SYSTEMS OF TRAUMA | Sexism and Trauma

TAYLOR HOHLE, MSW, SENIOR RESEARCH ASSOCIATE

This issue brief will explore how systemic sexism and the patriarchy uphold and contribute to family violence. In order to do so, the brief will review structurally embedded inequalities that lead to gender-based violence and strategies for individuals, communities, professionals and organizations to prevent and mitigate traumatic-stress caused by gender-based violence. Accompanying resources for this issue brief are available at www.fact.virginia.gov/systems-of-trauma

Socioecological Model

The Centers for Disease Control and Prevention (CDC) utilize the socioecological model to illustrate the complexity and interwoven nature of risk factors that lead to violence. The overlapping model showcases how each level (individual, relationship, community, and societal) influences the others and exacerbates trauma. The model suggests that achieving the largest impact requires simultaneous prevention efforts across all levels.

The Socioecological Model of Prevention includes:

Individual Level: Biological factors or personal history that increase the likelihood of being a perpetrator or victim of violence (age, income level, substance use, prior history of abuse, etc.)

Relationship Level: A close circle of friends, family members, and partners who influence behavior

Community Level: Settings where individuals spend time making relationships (schools, work, neighborhood, doctor's offices)

Societal Level: The cultural climate that either encourages or inhibits violence (policies, economic systems, cultural norms around gender, media)
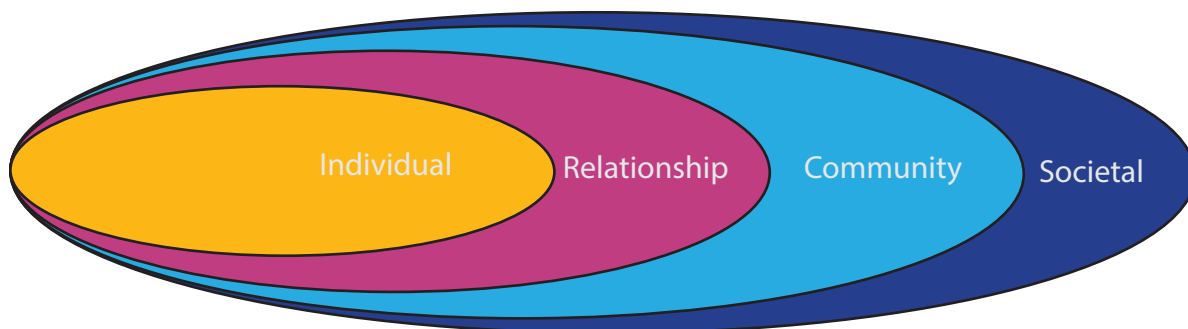
When systemic sexism is upheld at the societal and community level, we see the impact within our relationships and ourselves. Accordingly, because patriarchy supports a system where women and girls are viewed as less valuable, gender-based violence will continue to be tolerated.[1,2]

What is Sexism?

In 2019, Council of Europe's Committee of Ministers created the first international definition of sexism.[3] Their recommendations connected the interpersonal acts of "everyday" sexism with larger violence against women. Seemingly "minor" comments and attitudes create a social climate where people are devalued by others and even, potentially, themselves. The impacts of sexism result in psychological, social, physical, and economic harm which disproportionately impacts women. While gender roles and expectations impact everyone regardless of their sex or gender, the system of patriarchy results directly in sexism being used to put down people who do not identify as men.

The Council of Europe's Committee of Ministers specifically define sexism as:

"Any act, gesture, visual representation, spoken or written words, practice or behaviour based upon the idea that a person or a group of persons is inferior because of their sex, which occurs in the public or private sphere, whether online or offline, with the purpose or effect of:
- violating the inherent dignity or rights of a person or a group of persons; or
- resulting in physical, sexual, psychological or socio-economic harm or suffering to a person or a group of persons; or
- creating an intimidating, hostile, degrading, humiliating or offensive environment; or
- constituting a barrier to the autonomy and full realization of human rights by a person or a group of persons; or
- maintaining and reinforcing gender stereotypes."

Intersectionality

Individuals have acknowledged that different pieces of their identities overlap and intersect long before there was a common language about the experience. The concept of intersectionality was coined by Kimberlé Crenshaw in 1989 as a call to acknowledge the ways that race and sex interact to create a unique experience for Black women. Today, intersectionality has expanded to examine the ways that different forms of oppression are interconnected and should not be examined separately.[7]

Gender-based trauma impacts individuals differently based on their multiple and intersecting social positions. Sexist discrimination impacts women and girls in differing degrees based on their race[8], age[9], size[10], sexual orientation[11], and ability status.[12] As such, rather than dividing sexism and trauma by identity type, we will apply an intersectional lens throughout the brief. However, because the interwoven pieces of social identities are vast and frequently understudied, this brief focuses on available data and makes a call for additional research on different intersecting identities.

Glossary

Sex: "Refers to a person's biological status and is typically categorized as male, female, or intersex (i.e., atypical combinations of features that usually distinguish male from female). There are a number of indicators of biological sex, including sex chromosomes, gonads, internal reproductive organs, and external genitalia."[4]

Gender Identity: "A person's deeply-felt, inherent sense of being a boy, a man, or male; a girl, a woman, or female; or an alternative gender (e.g., genderqueer, gender nonconforming, gender neutral) that may or may not correspond to a person's sex assigned at birth or to a person's primary or secondary sex characteristics. Since gender identity is internal, a person's gender identity is not necessarily visible to others."[5]

Gender Concept: "An understanding of the socially constructed distinction between male and female, based on biological sex but also including the roles and expectations for males and females in a culture. Children begin to acquire concepts of gender, including knowledge of the activities, toys, and other objects associated with each gender and of how they view themselves as male or female in their culture, possibly from as early as 18 months of age."[5]

Patriarchy: "Patriarchy is about the social relations of power between men and women, women and women, and men and men. It is a system for maintaining class, gender, racial, and heterosexual privilege and the status quo of power – relying both on crude forms of oppression, like violence; and subtle ones, like laws; to perpetuate inequality. Patriarchal beliefs of male, heterosexual dominance and the devaluation of girls and women lie at the root of gender-based violence. Patriarchy is a structural force that influences power relations, whether they are abusive or not."[6]

Historical Sexism

Throughout history, women have struggled to be viewed as worthy of agency and rights rather than property. While laws have changed, oppressive attitudes remain. Beginning in the middle ages, under "common law," the concept of coverture was created to maintain ownership of women by men. Starting at birth, a female child was "covered" by her father and later by her husband upon marriage. This instituted the practice of brides taking their husband's last name, which is still prevalent today. Women's access to their wages, land, and even children was not protected. They were not considered legal guardians of their children until the mid- to late- 1800s. Women gained financial independence in the 1960s when they were allowed to open bank accounts independently. In addition to lack of legal autonomy, husbands were legally entitled to their wives bodies. As a result, marital rape[i] was legal. These practices continued until 1993 when marital rape became illegal nationwide. Nevertheless, there are still differences in punishment for marital versus non-marital rape, which vary by state. Virginia amended the rape statue in 2002 to eliminate the maritial rape exception.

Media

We continue to see entitlement to women's bodies in people's behaviors today. Gender roles upheld through media, bias, and sexist attitudes place individuals into boxes based on their socially-expected behaviors. For instance, children's media perpetuates gender stereotypes by associating masculinity with strength and heroism while femininity is associated with beauty and knowledge.[13,14] Similarly, female video game characters are more likely to be sexualized and wear less clothing than male video game characters who are portrayed as more aggressive.[15]

Starting at a young age, girls are taught, both implicitly and explicitly, that their attractiveness is tied to their compliance with femininity and gender roles. Women who are viewed as traditionally attractive are perceived as more valuable.[16] As such, women are encouraged to alter their appearance, through dress, cosmetics, and even surgery, as a way to gain acceptance. Those who may not have the means to invest in their appearance may suffer from decreased self-worth and increased bullying as they judge themselves against these societal beauty standards. The beauty industry thrives on these expectations and profits off people's insecurities looking to gain acceptance. The "Pink Tax" refers to the discriminatory practice of price gouging items based on gender. The Pink Tax is especially noticeable within beauty products such as razors and shaving cream but also extends to clothing, children's toys, and services such as car repairs and dry cleaning.[17,18] A 2015 study in New York City found that products marketed to women were priced seven percent higher than those marketed to men.[19]

Additionally, these beauty standards are often tied to Eurocentric ideals of attractiveness. Value is assigned to those who are young and have lighter skin and eyes, long and straight hair, and a thinner body type. In conjunction with sexism, white supremacy leads to a devaluing of women who have darker skin and eyes, curly dark hair, and larger bodies. These features are considered less feminine and therefore, less attractive. However, studies have found that young Black women who alter their appearance to achieve an appearance closer to Eurocentric beauty ideals have lower psychological and sexual well-being.[20]

As societal beauty standards shift throughout time, we have seen an increase in the acceptance of certain features but only when those features are presented on white women.[21] For example, Black women's hairstyles have been consistently judged as unprofessional and unattractive but as white women appropriate these styles, they are praised for their creativity and ingenuity. We also have seen appropriation of Indigenous culture by the use of "native headdresses" as a fashion piece.[21] These acts of cultural appropriation reinforce white supremacy as white people are rewarded for using cultural pieces that do not belong to them.

The devaluation of Black women's bodies can be traced back to slavery and the related stereotypes presenting Black women as unattractive and lesser than their white women counterparts. Historically, two prominent caricatures of Black women are the "mammy" and "Jezebel".[22] The mammy figure was seen as obedient and provided domestic service. The images of the mammy stereotype included a larger woman with dark skin who was perceived to be no threat to white women. In contrast, the jezebel was portrayed as sexually deviant and was used as justification for the assaults perpetrated against Black women.[22] Similar stereotypes have been portrayed about Indigenous women.[23] The "squaw" and "Indian princess" caricatures utilized the same techniques as the mammy and jezebel. Squaw was used to portray a dirty, darker-skinned, Indigenous woman who was not capable of feeling the full range of emotions that white women felt. The Indian princess portrayed a desirable Indigenous woman with more Eurocentric features who would marry a European man. Asian women are represented by the media as "exotic" objects of desire for white men.[24] This portrayal is rooted in the historical colonization of Asian countries as the women were believed to be hyper-sexual and submissive.
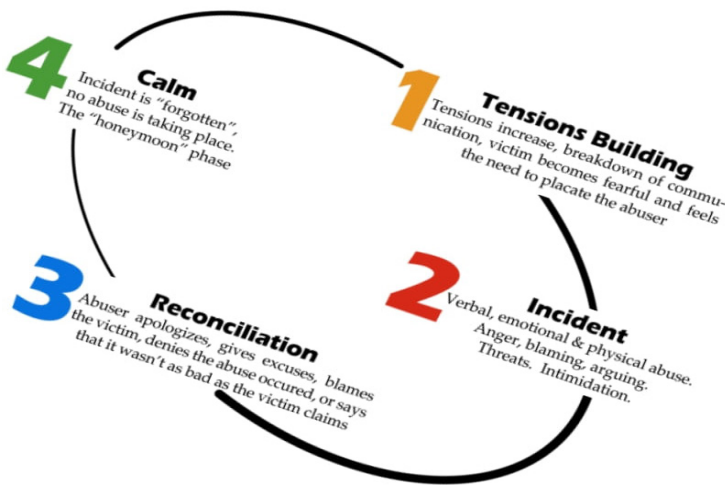
i. Marital rape includes acts of sexual violence against a spouse without their consent. The marital rape exception provided protection for individuals who committed rape against their spouse.

These stereotypes are reinforced through the media today as Asian women continue to be portrayed as submissive, sexualized, and often ambiguous or mysterious.[24,25] Racialized media about Asian women has contributed to the increase in anti-Asian violence in recent years as they continue to be viewed as foreigners, despite their long-standing history within the United States.[26,27] The recent uptick in anti-Asian violence has disproportionately impacted Asian women who reported violence 2.3 times more than Asian men.[28]

The encouragement for young women and girls to increase their sexual appeal contributes to myths about survivors of rape. The focus on what an individual was wearing and how their clothing choices may have contributed to events is influenced by media focus on portraying women as sexual objects.[29] Additionally, media aimed at young girls often encourages unhealthy relationships and disregards consent.[13] These messages are engendered by the adult responses to young girls. It is frequently taught that if a boy is mean to a girl, his behavior means he likes her. These attitudes and beliefs create lasting relationship effects well into adulthood. They set the stage for a cycle of abuse that is a common dynamic in cases of intimate partner violence.

Dr. Lenore E. Walker

THE CYCLE OF ABUSE

4 Calm
Incident is "forgotten".
no abuse is taking place.
The "honeymoon" phase

1 Tensions Building
Tensions increase, breakdown of communication, victim becomes fearful and feels the need to placate the abuser

3 Reconciliation
Abuser apologizes, gives excuses, blames the victim, denies the abuse occured, or says that it wasn't as bad as the victim claims

2 Incident
Verbal, emotional & physical abuse.
Anger, blaming, arguing.
Threats. Intimidation.

Medical Control of Bodies

The medical field's control and dismissal of women often has lasting physical and mental health effects. It also contributes to the societal view that women are not supposed to be believed or respected, even when it comes to their own bodies. Prolonging accurate diagnosis prevents proper treatment, increases self-doubt, and adds costs due to continual seeking of treatment.[36]

Control is also present in the historical medical fixation on women and their ability to have children. The "wandering womb" theory suggested that an individual's womb could travel throughout the body causing different ailments and required specific treatment to correct the womb's location. In the Victorian age, white women would swoon (i.e. pass out) whenever they experienced an intense emotion. While this likely was due to the tight corsets worn at the time, Hippocrates believed that women passing out was due to a wandering womb that could be returned to its place using smelling salts.[30] The "women's disease," otherwise known as hysteria, tied women's health to reproduction for millennia. A woman experiencing any physical symptoms, mental health struggles, or who was acting outside of expected gender norms would frequently be given a diagnosis of hysteria. The treatment for hysteria varied but some examples include forcing women to marry, sexual assault, and various herbal remedies. It wasn't until 1980 that hysteria was removed from the Diagnostic and Statistical Manual for Mental Disorders (DSM).[31]

Much of women's health and response to medical treatment continue to be understudied. Most studies on prevention and treatment of disease come from laboratories that study male cells and conduct trials with men.[31] Women of childbearing age were historically excluded from clinical trials due to the potential risk to future children. In 1993, the United States National Institute of Health required women to be included in all NIH-funded studies. Nonetheless, investigations found that many researchers did not follow this requirement. Those who did follow the requirement often failed to analyze differences by sex, therefore negating the gendered understandings of the study. In 2001, the United States Government Accountability Office reported that most drugs that were removed from use between 1997 and 2000 had higher risks among women.[32]

Gender bias continues to show up in the differing rates of diagnosis and treatment by clinicians. Frequently, pain and discomfort in women are ignored and dismissed leading to misdiagnosis or lack of a diagnosis. A common example of this bias is seen in the education around heart attack symptoms. Women frequently report different heart attack symptoms than men, but only the male experience is included in education about symptoms.[32]

Mental health diagnosis demonstrates similar bias to physical conditions. Girls experiencing attention deficit/hyperactivity disorder (ADHD) are less likely to be referred for treatment than young boys.[33] Women and girls are more likely to receive a diagnosis of depression, but men are more likely to suffer the consequences of a lack of diagnosis and are more likely to die by suicide.[32,34,35] Studies have found bias in treatment referrals for men leading to underdiagnosis. On the other hand, gender roles encourage women to seek help, thereby increasing diagnosis rates. Lower rates of diagnosed depression among men are

also supported by a lack of understanding of depression symptoms in men. Men experiencing depression present aggression, violence, and substance abuse symptoms, which are not included in the DSM criteria.[32] High depression rates in women are also associated with higher rates of victimization of gender-based violence.

Reproductive Health - The history of gynecology and maternal health is deeply rooted in slavery.[37] Slave owners had a vested interest in the maternal health of Black mothers in order to maintain their labor and also the future child as property. There are numerous cases of Black women's death sentences being delayed due to pregnancy and to protect their bellies from any beatings. Despite this interest in protection, the myth about Black women having "medical superbodies"[ii] persisted which led to the idea that Black people were unable to feel pain. This myth maintained practices of forcing Black women to work while pregnant and in labor in order to profit from their bodies.[37]

Forced Sterilization - Forced sterilization has been used as a means of population and eugenics control to maintain certain genotypes and prevent multiracial children. Those viewed as criminal, incompetent, or intellectually disabled were forcibly prevented from having children. Eugenics Commissions across the United States endorsed these sterilizations as measures to prevent the births of "mentally deficient persons." The racism within reproductive health care originated from racist stereotypes. Women of color who sought gynecological services were often persuaded to undergo sterilization while white women were frequently discouraged from the procedure even if they requested it.[38,39] It was a commonly held belief that women of color lacked the competency to understand birth control, therefore making sterilization the only option offered. A study from 1972 revealed that fourteen percent of doctors recommended sterilization for poor women of color compared to six percent of their white counterparts. It was also found that 97% of doctors recommended sterilization for mothers using public assistance with three or more children.[39]

In the 1970s, the Relf sisters' sterilization case came to light.[40] After moving to public housing in Montgomery, Alabama, the Relf family was targeted by a family planning clinic which claimed to be concerned about boys being around the Relf sisters. They convinced the Relf parents to test out forms of birth control on Mary (14), Minnie (12), and their older sister Katie (17). In 1973, their mother was deceived into signing a document without receiving a proper explanation that authorized her daughters' sterlization.[40] After the Relf sisters' story broke, multiple similar stories of young Black girls being sterilized emerged. In North Carolina, the Eugenics Commission involuntarily sterilized over 7,000 women between the 1930s-70s. Of the women sterilized, about 5,000 were Black women.

The sterilization of Indigenous women was rooted in the colonization of America as a way of controlling the growth of Indigenous populations. These sterilizations were performed by private doctors and the US Government through the Indian Health Services.[41] The stereotype of the "squaw" was used to justify removing their reproductive abilities.[38] Estimates suggest that, of the 100,000 to 150,000 women of childbearing age, approximately 70,000 Indigenous women were sterilized between the mid-1960s and 1976.[39]

Reproductive Control - Reproductive control is a set of tactics used to control women's choices and outcomes related to if, when, and under what circumstances they have children. Through emotional manipulation and threats of or actual violence, one individual can try to take away a woman's reproductive choices. These methods can include tampering with birth control or coercion to influence pregnancy decisions. Reproductive control by another individual is reported by one out of four women seeking reproductive health services.[42] While reproductive control is most likely to occur with a sexual or intimate partner, it can extend to family members or aquaintances.

Maternal Health - While maternal mortality rates have increased overall since the 1980s, Black women are still three times more likely to die due to a pregnancy-related death[iii] than white women.[43] The most recent Virginia review of pregnancy-related death between 1999-2003 found the leading causes of death were cardiovascular disorders, pulmonary embolism, cardiomyopathy, hemorrhage, and homicide. Half of the pregnancy-related deaths were determined to be preventable if changes in clinical care or community/patient factors were made. The overall pregnancy-related mortality ratio was 17.5 per 100,000 births; however, when separated by race, white women experienced a ratio of 11.9 while Black women experienced a ratio of 37.3.[44] Physical health factors alone do not account for the difference in outcomes by race. Additional factors such as lack of access to quality healthcare and discrimination from medical professionals contribute to the racial disparity which is seen across educational levels, income, and insurance status.[45,46]

ii. A term coined by Deirdre Cooper Owens to describe how Black women were viewed by white medical professionals as intellectually inferior but physically stronger.
iii. "A pregnancy-related death is defined as the death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy" (CDC, 2019).

Additionally, according to a 17 year data review in Virginia, Black infants experience higher natural and non-natural causes of death rates than white infants.[47] Nationally, the disparity in Black infant mortality rates is higher today than it was during slavery.[48] In an effort to decrease maternal mortality rates among women of color, the Virginia General Assembly expanded Medicaid in 2021 to include doula services. Doulas who provide support throughout pregnancy and during birth have been linked to improved birth outcomes[49,50]

Gender & Economics

Women in the United States are 35 percent more likely than men to be poor, with single mothers facing the highest risk.[51] Women make up nearly two-thirds of minimum-wage workers in the United States. More than 70 percent of low-wage workers get no paid sick days. This disproportionately affects women who, in addition to their own sick-leave needs, often have to miss work when their children are ill. Forty percent of all households with children under the age of 18 include mothers who are either the sole or primary source of income.[52] Finally, the median earnings of full-time female workers are still just 77 percent of the median earnings of their male counterparts. Multiple factors contribute to women's inequitable poverty rates including the gender wage gap, segregation into lower-paying work, inadequate social safety nets, lack of affordable health care, family care-taking responsibilities, costs and burdens of pregnancy, violence, and abuse.[53]

Currently, the gender pay gap continues to divide men from women in the workforce while further dividing women based on race. White women earn 79 cents to every white man's dollar, while Black women earn only 64 cents compared to white men.[54] Indigenous women earn 60 cents and Latinas earn 57 cents per dollar. Due to the limitations of the 2020 data, the current gender pay gap for Asian women could not be calculated. In 2019, Asian women made 87 cents per dollar earned by men.[55] Based on state collected data in 2017, Virginia women made 79% of Virginia men's annual income. This is below the 2017 United States earnings ratio of 80%.[55] The gender pay gap continues regardless of educational status. Women who have a bachelor's degree make 26% less than men with bachelor's degrees. Even women who take jobs in traditionally male fields, such as technology and engineering, face pay disparities. While they make more than women who are employed in traditionally female-dominated jobs, they still earn less than their male counterparts.[55]
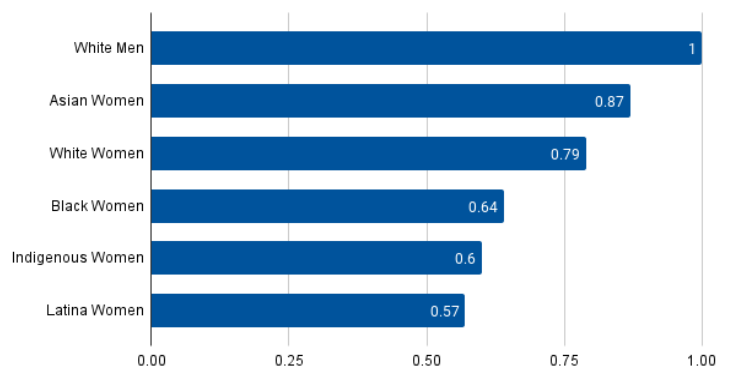
The COVID-19 pandemic has exacerbated the relationship between gender and poverty. According to the 2021 Global Gender Gap Report, the amount of time it will take to close the gender gap was estimated throughout the pandemic to be 135.5 years compared to the previous estimate of 99.5 years; a 36 year increase. The areas most affected by shutdowns, such as retail, travel, and tourism, are majority women employed.[56] Asian and Hispanic women share the largest decline in employment.[54] Hispanic women saw a 6.9% drop in full-time employment while Asian women experienced a 6.5% decrease. In comparison, white women experienced a 3.5% decrease.

While previous recessions have disproportionately affected men, the current recession has drastically impacted women. Between February and April 2020, men's unemployment increased by 9.9% while women's unemployment increased by 12.8%. Male-dominated fields have easily shifted to remote work or have been "pandemic-proof," such as construction or trade work. The global healthcare workforce is predominantly women (70%); however, only 25% of them hold a leadership position.[57] Elevated stress levels for healthcare workers are primarily impacting women who are nurses or assistants.[56]

Additionally, the closure of schools has increased child care duties typically assigned to women.[56] These added childcare duties have resulted in mothers reducing hours at work or leaving their jobs entirely, thus hurting future employment opportunities. As companies switch back to in-person activities, more women will likely need scheduling flexibility due to increased childcare responsibilities. This further exacerbates the "motherhood penalty" placed on mothers with children. They are less likely to be hired, or to receive a raise or promotion. Meanwhile, fathers are likely to see an increase in earnings after having children.[58]

The connection between gender and poverty continues outside of the workforce. Lower lifetime earnings lead to less retirement savings. Additionally, women generally live longer, forcing those savings to stretch further. On average, women receive 80% of the Social Security benefits that men receive in retirement.[59] What is more, often categorized as the "sandwich phenomenon," women frequently take care of both children and elderly parents at the same time. A woman's first child will decrease the mother's Social Security benefits by 16% through reduced earnings and an additional 2% for every child thereafter.[60] Those who choose to leave work to take care of an elderly parent lose on average $131,000 in lifetime benefits in addition to lost wages.[61,62]

The Gender Pay Gap

	Value
White Men	1
Asian Women	0.87
White Women	0.79
Black Women	0.64
Indigenous Women	0.6
Latina Women	0.57

Expectant parents who are able to balance their home and work lives create better bonds and set up their child for success. A recent study of childcare in 41 countries found that 40 offered leave for the birthing parent and only 26 offered leave for the partner.[63] The only country that did not offer nationwide paid parental leave for the birthing parent was the United States. A 2011 Australian study found that women who worked while pregnant and had access to paid family leave reported 58% lower rates of intimate partner violence during the child's first year compared to those who did not have paid family leave.[64] Additionally, fathers who are encouraged to take family leave are more active in childcare duties and are less likely to perpetrate intimate partner violence.[65,66,67] Parents who have the ability to take paid family leave have more time to build stronger relationships with their children, therefore increasing protective factors against adverse childhood experiences.

Glossary continued

Intimate Partner Violence: "Intimate partner violence includes physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner)."[73]

Intimate Partner Homicide - "A homicide in which the victim was killed by one of the following: spouse (married or separated) or former spouse; current or former boyfriend, girlfriend or same-sex partner; or current or former dating partner. This case type could include homicides in which only one of the parties had pursued or perceived a relationship with the other, as in some stalking cases."[74]

Intimate Partner Associated Homicide - "A homicide in which the victim was killed as a result of violence stemming from a current or former intimate partner (IP) relationship. That is, the homicide would not have occurred in the absence of the IP relationship. Victims could include alleged abusers killed by law enforcement or persons caught in the crossfire of intimate partner violence such as friends, co–workers, neighbors, family members, romantic rivals, or bystanders."[74]

Acquaintance: "Someone who is known to the victim but is not related by blood or marriage, and is not an intimate partner. Examples are a co-worker, neighbor, roommate, classmate, first date with someone you knew before and/or continued to know, or a fellow member of an organization such as churches, clubs, or other community groups (not an exhaustive list)."[75]

Sexual Violence/Sexual Assault - "A sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse. It includes: forced or alcohol/ drug facilitated penetration of a victim; forced or alcohol/drug facilitated incidents in which the victim was made to penetrate a perpetrator or someone else; nonphysically pressured unwanted penetration; intentional sexual touching; or non-contact acts of a sexual nature. Sexual violence can also occur when a perpetrator forces or coerces a victim to engage in sexual acts with a third party."[75]

Rape: "penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim." [76]

Sexism and Family Violence

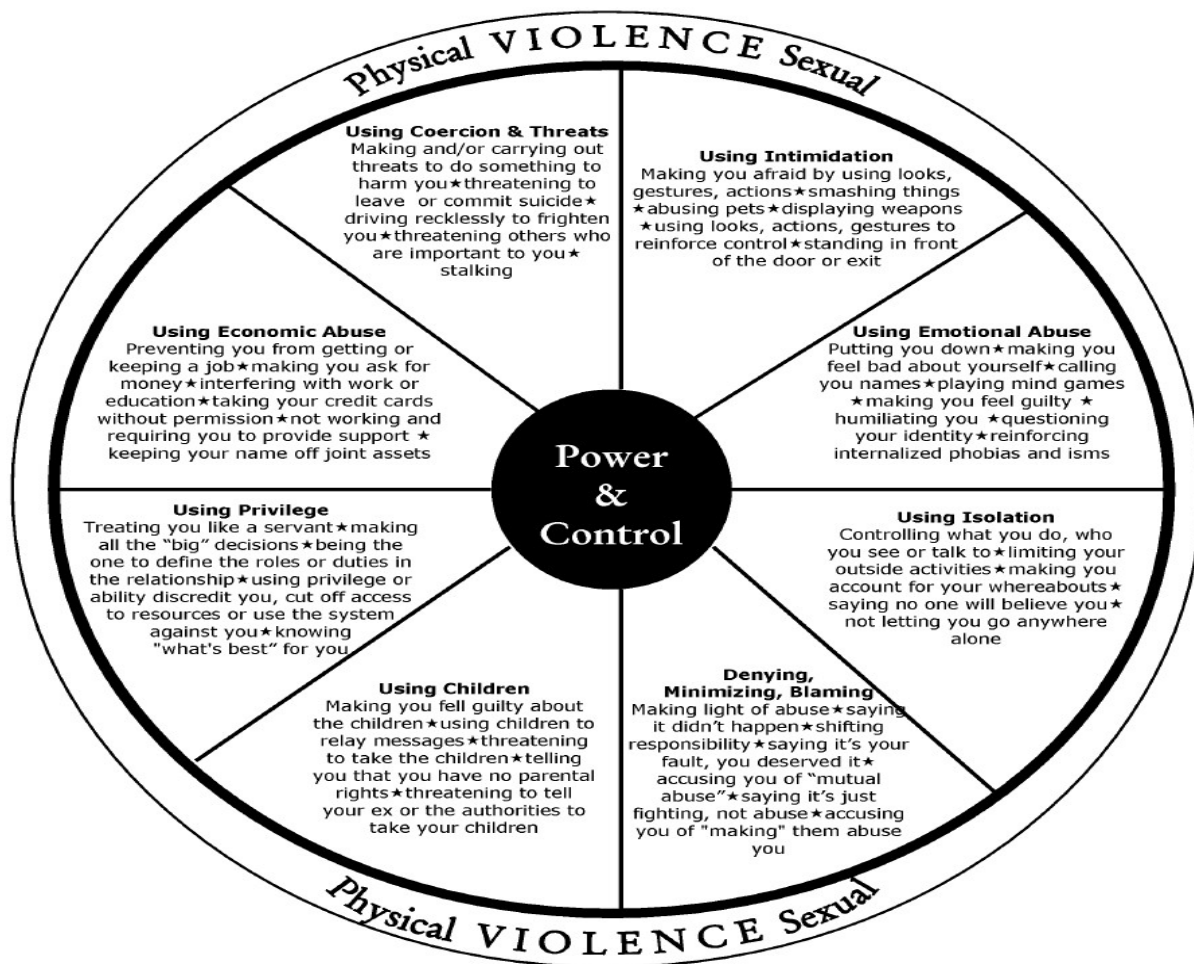### Intimate Partner Violence

In 2019, 33.6% of women and 28.6% of men in Virginia experienced intimate partner violence. While data is limited, we have seen an increase in intimate partner violence throughout the pandemic.[68] As a consequence of lockdowns and in-home quarantine, women experienced increased exposure to violence, high stress, and smaller support systems.

Nationally, one in four women and one in nine men experience intimate partner physical violence, sexual violence by intimate partner, or stalking in their lifetime.[69] Other relationships of victims are also impacted, including 84% of survivors reporting increased problems at work and school. Financial insecurity is one of the greatest reasons why survivors stay in or return to abusive relationships.[70] Economic abuse occurs in over 90% of domestic violence cases and threatens an individual's self-sufficiency through control of financial resources.[71,72] This can include blocking access to financial assets, ruining a partner's credit, controlling phone contracts, and sabotaging a partner's employment. Economic abuse contributes to eight million lost work days a year due to survivors needing time off for injury or court.[71] In 2015, it was estimated that the total cost of domestic violence within the United States is $8.9 billion annually with $6.3 billion attributed to medical services.[70]

"Why don't they just leave?"

When viewing an abusive relationship from the outside, it can be difficult to understand why an individual would choose to stay. It often takes survivors several attempts to leave a relationship before they are successful. Below is an example of the Power and Control Wheel.

After conducting focus groups in 1984 with women who experienced intimate partner violence, the Domestic Abuse Intervention Project staff in Duluth, Minnesota illustrated the most common abusive tactics through creation of the Power and Control Wheel.[77] Each spoke of the wheel includes tactics used by individuals perpetrating violence in order to retain power and control over their partner. Physical and sexual violence reinforce the control tactics. The Power and Control Wheel shifts the focus away from victim behavior to how perpetrators commit violence. *This reframe changes the question from "why don't victims leave" to "why do perpetrators abuse?"* Multiple iterations of the wheel have been adapted to specific populations and translated into varying languages.

Physical VIOLENCE Sexual

Using Coercion & Threats
Making and/or carrying out threats to do something to harm you ★ threatening to leave or commit suicide ★ driving recklessly to frighten you ★ threatening others who are important to you ★ stalking

Using Intimidation
Making you afraid by using looks, gestures, actions ★ smashing things ★ abusing pets ★ displaying weapons ★ using looks, actions, gestures to reinforce control ★ standing in front of the door or exit

Using Economic Abuse
Preventing you from getting or keeping a job ★ making you ask for money ★ interfering with work or education ★ taking your credit cards without permission ★ not working and requiring you to provide support ★ keeping your name off joint assets

Using Emotional Abuse
Putting you down ★ making you feel bad about yourself ★ calling you names ★ playing mind games ★ making you feel guilty ★ humiliating you ★ questioning your identity ★ reinforcing internalized phobias and isms

Power & Control

Using Privilege
Treating you like a servant ★ making all the "big" decisions ★ being the one to define the roles or duties in the relationship ★ using privilege or ability discredit you, cut off access to resources or use the system against you ★ knowing "what's best" for you

Using Isolation
Controlling what you do, who you see or talk to ★ limiting your outside activities ★ making you account for your whereabouts ★ saying no one will believe you ★ not letting you go anywhere alone

Using Children
Making you fell guilty about the children ★ using children to relay messages ★ threatening to take the children ★ telling you that you have no parental rights ★ threatening to tell your ex or the authorities to take your children

Denying, Minimizing, Blaming
Making light of abuse ★ saying it didn't happen ★ shifting responsibility ★ saying it's your fault, you deserved it ★ accusing you of "mutual abuse" ★ saying it's just fighting, not abuse ★ accusing you of "making" them abuse you

Physical VIOLENCE Sexual

Adapted from the Domestic Abuse Intervention Project
Duluth, Minnesota

The process of leaving a violent partner is the most dangerous time throughout a relationship.[78] Of all murder-suicides, 72% involve an intimate partner and 94% of these victims are women. At the state level in Virginia, Black individuals are three times more likely to experience intimate partner homicide than white individuals.[74] Women are more likely than men to be killed by a current or former intimate partner; however men are more likely than women to be killed through intimate partner associated homicide. Women ages 25-34 experienced the highest rates of intimate partner homicide. Overall, Black victims of intimate partner associated homicide die at twice the rate of white victims; however Black men were five times more likely to experience death related to intimate partner associated homicide than Black women.[74]

Sexual Violence

One in 6 women and 1 in 33 men in the United States have been raped in their lifetime.[79] In 2019, a quarter of reports of violent victimization to Virginia police involved a sexual assault offense.[80] The majority of the sexual assault offenses (87%) were perpetrated against women. Fifty-three percent of these attacks were committed by a friend or acquaintance and only 6% involved a stranger. Intimate partners made up around 10% of perpetrators in reported sexual assault cases.[80] Because many survivors may choose not to report their sexual assault to police, the number of assaults is assumed to be underreported. When looking at self-report data, the National Coalition Against Domestic Violence (2020) found nearly 1 in 5 women and 1 in 12 men have experienced sexual violence by an intimate partner in their lifetime.[81]

The long-term effects of sexual violence include post-traumatic stress disorder, anxiety, depression, and even suicide. One-third of women who have been raped contemplate suicide.[82] Due to increase in stress, those who have been sexually assaulted are more likely to develop issues with substance use.[83] In addition to the individual effects, it has been estimated that the lifetime cost of a sexual assault is $122,461 per survivor.[84] Based on estimates of the number of survivors in the United States, this accounts for $3.1 trillion overall, including medical costs, lost work productivity, property damage, and criminal justice costs. It is estimated that government sources pay for 32% ($1 trillion) of this lifetime cost.[84]

Rape myths and stereotypes are rooted in sexism and gender expectations. When someone discloses sexual assault, they are often measured up to false narratives of the "perfect victim."[85] Women who report assault are more likely to be believed if they fought back, were sober, unknown to their attacker, and reported the incident immediately. The perpetuation of these rape narratives deemed as "more accurate" prevents individuals from coming forward about their experiences and can lead to self blame for their attack. While 90% of adult rape survivors are women, male survivors of sexual assault face additional barriers to accessing services due to gender role assumptions.

Indigenous women are at the highest risk for sexual violence and are three times as likely to be survivors compared to all other races.[86] Unlike most cases of sexual violence, Indigenous women are more likely to assaulted by a stranger (41%) compared to an acquaintance (34%) or intimate partner (25%). In 1978, during Oliphant v. Suquamish Indian Tribe, the Supreme Court prevented tribes from prosecuting non-indigenous offenders, even if the crime occurred on their territory.[87] Ninety-seven percent of female victims and 90% of male victims experienced physical violence by a non-indigenous perpetrator. The history of non-indigenous violent attackers dates back to colonization of the United States when settlers used rape as form of control over Indigenous women.

The 2013 reauthorization of VAWA allowed special jurisdiction for individual tribes to investigate and prosecute domestic violence cases. Systemic barriers such as, lack of trust in police and lack of culturally competent resources continue to prevent indigenous women from reporting their assault.[88]

The history of rape for Black women is also deeply rooted in systemic racism. Enslaved Black women were subjected to repeated sexual violence which was legally encouraged for white men. The racial stereotypes perpetuated about enslaved people included that they did not feel pain and did not develop emotional bonds with their children. These myths allowed the practice of sexual violence against Black women to continue and contributed to the negative treatment of survivors long after emancipation. A societal double standard was created that allowed white men to go unpunished when assaulting Black women. Still, Black men were given the harshest punishments for accusations made by white women. Between 1908 and 1963 in Virginia, all men who were executed for rape were Black men even though more white men had been convicted.[89] The sexual abuse of Black men during slavery remains largely unknown but stories of forced sexual contact as a form of emasculation have been documented.[90]

One in five Black women are survivors of rape and one in four Black girls were sexually abused before age 18.[91] As with most survivor statistics, these are suspected to be drastically underreported. It is estimated that for every Black woman who does report an act of sexual violence, at least 15 don't. Racism within the sexual assault and domestic violence movement has focused mainly on white women survivors. The stereotypes that Black women deserve their violence and do not need support prevent Black survivors from reporting. Many survivors, of all races, do not report due to fear of their assailant's retaliation, but the racist stereotypes and over-policing of Black men add additional barriers.[92]

Gender-Based Violence in Youth

Youth who experienced abuse of any kind in childhood are more likely to commit violence against others through bullying, teen dating violence, and sexual violence.[93] This is particularly true for young boys who were victims in early childhood. They are also at risk for further violence. Youth who suffered abuse in early childhood are more likely to experience teen dating violence and intimate partner violence later in life.[94] Boys who witnessed their mothers being abused at home are ten times more likely to abuse a later partner, while girls who witness abuse at home are more than six times as likely to be abused by a partner later in life.[95]

Female students were three times more likely to experience dating violence than male students. Half of the youth who have reported dating violence also reported attempting suicide.[96] While 57% of teens know someone in an abusive relationship, only one third of teens who experience abuse

ever told someone.[96] In 2019, 15% of all violent crimes reported to Virginia law enforcement were sexual assaults against adolescents.[80] Nationally, one in five girls and one in twenty boys are sexually abused before the age of 18.[97] Myths perpetuated from childhood that boys hit or tease girls when they like them contribute to the misunderstandings and underreporting of teen dating violence.

Discrimination in The Legal System

Custody Cases

In the early 2000s, research detailing the effects on children witnessing intimate partner violence prompted courts to create mandates to consider allegations of abuse during custody proceedings.[98] Supervised visitation became a way to allow perpetrators of violence to see children rather than granting joint custody. Mediation and parenting education programs that courts use during custody arrangements have been shown to be largely unrealistic and unhelpful when there is a history of intimate partner violence. In 2013, the Department of Justice's Office on Violence Against Women launched the Family Court Enhancement Project in select courts to improve responses to intimate partner violence within custody cases.[99] They later developed guiding principles to assist with all courts involved in these cases.

Some states have passed laws to presume 50-50 custody in custody cases with few exceptions. Similar laws have been shown to work in Sweden, which has the highest rates of shared custody in the world; however additional practices within Sweden such as paid parental leave and free childcare already increase dual parenting.[100] Those who already split parenting duties equally would likely continue to do so through a custody agreement. In the United States, where parenting is assumed to be the mother's responsibility, these 50-50 laws could provide an unfair advantage to fathers who previously invested less time in child care. When parenting is unequal, the primary caregiver would face a loss immediately based on the legal presumption. Interviews with Virginia attorneys[iv] revealed a recurring trend of expectations put onto mothers within the courtroom. Frequently, mothers were expected to perform all emotional labor tasks including organizing play dates, setting up appointments, and other parenting tasks, even in cases where the father wanted to participate in these responsibilities.

While 50-50 custody can work in some cases, the presumption of shared custody would create an additional barrier for survivors of violence. Women are still unlikely to disclose their experience with family violence in fear of being viewed disapprovingly by the court. Attorneys have been known to advise their clients against talking about the abuse they experienced due to the potential of being labeled as "uncooperative" by the judge send therefore losing custody of their children.[98] Additionally, when there are allegations of sexual abuse made by the mother, courts are continuing to provide abusive fathers access and custody of the children.[101] It is estimated that this occurs in almost 60,000 cases each year. When mothers report both physical and sexual abuse against the children, their chances of losing custody increase to 50% compared to mothers who report sexual abuse whose chances of losing custody at 30%.[102] Even when the court found the abuse claims to be creditable, which happens in less than 50% of abuse claims, the abusive father was awarded custody 14% of the time.

Domestic Violence Cases

Women seeking divorce after domestic violence may not have the means to hire legal representation due to lack of economic stability. This can be used by abusers who have financial means as a way to further exert financial control over their spouse. By dragging out the court process, the survivor is forced to either continue paying for representation or accept undesirable terms to expedite the process.

A large factor leading to arrests of women is mandatory arrest laws for domestic violence cases. Mandatory arrest laws require an arrest if there is probable cause that an offense has occurred. While these laws have good intentions of preventing further violence, they have led to victims of domestic violence being arrested as the sole aggressor during self-defense, or under the "dual arrest" of both parties if the primary aggressor cannot be identified at the scene.[103] While Virginia does not have specific mandatory arrest laws, the individual deemed the primary aggressor can be arrested without a warrant.[104] A thorough investigation by law enforcement into the events is required to identify the primary aggressor within an abusive relationship.

Case Study: Marissa Alexander

In 2012, Marissa Alexander was convicted of aggravated assault with a lethal weapon after firing a warning shot near her husband. She received the mandatory minimum sentence of 20 years in prison. To the police in Jacksonville, Florida, Marissa appeared to be the primary aggressor of the particular incident. However, further investigation would have revealed the recurring abuse that Marissa experienced.

Marissa's husband had previously been arrested for domestic violence including an incident that put Marissa in the hospital. On the day in question, Marissa's husband had threatened to kill her. After she attempted to escape but was unable to leave the home, she fired a warning shot into the ceiling. Her husband then called the police and falsely reported that Marissa had shot at him and his sons.

While mandatory arrest and primary aggressor laws are intended to prevent further violence, the implementation without proper investigation calls for further education within the legal system on how to better identify the perpetrator.

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iv. As part of the background research to write this brief, FACT staff interviewed seven attorneys in Virginia. Their anonymous input is included in the brief.

Sexual Assault Cases

Out of every 1000 sexual assaults, only 310 get reported to the police.[105] Of those unreported cases, the most common answer for not reporting was fear of retaliation. Those who reported to police stated that they wanted to protect others or themselves from further crimes by the offender. Only 50 of those 310 reports will lead to an arrest and only 25 lead to an individual being incarcerated.

When sexual assaults are brought into the courtroom, women who appear more apathetic or emotionless when they disclosing their experience are perceived as less believable and more responsible for the event.[85] This myth is built on stereotypes and gender expectations of women being emotional, as well as a lack of understanding about potential trauma responses. On the other hand, interviews with Virginia attorneys revealed that women who are viewed as too emotional are also not believed in the courtroom. Defense attorneys who are representing the perpetrator may use these emotions as a way to discredit the survivor or deem them too incapacitated to testify.

Case Study: People v. Turner

In 2015, Brock Turner was discovered raping a woman behind a dumpster after leaving a fraternity party. He was then chased down and captured by bystanders who witnessed the event. The woman was found unresponsive but regained consciousness at the hospital. Turner told the police that he chose to engage in sexual activity and that he believed she enjoyed it. He was arrested and charged with five counts of felony sexual assault. Turner pled not guilty but was later found guilty of three of the charges. At sentencing, the survivor read an impact letter that was later shared globally. Turner's father also wrote a letter to the judge explaining the potential future impact of the verdict on Turner's swimming career. The judge sentenced him to six months in jail, despite the prosecution asking for a six year sentence, because he felt that additional jail time would impact Turner's future Olympic aspirations. He was released after serving only three months.

The case of Brock Turner provided a clear example of the bias that the judicial system has against survivors of sexual assault. Famously, Turner's father said that he had already paid "a steep price for 20 minutes of action." Despite an unanimous jury decision that Turner was guilty of the charges, the judge inserted his own bias into sentencing resulting in a much lighter sentence than anticipated. The prioritization of Turner's wellbeing and his future was felt by survivors of sexual assault across the nation. Additionally, the presence of rape myths detailed above extends to the courtroom.[85] Those who are viewed as "less than perfect" victims are less likely to be believed by jurors and judges.

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are traumatic experiences during childhood, such as experiencing violence and abuse or witnessing violence, that impact children's sense of stability and safety. ACEs are connected to chronic health problems and mental illness in adulthood. Certain groups are at a greater risk for experiencing ACEs, including women and people of color who are more likely to experience four or more instances of ACEs before the age of 18.[106]

Most of the stress that individuals encounter on a day-to-day basis is tolerable because individuals have coping skills and supportive relationships. However, exposure to stressful and adverse experiences over a long period without positive mitigating factors can become toxic. When an individual perceives a threat, the brain's limbic system, or "survival brain," sends out a red alert signal that releases stress hormones. This response is the normal physiological reaction that keeps humans and animals alive; however, when individuals experience toxic stress, there is a constant stream of stress hormones signaling that the individual should remain hyper-vigilant to their unpredictable and sometimes dangerous environment.

Further, simply anticipating traumatic events will switch on the body's stress response systems. The fear of gender-based violence, compounded with systemic inequality, can cause women to live in a constant state of red alert. Living within this continuous state typically drives them to lead a life of hypervigilance. This toxic stress increases wear and tear on the body--the sustained release of stress hormones can lead to multiple health issues including high blood pressure, high glucose levels and a weakened heart and circulatory system.[107]

The structural roots that contribute to ACEs also create ongoing stress for survivors of violence as they face sexist and/ or racist discrimination in their community and objectification through media, while also experiencing violence at home. Trauma is additionally compounded by barriers that survivors face through economic disparities and within healthcare systems, which can exacerbate the chronic stress experienced by being a victim of violence.

Adverse Childhood Experiences Tree
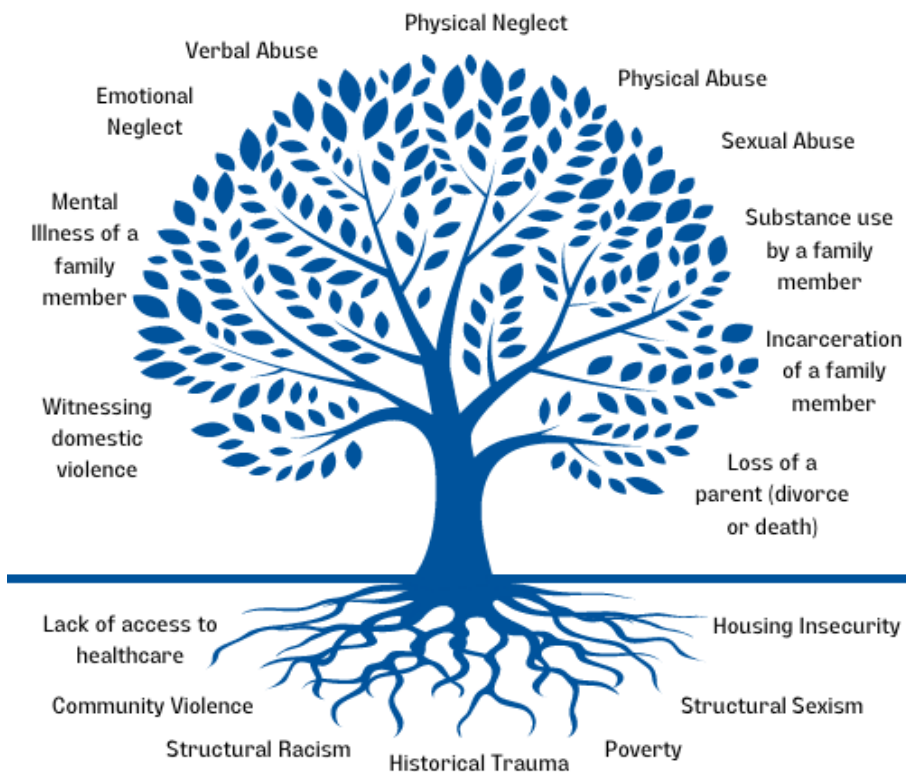
Survivors who are mothers face additional challenges when seeking to protect their children from experiencing abuse. In addition to the trauma of witnessing the violence or experiencing it directly, children may experience the loss of a parent, incarceration of an abusive family member, or the mental illness and/or substance use of their parents. Mothers may also fear that by bringing attention to the abuse, they will lose the ability to protect their children from further harm. Without effective mitigation efforts, trauma is passed from one generation to the next and irreparably impacts individuals, families, communities and societies.

For more information on the history and mechanisms of how racial and economic trauma cause traumatic stress, additional issue briefs can be found at https://www.fact.virginia.gov/systems-of-trauma/

Implications for Practice

This brief has examined the ways that systemic sexism impacts family violence and trauma. Trauma-informed care involves understanding, anticipating, and responding to the impact of trauma and increasing awareness about addressing existing trauma and preventing retraumatization. When looked through a social equity lens that is informed by historic and contemporary systems of sexism, it is possible to apply the tenets of trauma-informed care to better address mental health needs.

- Trauma Awareness - An understanding of trauma, including the types of trauma endured by survivors of family violence and how it affects a person's physical and mental health. This may include educating individuals about the historical context of sexism and how the system creates traumatic stress through upholding family violence.
- Safety - Trauma survivors often feel unsafe and may be in danger. A trauma-informed approach works towards building physical and emotional safety. This may include safety or crisis intervention plans for clients, the ability to lock restroom and shower doors in shelter settings, and providing safe places for children to play.
- Respect - Sexism has created a culture where women are often disrespected due to false narratives about their capabilities. Upholding the trauma-informed tenet of respect is crucial to building trusting relationships. This could include: telling clients how their confidential information will be used and shared, involving clients' input in improving programs and policies, and ensuring culturally competent/responsive policies are in place.
- Control & Choice - Because control is often taken away in traumatic situations, and because patriarchy is disempowering in and of itself, it is important to honor people's control and choices. This can look like encouraging choices whenever possible. Instead of asserting yourself as an expert, you can offer support based on your knowledge as survivors navigate the issue with you.
- Strengths-based approach - Trauma-Informed care is strengths-based rather than deficit-oriented. Rather than focusing on real or imagined limitations, a trauma-informed approach focuses on skill-building and resilience. A strengths-based approach is encouraged, but it is important not to deny or diminish the individual's experiences with sexism. Acknowledging the systemic disadvantages they face can provide a broader context to what they are experiencing.

Program Spotlights

The Virginia Department of Social Services, Office of Family Violence

The Virginia Department of Social Services, Office of Family Violence (OFV) created a Promising Practice Guide (PPG) that focuses on improving domestic violence services across the Commonwealth. The PPG was created by OFV staff, local domestic violence program staff, and survivors through the Survivor Voice Survey. It covers the topics of Shelter, Non-shelter/Community Based Services, Data & Evaluation, and Community Connections.

dss.virginia.gov/family/domestic_violence/index.cgi

American Psychological Association

The American Psychological Association (APA) crafted guidelines for psychological practice with girls and women. These guidelines are intended to help psychologists (and other mental health professionals) provide gender-sensitive and culturally competent care for their clients. Each guideline provides a research-based rationale and direct practice application.

https://www.apa.org/about/policy/psychological-practice-girls-women.pdf

DV Leap

DV Leap partnered with the Department of Justice's Office on Violence Against Women on a two-year project dedicated to improving the family court system's response to custody cases involving domestic violence. The project resulted in multiple tools and resources aimed to educate attorneys, advocates, Guardian ad litem (GALs) and judges on these cases.

https://www.dvleap.org/legal-resource-library-categories/custody-resources

Alexandria Celebrates Women

Alexandria Celebrates Women provides financial resources to Alexandria Domestic Violence Program and Sexual Assault Center's clients who need assistance with rent, utilities, car payments, or items needed for daily living. Clients within the Alexandria Domestic Violence Program and Sexual Assault Center are connected with an advocate to determine what support is needed and what assistance is available. Alexandria Celebrates Women utilizes grant funding to fill in the gaps of these existing services as needed. These crucial funds increase a survivor's ability to gain financial independence from their abusive partner. Due to the high volume of requests, the financial resources that Alexandria Celebrates Women distributes are allocated very quickly. Through their local Trauma Informed Community Network (TICN), Resilience Alexandria: Inform, Support, Elevate (RAISE), Alexandria Celebrates Women was able to distribute a FACT Emergency Funds Project grant to survivors in need. The FACT Emergency Funds Project provides $5,000 awards to Virginia TICNs to help "fill the gaps" of existing financial resources. These flexible funds provide critical support to community members who are facing economic disparity. To learn more about the FACT Emergency Funds Project, visit www.fact.virginia.gov/ad-hoc-grants/

Sanctuary for Families

In late 2021, Sanctuary for Families (SFF), a New York City service provider, posted an evaluation of their workforce development program for survivors of domestic violence called the Economic Empowerment Program (EEP). Through the EEP, the Career Readiness Training Program provides a four-month curriculum for survivors. During the program, they receive information on career development, business communication, job search skills and 200 hours of advanced training. Additional training and internship opportunities are provided, but not required for the program. The evaluation found that multiple areas of the survivors' lives improved such as self esteem, increased mathematical and literacy skills, increased professional development skills, and increased confidence in their career outlook. Through qualitative data, the evaluation revealed that participants felt that the program enriched their lives and built meaningful connections.

https://www.urban.org/research/publication/evaluation-workforce-development-program-domestic-violence-survivors

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