Chapter 1: Introduction

Overview and Purpose of the Study

Within the United States, domestic violence is believed to affect 16% of marital

relationships annually, averaging 8.7 million couples (Straus, 1999). Based on two national

landmark studies from the late 1970s and early 1980s, data suggested that women behave as

violently as men do within their relationships (Steinmetz, 1977-78; Straus, Gelles, & Steinmetz,

1980). The controversy surrounding gender symmetry of partner violence has since become a

well-established debate within the family literature (Dobash & Dobash, 1992; Dobash, Dobash,

Wilson, & Daly, 1992; Johnson, 1995; Johnson & Ferraro, 2000; Straus, 1993).

From the outset of those findings until present day, the topic of "female batterers"

embodies great controversy, often evoking strong emotions from those within the field of

domestic violence. Feminist scholars offer a methodological critique of these large-scale studies

of failure to place the violence within context, thus ignoring issues of power and gender

(Browne, 1993; Saunders, 1989). Without understanding such context of the reported intimate

violence, findings are misleading. Current research indicates that women who do use physical

violence against their partners generally do so out of self-defense, retaliation, or perceived threat

(Cascardi, Vivian, & Meyer, 1991; Johnson & Ferraro, 2000; O'Keefe, 1997).

As domestic violence continues to become a public issue, certain efforts have been made

to stop the violence. The mandatory arrest provision of the Family Protection and Domestic

Violence Intervention Act of 1994, for example, was designed to protect victims of domestic

violence by ensuring that the abusers are arrested when there is probable cause that a crime has

been committed. The backlash to this intervention, however, has been the rise of dual arrests,

whereby both the abuser and victim are arrested (Martin, 1997). More research is needed to better assess and intervene within this pervasive problem of intimate violence.

This study explored women's experiences of rage towards their intimate partners. Phenomenological and feminist critical theory perspectives guided the study. These frameworks were used to examine how contextual components such as race, class, and gender affect and cultivate a woman's experience of rage toward her intimate partner.

Personal Statement and Context

I recently witnessed a heated controversy debated between clinicians and prominent women's advocates and attorneys, as I was invited to attend a statewide meeting to determine the appropriate philosophy for treating female offenders of domestic violence. Strong words were exchanged among the predominately homogeneous group of Caucasian, middle-class, educated women, as conflicting positions collided. The advocates had great difficulty accepting reports made by some clinicians of women being violent toward their partners without it being an act of self-defense or in response to a perceived threat. Clinicians offered multiple examples of women seeking therapeutic help for fear of losing control of their anger and taking it out on either their partner or children. The room became increasingly uncomfortable as the assumed role of "female victim" became challenged.

What most intrigued me at this meeting was the discussion surrounding the topic of rage. It was referred to as something other than anger, described with greater intensity and fury. There was an unspoken understanding that suggested rage was associated with being out of control. What was even more interesting, however, was that many of the attendees of the meeting revealed having their own rage, but somehow having a mechanism to manage it. This undefined mechanism seemed to be the boundary that separated those at the meeting from the discussed

"women offenders" who were being considered for treatment services. I wondered how the conversation would differ if more women's voices were represented, including women from more diverse race, class, and educational backgrounds.

I left the meeting wondering, "How does a woman's anger transform into rage?" How are some women able to manage feelings of rage while other women are less able to do so? I wondered how much of a woman's act of aggression, whether it be out of self-defense and retaliation, or some sort of pre-meditated form of violence, is housed within feelings of rage? Little research has been published about women's expressions of rage and violence. Without considering relevant contextual factors such as race, class, and gender, only a surface understanding of this phenomenon is possible.

I considered the women whom I have clinically treated within prison. The overwhelming majority of these women come from poor socioeconomic backgrounds, with a mix of race and culture. I reflected on their various trauma-based stories of violation, often resulting in expressions of rage. The women I have met in the prison have described past acts of rage and aggression, often in addition to earlier stories of victimization. I wondered if women were offered more appropriate resources and interventions prior to incarceration, if there would be a decrease in the ever-increasing population of inmates within the United States. Also, if more appropriate attention was offered to those already within the criminal-justice system, would there be a lower rate of recidivism?

This research is an outgrowth of my professional experiences working with women charged as offenders, both not incarcerated and incarcerated. As a result of mandated treatment by the courts, I had clinically assessed and treated women who had been charged with acts of domestic violence for 26 weeks. Those experiences were enhanced through my doctoral clinical

internship at a prison in Philadelphia. There I had worked on a woman's treatment unit for drugs and alcohol as a forensic family therapist; women on this unit were eligible for both couples therapy and family therapy.

As I began to form relationships with these women, common themes found within their stories reflected experiences of severe neglect while growing up, along with various forms of abuse and violence. Prostitution for drugs was a common shared experience with many of the women I assessed. Accounts of rape often followed stories of obtaining drug money through "turning tricks." Hearing such repeated accounts caused me to feel like I could empathize with their expressions of rage toward significant people in their lives, although I could not personally identify with their violent experiences.

I wondered how the commonality of us both being women was reflected in the stories they shared with me, while not overlooking the overt race and class differences (Avis & Turner, 1996). Being within the prison had caused me to become acutely aware of varying levels of oppression and discrimination. A central premise of modern feminist thought is the belief that all women, based on gender, have had a shared experience with being oppressed. This notion, however, is a misperception based on privilege. As hooks (1984) asserts, oppression can be radically different from one woman to another based on additional factors such as race, class, religion, and sexual orientation. These components largely determine the degree sexism serves as an oppressive force. Although commonly overlooked, these additional elements within a woman's life will determine the overall quality of it, affecting the options for her lifestyle and social status.

As part of my multicultural clinical training, I strive to openly discuss matters such as race and ethnicity, class, sexual orientation, and gender differences between my clients and

myself (Green, 1998; Hardy & Laszloffy, 1992, 1995, 1998; Laszloffy & Hardy, 2000). I recognize the significant influence and defining ability that these components have on people's lives. When these issues are not addressed, distance and barriers often develop between individuals, particularly if certain meanings are not shared or are misunderstood.

Being raised in a White middle-class family has placed me within the dominant culture of U.S. society. As a result, White privilege follows (Hardy & Lasloffy, 1998; McIntosh, 1989, 1998). This privilege has contributed to my ability to be educated, both in private schools while growing up, and later by attending higher education. I can think of myself as having a general sense of social belonging, and a sense of making social systems work for me. I am in a position where I can criticize the dominant culture freely, and not fear severe repercussions. As a White person, I have been conditioned to believe that my life is morally neutral, normative, average, and preferred. As a result, when I work to benefit others, this work is seen as work that will allow "them" to be more like "me" (McIntosh, 1998). It is important to identify how this privilege has shaped me in order not to insensitively impose it onto others. My challenge is to continually recognize how that privilege is embedded into my value system, worldviews, and assumptions, never forgetting that my privilege places me in the position to be an oppressor to those unlike myself.

When I have clients who are from a different racial background than me, I often ask them to discuss what it is like to talk to me as a White woman from the dominant culture. It is not uncommon for people to respond with initial politeness and dismiss any type of uneasiness. As I deliberately address the reality of racism and its effects on people's lives, people generally begin to open up and become more transparent with issues of fear, anger, or prejudice toward White people. Without making those dialogues intentional, they typically would not occur. By

discussing the proverbial "elephant in the room," trust becomes established and therapy takes a step toward realism.

During initial intake sessions, clients often tell me cursory details of past events with the assumption that a professionally dressed White woman could not relate to the pain and suffering that they may have experienced as a result of double jeopardy (Pak, Dion, & Dion, 1991), or other effects of racism and oppression (Comas-Diaz, & Greene, 1994; Mahmoud, 1998). Often their assumptions are accurate, and I cannot relate to their experience of racism, or to their degree of trauma reflected through their stories. It is only over time, once trust and authenticity are established, that the deep dialogues ensue. My experience has been that women are grateful for the chance to finally have their voices heard releasing the suffering stored within. It is here that the guarded, painful wounds beneath the outward expressions of rage become exposed.

The challenge of working within a system that has a clearly defined hierarchy, placing me within a position of authority, far above my clients who are prisoners with no rights or power, is to resist the inherent set-up of treating these women as "objects" on a cell block. Being White heightens this challenge, since most of my clients are women of color. For instance, hooks (1994) discusses common racist stereotypes that are embedded within the minds of many White women. I must be careful not to overlook or minimize the extent to which women of color are likely to be victimized in this society. Without such awareness, I would be contributing to the role that White women play in both maintaining and perpetuating that victimization. The challenge that awaits me daily is to recognize the aspects of my privileged social status, along with any embedded racism, which can limit the scope of understanding my clients' experiences.

Statement of the Problem

The area of domestic violence has been a subject that has gained heightened social awareness over the past few decades. Current research illuminates the highly pervasive problem that millions of couples are experiencing within this country (Straus, 1999). Sociodemographic correlates reveal higher rates of violence among younger, poorer, less educated, unmarried, African American, Hispanic, and urban couples (Gelles, 1993; Smith, 1990; Straus, et al., 1980). This sociodemographic profile is similarly mirrored within the current prison population of women (National Women's Law Center, 1999).

In studies focusing on intimate violence, there is a growing belief that suggests women are not just victims of intimate violence, but they are sometimes perpetrators of intimate violence as well (DeKeserdy, Saunders, Schwartz, & Alvi, 1997; Emery & Lloyd, 1994; Hamberger & Potente, 1996; Johnson, 2000; Sommer, Barnes, & Murray, 1992; Straus, 1979, 1999; White & Kowalski, 1994). This belief has spawned the trend of dual-arrests for domestic violence within many states (Epstein, 1987; Martin, 1997). As individual states throughout the United States employ a dual-arrest position, more and more women are being arrested as a primary aggressor to their partners.