's going to happen. And the sheriff, people in the community, didn't stop them—because that was just the way it was.*

That's what battering is about. Battering is a way of saying, "You step over the line, this is what happens to you. I have the right to make the line, to decide when you have crossed it, and to decide on the appropriate punishment when you do." Study, diagnosis and treatment, combined with male prerogative.

And so the fundamental flaw in the assertion "she provokes it" disappears into the cognitive structure being used to diagnose the problem, and we get concepts like "mutual spouse abuse" and "bi-directional violence."

The narrative of the medical model is a fundamentally different narrative from the one that battered women are speaking. Where is the nexus of these two very disparate, even contradictory approaches to solving problems?

"Battered woman" is a political term. It forces us to remember the political meanings of other terms, like "husband" and "wife." It makes us uneasy, uncomfortable, calling forth as it does shadows of oppression

and injustice existing inherently in male-female relations. A board member of a newly organizing shelter in my state urged that they pick a name for the shelter that didn't include the term "battered women," because, he said, "The term 'battered women' is inflammatory." Of course he was right.

And so we neutralize the challenge that the battered women's movement makes to the assumptions that legitimate the oppressive institutions of the status quo. We convert the problem to "spouse abuse," or "family violence," where women and children disappear, or distance even further by calling it "domestic violence."

There is with most of us a strong desire not to see the truth of violence against women in our society. It makes us all uncomfortable. Well-meaning men tend to feel bad, vaguely guilty and uncomfortable, and women feel even more uncomfortable when men are uneasy, so we rush in to smooth it over, play it down, say of course we don't mean you. Subtle, apparently well-meaning, apparently benign acts, they all work to silence and to push back into invisibility the reality, the truth of violence against women.

Dr. Gary Friedman, in his [Primer of Epidemiology](#), talks about the relatively arbitrary and varying ways in which diseases are defined, saying "We name diseases to reflect something about our perceptions or understanding of what the disease entails."

So now, given this understanding of the meaning of battering, what do we do?

So "when the diagnosis is family violence," we begin to understand the complexity—the exquisite difficulty—of understanding this problem and casting solutions. After all, the woman with the broken nose is in your office to be treated, and treating her injury is the preeminent need. She is surely the patient, but the causal agent is out there in her environment. And surely we know that a problem afflicting one in every three married women is one of populations, not individuals.

While medicine may restore her to health, what will preserve her health? Surely that solution must be one that is applied to the environment. Within a goal of the highest measure of health for all, we can no longer ignore this problem

It is a mark of our progress that our definition of public health problems has grown to include all hazards to health in the environment, including social and behavioral aspects of life as they are endangered by contemporary stresses, addictive diseases and emotional instability. Surely battering fits that definition. Public health couples an understanding of disease processes with social conscience.

But to what extent does that definition convey an injunction to act against injustice? To say that the problem is in the environment differs fundamentally from saying the problem is the environment, in which each of us has a place. Is it surprising that women, having only recently escaped the 19th century's medical ideology of the abnormality of the female reproductive system, look with suspicion if they think this primary reality-defining institution is saying, "Now we will solve this problem"?

Women also know that in a male-supremacist society, men have the privilege of seeing women as a medium; in other words, that the work is their (men's) work, and women's words, ideas and experiences are a medium for their accomplishing their work.

Battered women who give up their stories to researchers don't give something so definable as cells that can be packed in dry ice and styrofoam. Battered women's stories are their essence, their truth. Studies that count or measure physical injuries but don't acknowledge abuse of power; where abusers and victims disappear and violence becomes abstract and disconnected from a particular human being's choice; where questions formulated out of another reality implicate women whatever their answer; that transform women's truth-telling into numerical expression, traduce battered women's reality.

We cannot treat these questions as less than central because, to paraphrase Ivan Ilyich, to transform violence against women from an issue of injustice into a technical problem is to expropriate the potential

of an historically voiceless group to deal with their human condition in an autonomous way, and thus becomes the source of a new level of injustice.

So how do medicine and public health engage with a political change movement representing a problem of social injustice that is described by a medical problem, without traducing battered women's reality?

I would like to suggest a framework within which to begin a discussion of that question using the assumptions outlined by the Rev. Marie Fortune as the basis for a feminist imperative to make justice.

- First, embodiment is a crucial fact of our existence and requires that we take violations of bodily integrity seriously. In other words, our bodies matter, and what is done to them matters a great deal.
- Second, our relationships between and among one another are very, very important.
- Third, people can and should act in the face of injustice, rather than remain passive and silent.
- Fourth, we must begin with the lived experience of women.
- Fifth, we must take the side of the powerless and victimized—in this case battered women.

Surely, public health and clinical medicine are by their nature concerned centrally with violations of bodily integrity. Violence causes injuries. Medicine restores health. As the research by Stark, Flitcraft and Frazier tells us, in battering, injuries cannot be separated from their social construction. The black eye or broken ribs in the battered woman cannot be separated from the transaction that worked to obliterate her sense of herself as a being with integrity. Clinicians must be trained not to blame her, nor to expect her to stop his violence. They must name it as a crime and help her know about the resources she needs.

But what about acting in the face of injustice? Like campaigns to get people to stop smoking and to use seat belts, information is central and crucial. Like smoking and seat belts, passing and enforcing laws that prohibit actions that hurt people are crucial and essential. But what can medicine and public health do to change behaviors that exist for the purpose of objectifying, using and controlling other people, especially when giving up those behaviors would require giving up illegitimate but very real power over other people?

Here are some areas where I believe medicine and public health have a pivotal role:

- Helping to achieve universal health care coverage, at least for children, so that she isn't forced to stay with her abuser because they will all lose their health insurance.
- Advocating for housing, so that her only choices aren't staying with her abuser or disappearing into the homeless population. (A New York study estimates that 20% to 40% of the homeless there are battered women and their children.)
- Reaching economic parity in the workplace, so she is not so economically dependent on her abuser that she dare not leave. This would include such fields as nursing and medical technology.
- Applying its wisdom and power to support her truth in other arenas, such as the civil and criminal justice systems, so that she isn't forced to go underground to protect herself and her children rather than go into a custody battle in courts where mothers are by definition on trial and his history of abuse dissolves into the narrative of the world. Social science in an allegiance with the truth of the powerless is a potent tool for liberation. An example that comes to mind is the testimony before the Court in Brown versus Board of Education, using the studies that demonstrated the deleterious effects of separate-but-equal doctrine on the mental health of African American children.

This leads to the fourth assumption, that we must begin with the lived experience of women. How does her grandmother's china, the steely look, his requiring her to comfort him because he feels bad that he beat her, fit with a quantitative science based on numerical expression? Out of whose narrative is the problem defined? From whose narrative does the power to name the truth come?

And, finally, justice making requires us to stand with the battered woman, to take her side as the powerless and victimized. How do we place this alongside a helping system whose professional values are based on scientific knowledge and technical competence; a profession whose norms include functional specificity and affective neutrality? Because to stand with her not only means to believe her, it means to confront him, and confront one's own fear in doing it.

We all agree that violence must be prevented. It is not good enough simply to come along after irreparable harm has been done to the spirit as well as the bodies of the victims. We all agree that violence must stop; that rape, battering, incest and child abuse must become unacceptable in the way that lynching and slavery are simply intolerable.

That is the challenge before us. It is heartening to be here and to see the field of medicine marshalling its resources to confront a problem that threatens the essence of our society. The question is, as with all social change, can we solve it with the resources at hand without our solutions becoming themselves part of the problem? We must try. To me, this conference represents hope that we can succeed.

At a recent Task Force meeting, a coalition of local residents and community leaders dedicated to creating safety for battered women and to holding batterers accountable, I found myself on the horns of this dilemma. Our Task Force was beginning to gain influence in the community. For the first time we were able to persuade a judge and the sheriff to attend a meeting. These members of the criminal justice system were a weak link in our network of accountability and key to effecting change. Their words and behaviors indicated that they felt that battering was marital conflict gone awry under the influence of drugs and alcohol rather than a campaign of terror aimed at control of women. Their presence was important because it was an opportunity to shift their understanding of battering and make them a part of the solution.

As the meeting progressed, I noticed my agitation as I searched for just the right words to express my position. I sensed that a number of Task Force members were struggling with the same dilemma---whether to describe our work as ending "domestic violence" or to describe it more accurately as ending "male violence against women." I desperately did not want these policy-makers to leave the meeting, literally or figuratively. If they perceived our position as unreasonable or as male bashing, they could stonewall our efforts or dismiss our cause. At a critical moment, I opted to use the term "domestic violence." I felt my language choice misrepresented the mission of the Task Force, disguised the agency of the violence, and obscured possible solutions. I chose language that shielded my dissatisfaction with current policies in an effort to make my case politically palatable and to avert potential conflict with these powerful new members.

What I realized through that process was that I crafted my language in relationship to the listener---those I hope to persuade. Of course, a kind of accommodation or modification of language is usually a consideration in effective communication. However, I was struck here by how my choice of words could indirectly acknowledge, confirm or threaten those in power. By my choice to obscure agency, I did not tamper with their view of reality. My language did not suggest that women's well-being was jeopardized by men's need for power over them. However, when I shielded men's agency, I obscured possible solutions.

How we articulate a problem can determine the kinds of remedies we seek. For example, if we describe homelessness as the result of insufficient affordable housing, we seek very different kinds of solutions than if we describe it as the logical outgrowth of the inhumane distribution of wealth. Different frames result in different solutions. So when we describe our efforts to end male violence against women in a way that shields the reality of who does what to whom, we ascribe causality to everybody and everything but the perpetrator. This is exactly what happens when we use gender-neutral language such as "domestic violence" to describe violence that is gender-based, i.e. male violence against women. Gender-neutral language, while making access to those in power more likely, can transform our opposition into collusion. In our effort to strike a balance between influence and alienation we may achieve the appearance of influence at the cost of our social change agenda.

During the time I attended this Task Force meeting, I was also reading a book recently published by the National Research Council entitled Understanding Violence against Women. I was curious about the editorial decision concerning the title. Why not Understanding Male Violence Against Women ? The book spoke exclusively of male violence against women except for a passing reference to lesbian battering which the authors acknowledged would not be addressed in this volume. Would its conclusions and recommendations have differed if its title brought men, as agents, squarely into the picture? An observation by Ngaire Naffine, making a similar point about her discipline, came to mind: "Criminology has been developed and presented as a study of men (by men) and their relation to crime, but it is a study that is uninterested in men (as men) and that fails to recognize the consequent specificity, limitations and underlying assumptions of the discipline." Ms. Naffine goes on to document that, although men commit the overwhelming majority of crime, there is a steadfast resistance among criminologists to examining the social construction of maleness as a causal factor for that crime. Similarly, when we choose gender-neutral language, we make it impossible to recognize men as a gender class or to identify the systemic gender-bias in their acts of violence against women.

Understanding Violence against Women is not an example of sloppy scholarship, quite the contrary. It courageously names men as perpetrators of violence against women but without the specificity of identifying men as a gender class---that there is something intrinsic to manhood, as we have constructed it, that encourages male violence against women. By neglecting to name men as the gender class responsible for male violence against women, this volume leaves in place the cultural assumption of man as the archetype of humankind. In so doing, it eliminates maleness as the root of violence against women. Portraying men as essentially human rather than as gendered positions them as the unexamined "standard" against which women must be viewed as deviant. This attitude directs us to identify and eliminate the risk factors for women instead of seeing them as targeted because they are women. When we scrutinize victims (women) as the carriers of risk factors for the violence perpetrated against them, we ignore the male-cultural-norm promoting this violence.

After the authors dedicated two hundred pages to a discussion of male violence against women, the most logical recommendation for future research---why men, as men, can and do attack women---is conspicuously absent. When recommendations are framed as the need for "interventions with offenders and victims," we obscure effective solutions. In this vernacular, men as a gender class fades out of focus. The book does contain references to the "cultural context of coercion and power" that promotes violence against women. However, men are then repeatedly identified not as participants of a woman-hating culture but as individuals in batterers' intervention programs and intimate relationships. A deconstruction of this "cultural context of coercion and power" would reveal: that male violence against women is not individual and relationship-based but systematic and intentional; this violence has the social function of maintaining male dominance for all men; and, men's sustained resistance to ending male violence against women, sends the coded message of their stake in that violence.

Over the past twenty-five years, there has been a linguistic regression from the battered women's movement description of violence against women having a clear designation of agency, to a shielding of agency--- "domestic violence," then to a breakdown of the relationship, "mutual combat." How and why has this transition taken place? My guess is in much the same way and for many of the same reasons I altered my words at the Task Force meeting.

The battered women's movement began as a radical initiative by a relatively small number of women for whom agency was clear and well articulated. As the movement spread across the country, it became apparent that male violence against women would have to be addressed as every other crime---as a community problem; not simply a problem for women. What was called for was a coordinated community response. Local task forces answered this call by bringing together advocates and those who shaped policy. One of the challenges of this alliance was that the authority of battered women to describe their reality collided with the language requirements of the reality-definers of the status quo. The tension created by that collision made language choices in those settings as difficult as they were necessary.

I hear from battered women's advocates that they were frightened, confused, and frustrated by the introduction of language that hampered the articulation of their reality and the expression of their

dissatisfaction. That fear and frustration makes complete sense to me. In order to protect my privilege as a man, my penchant is to choose the language of accommodation to the status quo. On the other hand, my work as a social justice agent requires me to use the language of change and truth-telling. If I decide to use the language of accommodation, I need to be very conscious about the choice to temporarily camouflage my agenda. Is it a choice driven by my privilege or is it part of a strategy for change? At task force meetings in particular, the challenge for me is to monitor language choices as strategic, alienating or colluding. My choice of gender-neutral language lets me stand among the powerful, because part of being in power is the ability to control the terms of the discourse. Therefore, how I use that podium determines whether my choice is collusion or advocacy.

Language is power. It forges the contours of the problem as well as the solutions. For social change agents, gender-neutral language may have real strategic value---when used to gain access to power. Ultimately, when we obscure men's agency in their violence against women, we thwart solutions, endanger women, and reinforce the status quo. Gender-neutral language is a dangerous ally in ending male violence against women. At best, it is our entree to policy-makers. In the final analysis, we must courageously speak truth to power in order to promote social change and to avoid the erosion of our own integrity.