

Thesis

Viewing Intimate Partner Violence Through Intersectionality, Stigma, and Rational

Choice Theory

SOC

Sexuality & Crime

2024

As rumours told, it was once fine for a husband to beat his wife as long as he was adhering to the rule of thumb, an idea seemingly preposterous to modern humans, yet its echoing relevance is far from demise. Intimate partner violence (IPV), also known as domestic violence and spousal abuse, is prevalent across the globe, with females being the primary victims. While the overall prevalence and severity in individual cases warrant measures across numerous social sectors, it is also crucial for society to realize the mechanisms behind which IPV is perpetuated and reinforced. Victims of IPV are constantly being stigmatized; their social categories or marginalized identities place various barriers to being set free from IPV both proactively and reactively; helping-seeking also becomes a daunting task when IPV involves influence from multiple parties. Incorporating intersectionality, the concept of stigma, and rational choice theory, this paper explores how certain populations are disproportionately affected by IPV and how help-seeking among IPV victims is hindered.

## THE CASE

Intimate partner violence (IPV) is defined as various forms of abuse committed by a person toward his or her current or former romantic partner, including current or former spouse, dating partner, and common-law partners. While there is a wide range of forms of abuse constituting intimate partner violence in its legal term, they are generally categorized into four types: physical abuse, psychological abuse, sexual abuse, and criminal harassment such as stalking (Public Health Agency of Canada 2021). In 2018, over 40% of females aged 15 and over reported experiencing at least one form of intimate partner violence in Canada, amounting to a total of 6.2 million women nationwide (Cotter 2021). It not only leads to

devastating consequences for the female victims, who are often referred to as “battered women” due to both the official psychiatric diagnosis of “Battered Woman Syndrome” in DSM (Diagnostic Statistical Manual) and the cyclical, persistent nature of intimate partner violence (Walker 1977), but also poses serious burdens on the criminal justice system, healthcare system, and overall economy (Public Health Agency of Canada 2011).

79% of reported IPV cases involve female victims (Public Health Agency of Canada 2021). Given that women are overrepresented in terms of IPV victimhood, it is safe to suggest that IPV is a gender-based crime. Behind the facade that women are less physically capable than men, IPV is accompanied by and the result of long-standing gender inequality and the androcentric culture of Western society. It stems from the usage of the expression “rule of thumb” that permits wife-beating under certain conditions, reflects the objectification of women that once dominated Western societal norms, and continues to be an issue in Canada particularly. It was not until after the second wave of feminist movements that the Canadian government finally drafted and carried out laws targeting intimate partner violence in 1983 (Public Health Agency of Canada 2021). Since then, more laws have been devised in a bid to deter offences related to IPV, and six provinces and three territories have adopted legislations that address family violence specifically (Public Health Agency of Canada 2021).

Despite the legal effort, IPV continues to prevail. In just the past two and a half months in 2024 alone, three fatal IPV cases made the news. At the start of this year, a woman was murdered by her husband, who had violated restraining orders twice, and later found in front of a primary school (CBC News 2024). In February, a total of five people, including one woman and four children, were killed in Manitoba by their partner and father, who was

previously charged before the murder happened (CBC News 2024). Just a month later, a woman was murdered by her husband and found by the University of British Columbia campus (CBC News 2024).

## IPV & INTERSECTIONALITY

Central to the victimhood of IPV is the overlapping of one or more marginalized identities or social categories among the victims. Victims of IPV are often in multiple jeopardy, in which similarities in factors including gender, race, immigration status, sexual orientation, disability, and socioeconomic status are commonly observed. To put it into perspective, IPV is more prevalent among women of lower socioeconomic status (Miller-Graff and Graham-Bermann 2016). Besides, women who are refugees are at a significantly increased risk of experiencing IPV (Feseha, G/mariam, and Gerbaba 2012). Minority women report higher rates of being IPV victims (Stockman, Hayashi, and Campbell 2015). Moreover, IPV is more prevalent among same-sex couples than heterosexual couples, though very little attention is given to IPV among the LGBTQ community (Messinger 2011). Disability is yet another factor that predisposes individuals to experiencing IPV (Cramer, Plummer, and Ross, 2021). Therefore, although IPV occurs in people of all social categories, it is especially prevalent among the marginalized.

Together, the aforementioned factors increase the risk of IPV victimhood and worsen the experience, resilience, and mobility during and after IPV, provided it does not cause the death of victims, giving no chance for victims to recover and perpetrators to be rehabilitated. This multiple jeopardy shared by millions of women in Canada resembles the core of intersectionality theory set forth by Crenshaw (1991), conjointly accentuating the intersecting

relationships and compounding effects of multiple factors oftentimes seen in societal inequalities and oppression. However, it is critical to differentiate the dynamics unique to different social categories to which victims belong because doing so allows different parties, including researchers, policymakers, and law enforcement agencies, to bring their own perspectives and actions to the table, thus attacking the issue and extracting implications from multiple angles.

## IPV AND STIGMA

Stigma is defined as a symbol or mark of failure or deficits in one's identity and character (Goffman 1963). Through going through a process called moral career, individuals can develop the tendency to internalize and rationalize stigmas before they even become stigmatized themselves (Goffman 1963), which, in the case of IPV, is salient. Past research studies have attempted to categorize stigmas surrounding victims of IPV and how these stigmas are manifested in a way that discourages IPV victims from getting out of the abuse and seeking help from family members, friends, and authorities during all phases of the abuse.

Specifically, Overstreet and Quinn (2013) categorize the stigma of IPV into cultural stigma, internalized stigma, and anticipated stigma. Certain societal expectations and sociocultural norms can stigmatize victims of IPV, which are categorized as cultural stigma (Overstreet and Quinn 2013). For instance, victims of IPV are often thought of as being weak, incapable, passive, and even responsible for the abuse because of their response to the abuse and things they may have done that led to abuse (Murvartian, Saavedra-Macias, and Infanti 2023). Additionally, internalized stigma is the idea that IPV victims internalize the cultural

stigma associated with IPV. Expected stigma, on the other hand, refers to victims expecting that stigma will ensue once they disclose their IPV experience(s) to others. The three types of stigmas function as hindrances for the victims to utilize the necessary means to get out of the situation.

Aside from the stigmas aimed at blaming the features of IPV victims, sociocultural norms addressing greater social units, for example, the unit of family and child development, can also potentially pose stigmatizing effects on the victims. Certain cultures cherish the idea of familial harmony and sacrificing one's freedom for the greater good (Bejanyan, Marshall, and Ferenczi 2015), which in this case, can be thought of as mother victims sacrificing their welfare, putting up with the abuse, and not filing divorce because a broken home may be devastating for their children. Given that Canada is an immigrant country and has a diversity of cultures, the impacts of sociocultural norms on help-seeking behaviour and experiences among IPV victims are of significance. It is worth a moment's attention that sociocultural norms do not always equate to stigma; rather, it is whether these norms are imposed on victims by their social support network or the victims prioritize the norms over their well-being that dictates the outcome of the IPV experience, that is, whether the victims seek help to get out and recover mentally and physically.

The stigmatization of IPV aids the perpetrators to continue the abuse while discouraging victims from seeking help and breaking the cycle, both of which feature the cyclical and persistent nature of IPV and perpetuate as well as reinforce it. In many cases, the victim may die because of abuse, with the abuse never being exposed until the death of the victim (Kafka et al. 2020).

## IPV VICTIMS NOT GETTING THE HELP NEEDED

As mentioned before, stigmas associated with IPV can oftentimes stop IPV victims from seeking the help they need, sustaining the cycle of abuse or even resulting in deaths. In the meantime, the variance of help-seeking behaviours among IPV victims can also be attributed to other factors. Du Mont et al. (2005) found that the primary reasons for Canadian women not to seek either formal or informal help are because they do not think the abuse is serious enough or they simply lack the desire or need, the latter of which, when explored through a criminological lens, yields much value, as it helps us to better understand the dynamics of IPV and can be made of implication to the criminal justice system.

Drawing from rational choice theory, Gover et al.'s (2015) study uncovered the intricacies within the realm of IPV. IPV typically involves multiple parties, including the victim, perpetrator, child, and their social support system comprised of law enforcement agencies, criminal justice system, family members, friends, and social resources such as shelters and IPV hotline. The extent to which each party is able to facilitate the process and lead to a better outcome dictates much of the process wherein the victim weighs the benefits against the detriments of help-seeking. One of the things preventing victims from seeking help is the fear of retaliation by the perpetrators (Gover, Tomsich, and Richards 2015), which is a reasonable concern based on the high recidivism rate among IPV perpetrators (Pettersson and Strand 2017). Besides, many victims financially depend on the perpetrator, making leaving the relationship a daunting task especially when their economic means and social resources are limited (Gover, Tomsich, and Richards 2015). Many victims also dread losing

the custody of their children. The process of weighing benefits over harms paralyzes certain victims and becomes increasingly difficult when more parties are involved.

Even when IPA victims do seek help, their efforts could be met with incapability and inconsistency from the criminal justice system. On one hand, Canadian police officers are not always perceived as helpful due to their inconsistent ways of tackling IPV (Saxton et al. 2018; Saxton et al. 2020). On the other hand, because of the difficulty involved in assessing psychological damage and providing evidence for minor bodily injuries, courts in Canada can be incompetent when it comes to making the best decision for the victim at times. On top of these complications, certain minority victims also possess distrust toward the criminal justice system because of the overrepresentation of minority individuals in prisons and racial profiling by the police (Gutowski et al. 2022). Again, the process of weighing the pros versus the cons becomes distressing when efforts may prove futile and the system is not organized in a way to provide consistent and competent measures.

## CONCLUSION

In summary, this paper views IPV utilizing the concepts of intersectionality, stigma, and rational choice theory. Being female, sexual and racial minority, asylum-seeker, physically disabled, and low in socioeconomic status are commonly observed features of IPV victims profile. The stigmas associated with IPV and sociocultural norms can render IPV victims more susceptible to leaning toward maintaining the status quo and not seeking any help. Last but not least, the involvement of multiple parties in IPV and the inconsistent and sometimes incompetent responses from the criminal justice system also discourages IPV victims from breaking the cycle of abuse. It is in the best hope that this paper can serve to educate laymen



on the dynamics of IPV, especially regarding the predicament IPV victims are in.

Furthermore, another focus of IPV, which is outside the scope of this paper, may be placed on the rehabilitation of perpetrators given that family integration is oftentimes a cherished idea in modern society. Instead of having children go through mental trauma or foster care drift, it may be advisable to find a balance on the punishment-rehabilitation continuum for the perpetrator when there are still chances of forgiveness and reunion.

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