

Introduction

DOMESTIC VIOLENCE AND THE POLITICS OF TRAUMA

Things only seemed to get worse after she left him. That's when he started going after her for custody of their child, using her mental health records against her to try to convince the courts she was an unfit mother. Nevaeh's ex-partner abused her for years.¹ Though they are no longer together, like many abusers, he continues to harass her through the family court system.² "He uses the kid now to try to regain his control. . . . His target is me. I clearly have a big, red bullseye on my back. . . . And the kid is like the bow and arrow. Any means necessary, he's gonna hit that target." Like many women who have experienced domestic violence, Nevaeh was not allowed a reprieve upon leaving her abuser—no breath of fresh air, no sense of unshackling.³ Rather, leaving him has led to extended custody battles and public accusations that she is "crazy," exaggerating about the abuse, and unable to parent on her own.

In response to these accusations, the judge in Nevaeh's case recommended that she get counseling at a domestic violence organization. Nevaeh found an agency for victims nearby and went in for individual and group sessions, fearing what would happen to her child if she refused. At first, Nevaeh was resistant to attending counseling at the judge's behest. But she came to like the therapists and the other women at the domestic

violence agency where I met her. In group, she practiced deep breathing, processed out loud her battles in family court, and learned about the biology of posttraumatic stress disorder (PTSD). Throughout our interview, Nevaeh used the language of trauma and psychological victimization with practiced confidence. She described herself as “strong,” as someone who has “overcome”: she felt she was a *survivor*.

But Nevaeh also questioned whether she had *really* “overcome,” since she regularly relives the abuse in court: “It had to take . . . strength to come through it. You know that much. But allowing all these things to happen and having to go through all these things [again]? It’s like, at what moment did I get enough?” Nevaeh also worries that attending counseling is risky because it might make her appear “crazy.” She does not believe she *needs* counseling and resents being pushed into it—pushed by the very systems that did nothing to help her recover financially from the abuse or to parent her child safely, away from her abuser. It isn’t as if the court actually forced her to go to counseling—she is a *victim*, after all. Nevertheless, the court’s “recommendation” that she get counseling felt like punishment to Nevaeh. And it felt mandatory: “It was ‘suggested’ through court order that I seek [therapy] . . . even though I had already been through therapy.” Nevaeh felt that her lawyer colluded with the courts to make it seem like she needed counseling: “[My lawyer] said, ‘It’s just protocol.’” Even though she liked her counselors at the domestic violence agency, Nevaeh was upset about being pressured into attending therapeutic programs in order to show the courts that she is a credible victim, a responsible mother, a good survivor. “It wasn’t even my fault in the first place. *I was being abused by him.*” Going to counseling came to feel like *one more thing she had to do* in order to actually survive.

Domestic violence agencies pitch their services as “optional” and premised on “self-determination.” However, I found through my fieldwork that women who experience domestic violence are regularly pressured or required to attend counseling by child welfare agencies, judges, and social workers. Most of the domestic violence victims I interviewed for this book were attending several kinds of therapy simultaneously when I met them. Most were pushed into counseling at domestic violence agencies because they *needed something*—from family courts, from child services, or from

the immigration system—and attending therapeutic programs became an important way to demonstrate to state agencies that they were worthy of those resources. Trauma language pervades these programs, teaching women the medicalized terminology of victimization and recovery. It turns out that for women like Nevaeh, proving that you fit the definition of a good, legal victim is not enough. Women must also show that they are in “recovery” from domestic violence, as if it were a disease: they must show that they are transforming from “victims” into “survivors.”

Today, the idea that people seeking social services have suffered *trauma* and should engage in psychological *recovery* is taken for granted. The language and therapeutic logics of trauma suffuse social service programs in the United States, from addiction services to child welfare to HIV care to homelessness, and, of course, rape and domestic violence programs. Domestic violence services—the topic of this book—are an important part of this infrastructure, with over seventy-seven thousand people using them in an average twenty-four-hour period in the United States.⁴ Domestic violence agencies have changed dramatically over the past forty years. Not only are they more professionalized than ever before, but they are also increasingly medicalized, staffed by clinicians rather than feminist advocates, clinicians who use “trauma” as the vocabulary of victimization.⁵ Domestic violence victims are also more likely than ever to be labeled with PTSD when they access services.⁶ When someone like Nevaeh enters a domestic violence agency, chances are she will be offered “trauma-informed” counseling and asked to write a recovery plan. Through participating in therapeutic programs, Nevaeh learns how to talk about her experiences in the language of trauma and recovery.⁷ She understands that she should become a “survivor” at a revelatory moment in the therapeutic process.

This book examines the complex, contradictory, and unequal process of creating “survivors” out of women who have experienced domestic violence. It exposes the pressures that domestic violence victims face to attend therapy as a condition of receiving aid *and* the labor-intensive processes by which women are expected to become “survivors” in order to be seen as responsible and worthy. As such, this book forces us to wrestle with questions about the gendered nature of the welfare state—and the unintended consequences of feminist mobilizations for these programs. What happens when state resources like visas and child custody are made contingent on

participation in therapy? How and why are victims of gender-based violence expected to show that they are “recovering”? Is “recovery” imbued with social expectations around gender, sexuality, race, and class? Throughout this book, I show that women’s citizenship at the margins is increasingly medicalized through the language and technologies of trauma. Through this process, new norms of deservingness enter into the therapeutic state and shape women’s lives: you don’t have to be innocent or self-sufficient to be deserving of social services, but *you do have to be resilient*. You have to become a survivor.

The pervasive expectation of a victim-to-survivor transition emerged inductively from life story interviews I conducted with women who have experienced domestic violence, creating a connective thread across their stories. I noticed that domestic violence victims conceived of their relationship to nonprofit organizations, to their families, and to the social world itself through their success (or not) in becoming a survivor. This success was to be *achieved* through attending therapy; but the identity “survivor” was also perceived as a *natural state of being*, the right way to be a respectable woman who deserves care. Attending therapy and becoming a survivor operate as a shorthand for worthiness. Surviving violence requires that women make medicalized claims for personhood and state recognition based on experiences of psychological trauma, a process that I refer to—following anthropologists Vinh-Kim Nguyen and Erica Caple James—as *traumatic citizenship*.⁸

“Trauma” has emerged, in far-reaching ways, as the state’s answer to the question of why women need help to get by. Federal policy increasingly identifies “trauma” as the source of women’s and children’s “dependency” on state resources.⁹ This pervasive interpretation of victims as “trauma survivors” has implications for women’s symbolic and material relationship to the state.¹⁰ I trace those relationships throughout this book, exposing therapeutic transformations in governance and anti-violence politics, showing how state programs attempt to “civilize” marginalized women through therapy.¹¹ Indeed, *governance*—how external powers such as the state shape our behaviors, our relationships, our identities, our consciousness—is a central thread throughout this book. I am concerned with how therapeutic norms become intertwined with mandatory and quasi-mandatory programs for women on the margins, diminishing their

autonomy while claiming to empower them.¹² As such, I'm interested in governance as a gendered process—as gender intersects with race, class, sexuality, nationality, and ability—and in exploring how the lessons of coercive institutions become embodied.

But at its core, this book is about how women who have experienced domestic violence come to feel like they belong in the social world. I go beyond a unidirectional approach that focuses only on how women are “seen” by the state. Instead, I offer a relational framework that highlights how women *make themselves legible* to systems, forging attachments to therapeutic programs and refashioning their identities in order to survive program requirements and make meaning about violence.¹³ After all, as Nevaeh's story reveals, domestic violence is not a discrete event. *Abuse is processual*, full of bureaucratic entanglements and legal pressures—characterized by ongoing attacks on victims' credibility, sanity, and respectability. In this harmful configuration, as Nevaeh explains, the survivor identity feels aspirational, associated with a better life. Trauma and survivorhood are the capacious discourses through which women interact with service providers, explain abuse to friends and family, and find camaraderie with other women. These are the terms through which women who have experienced domestic violence become legible to the state, to professionals, and to each other. Throughout this book, I explore the struggles and contradictions of this labor of legibility.

Nothing about these struggles and their history is inevitable. As Nancy Naples reminds us, survivor discourse is individualized and tethered to psychological expertise—but it did not start out that way.¹⁴ The medicalization and institutionalization of survivorhood raise questions about feminist politics and the state, about the privatization of suffering, questions about whose trauma we are really invested in addressing. Throughout this book, I ask questions about survivorhood as a therapeutic category, a discourse of state recognition, and a lived identity. Why must we make victims *redeemable* through the expectation of survivorhood?¹⁵ What do victims need to be redeemed *from*?¹⁶ The politics of redemption, I show, increasingly sets the terms for women's social inclusion after violence. Survivorhood transforms anti-violence work into recovery work: an internalizing discourse of suffering obfuscates the diffuse, pounding structure of male violence. But we can do better. We can offer victims more than

the labor of psychological redemption without the material supports of real recovery. We can offer healing without using psychological improvement as a criterion of deservingness. This book is not a polemic against trauma and survivor narratives, but an *attempt to begin extracting survivorhood from an exclusionary politics of worthiness*. Listening carefully to women's stories—and placing those stories in the historical context of the anti-violence movement—is a good place to begin.

MANDATORY HEALING

Most contemporary domestic violence agencies emerged from feminist anti-violence organizing in the 1970s and 1980s. These are nonprofit organizations that rely on a combination of federal and state funding, donations, and private foundation dollars. They offer a range of direct services to victims, including case management, legal advocacy, and emergency housing. Some also offer psycho-educational groups for perpetrators. Despite this diversity of services, domestic violence organizations increasingly specialize in the kind of quasi-clinical therapy that Nevaeh attends. Today, spending time in a domestic violence agency means becoming conversant in the language of hypervigilance and flashbacks. Running a domestic violence agency means demonstrating quantitative program outcomes based on “reduction in trauma symptoms.” Women who attend support groups may be shown diagrams of their brains, learning the effects of posttraumatic stress on cognitive function. They are likely to encounter “trauma-informed” yoga or mindfulness classes as part of their curriculum.

Domestic violence agencies' orientation toward clinical therapy mirrors other social services and reflects the increasing imbrication of punitive and therapeutic systems.¹⁷ Often, women come to domestic violence programs through a kind of therapeutic extortion. The Department of Children and Family Services (DCFS) may require her to attend a support group in order to get her children back from state custody.¹⁸ A judge in a custody case may request that she take her children to therapy in order to demonstrate parental fitness. An immigration lawyer will likely tell her that she needs to attend domestic violence counseling before she can apply for a visa. Victims of domestic violence learn from other women

in support groups that they should get proof of therapy attendance so that their custody cases will go better. Domestic violence counseling becomes a “cure” for violence and related problems in this institutional configuration. The message is: get yourself “healed” or you won’t get what you need.

Still, attending counseling is not usually “mandatory” in the strict sense of the word. Domestic violence programs *seem* softer and nicer than other kinds of services like addiction treatment, which is typically a penal system requirement. Nevertheless, as I conducted interviews with survivors, I came to feel that scholars and policy makers have focused too much on distinguishing mandatory from nonmandatory programs. Women themselves make very few distinctions between services that are “required” and those that are “suggested.” They usually do not know the difference. Domestic violence victims often approach feminist-based therapeutic programs the same way they approach compulsory parenting classes or psychiatric evaluations. Starting with survivors’ own narratives tells us a new story about this web of programs: therapy feels and often *is* compulsory, a condition of accessing critical resources—even in feminist-founded organizations that pride themselves on offering “optional” services premised on self-determination.

Domestic violence agencies manage this tension in a variety of ways. For example, the types of counseling offered in domestic violence organizations are different from what you might find in a traditional mental health agency. Yoga and other somatic therapies are popular because counselors see them as “soft” interventions, less pathologizing than other types of therapy. On an unseasonably warm February weekend in Chicago, I attended a trauma-informed yoga workshop recommended to me by several therapists in the anti-violence field. A mix of counselors, yoga instructors, social work students—and one researcher and novice yogi—sat in a semicircle on yoga mats as the instructor welcomed us with a series of “self-care” and breathing exercises, reminding us that we should lie down, twist, stand up, and stretch throughout the day. The instructor articulated precisely the kind of ambivalence about neuroscientific trauma theories that I found in domestic violence agencies, telling us, “There’s a lot to say about the brain, but I’m not a neuroscientist. I came into this through my own experience. Now I’m developing the vocabulary to describe what I went through.” Like

domestic violence counselors, the instructor combined neuroscientific language with lay theories of trauma and personal testimony.

As the workshop progressed, we learned that trauma is “held” or “stored” in the body. The instructor explained the role of the limbic system, discussed theories of the “reptilian” brain, the way the hippocampus “goes offline” during trauma. She described trauma victims as “lost animals in the wild.” We heard about how our bodies are designed to help us run away from tigers, and victims’ trauma reactions mirror this “vulnerable prey” response. Speakers insisted that trauma is about the loss of relationship to one’s body. For this reason, somatic approaches like yoga are ideal, reteaching the body how to “regulate.” Throughout the workshop, we were asked to practice mindfulness by acknowledging how our bodies felt in space. All day long, the language of neuroscience blurred into the language of evolutionary biology which blurred into empowerment language, landing finally on mystical discourses of yoga and mindfulness. At first, trained as I am to identify boundaries, I found the discussion dizzying, moving in too many directions at once. However, I soon became accustomed to these vertiginous moments: this kind of hybridity—a blend of neuroscience, feminism, pop psychology, and “Eastern” philosophies—characterizes the trauma paradigms used in domestic violence agencies.

Often, domestic violence counselors attend trainings like this in order to learn stretching and breathing techniques to implement in support groups. The idea that trauma is stored in the body—and therefore that the body should be a site of therapeutic work—is widely accepted. Almost every domestic violence counselor I interviewed endorsed somatic theories of trauma and used body techniques in counseling. The uptake of trauma in domestic violence agencies encourages a focus on victims’ bodies as a site of disequilibrium. Trauma thereby institutionalizes a new regime of embodiment and a new type of therapeutic labor into domestic violence agencies, one premised on unconscious suffering and body-based recovery.

Trauma is contradictory in that it brings together “soft” interventions like yoga with the “hard” requirements of attending therapy in order to get critical resources from the state. It is through these kinds of hybrid interventions that women are thrown into an intimate relationship with a distant therapeutic state.¹⁹ When women engage in these kinds of therapies, they may not *feel* like they are interacting with the state at all.²⁰

That's because the welfare state is privatized and operates through non-profit organizations like domestic violence agencies. The US welfare state governs indirectly, through a "cascade of political and administrative relationships."²¹ This allows for "governing at a distance," such that nonprofit agencies use state funds to operate seemingly *outside* of the state, and programs are "submerged" in private networks.²² There is an illusion of "distance," then, between state institutions, experts, and citizens themselves.²³ Even when state policy requires arduous and intimate transformations in people's lives, it seems far away and irrelevant.²⁴

Further, the state enacts its policies through domestic violence organizations that have complex commitments embedded in second-wave feminism and in their local communities. Just like the yoga workshop, domestic violence agencies are hybrid. Workers fulfill state funding requirements while pursuing their own aims, which are often explicitly feminist. Domestic violence workers interpret their situations and respond to problems in diverse ways.²⁵ Part of understanding the contemporary welfare state, then, is explaining how its goals—in this case, reforming "problem subjects" through therapy—get filtered through agencies with their own histories, practiced by professionals with different aims, and thereby reconfigured.²⁶

After all, the ascendance of trauma therapy in domestic violence agencies is peculiar. When feminists founded domestic violence hotlines, shelters, and political coalitions in the 1970s, medicine and psychiatry were serious enemies of the movement. Male psychotherapists were likened to battering husbands. Doctors and their diagnoses were cast as misogynistic and coercive. Feminists argued that battered women needed political, not clinical, interventions. In chapters 1 and 2, I explain how feminists' opposition to traditional therapy motivated them to develop their own models of therapeutic expertise. Today, domestic violence agencies operate on the borderlands of medicalized "treatment" goals and feminist philosophies of care—through an *articulation* of these disparate logics, which I explore in chapter 3.²⁷ The transformation of domestic violence work into *trauma work* is not a wholesale reinvention but is constituted by "interlocking structures and strategies that are themselves composed of old and new elements."²⁸ Trauma work is a site of struggle between feminist politics and medicalized social service logics, a struggle that domestic violence workers themselves embody.

While it is difficult to “see” the dispersed, privatized, and “trauma-informed” state, then, what *does* connect services to each other is the expectation that victims attend therapy and work on becoming survivors. Though the state is “retrenched and fragmented, [it] also provides powerful cultural representations.”²⁹ As women who have experienced domestic violence are funneled through systems, they learn to speak the language of therapeutic progress, to demonstrate psychological improvement through racialized and classed norms of feminine embodiment, sexuality, and motherhood.³⁰ Becoming a survivor in these institutions sometimes allows women to access resources that they lost as a result of abuse, or to gain new resources altogether—but not always. The rub is that achieving survivorhood feels like individual, psychological work, when it is actually embedded in complex state and institutional requirements.

THE VICTIM-SURVIVOR BINARY

The labor of navigating bureaucratic systems after abuse is intensified by the fact that women enter into a symbolic economy of “victim” and “survivor” when they name their experiences in the public sphere. These terms determine much of what it means to endure rape or domestic violence, both in popular culture and in social programs. “Victim” and “survivor” are powerful “public narratives” that have institutionalized a bifurcated understanding of what it means to endure gender-based violence.³¹ But those categories are also made and remade through women’s stories and actions. As Rose Corrigan and Corey Shdaimah show, a woman’s ability to become an “ideal victim” does not *just* depend on characteristics like race and class, but on how she *mobilizes those characteristics in interactions* with legal authorities.³² A relational approach is therefore necessary for understanding victim and survivor categories: these are intimate categories of practice.

Importantly, the victim/survivor binary is also hierarchical. Survivorhood is *better than* victimhood.³³ Linda Martín Alcoff and Laura Gray have written about the historical transition in anti-rape work from “passive victim” to “active survivor.”³⁴ Popular feminism has been particularly obsessed with the “binary of passive, innocent victimhood pitted against active, responsible agency.”³⁵ Rather than a victim saturated in feminine