

GENDER POLITICS AND THE CRIMINALIZATION OF WOMEN

Since both men and women experience trauma, why create a manual that focuses on women? While men experience high rates of trauma, we saw in Chapter 1 that women are more likely to experience violence at the hands of people they know and trust, while men are more likely to experience violence from strangers. These differences have a profound impact on how women and men understand their trauma experiences, and on peer support relationships. When services are “gender-neutral” and fail to recognize the unique issues related to betrayal, trust, safety, and shame—and their impact on engagement, connection, and relationships—women who have experienced trauma may find it impossible to heal. Although you may not be in a position to provide gender-specific peer support, it is important to consider gender-specific needs.

But there are other reasons, too. Throughout history, women’s experience has been invisible, ignored, or discounted. Women are socialized to take on certain roles, and if they don’t follow the rules, they may be treated as sick or criminal. Understanding this will help you better support the women you work with. This chapter will provide an overview of how gender role socialization contributes to violence and trauma, how social norms and institutions affect women survivors, and how gender may affect peer support relationships. It will also set the stage for gender-based tools and techniques described in later chapters.

The Invisibility of Women

Historically, women were considered to be the property of men and were believed to be physically, mentally, emotionally, and spiritually weaker than men. The notion of women’s bodies as men’s property was established in the Code of Hammurabi in 1800 BC, codified in English Law in 1769, and adopted by the United States in 1776. It was not until 1962 that a U.S. court first ruled that men do not have a right to beat their wives, and not until the 1980s that U.S. courts ruled that men do not have a right to rape their wives.

Until relatively recently, women have been socially, as well as legally, “invisible.” Girls still grow up in a society where political and economic power rests primarily with men, media and popular culture

objectify women, and violence against women is common. Until the early 1990s, women were routinely excluded from clinical medical research trials and were overlooked in many systems—for example, in employment, jails, and homeless shelters. As a result, many systems are basically designed for men, with women and children added as an afterthought. Gender-related issues are often overlooked. For example, many mental health programs do not routinely ask the women they serve about possible domestic violence or about whether they have children. As a peer supporter, you may encounter women who are struggling to get their basic needs met. You can support them with understanding, information, and advocacy.

INVISIBLE NO LONGER

In 2007, women represented 65% of the sheltered homeless population.

Women with children who have sole economic responsibility for their families is one of the fastest growing sectors of homelessness.

Over 90% of homeless mothers have been seriously physically or sexually assaulted.

– *From Laura Prescott, A Long Journey Home, 2008*

Women make up 17% of the total population of offenders in the justice system. They are more likely than male offenders and women in the general population to experience physical or sexual assault.

Many of the 3,000 jails across the country are too small to have separate facilities for men and women.

Girls are the fastest growing population in the juvenile justice system. Traditional justice practices may backfire with the very high percentage of girls who are abuse survivors.

– *From Women and Trauma: Report of the Federal Partners Committee on Women and Trauma, 2011*



WOULD YOU KNOW WHAT TO LOOK FOR?

Lara is 37 years old and has been hospitalized many times with diagnoses of an eating disorder and major depression. She lives with her boyfriend, whom she met in the state hospital several years ago. Lara has one child, but she lost custody of her child 13 years ago.

Lara came to the peer center after being discharged from the state hospital. She was hospitalized five days earlier when her boyfriend called 911 after an apparent overdose of her medication. Lara has overdosed many times before, always saying that it was the only way to get out of the apartment. It has been repeatedly noted in her records that she is “manipulative” and stages minor overdoses to get attention. The peer supporter knows about the impact of trauma, and gave Lara an opportunity to talk about her childhood. Lara described early sexual abuse and a gang rape at age 14. They decided to work together on the impact of Lara’s trauma history on her feelings and behaviors. Several months later, Lara was back in the hospital with another overdose.

While the peer supporter acted with sensitivity about Lara’s trauma history, she hadn’t thought much about her boyfriend. In fact, Lara was being abused by her boyfriend. He sometimes became highly suspicious and jealous, and to protect his “rights” to Lara he would lock her in the apartment with no phone and no way to get out. Lara knew that if he found her after an apparent overdose he would call 911 to “save” her. Because of her trauma history, Lara didn’t understand that relationships could be safe. She didn’t mention the problem with her boyfriend because she feared losing both her relationship and her place to live. After contacting the local domestic violence shelter, Lara began working on a safety plan, housing options, and began rethinking her options for relationships.

DISCUSSION QUESTIONS:

Would you have realized that Lara was being abused by her boyfriend? Why or why not?

Why do you think that domestic violence is sometimes overlooked by mental health providers?

Domestic violence is a reality for many women, with or without psychiatric diagnoses. To learn more, see the Domestic Violence and Mental Health Policy Initiative,

www.dvmhpi.org.

GENDER ROLE SOCIALIZATION AND VIOLENCE

Despite the advances made by women during the 20th century, our society is still fundamentally male-dominated, and many Americans embrace socialization practices based on physical dominance. The majority of Americans endorse spanking or other forms of physical discipline;¹ corporal punishment in schools is still allowed in 19 states and is used routinely in eight states.² While corporal punishment remains controversial, there is little doubt that if it is experienced as shameful, unwarranted, or abusive, it can have lasting psychological consequences.

For girls, learning to be compliant through physical force is coupled with mixed messages that increase vulnerability to abuse as adults: “be equal, but learn to

submit; be peaceful, but expect to be the object of violence; be powerful, but expect the most important leadership positions to go to men.”³ For boys, being physically dominated while being socialized to be powerful may create a vicious cycle of powerlessness, denial, shame, and vulnerability that may be dealt with through domination of others. In this way, both women and men may have been conditioned to live out patterns of abuse.

These dynamics create a backdrop for interactions among one’s peers. In whatever setting you work, both men and women may act from a sense of “victimhood” related to their past experiences. Gender-related violence—sexual assault, domestic violence, sexual harassment—may be a part of their lives, and may even occur within peer relationships. In addition, the behavioral health system may unintentionally contribute to a failure to recognize these behaviors.

¹ National Association of Pediatric Nurse Practitioners (2011) NAPNAP Position Statement on Corporal Punishment.

² World Corporal Punishment Research, www.corpun.com.

³ Wineman, S. (2003.) *Power-Under: Trauma and Nonviolent Social Change*, p.125. Available at <http://gis.net/~swineman/>

Because the system is so focused on diagnosis and illness, behavior is often assessed in terms of “mental illness.” So, in a psychiatric setting, an incident that might quickly be identified as domestic violence anywhere else may be written off as a symptom of “mental illness.” For instance, a woman’s report of being stalked or harassed may be misconstrued as paranoia. As a peer supporter, it is crucial that you become familiar with the dynamics of gender-related violence, the signs to watch for, and ways to intervene to ensure safety.

SOCIAL CONSTRUCTIONS OF WOMEN’S EXPERIENCE

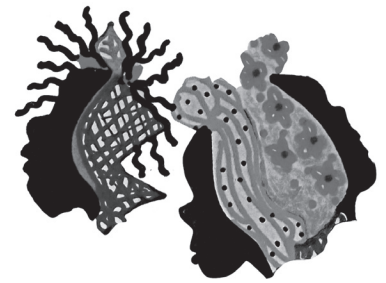
Women are socialized to defer to power, and if they do not comply with these expectations, their behavior may be labeled as deviant. This is a common process—the man who demands his own way is often described as “a strong leader,” but the woman who does the same thing is called “aggressive.” The process of constructing women’s experience as sick, crazy, or criminal is institutionalized in both medical and legal institutions.

The Medicalization of Trauma

The history of psychiatry is full of examples of women being portrayed as over-emotional and prone to imagined conditions, starting with the diagnosis of “hysteria” used for women in the 19th century. Currently, women are far more frequently prescribed drugs for anxiety, stress, or normal life changes (such as childbirth or menopause) than men. In the 1960s and 70s, there was a national scandal about the over-prescription of addictive drugs to women, many of whom were living in intolerable or abusive situations. While the most damaging drugs were removed from the market or more carefully controlled, the tendency to “medicalize” women’s problems rather than to deal with the underlying causes has not changed.

For women with severe abuse histories, the process of medicalization can be life-destroying. Survivors of violence usually try to make sense of their experience, “reconstructing” their self-identity to incorporate their experience. If people around them refuse to acknowledge or condemn the abuse, the survivor may come to the same conclusion. For instance, she may come to believe that “it didn’t happen” or “it happened, but it wasn’t important and has no consequences” or

“I provoked (and deserved) it — it wasn’t abusive.”⁴ The survivor may repress and deny the trauma in order to survive. And if she does that, what other explanation for her distress is there, other than that she must be “crazy?”



The Criminalization of Women Trauma Survivors

The number of women in the criminal justice system has increased dramatically since 1980. Many enter the justice system because of domestic violence or the criminal activity of their male partners. According to a Howard University Law School professor: “A woman may be married to a man who deals drugs and the woman has only a very basic low-level involvement. She may answer the phone and take messages... and yet, with drug laws the way they are now, she gets charged with conspiracy for the total amount of the drugs.”⁵ Incarceration reflects social patterns of racism; women of color are disproportionately incarcerated, while white women are disproportionately given probation.

PATHWAYS FROM VICTIM TO CRIMINAL

Girls run away from home to escape violence and end up in juvenile justice.

Women end up homeless due to violence, are picked up by police, and charged with petty crime.

Women use drugs to cope with pain and end up in the justice system.

Violence impoverishes women, causes loss of job and benefits, and women turn to crime to survive.

Women are arrested for defending themselves or their children from violence.

Once in the legal system, women are not taken seriously as victims and have a harder time getting released.

– From Mary Gilfus, 2002

⁴ Carmen, E. & Reiker, P. (1989). *The victim-to-patient process: Clinical perspectives*. In *Dare to Vision, proceedings of a conference held July 14-16, 1994, in Arlington, VA*. Holyoke, MA: HRA, p. 47.

⁵ Torian, S. (2001). *Criminalization of women*. *Southern Changes*, 22(3), 24-25.



Women may also end up being “criminalized” as they attempt to escape from domestic violence. As shown in the sidebar, there are multiple pathways through which women and girls who are being abused end up in the justice system, where they are most often treated as criminals rather than victims.⁶ And of course, incarceration itself can be fundamentally traumatizing.

The legal system offers little help to women with psychiatric diagnoses. Once diagnosed with a mental illness, women’s trauma histories are persistently discounted or ignored within the legal system. In fact, for women with a diagnosis of borderline personality disorder, the impact of the law is “pervasive and almost wholly negative.”⁷ About 76% of all people who receive this diagnosis are women, and a very

high percentage of them are sexual abuse survivors. Women who are diagnosed as “borderlines” often behave exactly as you would expect, trying to gain control back over themselves and others, and angrily confronting people in authority. But rather than recognizing their history and providing supports, the legal system may deem them “not disabled enough” to receive benefits, but far too troubled to be able to care for their own children or even themselves.

Implications for Peer Support

Many of these issues will surface again in later chapters, which are designed to help you develop the specific skills you need to work with women in peer support relationships. It is critical that you develop the ability to look through a “gender lens,” since so many aspects of experience depend on gender identity. Using a gender lens will help you to create a safer environment, recognize potentially abusive interactions, and develop services and supports that are more responsive to the needs and histories of both men and women.

⁶ Gilfus, M.E. (2002). *Women’s Experiences of Abuse as a Risk Factor for Incarceration*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence. Available at <http://www.vawnet.org>

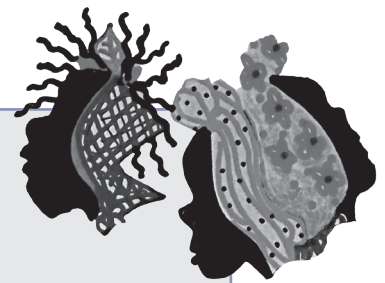
⁷ Stefan, S. (1998). *Impact of the law on women with diagnoses of borderline personality disorder related to childhood sexual abuse*. In B. Levin, A. Blanch, & A. Jennings (Eds.), *Women’s Mental Health Services* (240). Thousand Oaks, CA: Sage.

TONIER’S STORY

At age 9, I believed I would amount to nothing. My mother was an alcoholic. I had 8 brothers and sisters. My mother “entertained” all the time, and when she stopped singing and laughing, I knew I would hear the footsteps coming to my door. There were a lot of sexual assaults, a lot of abuse. Sometimes I couldn’t go to school, but no one asked me why. I also started drinking at age 9. When I started to drink, my mother would slap me down, but when the men came, it didn’t feel as painful, so I drank.

Eventually someone noticed and they sent out a social worker. She removed us from the family immediately, and put us in foster care. I was given back to my mother, but she needed a place to live, and she had an alcoholic friend of hers who she thought was pretty cute. So I married him, and she moved in. I was pregnant, and every day he beat me. Then I started using crack cocaine, and I didn’t have to feel. I thought I never had to feel anything ever again. But unfortunately, the cocaine introduced me to the criminal justice system. I stand before you with 86 arrests and 66 convictions. They told me I was going to spend the rest of my life in and out of prison or on the streets. They kept calling me crazy and I didn’t know why.

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I was a “repeat offender” and every time I was arrested it got worse. I was raped so many times I can’t count them, but they assigned me a male counselor. I was alone with this man, sharing the things that had happened to me, and how despite it all I had graduated the program, and he raped me. And he told me, no sense telling anyone about it, you’re just a convict, a prostitute. He has since been held accountable for his actions, but given my history, maybe a male counselor wasn’t the best thing for me.

One of the worst things was being put into seclusion or restraint. I don’t care if the room is padded or not, it triggers my issues with my mother. My survival mode kicks in. One time I pushed a tray out of my face, and someone got hit with the tray. So they call a code, and then I’m down on the ground being restrained. Restraining a rape victim? Doing more harm, causing more trauma.

I lived under a bridge for 19 years. But then I ended up in the Maryland Correctional Institution for Women, and I got into this program. The first thing they told me was that what had happened to me wasn’t my fault. And you know what? After years of everyone telling me that I deserved everything I got, I believed them, and my thought process changed. One of the best things I did was to take a course on how to be a mother. I had lost 4 kids to the system, I knew how to do that, but I didn’t know how to take care of a kid. I had been told that when they cry, they’re attention seeking. When you come from abuse, sometimes it takes real work not to be abusive. And I didn’t want that for my daughter.

Today I’m a homeowner. My daughter goes to a private school. Treating my trauma, you kept me out of your system, and I’m grateful. You also helped me to break that intergenerational curse I had in my family. My daughter will never know what I felt. She doesn’t know what it’s like to live in the projects, to be hungry. All she knows is that my mom loves me, feeds me. What if, at age 9, someone had recognized my trauma? Isn’t it possible that I could have become the woman I am today without the substance abuse, the homelessness, the psychiatric diagnoses? And I have one last question. When I was in prison—83 times in and out—when you looked across your desk and saw me, would you have seen the woman I am today? Would you have been able to see a woman who would be speaking to all of you at a federal roundtable meeting? Do you truly believe in the people you serve? Treat the trauma. You’re going to get different results. I promise you. I am the evidence.

CHAPTER SUMMARY: KEY POINTS

- Throughout history, women have been considered the property of men. Women’s rights to control their own lives have only been established within the last 50 years.
- When women do not conform to societal expectations, they may be labeled as crazy or criminal.
- Socialization practices based on physical dominance set the stage for both women and men to live out patterns of abuse.
- Gender-related issues, such as women’s health, parenting, and domestic violence, are sometimes overlooked by social service systems.
- Women often enter the criminal justice system as a result of actions they take to escape from violence, or as a result of the behaviors of their husbands or boyfriends.
- The legal system offers little protection to women who have been diagnosed with mental illnesses, many of whom are trauma survivors.



Resources

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