

**AN ETHNOGRAPHIC STUDY OF DOMESTIC VIOLENCE**

A Masters Thesis

Presented to

The Graduate College of  
Missouri State University

In Partial Fulfillment

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Master of Science Applied Anthropology

By

Clarissa Martin

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# **AN ETHNOGRAPHIC STUDY OF DOMESTIC VIOLENCE**

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Clarissa Marie Martin

## **ABSTRACT**

Domestic violence impacts the lives of millions of Americans each year. Although theories on the causes of domestic violence abound, little is known about the context in which domestic violence occurs. As a result, our understanding of the factors which increase the risk of domestic violence is limited. For this study, ethnographic methods such as participant observation, interviews, and life histories were used to investigate the role that both partners play in abusive relationships, as well as the cultural factors which permit domestic violence. The results of this study indicate that both men and women perpetrate domestic violence and that the threat of domestic violence increases when threats to the relationship, such as mate value discrepancies, increased independence, and potential rival mates, occur. Findings also suggest that our culture permits domestic violence as an acceptable means of conflict resolution and encourages victim stereotypes. Understanding the dynamics of domestic violence, including the context in which it occurs, will allow us to effectively help victims and maximize prevention efforts.

**KEYWORDS:** domestic violence, culture, relationship, conflict, violence

This abstract is approved as to form and content

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I dedicate this thesis to my husband Ryan Martin and my dear friend Gail Emrie.

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## INTRODUCTION

Domestic violence (DV) is a significant social and public health issue. Although the existence of DV is generally acknowledged, the dynamics of this phenomenon are poorly understood. This is not a result of limited research on the subject, however. On the contrary, a great deal of research has been conducted in regards to the problem of DV. An increase in public awareness of the plight of DV victims as well as changes in policy substantially increased the amount of funding available for DV studies over the years and allowed researchers from multiple disciplines to explore the issue. This led to an overall surge in DV studies, some of which produced conflicting results that “created controversy and confusion” in the field of DV research (Tjaden and Theonnes 2000:1).

Until now DV has been viewed as a socio-cultural phenomenon, a gender power struggle, or a mental health issue. These frameworks for understanding DV often conflicted with each other and left serious gaps in our understanding of the problem. As the body of work surrounding DV grew, researchers attempted to study topics related to our gaps in knowledge on specific issues related to DV. Issues included the relationship between minority status and DV, DV and male victimization, poverty and DV, and sexual orientation and DV. While these studies helped to fill in the gaps in research, differing research designs and methodological approaches led to conflicting study results, and created controversy over even the most fundamental aspects of DV research. Today, we still lack a general consensus on the causes of DV, and even the definition of DV has not been clearly established.

The highly specific nature of DV research over the last quarter-century has expanded our knowledge base of the issue but moved us away from a single

comprehensive framework for understanding the causes of DV. This creates numerous problems outside of the field of research, as results from studies are used to inform public policy and intervention strategies. By relying on inadequate theories to inform our DV policy and prevention efforts, we run the risk of endangering victims and wasting millions of dollars on ineffective DV programs. Understanding that a problem exists is not sufficient for correcting it. In order to effectively help victims and maximize prevention efforts we must understand the dynamics of DV, including the context in which it occurs. Moving beyond the “what” of the problem, to better understand the “why” is imperative and should be the goal of any future DV studies.

The fields of gender studies, psychology, biology, criminology, sociology, social work, and anthropology have all contributed to our current understanding of this issue, but have failed to isolate the true “causes” of DV. Each of these areas of research has been unable to tackle the problem of the unknown confounding factor when it comes to the issue of DV. Many of the studies mentioned in this paper sought to identify risk-factors for DV but ultimately failed because their findings were unable to prove causality. In reality, a great deal of research on DV risk factors have only shown that certain socio-demographic characteristics can increase the frequency of abuse, but have done little to explain why those factors contribute to abuse rates in the first place, and, more importantly, how those factors can be understood in relation to one another.

This research uses an ethnographic approach to investigate the causes of domestic violence, as well as the experiences of domestic violence victims. Particular attention has been paid to the experiences of those victims living in a domestic violence shelter. The framework for this study builds on past theoretical approaches to create an overarching

explanation for the existence of DV. A potential operational definition for DV is also proposed. Domestic violence terminology varies greatly throughout the literature in regards to victims, perpetrators, abuse and behaviors as well, so these terms and their definitions within the context of this research are also provided.

## **BACKGROUND**

This section explores the theoretical frameworks for the causes of DV, including Evolutionary Psychology Theory, Socio-cultural Theory and Mental Health Theory. Each theory is examined in terms of its contributions and inadequacies for explaining the existence of the phenomenon of DV. When applicable, the results of conflicting studies in DV research also have been included.

### **Defining Domestic Violence**

The terminology used to describe DV varies. “Definitions of the term vary widely from study to study making comparisons difficult” (Tjaden and Theonnes 2000:4). Terms used synonymously with “domestic violence” include domestic abuse (DA), spousal abuse, battering, family violence, dating abuse, intimate partner violence (IPV), and Domestic Violence (DV). Tactics associated with DV include emotional abuse, physical assault, sexual abuse, and stalking.

### **Risk Factors for Domestic Violence**

Many researchers have attempted to identify risk factors for DV, and although several risk factors are thought to exist, the relationship among these risk factors is not well understood. Certain cultural factors are thought to encourage and permit domestic violence, thus increasing the risk DV will occur, but the relationship between these factors and DV has not been established. These behaviors are socially supported and are learned through observation, experience, and reinforcement in our cultures, institutions, families, schools, and peer groups (Missouri Coalition Against Domestic and Sexual

Violence 2012:21). Studies have shown that women are at increased risk of DV, and that younger women are at an even greater risk of abuse. The National Violence Against Women Survey (NVAWS) reports the following in regards to potential risk factors for DV:

Numerous studies have examined risk factors associated with intimate partner violence. Results from these studies show that unmarried cohabitating couples have higher rates of intimate partner violence than do married couples; minorities have higher rates of intimate partner violence than do whites; lower income women have higher rates of intimate partner violence than do higher income women; less educated women have higher rates of intimate partner violence than do more educated women; and couples with income, educational, or status disparities have higher rates of intimate partner violence than do couples with no status disparity (Tjaden and Thoennes 2000:33).

If we take these risk factors and frame them as somehow increasing the threat to relationship stability, the increase in DV among specific groups should be mirrored by an increase in relationship instability among those same populations. In order to test this hypothesis, I used findings reported in the article “Marriage and Divorce: Patterns by Gender, Race and Educational Attainment,” published in the *Monthly Labor Review* for the Bureau of Labor Statistics. This article used data from the National Longitudinal Survey of Youth 1979 (NLSY79) that examined data “on marriages and divorces by age, gender, race, Hispanic origin, as well as by educational attainment” (Bureau of Labor Statistics 2013). As expected, I found that women were more likely to divorce than men (based on first and subsequent marriages), minorities had an increased risk of divorce and were generally less likely than whites to get married in the first place, and people who attained less than a high school education were more likely to divorce than those with a Bachelor’s degree or higher. Interestingly, it appears that the reported risk factors for DV are also risk factors for divorce. Although the exact connection between the two remains

to be determined, it appears that these risk factors may point toward conflict in the relationship and/or other relationship problems.

### **Victims of Domestic Violence**

For those who have never witnessed or experienced DV, the size and scope of the problem can be hard to imagine. Over twelve million women and men in the United States become victims of rape, physical violence, or stalking by an intimate partner each year (Centers for Disease Control and Prevention 2012). This annual victimization total does not include victims subjected to other forms of DV. If victims who have experienced any form of DV were included in this total, victimization rates would likely substantially increase.

Anyone in any type of intimate relationship is at some risk for DV, although the degree to which they are at risk may vary. Domestic violence victims come from all segments of society, regardless of socioeconomic status, education level, or religious background. People of all ages, sexes, genders, and ethnicities involved in an ongoing or past intimate relationship may be victimized. Victimization occurs irrespective of sexual orientation (lesbian, gay, bisexual, and transgender) or relationship status (casual dating, exclusive dating, engaged, married, separated, or divorced).

Although DV can affect any person who has engaged in an intimate relationship, victimization rates vary significantly based on a number of factors including sex, socioeconomic status, sexual orientation, ethnicity, age, and gender. It should be noted that rates of intimate partner victimization vary widely from study to study with some concluding that “women and men are equally likely to be victimized by their partners, but

others conclude that women are more likely to be victimized. Some studies suggest that people from various ethnic backgrounds suffer equal rates of intimate partner violence, and others conclude that minorities suffer higher rates” (Tjaden and Theonnes 2000:iv)

### **Perpetrators of Domestic Violence**

Like victims of DV, perpetrators come from all segments of society and have been or currently are involved in an intimate relationship. The age, sex, gender, sexual orientation, and ethnicity of perpetrators vary. Few social or demographic characteristics have been proposed to identify potential abusers.

Depending on the criteria for abuse, some studies report that men are overwhelmingly the abusers in DV situations. It is estimated that over seventy-five percent of victimizations occurring in the United States each year are perpetrated by men (Missouri Coalition Against Domestic and Sexual Violence 2012:2). Results from other studies, however, show that men and women perpetrate DV equally, particularly at the lower levels of relationship abuse (i.e., verbal abuse, throwing things, breaking things, yelling, etc.)(Strauss 1990: 3-16). As the level of violence increases, men are more often the perpetrators and women more often the victims. Statistics on rates of perpetration may also be skewed, because women are thought to report abuse more frequently than men.

Perpetrators of DV, or batterers, rely on abuse tactics to control their partner’s behavior, because it produces desirable outcomes (MCADSV 2012:13). Individuals verbally and physically assault their intimate partners in order to gain compliance and control over the outcomes of their relationships. A batterer’s behavior is intentional and is

not a result of anger control issues or substance abuse, and although certain factors such as witnessing or experiencing family violence or having a dependency on drugs or alcohol may increase the likelihood that someone may perpetrate DV, they are not the causes of abuse in a relationship (MCADSV 2012:13).

The majority of DV research studies victims, but, by comparison, few studies have focused on batterers. The failure of DV researchers to focus on perpetrators has led to a gap in our understanding of the issue. Batterers' intervention programs exist, but receive far less funding than programs that provide services to victims, even though evidence exists that treatment for batterers may aid in DV prevention efforts. An experiment conducted by researchers at the University of Houston looked at changing perpetrators abusive behaviors during an argument by teaching communication skills. Results of this experiment showed that a batterer's abusive behaviors during an argument could be substantially decreased through interventions aimed at improving communication skills (Babcock 2011: 336-347).

Obviously, it is important to understand the roles of both victims and perpetrators in DV. Understanding underlying motivations for relationship abuse, as well as contextual issues specific to DV relationships is crucial for determining risk and protective factors for DV and aiding prevention efforts.

### **Domestic Violence Tactics and Behaviors**

Domestic abuse (DA) is one of many tactics used by perpetrators of DV. Behaviors associated with DA include pushing, hitting, slapping, choking, kicking, biting, making threats, attempting suicide, the use of a weapon to scare, assault, maim or

kill, control of monetary resources, name-calling, withholding medical care, minimizing emotional and physical trauma, subjecting victims to erratic and dangerous driving, and social isolation (DomesticViolence.Org 2014).

Sexual abuse (SA) is another tactic abusers employ to control their victims.

According to the Missouri Coalition Against Domestic and Sexual Violence (MCADSV 2012:5), “Women can be, and are, sexually assaulted by intimate partners and those they are dating... Studies show that more than half of adult female sexual assault victims were attacked by a former or current intimate partner.” In the organization’s report, *Understanding the Nature and Dynamics of Sexual Violence*, the MCADSV reports that abusers perpetrate “sexual violence through threat, coercion, exploitation, deceit, force, physical or mental incapacitation, and/or using power or authority” (MCADSV 2012:2). Sexual violence is an intensely personal offense that can be both physically and psychologically devastating; victims may be left feeling fearful, humiliated, overwhelmed, and out of control, and often suffer from post-traumatic stress.

Stalking is another DV tactic. “While stalking may be perpetrated by strangers, acquaintances, or current or former intimate partners, stalking is most often committed against women in the domestic violence context. Examples of stalking include harassment, contact, and any other course of conduct directed at a specific person that makes that person afraid or concerned for his or her safety. Stalking may take the form of unwanted communication by any means, including mail, e-mail, and social network sites such as Twitter or Facebook. Stalking can last for weeks, months, years, or even decades. It can destroy the self-confidence of victims.

## **History of Domestic Violence in America**

American attitudes, beliefs, relationships, behaviors, environments, and policies have historically supported the use of violence in specific situations: assaulting a spouse (or significant other) within the privacy of the home has long been culturally accepted and supported. Originally referred to as “domestic chastisement in the early part of the 19th century,” DV was not considered a crime. Both the legal system and the Christian Church at that time supported non-fatal spousal abuse as a means of punishment. “Since husbands were legally responsible for their wives’ behavior, common law recognized a husband’s right to discipline his spouse, provided that he ‘neither kill nor maim her.’ A few American courts defined the boundaries of that right: a husband was permitted to whip his wife as long as he used a switch no thicker than his thumb” (Barusch 2011: 360-361).

In the late 1960s and early 1970s a grassroots political movement to address the problem of “wife beating” was started. This was known as the Battered Women’s Movement. Advocates of the movement “characterized domestic violence as a sociocultural phenomenon, reflecting women's powerlessness in society, rather than simply as a feature of private interpersonal relationships” (Satthoff and Stoffel 1999:98). The movement “focused on social change through education about the dynamics of domestic and sexual violence, legislative changes to make women safer, finding and building resources to assist women, making alliances with law enforcement and increasing perpetrator accountability” (MCADSV 2012:17).

The creation of programs offering services to victims and policies aimed at intervention and the prosecution of perpetrators reflected a growing awareness of DV as a

significant public health issue. “Since the 1970s, many facets of our society have become involved with domestic violence prevention efforts: the criminal justice system became involved in the early 1980s; the health care system in the late 1980s; mandatory arrest laws happened in the 1990s; civil law became involved in the 1990s; and efforts to get clergy involved happened in the late 80s and early 90s” (Colorado Bar Association 2013). In 1994 the Violence Against Women Act was passed and “expanded the funding available for training law enforcement officials, established interstate domestic violence as federal crime, and confirmed that sex-based violence violates a woman’s civil rights” (Barusch 2011:362).

Even though policies and programs began to reflect an increasing focus on the needs of domestic violence victims, these uniform solutions failed to address the areas of conflict between the goals of these policies and the existing culture. These policies addressed the legal and political consensus on the acceptability of DV, but did little to change the other factors thought to permit DV.

### **Prevalence of Domestic Violence**

To better understand the prevalence, impact, and consequences of DV in the United States, the National Institute of Justice (NIJ) and the National Center for Injury Prevention and Control, and the Centers for Disease Control and Prevention (CDC) cosponsored the 1996 National Violence Against Women Survey (NVAWS). This survey gathered data on the experiences of approximately 16,000 Americans in regards to relationship abuse. Roughly 8,000 women and 8,000 men aged 18 and older responded to questions about “their general fear of violence, emotional abuse they had experienced by

marital or cohabiting partners, physical assault they had experienced as children by adult caretakers, physical assault they had experienced as adults by any type of perpetrator, forcible rape or stalking they had experienced by any type of perpetrator, and threatened violence they had experienced by any type of perpetrator” (Centers for Disease Control and Prevention 2014) . Those who reported being victimized were then asked specific questions in regards to the abuse, including “the characteristics and consequences of their victimization, including injuries they sustained and their use of medical services” (Tjaden and Theonnes 2000:1)

Analysis of the NVAW survey data indicated the pervasiveness of DV in America. According to the results of this survey:

Nearly 25 percent of surveyed women and 7.6 percent of surveyed men said they were raped and/or physically assaulted by a current or former spouse, cohabitating partner, or date at some time in their lifetime; 1.5 percent of surveyed women and 0.9 percent of surveyed men said they were raped and/or physically assaulted by a partner in the previous 12 months. According to these estimates, approximately 1.5 million women and 834,732 men are raped and/or physically assaulted by an intimate partner annually in the United States. Because many victims are victimized more than once, the number of intimate partner victimizations exceeds the number of intimate partner victims annually. Thus, approximately 4.8 million intimate partner rapes and physical assaults are perpetrated against U.S. women annually. Stalking by intimates is more prevalent than previously thought. Almost 5 percent of surveyed women and 0.6 percent of surveyed men reported being stalked by such a partner in the previous 12 months. According to these estimates, 503,485 women and 185,496 men are stalked by an intimate partner annually in the United States (Tjaden and Theonnes 2000: iii).

Although there is some dispute over what exactly constitutes DV, and thus exactly how many people are victims each year, the fact that DV is a widespread problem that impacts the lives of millions of Americans is indisputable.

## **Preventing Domestic Violence**

The current approach to DV prevention utilizes a public health model for understanding the issue of relationship abuse and guiding prevention efforts. This model treats DV as a public health matter. The primary principles of the DV public health model include emphasizing primary prevention, advancing prevention efforts, creating effective programs and building on the efforts of others (MCADSV 2012:19).

The primary goal of most domestic violence organizations is the eradication of DV. The MCADSV focuses on this goal by isolating three levels of violence prevention: (1) primary prevention, i.e., activities that take place before violence has occurred; (2) secondary prevention, i.e., the immediate responses after violence has occurred; and (3) tertiary prevention, i.e., the long-term responses after violence has occurred to deal with the lasting consequences of violence. Tertiary prevention also includes the work of batterer intervention programs and sex offender treatment intervention.

In actuality, both secondary and tertiary levels of violence prevention are *a posteriori* or after-the-fact attempts to address the problem. Both secondary and tertiary levels of prevention deal with “responses” and “intervention.” Responding and intervening can only happen once DV has occurred, and, therefore, cannot be defined as prevention. Primary prevention is the only level of prevention that focuses on the causes that lead to DV effects. For primary prevention to occur, it is necessary to identify the causes of DV.

This public health approach is useful, but better suited for disease prevention. Although those involved in the field of relationship abuse like to speak of DV in terms often associated with the spread of pathogens, studying a complex social phenomenon like DV presents unique challenges which this epidemiological approach is not equipped

to address. “Understanding the causes of intimate partner violence is substantially more difficult than studying a disease. For example, diseases usually have a biological basis and occur within a social context, but intimate partner violence is entirely a product of its social context” (Jewkes 2002:1423).

### **Explanations for Domestic Violence**

**Sociocultural Theory.** Currently, the prevailing theory for the existence of DV is a sociocultural one. Within this framework, DV is viewed as a pattern of behaviors that one intimate partner engages in for the purposes of maintaining power and control over another intimate partner. These behaviors are socially supported and are learned through observation, experience, and reinforcement in our cultures, institutions, families, schools, and peer groups (MCADSV 2012:21).

The socio-cultural approach to understanding DV attempts to assess the impact of socio-demographic indicators including age, sex, ethnicity, religion, educational level, and socioeconomic status on DV outcomes. Proponents of this theory believe that the primary causes of DV center around two main factors: (1) socially normalized violence and (2) unequal positions of women and other minorities in society. Socio-demographic indicators are then assessed in relation to these factors.

It is the position of many DV researchers and organizations that violence, particularly within the context of intimate relationships, has been socially normalized, legitimized, and is thus tolerated, and that society’s acceptance of violence increases the chance that violence in the home will occur (Miller-Perrin, Barnett, and Perrin 2010:2002). Organizations such as the MCADSV support this approach, reporting that

“conditions within our society and communities... support, excuse, and encourage domestic violence” and are to blame for the existence of DV (MCADSV 2012:21).

The risk of any type of violence “is greatest in societies where the use of violence in many situations is a socially-accepted norm” (Jewkes 2002:1). Routinely seeing and experiencing violence normalizes this behavior. In a 2011 study on the longitudinal effects of exposure to violence on children’s aggressive behaviors, researchers surveyed approximately 800 children aged 8-12 (Orue, Bushman, Calvete, Thomaes, Orobio de Castro, and Hutteman 2011). Initially, the children were asked whether they had ever witnessed violence or been a victim of violence and, if so, how often they were victimized. This study also measured attitudes about the appropriateness of aggression within a specific context and how aggressive each child’s behavior was. Six months later, the survey was repeated using the same group of children. Results showed that children who had observed or were victims of violence were more aggressive six months later. Researchers surmised that aggression increases as a result of the belief that violence is normal.

Additional studies support the premise that routine exposure to violence specifically increases the risk of DV perpetration. Findings indicated that nearly four out of every five families in which parents engaged in DV had children who perpetrated violent acts against partners (Knight, Scott, Simmons, Bouffard, and Orsi 2013:1-4).

While some evidence exists to support the sociocultural theory of DV, studies have produced conflicting results in regards to the impact of certain sociodemographic factors on DV victimization and perpetration rates. For instance, findings from the National Violence Against Women Survey overwhelmingly showed that women are

primarily the victims of DV. This study showed that “one out of every five U.S. women has been physically assaulted by an intimate partner, compared with one out of every 14 men” (Tjaden and Thoennes 2000:14). In addition, women in same-sex relationships were less likely to experience DV than women in heterosexual relationships, while men in homosexual relationships experienced DV in greater numbers than either of the other two categories (Tjaden and Thoennes 2000:26). However, that same study reported that although “rates of intimate partner violence vary significantly among women of diverse racial backgrounds...differences among minority groups diminish when other socio-demographic and relationship variables are controlled” (Tjaden and Thoennes 2000:26). These results do not specify any additional breakdown by hetero or homosexual relationships within minority groups however.

**Feminist Theory.** Feminist theory is a sociological theory that analyzes the status of women and men in society in relation to race, class, ethnicity, age, etc. Feminist theory attempts to give a voice to women and their contributions to society. Feminist scholars argue that DV is rooted in gender and power and represents men's attempts to maintain dominance and control over women. DV is permitted within our patriarchal society because men are not accepting of the new rights and roles that women are obtaining. “Instead, they are desperately trying to reassert their grandfathers’ lost autocratic control over their households and public space” (Bourgois 2003:214).

The sociocultural approach expands upon feminist theory by moving beyond gender power relations to link the existence of DV to the societal oppression of both women and other marginalized groups. The National Coalition Against Domestic and

Sexual Violence (NCADSV) has adopted this stance on the link between the societal oppression of women and minorities and DV:

Intimate partner violence is intrinsically connected to the societal oppression of women, children, people of color, people with disabilities, people who are lesbian, gay, bisexual and trans, elders, Jewish people, and other marginalized groups. While oppression functions in similar ways regardless of which group is targeted, different target groups have unique experiences of oppression stemming from their specific historic, cultural and social experiences and realities. The work to end domestic violence must necessarily include the fight against all oppressions (National Coalition Against Domestic and Sexual Violence 2014).

The evolutionary psychological approach to understanding DV provides insight into this question.

**Evolutionary Psychology.** An evolutionary psychological perspective on DV predicts that conflicts between intimate partners will occur as a result of predictable relationship problems, and that human beings have developed certain tactics for dealing with their mates when conflicts arise. Tactics range from benefit-bestowing to cost-inflicting, and are used to control a mate's behavior and keep them in the relationship.

Evolutionary psychology discounts the notion of conflict-free mating. Instead, this approach incorporates sexual conflict theory, which proposes that relationships are inherently conflictual and that certain behaviors evolved in response to those conflicts. "Sexual conflict theory provides a powerful framework for understanding that regions of conflict are common and predictable. Rather than being seen as dysfunctional, sexual conflict is expected, recurrent, and widespread in the initiation, duration, and aftermath of mating relationships" (Buss and Duntley 2011:413).

According to evolutionary psychology, the predictable problems faced in a relationship are mate poaching, sexual infidelity, resource scarcity, and mate value discrepancies. Each of these problems pose threats to the relationship and may be

categorized as a mate retention issue (Buss and Duntley 2011:411-419). Mate retention is important because failure to retain one's mates may result in the loss of relevant resources and reproductive opportunities.

Mate poaching is a problem unique to intimate relationships. People in a relationship must be on guard for rivals attempting to steal their partner. Buss and Duntley report that "the vast majority of individuals have experienced mate poaching—as a mate poacher, as the recipient of mate poaching attempts, or as the 'victim' whose mate someone attempted to lure for a short-term liaison or a long-term mateship" (Buss and Duntley 2011:413). Mate poaching is a common practice:

In one study, 60% of men and 53% of women admitted to having attempted to lure someone else's mate into a committed relationship. Although more than half of these attempts failed, nearly half reportedly succeeded. Similarity between the sexes in long-term poaching attempts contrast with efforts designed for brief sexual encounters – 60% of the men, but only 38% of the women, report attempting to lure someone else's mate into a casual sexual encounter. Far higher percentages of both sexes say that others had attempted to entice them to leave an existing relationship – 93% of the men and 82% of the women for long-term love, and 87% of the men and 94% of the women for a brief sexual encounter (Buss 2002:25).

The problem of sexual infidelity is commonly understood; however, it is important to differentiate between sexual infidelity and mate poaching. Sexual infidelity can occur without mate poaching. The risk of the relationship resources varies for men and women:

From an evolutionary perspective, sexual infidelity by a woman puts her primary mate at risk of investing in another man's genetic children... women too can suffer costs from their partner's infidelity. At minimum, time and energy spent in sexual congress with another woman is time and energy not devoted to the original woman and her children (Buss and Duntley 2011:414).

The problem of resource scarcity in a relationship is interesting, especially considering the association between poverty and DV—poverty being defined as an absence or lack of resources and one of the only known risk factors for DV. Specifically,

within an evolutionary psychological framework, the problem of resource scarcity is defined as the failure of a man to provide economic resources important to a woman's mate selection criteria. Buss and Duntley hypothesize that "male-linked failures to provide economic resources inherent in women's initial mate selection criteria are the underlying circumstances that trigger sexual conflict within the couple, and hence intimate partner violence" (Buss and Duntley 2011:415). Researchers have yet to explore the problem of resource scarcity and DV levels of same-sex couples.

Bourgois' work with Puerto Rican drug dealers in New York highlights how resource scarcity may contribute to increased rates of DV. Bourgois found that young Puerto Rican men marginalized from the legitimate economy were unable to meet societal expectations in regards to male identity in traditional Puerto Rican culture. As a result, these young men sought out other avenues for developing autonomous personal dignity within the constraints of poverty and social marginalization. These men were extremely violent in their intimate relationships, and Bourgois frames this as compensation for the inability to support a family with a high school education and on minimum wage salary. Bourgois states that "the male head of household who, in the worst case scenario, has become an impotent, economic failure experiences these rapid historical structural transformations as a dramatic assault on his masculine identity" (Bourgois 2003:2015).

Mate value discrepancy may exist as a separate relationship problem, or it may be a component of those problems previously listed. Mate value can be explained as "an individual's overall level of consensually-assessed desirability on the mating market" (Buss and Duntley 2011:415). Another component of mate value pertinent to DV

research is self-perceived mate value. Self-perceived mate value is one's own assessment of attractiveness or value when compared with mating rivals (Goodwin, Marshall, Fulop, et al 2012).

Mate value discrepancy arises when the perceived value of one partner exceeds the perceived value of the other for various reasons. Mate value discrepancies pose a threat to the relationship because the mate with the higher value may be worthy of or seek out someone else of equal or higher mate value, thus abandoning their current relationship and causing their mate to lose access to relationship and reproductive resources. Verbal and physical assaults are risky in terms of mate retention, but are believed to lower the self-perceived mate value of the higher-value partner in order to keep that partner in the relationship. Buss and Duntley report that mate value discrepancy may lead to DV primarily because people with higher mate values are more likely (and have more opportunity) to be unfaithful. Regardless of whether they have actually committed adultery, people with higher mate values may be perceived as more likely to defect from the relationship (Buss and Duntley 2011).

Because a mate has both tangible and intangible value, a sense of ownership over the resources relationships provide is expected within an evolutionary psychological framework. Daly and Wilson connected male proprietariness to the evolution of jealousy in response to relationship problems, and saw jealousy as the activating mechanism for mate retention tactics (Wilson and Daly 1998). Because any mate has value, both in terms of tangible and intangible resources, the sense of proprietariness can then be expanded to include males or females involved in any type of relationship, regardless of whether they are homosexual, heterosexual, monogamous, polygamous, married, dating, etc.

Mate retention tactics are intended to prevent relationship abandonment and/or reacquire a mate who has left the relationship. Mate retention tactics are comprised of benefit-bestowing and cost-inflicting tactics intended to control the behaviors of a partner for the purposes of maintaining the relationship. Benefit-bestowing behaviors may include giving gifts, providing emotional support, sharing resources, etc. Cost-inflicting tactics include emotional abuse, sexual abuse and stalking.

**Mental Health Theory.** This theory focuses on the psychological states of perpetrators of DV and victims. A study on the impact of victimization found that women who have experienced domestic violence may suffer borderline personality disorder, antisocial personality disorder, bipolar disorder, schizophrenia, drug abuse, and alcoholism” (Siemieniuk, Krentz, and Gill 2010:1331). Dutton hypothesized that men who abuse their wives suffer from personality and attachment disorders, and that public policy should consider the mental state of batterers when determining prevention strategies for ending DV (Dutton 2006:457-483).

## METHODS

The primary research site for this project was the Citizens Against Domestic Violence/Victim Outreach Center (CADV/VOC). The CADV/VOC received non-profit status in 1985 after community members concerned with the issue of DV banded together to create the organization. That same year, CADV/VOC became a member of Missouri Coalition Against Domestic and Sexual Violence (MCADSV). Today, CADV/VOC operates a 28-bed facility that provides services to victims of domestic and sexual violence in Camden, Miller, and Morgan Counties, with secondary services offered in outlying counties. These services include: a 24-hour hotline answered by qualified, trained staff or volunteers, crisis intervention for individuals, emergency housing and support services for women and children, hospital advocacy with Lake Area Sexual Assault Response Team (SART), court advocacy providing information, support, assistance, accompaniment and intervention with any aspect of the civil or criminal legal system, weekly support group meetings to provide information and education, an aftercare program to assist survivors in obtaining services and developing goals/plans: Domestic Violence Intervention Program, and assistance with filing for Crime Victims Compensation.

The CADV/VOC initially gave its approval for me to attend public support group meetings in order to recruit participants. These support group meetings were open to anyone in the community wishing to attend. Attendees agreed to participate on a strictly voluntary basis. Agreement to participate in the study was between the participant and the researcher only and was not officially tied to the CADV/VOC program in any way. The organization in no way encouraged or discouraged the attendees to participate. Later, the

CADV/VOC offered me a paid position in the organization. I accepted this position, but participants were still recruited on a strictly voluntary basis.

All individuals participating in this project were informed of the purpose of the study and of the possible dissemination of research results. They were assured that no identifying information would be used at any time throughout the project. Written informed consent was obtained for anything other than casual conversation.

Missouri State University's Institutional Review Board approval for this project was granted on September 11, 2013 (study # 14-0079). Field research for this project began December 15, 2013 and ran through April 15, 2014. I worked at the shelter on weekly basis. On Tuesday nights, I attended group therapy sessions. I also completed an overnight shift the same night. On Sundays, I worked from 8:30 a.m. to 4:30 p.m. During these shifts I spent time with the women living in the shelter, I completed tasks as assigned by the shelter director, outreach coordinator, and case manager. I answered hotline calls and completed intake for new clients. I recorded life histories, obtained personal documentation, and conducted participant observation, including recording field notes. I worked with dozens of women who ranged from approximately 17 to 65 years of age. Most women only spent several days in shelter; however, there were a few exceptions.

I spent most of my time with the women in the shelter. Life history interviews were conducted in the staff offices. Group therapy sessions were observed in the shelter's conference room. Many conversations took place while the women went about their daily routines. Notes were taken during these interviews, group sessions and conversations, which were not recorded.

The research for this study was cyclical in nature. An early review of the literature created more questions than answers for reasons already addressed in this paper. As I began the field work portion of this study, I quickly realized that what I had learned in the literature review was not sufficient to interpret what I was uncovering. As trends among the women emerged, such as low self-esteem, I had to dig deeper into the literature to understand what I was witnessing. Every development along the way required additional research in order to understand the phenomenon of DV.

The direction of this study was also guided by my past experience with poverty research. In addition to conducting research on rural poverty, I am also employed with the Missouri Department of Social Services. A great deal of overlap exists between poverty and domestic violence, particularly in terms of social marginalization and resource scarcity. Although research was not conducted on clients from the Department of Social Services, it goes without saying that my personal experiences as a case worker and eligibility specialist shaped my views, particularly of the struggles victims of domestic violence face when attempting to leave their abusers and the problems that rurality presents when victims seek services.

A primary concern throughout the course of this research was the lack of access to batterers. I made several attempts with local law enforcement and with the community batterers' intervention coordinator to develop a rapport with perpetrators of abuse. One of my critiques for our current approach to understanding DV is that, as a society, we fail to see the need to get the perpetrators' point of view. It is my belief that perpetrators, be they men or women, hold the key to understanding DV and ultimately preventing relationship abuse. Unfortunately, access to batterers was extremely difficult to obtain. Local law

enforcement did not return my calls, and I was not allowed to conduct the ride-a-long visits I had previously arranged. The area coordinator for the batterers' intervention program did respond, but was cautious about allowing anyone to meet the people in her group. She stated that she was worried the people in her group would suffer negative consequences if their identities were discovered by anyone in the community.

Additionally, it was not within the scope of this study to make a large-scale cross-cultural comparison of DV rates. Findings from a few of the studies discussed in this paper indicate that within the U.S. certain ethnic groups experience lower rates of DV. Gathering data on other potential indicators of relationship instability, the rates of relationship instability across cultures or among specific populations and then comparing this data with groups with varying levels of DV is another potential area of research.

## RESULTS

Results from this study are drawn from participant observation, group therapy sessions, casual conversations, and the personal accounts of participants. Findings include reports of abuse, how and why the women sought help, living conditions in the shelter, systems of support, barriers to successfully exiting shelter, and the participant's hopes for the future.

### **Women in the Study**

A brief summary of the key participants in this study is useful for understanding the remaining findings presented in this paper. Pseudonyms have been used to protect their identities, as well as the identities of those with whom they had contact while living in the shelter or attending therapy as outreach clients. Not all of those who participated in this research are listed below.

**Linda.** Linda is a 63-year-old woman who came to the shelter after a very violent domestic and sexual assault. Linda was beaten and raped by her employer/roommate. She has two grown children and was the child of alcoholic parents. Linda is lesbian, but has been involved with men for most of her adult life. She is currently married to a man whom she has not lived with for many years. She states that she has no plans to divorce, as she has no money to pay the fees to do so. She claims to be both mentally and physically disabled, and has applied for social security disability based on her belief that she is no longer able to maintain employment. Linda has no motor vehicle and does not have a license.

**Wynona.** Wynona is a 37-year-old woman with three young daughters. Her youngest child is 18 months old and her two older children are fourteen and eleven. Wynona is a therapist for children with reactive attachment disorders. She has a master's degree in counseling and works primarily with children who have been adopted. She is soft-spoken and dotes on her children.

**Ariel.** Ariel is a 52-year-old woman with two adult children. She is married to a man named Jeff. Both Jeff and Ariel are alcoholics, but Ariel has been sober for over a year now. When the couple was drinking heavily, they lost almost all of their possessions, including their car, and were forced to move in with a friend who was also an alcoholic. Ariel lost her license after being caught drinking and driving.

**Christy.** Christy is 22 years old and has two small sons. Christy is married to a man named Kyle who is a couple of years her senior. She came into shelter with only a few personal items for herself and her children.

**Jane.** Jane is a 32-year-old woman with a young son with whom she was recently reunited. Jane has spent the last few years of her life struggling with an addiction to methamphetamines. She claims she has been sober for the past few months, with the exception of marijuana. Jane is not employed and has no vehicle. She has attended college in the past, and she recently enrolled in a local university to finish her degree.

**Randi.** Randi is a young woman in her late twenties with two children. She is now married to a police officer and works at the shelter. She is a kind and cheerful woman who was eager to participate in the study.

**Sally.** Sally is a 38-year-old married women with two children. She is not a resident of the CADV. Sally is employed and has a degree in early childhood education. She has an adult daughter and a ten-year-old son. She is also a grandmother.

### **Accounts of Abuse**

Typically, the personal accounts of the abuse the women in this study endured were collected within a few days of coming into shelter. Additional details about the abuse they experienced, as well as their own abusive behaviors, were revealed later as rapport was built. Below are the participants' personal accounts of abuse collected during life history interviews, as well as information collected on abuse perpetrated by some of the women in this study.

**Linda.** Linda disclosed that she has been the victim of sexual abuse and rape many times in her life. She says that she was abused very early on in life, and that the abuse carried on into her early twenties. She was not comfortable talking about who had abused her, but she did say that it was a close relative. When I asked her if her family members knew of the abuse, she said, “Yes, they all knew—they just knew better than to talk about it.”

Linda says both of her parents drank heavily and she routinely saw her father beat her mother. However, she says that her mother was a very violent person as well and often physically fought with her father and with her children. When asked if her father was physically violent with her, she said, “oh ya...among other things.” Linda did not elaborate on this; when pressed for an explanation she simply said that she didn’t care to discuss her father.

Linda married young in order to move out of the home. She was married when she was barely seventeen, and then had two children. She says that her husband was violent and that they both drank, which made the situation worse. She said, “We had really great times though, you know? Like, we always worked together, and he taught me a ton of stuff about painting, plumbing, framing and stuff. Only problem is I never collected no checks in my name, so now I can’t work but it looks like I never did.” Linda was referring to her Social Security Disability claim. As a result of being controlled by her husband, Linda has no claimable income from which to draw Social Security.

When Linda described her life with her husband, she explained that she did enjoy working closely with him, but that there was an ulterior motive on her husband’s part for having her work alongside him. First, labor was expensive. By not paying her for the work she completed, their family took home a greater share of the profits. Another motive for working together was to “keep an eye on her.” Linda said her husband was obsessed with her cheating on him, and that the couple of times she tried to find another job the abuse got worse and it was more than she could handle. Linda stated that as long as she worked with him, “his moods were more predictable. He just didn’t get pissed so much.”

Linda’s adult children have no contact with her, although she talks about them fondly. She says, “They don’t like me drinking and they don’t like seeing me with women.” She says it has been over a year and a half since she has spoken with her son, whom she says she is closest to. Linda believes that if her relationship with the woman she is currently dating doesn’t work out, then “my son’ll start coming back around again.”

The night that she was raped, Linda had been drinking with her boss and roommate. The two became intoxicated to the point that Linda says she didn't feel like she could stand up without feeling dizzy. She says she went to lie down in her room, when her roommate came in and sat on the bed beside her. She says he started asking her questions about her girlfriend, and about how long it had been since she had been with a man. Linda says that she doesn't remember much about how it started, because she thinks she lost consciousness. However, she remembers waking up and having him on top of her. She says she started to fight him at that point. She says that she remembers him saying thing like, "you know you like it, you dyke bitch" and "bet this is better than your fucking girlfriend, huh?"

Linda became very upset when telling me about the rape. She said that she was angry at her roommate, but also at the cops who were called to the scene to help her. She said that even the cops were fascinated that she was now a lesbian. She said that one cop even went so far as to ask, "so why'd you switch teams?" She said, "I explained to him that after a lifetime of getting my ass kicked by men, I couldn't stand to look at one anymore, let alone let one touch me. That cop just looked at me, until he was finally like, 'ya, okay, I guess that makes sense.'"

Linda says that as a result of the rape, she and her girlfriend have been fighting a lot. She says that initially their relationship was "just a booty call thing." Later, though, it developed into something more serious. Linda believes that her girlfriend doesn't believe that she didn't willingly have sex with her roommate, and that she is just saying all of this to hide the fact that they (Linda and her roommate) were having an affair. Linda is

devastated about this and feels that “she cannot get any help from anyone, because nobody believes anything I say. I should’ve just kept it to myself and never said nothing.”

**Wynona.** When Wynona was in college she started working in a nursing home. That is where she met her abuser. He was attending school as well, and was working on his degree in engineering. He was of Middle Eastern descent, and she says he had a difficult time adjusting to the culture here in the U.S. Wynona stated that she had always had issues dating. She blames this on being overweight for much of her childhood and adult life. She said that she was happy to be able to find someone who had a job, who was attending school and had prospects for the future, and who didn’t seem to mind her weight or the fact that she had a young child.

The relationship developed over the time they were in college and Wynona soon became pregnant. She says that during this time her abuser started becoming very secretive about money. She says that he began avoiding her when she found out she was pregnant. She said that one night she was sleeping and the phone rang. “I picked it up thinking that it was probably him and that he must need me to come pick him up. I was dreading going out with my little one, because it took me a long time to get her to sleep. It was him, and he was calling me from jail.”

According to Wynona, her abuser had been arrested and he was facing deportation. Unbeknownst to her, he had stopped attending school and could no longer stay in the country on his student visa. Rather than worry about leaving his pregnant girlfriend, Wynona states he was primarily worried about some money he had hidden in their home. He gave her instructions to find the money and send it to his family back home. Wynona says that she located the hiding spot and found a cardboard box stuffed

with bills. “There were thousands of dollars in there, and he had been hiding it from me. I was pregnant and working and paying all the bills, and he was hiding it from me. Like a dummy, I sent the money like he asked me to. When I asked him about it, he said that he was obligated to send money back to his family or he would have looked like he was unsuccessful and shirking his duties.”

Wynona spent the next four years working and saving money in an attempt to get her boyfriend back in the U.S. Finally, he was allowed to return and the two were married shortly after he arrived. She says that his behavior was increasingly abusive after he returned. She says he had become a very devout Muslim during the time that he had spent in his country, and that he often used this as a means to degrade his wife and daughters.

He would get very angry with us for the smallest things. Like one time, I let girls wear shorts. He started screaming at me and telling me that we were Infidels. He was breaking stuff, and saying that he would have to change things. So, he stopped letting the girls out of the house. He chose their clothes, and even wanted them to cover their heads.

Wynona says that he was rarely employed, so he was often left in charge of caring for the children so that she could provide for the family. Money would go missing from their account, and she says that she suspected that he was sending cash back home to his relatives.

During this time Wynona became pregnant again, and she says that he became fixated on their unborn child. She says that he often made comments about her failure as a mother, and about how he should take his daughters and go back to his country. She says that at this time he started threatening her by saying that in his country a man could kill his wife and children if he felt that they were acting dishonorably. Wynona says that she became scared he would leave the country with the children when she was at work.

All the threats, and all the lies,” she recalls, “I just couldn’t handle it, and then he would tell me that no other man would have me, because I was fat and ugly, that he was just going to take the kids and I would be left all alone. I believed him...I thought for sure he would run off and I would never see my daughters again.”

Wynona came into shelter not because of the abuse that she endured, but because her daughters finally disclosed to her the conditions they experienced when she was at work. Wynona says that her husband started making the girls pray frequently, he kept the blinds drawn and would not let them out of the house to play with other children. He beat them with household objects and verbally abused them. Wynona says that the girls finally opened up, because he began beating their baby sister with a wooden spoon. “When they told me, I was just devastated. I tried to, you know, think did I know, was I just lying to myself—maybe I was. I don’t know. I just knew I needed to get out of there.”

**Ariel.** Ariel says that Jeff was never physically abusive, but that he became very emotionally abusive when he would drink, especially when she stopped drinking with him. She says that Jeff and their friend often got into altercations and she found herself breaking up the fights many times. Ariel did not feel that she was seriously abused by Jeff, but she did report feeling unsafe in her living situation.

**Christy.** Christy and her husband met when they were both still in school. When Christy was twelve, Kyle began riding her bus. The two became friends and bonded over their difficult home lives. Christy’s father had passed away, her mother had remarried and she did not get along well with her step-father. Kyle’s mother had left the family when he was only six, and he was being raised by an alcoholic father. Neither Christy nor Kyle’s parents were very involved with their children at this time in their lives.

Christy remembers, “We would sneak out to see each other at first, but then it got to where, like, they didn’t even realize we were gone. So then I just started kinda not coming home, and you know it was like my Mom didn’t even care—almost like, she was happy that I was finally happy and she didn’t have to mess with me anymore. Plus, Kyle’s dad liked me, or he was drunk and passed out and didn’t know I was there.”

According to Christy, by the time she was 16 she had basically moved into Kyle’s home. She said that she remembers times when they fought, but it wasn’t until she was living with him that he really became violent. The first time she could recall truly being frightened was on the night of a school choir concert. Christy explained that Kyle had dropped out of school, and he kept asking her to quit as well. Until that time she had refused, because she wanted to try to graduate. Kyle did not like attending any type of school functions, but she had convinced him to come and watch her sing at one. She was performing a duet with a boy in a grade above her, and when she looked out on the crowd she saw Kyle watching them both. “He was so pissed-off, like I was thinking, you know, that I was going to look out there and see him being all proud of me, but no way, he was just pissed—looked like he wanted to kill me and then later he almost did!”

Christy says that Kyle waited until they were in the car and started asking her questions about the guy she had performed with. She says, “He wanted to know if he played sports, and if he had a girlfriend, and what kind of car he drove... the more I tried to answer, the more upset he got. Then he was like, well how do you know so fucking much about him? Then he started driving all crazy and saying he was just going to run us both into a tree, and he was going so fast that I thought he might do it on accident, even if he didn’t mean to on purpose.”

Christy says that she pleaded with Kyle to slow down and started crying when he threatened to kick her out of the car and kill himself. Finally she says they made it back to their home, but Kyle's father wasn't there and she says, "This let Kyle lose his mind without having to care if his Dad was watching." She says that Kyle ordered her into the house, but when she refused to go inside with him, because she was scared, he grabbed her by the hair and pulled her through the door.

She said she fell just inside the doorframe, and when Kyle reached out a hand toward her she flinched. She said, "he got this crazy look in his eyes, like he realized what he had done, but then when I flinched he started screaming, 'You fucking scared of me, huh bitch, huh, now you're fucking scared?'" Then, he kicked me in the ribs and on my leg."

Christy says she just laid there with the wind knocked out of her, while Kyle broke things in their room. She remembered that he broke several gifts he had given her, including a bottle filled with sand. Finally, she heard him crying in the room and went to him. She says that he was cut from the glass bottle and he told her that he was sorry that he was just scared that she was with the guy from school. Christy says that she felt so bad for him that she never went back to school after that. She says, "I just felt like it was too much for him to handle, like I was a bad girlfriend for putting him through that."

Shortly after that incident, Christy says that Kyle convinced her to get pregnant. "We were like playing grown-ups, and, ya, that's what I wanted to do, too." Over the course of the pregnancy she says the violence escalated. She admits that she "got crazy when I was pregnant. I didn't want him out of my sight, and he would, like, lie, so he could hang out with his friends without me. Once, I even climbed on the roof of his

friend's car when he was trying to leave and I started beating the windshield with my shoe. Another time, I caught him talking to this slut, so I threw all his video games into the street and watched cars run over them—I wasn't about to take that shit!"

When their first son was born they moved out of Kyle's father's house into their own apartment. Christy says that they were both very excited and she said that things were good in their relationship for the first couple of months after moving in. She said that they started making friends with the neighbors, and would even have people over, "just to hang out or whatever...it was fun."

One day Christy says she was watching TV and Kyle came home early from work. She states that she was surprised to see him, and asked how he got off so soon. She says that he instantly flew into a rage, accusing her of "doing nothing but sitting around on your fat ass all day!" He started screaming at her about how dirty the house was and what a bad mother she was. In the middle of his tirade, the baby started crying and Christy picked him up to comfort him. When she started to walk outside, Kyle grabbed her and started accusing her of trying to take his son away from him. He then picked up pillows off the couch and started throwing them at her while she was holding the baby. She says she tried to cover her son's head.

When Kyle ran out of pillows he began chucking things from around the room at them. "He threw a C.D. case, and the remote, and some other stuff—not big stuff, but hard stuff that hurt." She says then he went into their son's room and started destroying it, "He ripped his baby blankets and yanked the curtains off the rods, he even tore the arms off of a teddy bear their son got in the hospital, and I was just, like, for what?" Later,

Christy learned that Kyle had lost his job that day. His boss found a marijuana pipe and a small amount of marijuana in Kyle's work vehicle.

Christy says that after that, Kyle started using other drugs, including cocaine and methamphetamines. She says his behavior became very erratic and sometimes he wouldn't come home at all. She says she tried moving in with her mother for a while, but that she started fighting with her step-father again, because he didn't like having a baby in the house. She became pregnant again and felt that she couldn't leave. "I didn't have any money and nobody to help me watch my kids so that I could go to work, so I just got back together with Kyle. He was still keeping a roof over our heads, and so that was better than nothing."

The night that Christy left to come into shelter, Kyle was high and began chasing her around the house with a broken beer bottle. She says that she was mad, because she got a shut-off notice for their electric bill and Kyle had already promised her that he had paid it weeks ago. When she confronted him about it, he started berating her for being worthless and taking all his money. She says that he told her that she was lucky he stayed at all, because she was "a fat ass bitch too ugly to look at." She very proudly told me that she "looked him dead in the eye and told him to fuck off. I started packing my stuff and the kids stuff—I didn't know where I was going to go, but I was going somewhere."

Kyle began chasing her with the broken beer bottle until she tripped; then he climbed on top of her and choked her until she passed out. When she came to, the boys were crying and sitting by her face. Kyle had left and taken the car and her cell phone. She walked to a neighbor's house carrying the children and used their phone. She called

around looking for homeless shelters and was directed to the CADV by someone at one of those shelters.

**Randi.** Randi opened up about her life history and recalled the night she miscarried after a severe beating from her now ex-husband. Randi wrote out her story, describing her abuse as follows:

I don't remember falling, I remembered the fighting but not the falling. I woke up at the bottom of the stairs. My face was bruised and my body was sore and achy. I could taste and smell blood. I heard a man's voice from above and looked up to see an officer. When I first heard the voice, I panicked because I could hear footsteps too and I thought it might be him. A neighbor had called the cops and the officer found me bloody and confused at the bottom of the steps. I was thirteen weeks pregnant at the time, and this was the second call to my home the officer had received in the past two weeks. I realized that the blood was coming from between my legs and there was a tightening and cramping in my stomach. I became hysterical when I realized something may have happened to the baby. The officer reassured me that he would help in any way he could, but that I needed to go to the hospital now. I was transferred by ambulance to the nearest hospital. I had no one to call, no family. I didn't want anyone to know what had happened. I kept trying to think of a lie to cover up what really happened, and then I would get angry at myself for wanting to protect him. But that wasn't really it: I was so ashamed that I was in this situation.

When we arrived at the hospital a nurse met us at the E.R. doors, and I asked to have a friend, the only one that I could think of, called. They called my friend Carli. She showed up in about twenty minutes, and I remember her being so angry. Not really at me, but frustrated. She just kept asking if this was it, if I was finally going to leave him. Even then, I honestly didn't have an answer. She finally just put her arms around me and held me and we both cried.

Finally, a doctor came in to see me and I knew as soon as I saw his face what had happened—I knew that I had lost the baby. I wailed, there is no other way to explain it, I just wailed. The officer had come in to get my statement. He wanted to arrest my husband, but they needed my statement. I just couldn't process it all, plus they said they couldn't find him. I just kind of went numb. I gave him a statement, I left out a lot. I was scared and I didn't know what I was going to do or where I would go.

When I was finally discharged, I knew I'd have to go back to my house. I didn't have anywhere else to go. Carli took me home and I just cried and cried in the car. I prayed he wouldn't be there, but he was. I walked in and he was sitting there with a beer in his hand. Carli stayed close, and when he moved toward me, she warned him not to lay a hand on me. Pretty brave, huh?

Then, he started ridiculing me, telling me I was really playing the victim and that I made him sick. I just sat there and let him say whatever. Finally, he looked at me and said I disgusted him and that he wanted a divorce. I was terrified of losing him still, and relieved that the choice had been made for me. One way or another, I wasn't going to have to live with him anymore.

In a later interview she recalled how she had become involved with her abuser.

Throughout the interview she often broke into tears, apologizing and saying she felt very ashamed of what had happened to this day. She wanted me to know that she still hadn't told any of her family members, other than her grandparents, about the abuse and was very concerned that I not say anything to anyone about it. When asked if she had told her current husband what had happened, she said, "no, not everything, I just can't share all of that with him."

Randi says that she met her abuser in 2002 when they were both attending high school. She says, "I actually remember the date—it was March 22, 2002. We met in math class and dated all through high school. He graduated first and went to college."

Randi stated that on her 17th birthday he proposed to her. Her abuser was 19 years old at the time. She says that she was elated, because, in the beginning, "he was best boyfriend—every girl's dream." Approximately a week after becoming engaged, however, he dropped a bomb on her. He admitted that he had cheated on her, and that he fathered a child with another woman. Randi says that although the news was a shock, he seemed sorry and he had chosen to marry her, so they really didn't fight about it. She stated that he did seem rushed to get married, but she just assumed it was because he wanted to be with her so badly. They were married within three months of their engagement.

Three months into the marriage, she says that they had their first real fight. She said he really started degrading her, and she was "blown away by it." She says that she

was so shocked that she asked him, "Who are you?" Randi says that in the middle of the argument she decided to "take a walk and cool off".

She said at this time they were living in a new city, where she didn't know anyone, so she didn't have anywhere to go. When she came back home, she remembers that he started accusing her of cheating on him and calling her names like "whore" and "slut." She said that she was again shocked at his behavior but had no immediate thoughts of leaving. She said that she just rationalized that he must be stressed, because he had started a new job and the couple had very little money. She said, "I thought, I'll get a job and it'll get better." She said that when she told him that though, he just got angrier. She said that she kept trying to calm him down because she is the type to shy away from conflict, however, she remembers him making it impossible. She said he accused her of thinking he couldn't provide for her, and told her that if she got a job he wouldn't help her get there.

She said eventually she did find work at Target. She had never had her driver's license, and he would not allow her to take the driver's test. He bought her a car but refused to teach her to drive it, so she walked to work. She remembered begging him to drop her off, but he would not. Even on his days off, in bad weather, he would not pick her up from work. No matter what, she recalled, "I walked that two miles rain or shine."

The first time it became physical was after she accepted a ride home from a new friend at work. "I was so happy she gave me a ride home." As soon as she stepped through the door, however, her husband became angry that she had arrived home so early. Then,

"He started accusing me of cheating. He grabbed my arm and shoved me against the wall. Then, he hit me across the face...I didn't know what to do or say. Then

he threw me down on the ground and he choked me. I racked him and locked myself in the bathroom, I didn't know what to do or who to call—I didn't even think to call the cops. I kinda think I thought it was normal—like he just hit me once, so that's normal. I didn't grow up seeing that, but I still thought it was normal for most people.”

Randi says that after that her husband began drinking and the abuse got worse.

She says she started drinking with him to try to bond with him, but then she kept drinking because it numbed the pain that she was feeling. She also found a management position at a chain restaurant in the area, and found a new friend who she instantly bonded with. This is the friend she had spoken about earlier, Carli.

The physical abuse turned to sexual abuse after Carli and Randi became friends. Randi says her husband was extremely threatened by her friendship with Carli, and that she became more confident and defiant when she found herself with moral support. One night, after a drunken fight, Randi left the home and stayed out all night with Carli. When she returned back to her apartment and her husband, he beat her and then raped her.

Randi says that on another occasion, she truly feared for her life. She says that she and her husband had been arguing and he picked her up by the throat and held her over the balcony. The neighbors witnessed him doing this and called the police. Randi says she believes this is the first time law enforcement became involved. She didn't tell the officers what had happened; in fact, she says that she lied to them. She says she was so embarrassed that they had to come out to her home that she just lied. Plus, she says she had nowhere to go. This was her home and if they took him away she couldn't afford it and she didn't want to explain to her parents that her marriage was a failure.

She says that she even recalls a time where she lied directly to her parents about the abuse. She and her husband were on the way to a family function and they were fighting in the car. She says he often became agitated when they went to visit her family.

He didn't want her talking to them. They were supposed to stop and pick something up from the grocery store to bring to dinner, and as he slowed down to make the turn, he pushed her from the moving vehicle and she went rolling along the asphalt and down a rock embankment. He turned around and came back and got her, yanking her back into the car and screamed that she had gotten what she deserved.

Randi says she was humiliated and did not want to attend the dinner any longer, because she had scratches and bruises all over her body and didn't want to see her family in that condition. Even though he was the one who originally didn't want to go, he forced her to attend. Randi says that he stayed close to her the entire time, because, she believes, her father and mother were suspicious. Randi says she concocted a lie to hide the abuse.

**Jane.** Jane describes a violent upbringing. She recalls being severely beaten by her grandfather. She says she does not remember her grandfather ever hitting her grandmother. She also accuses her grandfather and several uncles of sexually molesting her. In her teens, Jane says that the sexual advances of male family members increased.

She recalls one experience where her uncle, a known sex offender who had served prison time for molesting children, was allowed to take her on a camping trip for her birthday. She says that he insisted the two go swimming, and once she had been coaxed into the water, began groping her. At first, she said she was embarrassed to say anything, because the touches seemed accidental. As the day progressed, however, he became more deliberate in his actions.

She faked an illness in order to get her uncle to take her back home. She waited until he went to shower to call her grandmother, who told her not to worry about it and that she was making too big a deal out of the issue. The grandmother then told her that if

she really wanted out of the situation to tell the uncle that she had choir practice and that she needed him to drop her off at a friend's home. When her uncle came out of the shower, he was completely nude. She says this shocked her, but she told him the lie about choir practice. He ordered her to take a shower before they could leave and removed her clothes from the bathroom while she was showering. When she wanted to get out and get dressed, she had nothing to wear. Her uncle then brought in a shirt with holes in it and asked her to put it on. She says she felt she had no choice, and wore it in front of him until she found her other clothes.

The uncle finally agreed to take her back to her grandmother's to get new clothes, and then to the fictional friend's house. Jane states that she planned on just getting to her grandmother, and then her grandmother would confront the uncle. Unfortunately, it did not happen that way. Jane says that when they arrived at her grandmother's home, the uncle and her grandmother began talking. Bewildered that her grandmother was being so nice to him, Jane said she was leaving to walk to the friend's house. As she was on her way out the door, her grandmother asked her, "Well, aren't you going to give your uncle a hug for taking you today?" Shocked, she says she put her arms around him and felt like she would vomit. Then, she walked out the door. Later she says, she was punished by her grandfather for being rude and telling lies.

### **Victims as Abusers**

Some of the women in the study admitted to being perpetrators of abuse in their relationships. However, they did not disclose their role in the abuse until they began to

trust me. Once they felt I would not judge them and that their place at the shelter was not threatened, they began to open up about some of the behaviors they engaged in.

Ariel stated that she suffered emotional abuse in both of her marriages, but that she was a “mean” drunk too. She disclosed that she continually made her spouses fearful of her abandoning the relationship. During one altercation she humiliated and emasculated her partner Jeff as retribution for his emotional abuse when under the influence of alcohol. She said that she threw her wedding rings on the ground and made Jeff search for them. “I told him if he didn’t find those rings our marriage would be gone like those rings are gone, and he looked totally pathetic crawling around on the ground like that.”

Randi admitted to vandalizing the vehicle of her ex-spouse, as well as damaging other items that he owned. According to Randi, her ex-husband had just purchased a new sports car, when, encouraged by a friend, she took a baseball bat to the vehicle, resulting in several thousand dollars in damage. She stated that although the police were notified, she was not charged with this offense, because the investigating officer noticed that she had a black-eye and several bruises to her body.

In a follow-up interview with Sally, she talked about the impact of DV on her adult life. The story jumped backward and forward throughout her young adult years, but opened with the admission that she had been the one to perpetrate DV in her relationships.

When she was just eighteen, Sally says she was living with her mother and alcoholic step-father whom she says was never physically abusive but horribly emotionally abusive. She says she felt out of place in the small town they had moved to

and had dreams of moving back to the city where she had once lived. She says that she had traveled to see her father and his new wife and, while visiting, asked if she could move in with them. Her father did not give her an answer right away, but she said that she was hopeful, because he seemed receptive. However, the next day she went clothes shopping with her step-mother who used the opportunity to tell her “I’ve raised my kids, and I’ll be damned if I’m going to waste my time raising some other bitch's kid.”

Her hopes of leaving the home she was living in were crushed, Sally recalls. Devastated, she tried to overdose. She swallowed all the pills she could find in the house, but became scared and told her mother. She was rushed to the hospital where her stomach was pumped. She started seeing a counselor and was placed on antidepressants. She says that the prescription medication did little to numb the emotional pain that she was feeling, so she began to self-medicate. She states she began drinking and smoking pot, “I became fun Sally, life of the party, and everyone loved me and wanted to be around me.” That’s when she met Dale. Dale was Sally’s friend for many years, before they became romantically involved.

Sally even had a brief tumultuous relationship with another man, and became pregnant while attending college with Dale. She didn’t go into the details of this relationship, but did say that it got very violent at times, and that she was very “crazy emotional” when she was pregnant. She blames the hormones of pregnancy on her irrational behavior. She even says she believes her now adult daughter suffers from these same “pregnancy induced rages.” She recalls a time when she was forced to sit on her daughter when she was a teenager to stop her from raging, only to find out later that her daughter was hiding her pregnancy from her at the time.

After having her daughter, Sally recounts, she and Dale became involved in a casual relationship. She says that they were seeing each other at the time of her second suicide attempt. She says she was only 21 at that time, a single mother, and feeling overwhelmed, when she caught Dale cheating on her with someone else. Shortly after finding out about the first affair, she also discovered he had an ongoing affair with her best friend and roommate. She says she “drank three bottles of NyQuil, took several bottles of pills, and drank an entire bottle of tequila.” She says she felt that Dale was her best friend and a good guy and that she just couldn’t stand that he had lied to her and that he wouldn’t be in her life.

Sally says she called Dale and told him what she was about to do and said, “No one else will ever want you when they find out you forced someone to commit suicide.” Dale called 9-1-1, and she was again rushed to the hospital where her stomach was pumped. She states that afterwards she was placed in a psychiatric ward for observation. She says she went voluntarily, because she was told if she did so, she could leave anytime she wanted.

Sally says that afterwards Dale felt so bad that he proposed and they got married. She said that she was very insecure after that. She said she felt scared that he would leave her and that she didn’t know how to cope with it all. “I was young, a mom, with no resources, and all the relationships in my life were bad.” She says that she just couldn’t make herself trust Dale after that so she “got crazy.”

Sally recounts several instances when she became violent, more often than not hurting herself rather than her partner in the process. She says that when she became pregnant with her second child, she put her hand through a glass window out of fear that

Dale was cheating. She says that when he would leave to play softball at the nearby ballpark, she would become agitated to the point that she would start to have a panic attack. She recalls driving to the ballpark once, and upon seeing him having fun with other people, started to rev the engine of her vehicle until people began to notice. She then started lurching at the chain-link fence until Dale was forced to leave the game and get in the car with her.

Sally's second child is now six, and she says her "blow-ups" are less frequent, but still occur. When asked why she thinks she is less violent now than before, she says, "Well, I'm older and so is Dale. We've both gained a lot of weight and it's not like either of us is going anywhere. Plus, he is out of a job most of the time, so I support him. I don't feel so scared or panicked no more. Also, we have our son and Dale is a good dad, so I think we just both kinda calmed down."

**Conversations.** During a group therapy session, one woman spoke of slapping her boyfriend across the face when she discovered that he had been cheating on her. Another women stated that she had set fire to her spouse's belongings. Three of my primary informants admitted to withholding sex and affection from their partners as punishment.

When women were in conversation with each other, they admitted their abusive behavior more freely, in many cases, with a certain level of pride that verged on boasting. A particularly revealing conversation between two women occurred while they smoked cigarettes on the patio:

*Woman one:* There was this one time when his stupid-ass friend came to our house—I hated that idiot. Anyway, they were smoking and his friend was talking about some chick they worked with and how hot she was. And he had the balls to agree with him in front of me. I didn't say anything while his friend was there,

but, man, as soon as he left I took the ashtray off the table and nailed him in the shin with it. He was pissed! I told him that he better watch talking about other bitches around me.

*Woman two:* {laughing} Holy shit, I bet he didn't expect that! Serves him right! They are such babies—they can dish it out, but they can't take it. We used to get into some knock-down drag-outs, usually 'cuz of some stupid shit. He'd be all up in my face screaming and pointing at me, and I'd drop him to his knees by kicking him in the nuts. You shoulda seen his face, all scrunched up—funny as hell!

The women who perpetrated abuse still believed that they were the victims in their relationships, in spite of participating in reciprocal violence. They explained that they were the ones who had to leave their homes and that they were incapable of inflicting the kinds of physical abuse that their partners were capable of. When asked to elaborate on why she felt she was a victim, a woman named Tabitha who had pushed, kicked, and verbally abused her partner had this to say: “Because he could kick my ass—unless I was planning on killing him, I had better figure out how I was going to get out of there once I did it.” During a group session, another woman said that it just didn't matter what the circumstances were, it was always wrong to hit a woman.

### **Why Did You Stay?**

For those who have never experienced DV, it can be difficult to understand why someone would choose to stay in an abusive relationship. The women in this study often reported that staying, in many cases, was easier. They reported feeling pressured by friends and family members to both abandon and maintain their relationships. Religion and the pressures of clergy and fellow parishioners also increased the conflict many women felt.

Women stay in abusive relationships for numerous reasons. Some women in the study were reluctant to break-up their families; others felt pressure from their family, friends, fellow church members, and clergy to work on the relationship. In some cases women did not want to leave their pets. Financial issues and lack of transportation were also cited as reasons for staying, as well as difficulty finding and affording childcare.

During a group therapy session participants were asked what it was that kept them in abusive relationships. The majority of those attending group that night felt that economic security had very little to do with why they chose to stay. Instead, over and over they stated that their primary motivation for staying was their children. When asked to explain her decision to stay, a woman named Tina had this to say: "He was a good dad, at least that's what I thought at the time. In my eyes he was good, because ya know he stayed—he was there. He was a drunk and he took food out of my kids' mouths, but he was there. But, like, since I'm away from it now, I know he wasn't a good dad. I just wanted him to be and now I know what that is."

Another woman attending group that night, Shelly, expressed her feelings about her children's father:

He was on meth, and I paid all the bills—I was the one working and caring for the kids and everything, but I still thought the kids needed their dad. People at my church were like, "you need to leave him." They were the ones that convinced me what was happening wasn't right. Although, they were the ones who turned on me too. When I finally did leave they were like, 'Don't you respect your marriage vows anymore, and he is the father of those kids.' That was hard, because I took my vows and my church really seriously and it made me question if I was doing the right thing.

Pets were often cited as a reason for not leaving an abusive relationship sooner. Many of the women adored their animals and were fearful that the pet would be hurt or neglected. Several women recalled times when their abuser had been cruel to their pet in

order to show them what would happen if they chose to leave. Others were simply afraid the pet would not be properly cared for

Ariel came into the shelter office one day, sobbing hysterically. When I questioned her about why she was crying, she choked out the word “dog” before breaking down into gurgling sobs. Eventually, she explained that her pomeranian, Chaz, was being forced to sleep outside. She was inconsolable at this thought. “The owls will get him, and then where will I be. Oh God!” She said that her husband was staying with a friend and that the friend owned a large mastiff. The bigger dog had apparently attacked her pet, causing serious injury to the animal. In an effort to protect Chaz, Ariel’s husband had put the dog in a dog house in the backyard that was fenced in separately from the rest of the property. The mastiff lived in the house with its owner, and did not have access to Chaz because of the fence. I tried to calm Ariel down by reassuring her that Chaz would likely be safe, but she would have none of it.

That dog is my whole life, and I almost didn’t come here because of him. I knew my husband wouldn’t take care of him like he was supposed to. If I was there, this wouldn’t be happening to him. He must be so scared out there all alone. He has never spent a single night out of the house. I wish we could bring our pets here; I would have come here a long time ago if that was the case.

Another shelter resident and participant named Casey spoke about her pet cat. She explained that the cat was a great source of comfort during her abuse. She said that when she was too emotionally drained and physically weak to function the cat would lie close to her, rarely leaving her side. Casey came into shelter after being brutally raped by her partner. Her cat stayed with her as she lay naked on the floor after the rape.

I just laid there, shaking. It wasn’t like it was the first time, but he had hurt me really bad. He left when it was over, and he kicked me in my leg as he walked out. I just didn’t move. I didn’t cover up or anything—I just laid there and cried. I called my kitty over to me; she was hiding, because she was scared. She just curled up with me

and let me cry. When I decided to call for help, I knew I'd have to find someone to take her, because he would kill her for sure. He already threw her and stuff when he got mad at me. Like, he threw her off the deck one time, because I did something to make him mad at me. I never wanted to leave her, and if my guy friend hadn't said he'd keep her, I'd probably still be there.

Currently, the shelter receives a small grant to house pets that are preventing victims from leaving abusive relationships. However, the funds are limited and are not offered to every client. The question is not even asked of all people seeking shelter, so it is hard to determine just how big of a problem this presents.

Transportation was an issue for almost every woman entering shelter. Many had never owned a vehicle, some did not have a driver's license, and few had the credit necessary to take out a loan to purchase a car. The lack of transportation was cited by many women as a reason for staying in their relationships. In some cases, the inability to find a ride to the shelter was the only thing preventing a woman from seeking the CADV's services.

Of all of the women who came into shelter during my time at the CADV, only a small percentage were employed. Those who did have jobs often struggled to keep their positions after becoming residents. Women often had little or no work history, no high school diploma, and no job skills training. For those who were employed, low wages and seasonal employment made it difficult to earn a living. Many cited the need for the additional income from a partner as a reason for staying, and for getting in subsequent abusive relationships.

Many of the women in this study had young children and were often the primary caretakers of those children. They relied on their partner to work, while they cared for the children, child care being too expensive to allow the mothers to work. When the mother

was the one that was employed, it was the father who was often left to watch the children. Women frequently blamed the lack of child care or potentially losing their partner's help with child care as a reason for staying.

For many women in this study leaving was problematic. They received conflicting messages from their friends, family, and churches as to whether or not they should try to "fix" their relationships, or stop tolerating the abuse. Helpless pets prevented some women from leaving their abusers. The majority of participants were primarily concerned with the logistics of leaving. They rarely had vehicles, and a great many were unemployed. Some felt that they were in greater danger after they left; however, most were concerned with how they were going to survive outside of the relationship. Legal concerns, particularly regarding custody issues, were commonly reported.

### **What Made You Leave?**

Women in this study cited many reasons for eventually leaving their abusive partners. Ariel stated that she left because her spouse was no longer able to provide for her. Wynona left because she was finally made aware of the physical abuse her children were enduring at the hands of her spouse. Jane left her relationships for various reasons, at times she blamed her partner's inadequacies and at times she felt that she was at fault.

In short, the decision to leave was rarely made in haste. It was a calculated decision where the women weighed the costs and benefits to staying in the relationship. As previously reported, there were numerous reasons why women chose to stay in their relationships, but ultimately when the relationship no longer met their needs or they felt the risk to their physical safety was too great, the women left.

## **Shelter Living**

Through participant observation I had the opportunity to observe the women residing in the shelter and the issues that they faced while living there. Exploring these observations as findings helps to understand the thought processes of the women who participated in this study, as well as the issues that they faced in attempting to leave an abusive relationship and gain independence.

**The Intake Process.** Every person coming into shelter is required to go through the intake process, which includes both triage and orientation. The process can be emotionally draining and intimidating for those seeking services. First, women arriving at the shelter are greeted. They are offered assistance and asked if they require medical attention. They are then asked to sit with a staff member to complete an Adult Shelter Intake form. This form gathers information about the victim, the perpetrator, and the crime. A separate form is used for children entering the shelter with their mothers.

Many of the women reported that answering the questions on this form made them feel uncomfortable, particularly because they did not know the person interviewing them. They stated that they were not ready to reveal intimate details about the abuse to a stranger. In addition, some had recently been questioned by law enforcement and felt that they were being subjected to the same questions twice. Others stated that they thought that obtaining shelter was contingent on their answers. One woman, who wished to remain anonymous, stated, "I was worried if they didn't think the abuse was bad enough, they wouldn't let me stay. I felt like I needed to tell 'em all of the bad stuff that'd happened to me, so they wouldn't say I couldn't be here." Another put it this way, "It's a

domestic violence shelter you know, so I better tell them about domestic violence, even though, ya know, my biggest concern was finding somewhere for me and my kids to stay that night. Not like I didn't get hit, just like that wasn't my biggest worry right then." The answers to intake questions were dependent on the level of comfort the women felt with the interviewer and were also contingent on how pressured women felt to provide specific answers.

After completing the interview, women are given a packet of information with a list of area resources, including legal aid. They are given a handbook that outlines the rules of the shelter as well as what is expected of them during their time at the CADV. They are given hand towels, bath towels, and washcloths and are shown to their rooms.

**Living Arrangements.** The facility has seven rooms with sleeping for up to four adult women per room. Each room has two sets of bunk beds and two cubby spaces for storing personal belongings. Drawers under the beds provide additional storage. The doors to the rooms are extremely heavy and cannot be left open without propping something against them or placing something under them. Each room has a window, but the women are not allowed to keep this window open due to safety concerns. Women are not allowed to eat or drink in their rooms, nor to store personal food items there. In fact, they are informed upon arrival that any food brought into the shelter becomes communal property. Women are paired up in order to reserve open rooms for large families.

The shared sleeping quarters present a problem for many women. Some women complain about the hygiene of those they are required to room with. Others have schedule conflicts with their roommates. One shelter resident complained that she was exhausted because her roommate didn't get off work until 11:30 p.m. and her sleep was

disturbed each night when the other woman readied herself for bed. House rules dictate that the women be in bed by 11:00 p.m. each night unless they work. For those who routinely stay up later when at home, or who have difficulty sleeping, “bed time” was very upsetting.

**Household Chores.** Household chores were the primary complaint of almost every single woman I interviewed. Each week, residents were assigned chores to complete. Chore duties were rotated, and included things such as cooking dinner, sweeping, mopping and cleaning the bathrooms. Residents felt that the staff were too strict when it came to chores, and that people with jobs were given preferential treatment. One woman said, “It’s not like I’m some little kid who needs to be told what to do; I am a grown ass woman, and I don’t need nobody telling me that I need to do my dishes or take out the trash. It’s bullshit is what it is and that’s the truth. How would ya’ll (staff) like it, if I told ya’ll what to do? Shoe would be on the foot, wouldn’t it?”

Chores didn’t just cause conflict with residents and staff, it also caused conflict between the women living in the shelter. A fight over cooking dinner erupted one night when a woman named Adelle baked a cake and left it to cool. Adelle came back and the cake had been frosted and “Happy Birthday” written on it. Adelle exploded over the insult, storming into the staff quarters. She was shaking with rage when she screamed, “that fucking bitch frosted my cake!” Taken aback by the raw emotion on her face, but not sure that I heard her correctly I asked her to repeat herself. “THAT FUCKING BITCH FROSTED MY CAKE! She frosted it and wrote happy birthday to her kid on it, and she did it just to piss me off! It was my night to be in the kitchen, and she knows that it mellows me out to bake—she shouldn’t have even been in the kitchen messing around,

but she was.” It took a good hour to calm Adelle down after this incident, and another hour was spent addressing the other residents about respecting people's cooking projects in a communal environment.

More frequently, problems centered around the failure of an individual to complete chores. The women would become angry when they felt that someone was not doing their fair share of cleaning, cooking, etc. On one occasion the residents banded together to request that a woman who had been taken off the chore list because she was working two jobs be required to complete tasks around the house. It was the general consensus that the employed woman felt she was too good to do chores and that she felt the other women should “clean up after her.” In another incident two women almost came to blows over vacuuming. One claimed that she had already completed the task, while the other stated that she knew full well that she had not. The two women’s noses nearly touched as they screamed into each other’s faces.

In the evening hours, the women would often come into the staff quarters to complain about their household responsibilities. In general they saw chores as demeaning. They often stated that they realized they should be grateful for having a place to stay, but that it made them feel like they were children. In several instances I was told that staff reprimands conjured up bad memories of controlling and abusive parents forcing them to do housework. In other cases, chores were a way for some of the women to separate themselves from those they considered “lazy.”

**Parenting in the Shelter.** Attempting to parent in the shelter environment was a struggle for those with children. Residents felt their authority was undermined by the general house rules and by their own lack of power over their day-to-day lives while

living in the shelter. A chief complaint was the inability to find time away from their children, especially without being judged by staff and other shelter residents.

Upon entering the shelter, the lives of the women and the children change drastically. They have often left homes that lacked any sort of formal structure. Many women with children did not work, and therefore did not have to get up in the morning—particularly if they had children who were not yet school-age. Normally, they would sleep late and allow their children to stay up very late at night. The shelter rules did not allow for this. Young children were required to be in bed by 8:00, while older children were allowed to stay up no later than 9:30 pm. This required significant adjustment for both the mothers and their children. In addition, because the mothers were required to stay with the children after they had fallen asleep, they felt they were being punished.

Disciplining children was hard on mothers living at the CADV. One woman, Drew, had an especially difficult time with her teenage son. While living in the shelter, he was expelled from school three times, once for fighting, once for skipping class, and once for having marijuana on school property. Drew, a recovering drug addict, was very worried about the path her son was on. She sought help from the counselor and other staff members, but could do little to change her son's behavior. Frustrated, she opened up one night about the trouble she was having:

I just don't know what to do with Jason. I mean I feel bad, cuz you know he probably is having a hard time adjusting here. Plus, he saw me and his dad do dope for years, so this is what he knows. I don't want to see him end up like me or like his dad sitting in prison. But here, here I can't do nothin' about it. My hands are tied. If we were at home and his dad was there, he could knock his ass into line. Here, what am I supposed to do? I can't do anything. The only thing I can think to do is let the juvenile office have him. I mean, if I don't, then he could get me and his brother and sister kicked out of here.

Wynona faced parenting challenges as well. Her daughters were very close in age and fought constantly living in the small bedroom. Her toddler had difficulty adjusting to sleeping without a crib and would cry until the late hours of the evening. Once the toddler had fallen asleep she would rarely sleep for long. She would often wake up around three or four in the morning and begin crying loudly. Not only was Wynona sleep deprived, but she had to endure the glares and snide comments of other residents.

The women were encouraged to take a weekly parenting class and, in many cases, had open cases with the Missouri Department of Social Services Children's Division. In addition, they were constantly observed and critiqued on their parenting methods and skills. The children, under a great deal of stress themselves, were often angry at their mothers and lashed out at them. Some of the children took advantage of their mother's current position by acting out and challenging her authority (or lack thereof).

**Goal Planning and Case Management.** Goal planning was a significant source of stress in the lives of the residents. As part of the program, the women were required to meet with a case manager each week. The case manager tracked the progress of each resident and set time limits for completing certain goals.

Primary among these goals was employment. The shelter is only designed to offer short-term housing for those attempting to escape abusive relationships. It is not equipped to handle long-term residents and there is no transitional housing in the area. So it is extremely important that the women find employment in order to obtain permanent housing. Yet, as discussed earlier, finding and maintaining employment presented many problems for the residents.

In addition to finding employment, residents were expected to attend group and individual therapy sessions. The residents were also expected to attend parenting classes and to participate in household activities. Some women attended therapy session without fail, while others resented being pressured to attend and participate. Linda expressed her distaste at being obliged to attend group therapy: “I like talking to Miss Lynn. I don’t want to sit around in some circle singing Kumbaya! Besides, I’m not the one with the problem. I just want to be left alone, and I don’t want to have to talk about my feelings all the time.”

When women break household rules, the case manager is typically the one to address these issues with the residents (although this duty is not limited to the case manager). Women are not allowed to date or to be out past curfew. However, these rules are frequently broken. Many women use their phones to open accounts with online dating services and date men while living in the shelter. When it comes to the attention of the case manager, she is forced to remind the women of the rules of the shelter and warn them against continuing to date. This has caused many problems over the course of this study. The women routinely lie about their activities, placing themselves in even greater danger because no one at the shelter knows their true whereabouts. Jane had an encounter with a man she met online that shows the danger the women place themselves in in an attempt to hide that they are dating:

He seemed like a pretty nice guy. I met him online and we talked for like a week. Then he said he wanted to meet me. I was like, I don’t know, 'cuz what was I going to do with my kiddo? But he was cool with that and said we could go to a family movie. We decided we would see LEGO movie. It was going good and I had a good time. When it was over he asked if he could pick up something from his house—I knew where this was going, but I was okay with it. When we got there, he had video games and stuff so we let Jackson play that and we went in the other room. At first it was good, he was kissing me and stuff, but then he started

getting really rough. He started pulling my hair and like pinned me. When I asked him to stop because he was hurting me, he said that he was sorry, he was just used to girls liking it like that because of this other girl he was dating. He kept trying to do it like that even after he said that he would stop, so I just acted like I needed to check on Jackson. Then I said I had to get back or people would start looking for me. He didn't know that no one knew where we were.

The case manager also has the difficult task of informing the women they are failing to make progress. This puts the case manager in direct conflict with the residents. They resent her authoritative position and the power she has to control their future. The residents complained numerous times of feeling that they were unable to meet her expectations, that they were belittled and misunderstood, and that their unique situations were not being considered. For instance, one woman had applied for social security disability and could not work or she would risk losing her case. She was in tears, explaining that she had to choose between finding a job she was neither mentally nor physically equipped to do or face living on the streets.

In defense of the case manager, she is an incredibly kind woman who truly has the best interest of the women she serves at heart. The women in this study have called her horrible names, threatened her physically, and left her saddened by some of their accusations. However, it is understandable that the women dislike being told what to do, especially when they feel they are being scrutinized and that their lives are in the hands of a single person.

Unfortunately, many women are either unable or unwilling to work through the program and meet the goals outlined for them by their case manager. When women fail to successfully meet their goals, they are warned by the case manager that they may be asked to leave. Women are given numerous warnings before they are given an exit date. In some cases they return to their abusers. In other instances, they find new living

arrangements or find themselves homeless. Potentially, this can lead to women staying in subsequent abusive relationships longer as they feel they have exhausted their shelter options.

### **Informal Systems of Support**

Informal support systems such as family, friends, churches and other intimate relationships influenced the women's experiences with DV. In some cases the influence of these support systems was positive. In other cases, these supports were lacking altogether or negatively impacted the women's lives.

The role of family members in the lives of victims of domestic abuse is complicated. In some instances, family members helped the woman to escape violent and abusive relationships; in other circumstances, it was family who encouraged the woman to stay with her abusive partner. For other women, family members set the precedence for abuse in a relationship. Some women watched their father beat their mother, some were sexually molested by their father, uncle, or grandfather, and some were physically abused or neglected by their parents or guardians. In Jane's case, she was victimized by her grandfather at an early age. The abuse continued into her teenage years, when she was also victimized by her uncles. The abuse she endured forced her to seek support from counselors, psychologists, and intimate partners in her adult life. When asked about her support system Jane had this to say, "I have no support system, therapists are my support system. When I am in a relationship, my boyfriend is my total support system. I rely on him for everything, emotionally you know. His family becomes my family."

Many of the women entering shelter lacked family support entirely. Some lost their family support early in childhood, while others lost this support network through involvement with the Department of Social Services (DSS) or through divorce. Adelle's mother routinely beat her in childhood and she was removed from the home by DSS. She bounced around from foster home to foster home until she was old enough to move out on her own. Ariel lacked family support because she moved to the area to be with her husband and his family. She often told me of her desire to move closer to her own family members. In cases like these, friendships were the greatest source of support.

Other members of a victim's informal support system, such as friends, neighbors, fellow congregation members, and co-workers were often the "first responders" to DV. They became aware of the situation long before social service agents or law enforcement. Sally's mother turned to friends when she sought shelter prior to actually leaving Sally's father. Randi's friend Carli was her primary source of support and encouragement when she miscarried, and Carli, was instrumental in aiding her in leaving her abusive husband. In both of these situations, friends became aware of the abuse prior to the involvement of the police, church, or even family.

Many women in this study reported that the friendships made during their time in shelter positively impacted their self-perception and confidence level. Adelle was shocked at how quickly she was accepted by the other women living in the shelter: "This is the first time in my life I've had women friends. I didn't get along with my mother and most of the time women are too catty to be friends with. But here, I'm just so glad to have met some of these girls. I've never in my life been able to talk to other women like this."

Women living in the shelter often complained that they were restricted in their efforts to build new friendships. The 11:00 pm bedtime rule upset many of them. The women with children were relegated to the rooms early in the night and were unable to socialize with those who stayed up later. Another complaint was the lack of downtime, due to chores. As Christy put it, “they keep us working until we have some group meeting or something, but then there is always someone listening to us talk. Plus it’s always got to be about our feelings. We don’t just get time to hang out.”

Women relied on each other to provide the things that the shelter did not. For instance, women who had a car were quickly integrated into the social system in shelter. They provided rides for those without vehicles. Payment came in the form of having their chores done or having treats made for them.

Involvement in the church both positively and, at times, negatively impacted the women in this study. Many women stated that their fellow church members offered advice on how to handle the abuse in the relationship, even going so far as to advise them to leave their spouse or partner. However, several women also reported that once they did leave, their pastors, priests, and other members of the church would pressure them to “keep their family intact” and to “be a good wife and mother.” One woman reported that the congregation turned on her after her husband attended a church service after she had left.

After I left, he finally decided he would go to church—like I had been asking him all along to do. Well that’s what he did, and while he was there he just cried and cried and told everybody how he needed God and their prayers. So you know what they all did? They believed him, and then I start getting calls from people saying that I should go back and work on my marriage.

Women who started attending church or found a new church to attend (rather than the one they had attended with their abusive partners) found great comfort and emotional

support in their fellow parishioners. Drew began attending a substance abuse treatment program held in the basement of a local church. Here she felt accepted and able to open up about her struggle with addiction. Another woman from a group therapy session stated that she began to make friends her own age for the first time since she was married at the age of 17. The same woman confessed that church service was the only time she had a break from her two-year-old and five-year-old children: “It’s nice to have a break—I’m totally grateful for the nursery. Plus, I’ve had people offer to babysit sometime for me. I haven’t done it yet, but it’s nice to know I had someone to call if I needed to.”

In addition to emotional support, churches often provide some financial assistance. Some operate food banks and provide clothing, school supplies, and other household necessities. Many of the women in this study left behind all of their material possessions or were prevented by their abuser from obtaining household items. In these instances, local churches often found items such as beds, blankets, dishes, curtains, washers and dryers for the women.

Informal systems of support greatly influenced the lives of women in this study. In some cases family members were responsible for inflicting a great deal of harm, even causing severe early childhood trauma. In other cases, these support systems were instrumental in allowing the woman to leave her abuser. It appears that women did better with personal informal systems of support, rather than support systems shared with their abusers. Informal systems of support were critical for building the coping capabilities of the women in this study.

### **Formal Systems of Support**

While some women struggled to obtain specific benefits, most relied on services supplied by government-funded non-profit organizations and/or by federally funded welfare programs. Welfare programs helped the women to increase their coping capabilities, while non-profit organizations helped to supplement services available at the CADV. While these services were needed, they also often kept the women in a cycle of dependence on external supports.

Other non-profit organizations provided services not available through the CADV. One organization provided job skills training, resume writing courses, professional/office attire, and transportation to job interviews and doctor appointments. These services, while important, were limited. Transportation was especially difficult for the women to obtain, especially in emergency situations. One particular organization offered a day of beauty for the women. They brought in Mary Kay consultants and gave the women make-overs. They brought in hairdressers from the local beauty college to cut and style the women's hair, and gave them all pedicures and manicures. Jane was one of the women to attend the "day of beauty." That same day her son became very ill and needed to be taken to the hospital. Jane had to use an ambulance that day, because she didn't have transportation to the emergency room.

Nearly every woman in this study received some type of government assistance. The majority of the women received food stamps. Some who were unemployed and had children had access to Medicaid. Those who were disabled and without children had applied for adult Medicaid for the aged, blind, and disabled or were awaiting a disability determination from the Social Security Administration.

Assistance programs helped the women in shelter to meet some, but not all, of their basic needs. In general, women receiving food stamps were secure in meeting their nutritional needs, as well as the nutritional needs of their children. Of greater concern was the need for items such as soap, diapers, wipes, and other hygiene products when living outside of the shelter. While some women were eligible to receive a Temporary Assistance for Needy Families (TANF) grant, some, due to prior drug convictions or because they did not have children, were ineligible for this type of assistance. Women who did qualify for the TANF program often had their grants sanctioned by 25% for failure to comply with work-related activities (a requirement of the TANF program). In these cases, the TANF grant is reduced but the full grant is still counted against the food stamp case, so that the women were not able to compensate for the reduced grant with an increase in food stamps. Without reliable transportation, it was nearly impossible for the women to comply with the work-related activities, so they just accepted the reduction in their grant amount. For those with drug convictions, there was no way to remedy the situation under the current law.

When living in the shelter, the women's food stamp allotment and TANF benefits were adequate. Outside of the shelter, however, these benefits would not be enough for the women to sustain themselves. Losing these benefits as a result of finding a minimum wage job was a fear for many women in this study. As several pointed out, the jobs available to them did not pay enough to compensate them for losing food stamps and TANF, especially if they were also required to pay for child care.

## **DISCUSSION**

The results of this study indicate that both men and women perpetrate DV, that DV is primarily a relationship problem, that the threat of DV increases when threats to the relationship occur (or are perceived to occur), and that aspects of culture permit and encourage the use of violence in relationships and the use of victim status. In addition, the need for additional anthropological research/ethnographic study of social issues like DV is explored.

### **Both Men and Women Perpetrate Domestic Violence**

In most cases the women in this study participated in reciprocal abuse in their relationships. Although the degree of violence perpetrated was not always equal, the majority of participants engaged in some form of abuse. Our current gender-based understanding of the roles of victims and perpetrators in DV skews the reality of the situation. In this study, many of the women disclosed their own abusive behaviors and, in some cases, were even proud of their ability to fight back.

The type of abuse these women experienced was often low-level abuse, such as verbal threats, throwing things, breaking things, pushing, shoving, and, in some instances, slapping. Their reluctance to call in law enforcement when the violence escalated to a point where they felt they were in danger can be partially attributed to their own participation in abusive behavior. For the most part, the women who engaged in abusive behaviors in their relationships participated in reciprocal abuse until it reached the level of severe physical abuse and rape.

While feminist theory is useful for understanding women's roles in society and more specifically the cycle of DV, it also typically paints women as victims, which can lead to stereotyping and incorrect assessments of the nature of relationship violence. The majority of the women in my study had a history of abusive relationships, and they readily admitted perpetrating some form of abuse on their partners themselves. Upon coming into shelter, however, the only role they acknowledged is that of victim. Furthermore, failing to acknowledge women's roles in relationship violence means that the women take their previously acquired skill-set for conflict resolution into the next relationship with them, only acquiring new skills in regards to how to safely and effectively abandon their next relationship if and when DV occurs, while, of course, maintaining their victim status.

In addition, feminist theory has led to a punitive system in which batterers are punished for their abuse (if even minimally) and victims receive services (although lacking). This works as "feel good" policy. Those who are committing the crime are getting what they deserve, and all our efforts are directed at saving the victims. Any victim leaving an abusive relationship does indeed face many challenges, and it is crucial that we provide services to aid those escaping from violent and potentially deadly situations. However, all this focus on punishing batterers and helping victims has prevented us from understanding WHY people choose to abuse each other in relationships in the first place. Millions of dollars each year are spent on programs that help once victimization has occurred, but very little is done to effectively stop this behavior before it takes place.

## **Relationship Threats and Risk Factors for Domestic Violence**

I propose that DV is a mate retention strategy that utilizes tactics that are reinforced by culture to be effective. There are two primary risk factors for domestic violence: (1) being in an intimate relationship, and (2) anything that increases the risk that a partner will abandon the relationship (relationship threat). In order to formulate prevention strategies, DV must be viewed first and foremost as a relationship problem.

Among many women in this study, when relationship threats increased, so did domestic violence. Domestic violence often occurred at times when the stability of the relationship was threatened. In Christy's case, when she pursued her education it created an educational disparity between her and Kyle. This caused disproportionate mate values and created the perception of threat to the relationship. Christy and Kyle were both young at this time and had little financial stability. The loss of Kyle's job threatened the relationship, since he would be unable to provide for his wife and child, and thus unable to prevent Christy from abandoning the relationship. Thus, Kyle's losing his job was connected to an incident of DV. Randi, too, was young at the time DV occurred. Her marriage suffered financial stress as well. The risk to relationship stability in both cases was elevated, and in these cases DV occurred. For the purposes of this research it is enough to take away the understanding that any threat to the stability of the relationships will increase the likelihood that DV will occur.

## **The Cultural Context of Domestic Violence**

Findings from this study indicate that DV is a mate retention strategy and that it is a relationship problem; however, it is our culture that permits and encourages the use of

these tactics. The fact that I had more difficulty gaining access to batterers than I did to victims is telling. We encourage the hidden nature of DV, and protect the identities of those involved, particularly in regards to the perpetrators. Our institutions publicly condemn DV, but in private some pastors, priests, counselors, law-enforcement officials, and social workers put pressure on victims to minimize abuse and to “keep their families together.”

Television shows and video games glorify violence to the point that our society has come to accept that, at least in some instances, violence is an acceptable form of conflict resolution. The common perception that the home is a personal domain and that there should be no interference in private family matters also makes violence acceptable and tolerated. If we were to “out” perpetrators of abuse by increasing both formal and informal sanctions on those who use abusive tactics the message that DV is not to be tolerated would likely decrease DV rates.

Domestic violence is a toolkit of learned behaviors used to control relationship outcomes and access resources. Many of the women in this study witnessed DV as children. Witnessing DV has normalized these types of behaviors and, perhaps more importantly, educated the women on how to address conflict in their own relationship.

### **Victim Status as a Tool**

Claiming to be a victim of domestic abuse may allow some people to gain access to resources otherwise unavailable to them. It may seem incomprehensible to outsiders that women would lie or exaggerate being a victim of DV; however, for some of the women in this study achieving “victim status” was a way to obtain food, shelter, and

emotional support. Comments like, “I was worried if they didn’t think the abuse was bad enough, they wouldn’t let me stay” and “It’s a domestic violence shelter you know, so I better tell them about domestic violence, even though, ya know, my biggest concern was finding somewhere for me and my kids to stay that night” imply that offering services contingent on being a victim of DV forces people to say they are victims. As long as there are benefits tied to being a victim, there is potential for exploitation of this status.

### **The Ruse of Independence**

In many instances, the women in this study traded one controlling relationship for another. In fact, in the “abusive” relationships, many women actually had more say over their day-to-day existence and were able to have more influence on the outcomes of their lives than they did when they were in shelter. They left their controlling partners and entered a system designed to regulate and control nearly every aspect of their lives.

Despite the portrayal of domestic violence in the literature, many of these women were able to come and go as they pleased in their past relationships. This is not to say that they never experienced any repercussions for their choices, but many of these women maintained a certain degree of autonomy prior to entering the shelter and/or becoming clients in other social service agencies. Upon entering the shelter, they were expected to adhere to a curfew, follow bedtime routines, and report on their scheduled plans, and were restricted in who they could be friends with and how they spent their money.

These women also maintained more control over their children and household routines before entering the shelter. Women with DSS cases were told how to parent; they were expected to attend parenting classes, but were robbed of their role as parent.

Although they may have gained some skills in parenting for the future, their authoritative role as a parent was undermined. Government agencies and shelter workers set the rules and regulations for bedtimes, chores, hygiene, etc.

Nearly all of the women in this study received some form of governmental assistance; however, their real needs were not met by these services. The women were aware that any efforts to advance themselves in terms of employment would result in a reduction of their benefits; this reduction in benefits could not be compensated for by the types of employment available to them. These women were stuck in a cycle of dependency, unable to gain true autonomy. They could not free themselves from reliance on formal systems of support.

### **The Value of Ethnographic Research on Domestic Violence.**

In order to understand DV, we must go to where it occurs. This study fell short in identifying the dynamics of relationship violence, because I was unable to observe DV as it happened. Gaining contextual insight is critical for preventing DV.

If we are to ever truly prevent DV, we must understand what it is we are studying; we cannot oversimplify the problem by seeing only victim and perpetrator, ignoring the grey area where people engage in reciprocal abuse. For complex social problems like DV, ethnographic and qualitative studies are needed.

Ethnographic research can be used to study complex social issues like DV and can provide an opportunity to frame relevant questions in regards to these issues. It can make findings from large scale surveys more useful, while also increasing our ability to interpret those findings accurately.

## CONCLUSION

Domestic violence is both a relationship and cultural problem that impacts the lives of millions of Americans each year. Although theories on the causes of domestic violence abound, little is known about the context in which DV occurs. As a result, our understanding of the cultural, and relationship factors which increase the risk of DV is limited. Our inability to accept that DV is primarily a relationship issue prevents us from understanding the complexities of this problem. It is important that we consider the role that both partners play in abusive relationships, as well as the cultural factors which permit DV to inform effective prevention strategies. In order to do this, ethnographic research to study the causes of domestic violence, as well as the experiences of domestic violence victims is necessary.

Findings from this study support evolutionary psychological theory by showing that DV can be considered a mate retention strategy. When a participant's relationship was threatened due to mate value discrepancy, potential mate-poaching, etc., DV often occurred. In order to further develop this theory, the behaviors of both partners in the relationship should be studied. The dynamics of mate retention, responses to relationship threats, and the influences of specific sociocultural factors of DV in the relationship context should be explored. Understanding how different groups view and respond to relationship threats may explain cultural/sociodemographic differences in the rates of DV perpetration.

This research builds on sociocultural theory by exploring not only the roles of individuals in relationships, but also the responses to and the influence of aspects of

culture. Although DV should be considered a relationship problem, it is our culture which permits and encourages the use of violence in the relationship.

The results from this study challenge feminist theory. A patriarchal society, like that found in the United States, may reinforce notions of male dominance and control; however, framing DV merely as a gender struggle issue ignores the abusive behavior frequently perpetrated by both partners in the relationship. This leads to stereotypes of women as victims, which may not always be the case and only reinforces the subordinate role of women in our society.

In addition, the findings from this research suggest that the empowerment model currently used by many organizations that provide victim services may actually create dependency while inhibiting autonomy. In many situations, those seeking help must choose to follow guidelines for behavior, parenting, socializing, employment, hygiene, etc., in order to receive services. In a well-intentioned effort to “help,” many organizations are forcing their values and belief systems on those in need, while robbing them of their ability to make their own life choices.

Understanding that we have a problem is far different than understanding why the problem occurs. In order to understand why people perpetrate abuse in relationships and stay in those relationships, we must understand the dynamics of relationship violence as well as the cultural context in which it takes place. More attention must be paid to the behaviors of both partners in a relationship. Offering services based on preconceived notions of what constitutes a perpetrator and victim only forces people in need of help to adhere to these stereotypes. Studying people as merely “victim” or “perpetrator” leads to

a misinformed understanding of the problem, ineffective programs and policies, and undermines prevention efforts.

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