

POWER AND GENDER IN SEXUAL AND DOMESTIC VIOLENCE ADVOCACY

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There exists a unique expression of vulnerability and intimacy when two people share a therapeutic space. In this space, one of you gives voice to something, a tightly wound knot of dread, a bodily memory covered in shame, that almost doesn't make sense before it emerges. But it's something you know to be true because it's something you've felt, or something you've tried not to feel. This is a space I have occupied, shared, and been witness to through frontline, direct-service work with people who have experienced trauma, are survivors of sexual or domestic violence, or are actively experiencing a mental health crisis. In being a part of these spaces, I understand the inherent power dynamic that is created when one of us is actively experiencing trauma while I am the one who has the privilege to not actively be in crisis. The power imbalance that exists in this therapeutic space needs to be honored with care and integrity. Yet, having worked as a crisis advocate, in mental health crisis programs, in correctional facilities, and in shelter settings in Minnesota, there are countless times I have seen this power imbalance neglected, misunderstood, or abused. Survivors have experienced the trauma of having power and control taken away from them non-consensually, and there is a great risk of retraumatization, or repetition, of controlling relationships if providers are neglectful or ignorant of power dynamics.

The fields of sexual and domestic violence advocacy were founded by feminists calling attention to patriarchal power and how this power translated specifically to violence against women. This connected the traumatic experiences of survivors to power imbalances inherent to the dominant gender system, that is, the way that bodies are classified into two sexes, with gendered roles and traits supposedly derived from biological sex. Since the founding of the fields of sexual and domestic violence advocacy in both the US and UK in the 1970s, there have been dramatic changes in how gender is understood. Many feminist and queer theorists contributed to the deepening of comprehensive and critical understandings of gender by calling attention to the failings of dominant gender, positing that gender is culturally constructed. These burgeoning disciplines pioneered an understanding of the shortcomings of dominant gender, and the power of its discourse on both a systemic and an individual, embodied level. Despite this dramatic shift in gender conceptualizations, there has not been a wider questioning of dominant gender in healing spaces with survivors of sexual and domestic violence. Dominant gender discourse continues to inform therapeutic practices, and the field maintains a strong hold on its perspective of gender-based power imbalances within a binary vision of naturalized gender. Though providers enact both power and gender dynamics when working with survivors, yet there has not been a comprehensive integration of a radical and nuanced questioning of gender in these therapeutic settings. That is, in practical terms, in the fields of sexual and domestic violence advocacy, there remains a need for a deep reckoning with the latent power dynamics in all gendering and gendered relationships, and its influence on survivors' experience, despite the inherent focus on gender within these fields.

In order for true, comprehensive reckoning with the role of gender in domestic and sexual violence to take place, first a broad understanding of the history of gender is needed. As Scott and Fausto-Sterling detail,

the development of dominant gender concepts can be traced through the development of modern, Western medicine and the psychological sciences. These developments coincided with both the European Enlightenment and the scientific revolution, as well as the colonial era of Western dominance and expansion. Drawing on the empiricism of the experimental sciences, notions of dominant gender emerged through the medical and psychological sciences as supposedly natural, objective, and stable, despite there being a diverse array of different gender concepts across human geographies, histories, and cultures. In academia and other areas of activism, many feminist and queer theorists have drawn attention to this history, and have contributed to the comprehensive questioning of gender and the historically-rooted, dominant, binarized, naturalized, and normative understandings thereof. Here, normativity imposes power, based on a network of social mores including dress, gesture, and mannerism that dictates and limits imperatives for how a gendered person looks and acts—in sexual relationships, domestic relationships, and even in therapeutic ones.



The Stroker (Screen I) (still) - Pilvi Takala

The fields of sexual and domestic violence advocacy began, like queer theory and gender studies, with the feminist understanding that gender is an important factor in violence, and that oppressive systems can have direct, violent impacts on individuals. This understanding of power is essential to providers who work with survivors, so that they can understand the trauma a survivor has experienced in a way that links the power imbalance of dominant gender systems to the power exerted over a survivor in the form of sexual or domestic violence. However, simply naming gender and identifying its influence in domestic and sexual violence does not necessarily mean that there is a comprehensive understanding of gender that accounts for the myriad ways gendering, gendered relations, and the power dynamics therein, play out. The policies and therapeutic practices that are used when working with survivors are still largely based on naturalized, normative, and binary dominant gender perspectives, focused almost exclusively on patriarchal power imbalances within heterosexual relationships.

The issues of domestic and sexual violence are often conflated only with men's violence against women. In the US and the UK, the majority of domestic or sexual violence service organizations have been dedicated to serving women only. While some organizations may accept trans women in these spaces, on the national level many agencies promoting an understanding that these

kinds of violences impact cis women alone. Overwhelmingly, data on sexual and domestic violence relies on assumptions that all women are cisgender and do not track and analyze data on transgender survivors. This discourse continues to be promoted by organizations that are framed as the experts on domestic violence, and applied in therapeutic settings, despite the fact that nearly all researchers of domestic violence acknowledge and agree that someone can be a victim regardless of their gender, which has recently been adapted into the UK Home Office's legal definition of domestic abuse. The spaces and services dedicated to survivors that continue to rely on the discourse of power imbalances within a biological, normative, binary gender framework make the "safe" spaces inaccessible to survivors who are not heterosexual cis women. This is concerning given the figures that show how couples under the LGBTQIA+ umbrella are more susceptible to experiencing sexual and domestic violence. For example, one study based in the US from the CDC found that 44% of lesbians and 61% of bisexual women reported experiencing sexual or physical violence from a partner, compared to 35% of straight women.

The models and language that are specific to the dominant discourse on domestic and sexual violence also influence how experts and providers work with survivors. The promotion of discourse that frames these issues as "violence against women" by experts impacts how people understand power within gendered relationships of all kinds, making it difficult for survivors and providers to identify violence and safety concerns when the dynamics of the relationship differ from the dominant, gendered norm. There has been a movement towards opening up services to more than just women within the fields of domestic and sexual violence advocacy, for example, in the Greater Manchester area: Independent Choices Greater Manchester, Women's Aid Manchester, Trafford Domestic Abuse Services, and Stockport Without Abuse. However, many of these well-meaning programs remain within outmoded models of "violence against women," with the assumption that it will apply to any survivor. This can have devastating consequences for survivors, making the care needed to ensure their physical safety and mental wellbeing nearly impossible to access for those unable to access safe refuge housing, or receive free services. The imposition of a biological, normative, binary model of gender can also put survivors in situations wherein they are unable to identify power imbalances within their own relationships, or have a provider who does not believe or understand that there can be a power imbalance in gay relationships.

There is often deep shame associated with being a survivor, related to the stigma, to the trauma of the experience, and to the feeling of having power and control being stripped from you without consent. Understanding this while radically questioning gender also illuminates the way that the trauma of sexual and domestic violence may manifest differently for people of different genders, or based on the gender of their partner or abuser. A critical understanding of gender isn't only relevant for those who do not fit within the dominant gender system, for example, transgender and nonbinary survivors of sexual and domestic violence. Rather, a critical understanding of gender draws attention to power relations and their contradictions and failings for all people, since gendering is a shared experience of the social. For example, the shame and stigma around men who are survivors can be even greater because of how traumatic it can be to have power taken away when being powerful is a part of a social expectation or internal identity. Men who are survivors seem to contradict the understanding of power imbalances associated with a dominant view of gender. That is, providers need to have a more nuanced and comprehensive understanding of gender, drawing on the ongoing, pathbreaking work happening in contemporary queer and feminist theory.

Providers who are trained within the sexual and domestic violence fields are familiar with thinking about gender and its intimate and systemic expressions, yet there has not been a full integration of critical gender perspectives into their practices. The consequences can be dangerous for survivors when experts continue to utilize frameworks that are based in dominant gender and

apply outdated models of sexual and domestic violence. It is exceedingly difficult to find providers who approach their practice from a comprehensive, critical, and intersectional perspective, providers who apply this when understanding the layered power dynamics of the survivor's relationship within the broader cultural context of complex power relations. To begin to unravel the knot of shame that is wrapped around the wounds of trauma, there needs to be an informed understanding of what makes a space safe. If this responsibility is not handled with integrity, and informed with a critical understanding of power dynamics, the expert provider ends up retraumatizing the survivor.

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Pilvi Takala is an artist living and working between Berlin and Helsinki. Her video works are based on performative interventions in which she researches specific communities in order to process social structures and question the normative rules of our behavior. Her works show that it is often possible to learn about the implicit rules of a social situation only by its disruption. Her work has been shown at MoMA PS1, New Museum, Palais de Tokyo, Kiasma, Kunsthalle Basel, Temple Bar Gallery + Studios, Manifesta 11, Careof, CCA Glasgow, International Film Festival Rotterdam, HotDocs, Witte de With, and the 9th Istanbul Biennial. Takala won the Dutch Prix de Rome in 2011, and the Emdash Award and Finnish State Prize for Visual Arts in 2013. Takala will represent Finland at the Venice Biennale, 2022.

The Stroker (Screen I) is shown here as a still of the full work shown in two parts at stillpointmag.org.

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