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The social dynamics of revictimization and intimate partner violence: an embodied, gendered, institutional and life course perspective

Margunn Bjørnholt

Norwegian Centre for Violence and Traumatic Stress Studies

ABSTRACT

This article offers a qualitative, institutional analysis of the dynamics of revictimization as the accumulation of disadvantages over time and across different institutional contexts, and its multiple gender dimensions. It draws on 37 qualitative interviews with victims of intimate partner violence, detailing the institutional causal pathways to victimization and revictimization over the life course, through the in-depth analysis of one case. Drawing on the vulnerability approach, developed by Martha Albertson Fineman, the analysis demonstrates how victimization and revictimization have been facilitated, tolerated, and even produced by particular institutional contexts, illustrating how the risk of revictimization is not a characteristic of the individual, nor is it destiny. The article contributes to a constructive social science, elucidating how victimization is contingent on social and institutional contexts, and how at several critical points, better institutions and better institutional responses to particular events might have prevented or interrupted the dynamics of accumulating victimization. Focusing on embodied, gendered subjects and the role of institutions in producing as well as remedying inequalities has far-reaching implications for research and prevention of violence. In contrast to a risk-factor approach targeting particular groups and individuals, a vulnerability analysis calls for a responsive state and universal institutional solutions.

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Introduction

Exposure to violence and abuse in childhood or adolescence is a well-known risk factor for revictimization and perpetration (Abramsky et al., 2011; Campbell, Alhusen, Draughon, Kub, & Walton-Moss, 2011; O’Leary, Tintle, & Bromet, 2014; Gilbert et al., 2015), and such experiences have been found to have negative health effects over the life course (Danese et al., 2009; Silverman, Reinerz, & Giaconia, 1996), however, studies of the individual consequences of violence cannot explain why and how revictimization unfolds in particular contexts over the life course, and are of limited value for prevention.
This article offers an institutional analysis of the dynamics of revictimization as the accumulation of disadvantage in specific institutional contexts over the life course, as well as the role of institutions in facilitating and preventing victimization. Drawing on the vulnerability approach developed by Fineman (2008, 2010), which focuses on embodied subjects and the role of institutions in producing, as well asremedying, inequalities, it demonstrates the role of institutions in (re)victimization and the production of resilience. The analysis developed in this article contributes to a constructive social science elucidating how victimization is contingent on social and institutional contexts, and the wide-ranging implications for the prevention of universalistic, rather than risk-based approaches. By foregrounding institutions, this article aligns with other contemporary endeavours to theorize violence and prevention in terms of institutions and complex systems theory (Walby et al., 2015), contributing to the emerging field of feminist institutionalism (Krook & Mackay, 2011; MacRae & Weiner, 2017).

Gender is a contentious topic in research on intimate partner violence. The question of whether, to what extent, and how violence is gendered has been discussed for decades (Johnson, 2005; Loseke, Gelles, & Cavanaugh, 2005; Walby & Towers, 2017). The ongoing methodological debates as to how the gendered character of violence is captured in studies of violence have led to refinements in the methods of measurement and the reformulations of definitions and concepts (Ackerman, 2015; Bjørnholt & Hjømndal, 2018; Donovan & Hester, 2015; Merry, 2016; Walby & Towers, 2017; Walby, Towers, & Francis, 2014). Neither gender theories nor more precise definitions and methods of measuring gendered patterns of violence explain the causal pathways to violence, however.

In foregrounding institutions, the analysis developed here has similarities with the ecological model of violence developed by Heise (1998). Heise adapted Belsky’s (1980) work on child maltreatment for domestic violence. Belsky, in turn, had modified Bronfenbrenner’s (1979) ecological model of child development as the outcome of the interaction of four nested environments or structures, and connected it to child maltreatment. The analysis is also informed by life course sociology and psycho-social studies that study individual behaviours and life courses in their social, historical and institutional contexts (Bengtsson, 2007; Bjørnholt, 2014; Elder, 1974; Henwood, Groves, & Shirani, 2016; Higgs & Gilleard, 2015). The ecological framework has become the main means of framing violence for the World Health Organization (WHO) (Merry, 2016), however, while gender was a taken-for-granted and integrated part of the framework in Heise’s conceptualization, gender is less visible in the WHO’s (2018) conceptualization of the framework, and the ecological framework has come to be seen as competing with a gender analysis (Merry, 2016; Nilsson & Lövkröna, 2015).

The ‘response-based approach’, developed by Hydén, Wade, and Gadd (2016), is another related framework for studying social responses to violence in multiple, interconnected contexts. The analysis to be developed here shares an interest in the social responses to violence with the response-based approach. Further, by focusing on how institutions both facilitate and produce violence, the ambition is to go beyond institutional responses, to elucidate the productive role of institutions.

The aim of this article is to contribute to an explanation of the social dynamics of victimization as a gendered, contingent process across a number of institutional settings over the life course. The prior revictimization literature is presented, followed by
a description of the vulnerability approach and a methods section. The main part of the article involves the in-depth analysis of one case, which is presented chronologically. The institutional context and the gender dimensions of this particular element in the informant’s trajectory of victimization is analysed for each case of victimization. The aim is both to provide a general picture of the institutional structures available in each particular case, at the time it happened, and to highlight missed opportunities for intervention. The final summary section briefly reviews the institutional factors underlying each case in the informant’s trajectory of repeated victimization and expands this outward to other cases.

Previous literature

Studies of revictimization typically focus on risk and risk factors, and there is general agreement on the increased risk of revictimization for victims of childhood abuse (Barnes, Noll, Putnam, & Trickett, 2009; Stefansen & Mossige, 2007; Widom, Czaja, & Dutton, 2008). Revictimization studies also examine the variation in risks among different groups (Desai, Arias, Thompson, & Basile, 2002). One strand of research aims at identifying particular risk factors by studying victims’ psychological, emotional, and behavioural responses to childhood abuse. Such studies may focus on posttraumatic stress disorder (Iverson et al., 2013), feelings of self-blame (Filipas & Ullman, 2006), or shame (Aakvaag, Thoresen, Strøm, Myhre, & Hjemdal, 2018; Kessler & Bieschke, 1999). A related line of research addresses victims’ behavioural responses to violence such as coping styles (Irwin, 1999) and risk behaviour (Walsh et al., 2013), and the interaction of a victim’s psychology and behaviour, such as the role of attachment and victims’ anger and violent behaviour (Kuijpers, van der Knaap, & Winkel, 2012).

A knowledge of risk factors, and how they vary and interact, is important, particularly in a clinical context, however, focusing on the psyche and behaviours of individual victims, is also a kind of victim-blaming. The ecological framework provides a more ‘contextual’ approach which may also be used to analyse sexual revictimization (Grauerholz, 2000). Contemporary uses of the ecological model often employ an individual risk factor approach, however, trying to isolate the effects of different institutional contexts on individual victimizations rather than using the framework to explain the social dynamics of revictimization. See, for instance, Pittenger, Pogue, and Hansen (2018) who use the ecological framework to identify individual, familial, and community factors, and initial abuse characteristics associated with a risk of revictimization. This approach misses the dynamics through which revictimization enfolds as a social process across institutional contexts.

The vulnerability approach

The vulnerability approach (Fineman, 2008, 2010) provides an open and multi-layered conceptual framework that allows a multidimensional analysis of individual agency in the context of social institutions. It takes as its starting point that individuals are at the same time universally vulnerable, and particularly embodied and socially embedded. Focusing on institutions and their role in the allocation (and misallocation) of resources is a suitable approach to studying processes of marginalization and inequality. The
vulnerability approach places institutions at the core of the analysis, and it can be seen as an attempt to constructively rethink society and the role of institutions in producing inequality, as well as in achieving equality. The role that institutions play in maintaining inequality is Martha Fineman’s argument for a responsive state: *The fact that societal institutions play a significant role in maintaining and extending inequality is the very reason that we need a more active state, one that is responsive to that reality* (Fineman, 2008, p. 2). A vulnerability analysis, argues Fineman, should start with the state and its institutions:

> A vulnerability analysis begins by first considering how the state has responded to, shaped, enabled, or curtailed its institutions. Has it acted toward those institutions in ways that are consistent with its obligation to support the implementation and maintenance of a vital and robust equality regime – a regime in which individuals have a true opportunity to develop the range of assets they need to give them resilience in the face of their vulnerabilities? (Fineman, 2008, p. 20).

This analysis goes beyond identifying particular problems in particular institutions and for particular groups. In contrast to a risk factor approach, which typically aims at identifying individuals and groups as particularly vulnerable or at risk in order to target them with special measures, a vulnerability analysis is universalistic in its approach. It aims to identify the role of institutions in producing inequality, with the aim of improving and resourcing those institutions to enable them to foster resilience for everyone.

The vulnerability approach, like the ecological approach (Merry, 2016), has been presented as being opposed to a gender perspective (Fineman, 2017). Fineman, having abandoned the gender perspective as her main emphasis, sees universal vulnerability as a basis from which to theorize inequality at a more general level. In my view, however, the vulnerability approach is fully compatible with a gender perspective (Bjørnholt, 2013). The vulnerable, embodied subject is also a gendered subject, and gender is pivotal in the allocation of resources and the (re-)production of inequality in society.

**Methods and sample**

This article draws on 37 qualitative interviews with 28 women and nine men who were victims of intimate partner violence, conducted in 2016–2018. The informants were recruited through social media via an open invitation on the Norwegian Centre of Violence and Traumatic Stress (NKVTS) website and the NKVTS Facebook page, and from among the respondents to a representative Norwegian survey on violence and rape (Thoresen & Hjemdal, 2014).

The informants were interviewed by telephone using a semi-structured interview guide, and the interviewees were encouraged to tell their stories in their own words. The interviews focused on the informant’s story of the abusive relationship(s): the details of the abuse; their everyday life with the abusive partner, children and other household members within the abusive relationship; career and work during and after the abusive relationship; how third persons reacted to the abuse, and their interactions with various services and institutions during the abusive relationship; breaking up, including the division of common property and custody, and visiting arrangements for children; and the current situation.
The interviews lasted between 40 min and 2.5 h; most of them were one to one and a half hours. The incidents described in the interviews varied from very minor events to severe and potentially lethal violence. Due to the wide inclusion criteria that were used to secure anonymity (any negative experience with a partner, ranging from mild physical violence to severe violence, rape and sexual violence, and controlling behaviours), the informants recruited via the survey had more diverse experiences. A considerable proportion of the men who had agreed to be interviewed could not remember any negative experiences with a partner, and they were not included in the study. Some of the men who were interviewed also had experiences of minor incidences of mild forms of violence and social control, while the women told of more severe violence, including sexual and reproductive violence, and repeated experiences of violence. Based on the analysis of all the interviews, one interview was selected for in-depth analysis.

Analysis

The analysis builds on a theory-driven, thematic analysis of the interview transcripts. The categories were derived from the theory, focusing on embodied experiences, institutional contexts, and resources. The transcripts were searched systematically for all references to the victim and the perpetrator as embodied subjects, such as sexual interactions, body size, and experiences that involved the body, like pregnancy and child-birth. The transcripts were searched for all references to institutions and the victim’s and perpetrator’s interactions with them, taking into account temporal and spatial issues. The analysis also drew attention to injury, and the impact on the victim of the violence in the situation over time, including health, financial, and other impacts, and finally, their interactions with institutions, professionals and family and friends.

Institutions in the following are both understood in the wider sociological sense, as complex social forms that are constitutive of societies and are conglomerates of legal arrangements, social practices, social norms, and related discourses such as the family, and in the narrower sense, as specific organizational entities such as education, the police, social services, hospitals, and so forth.

A case of multiple victimization

The following analysis will explore one case in depth. This case is representative of the extremes of a gendered pattern of exposure to intimate partner violence, found in this study and in other studies, including the Norwegian survey on violence and rape (Thoresen & Hjemdal, 2014), in which women are found to be exposed to more severe violence, sexual violence, multiple kinds of violence, and a higher number of violent incidents. Women also feared being killed by their violent partner to a higher degree (Bjørnholt & Hjemdal, 2018). Two thirds of the women in this case study had experiences of sexual violence from a partner, and two thirds of the women feared being killed (see Bjørnholt & Helseth, in press, for an analysis of women’s experiences of sexual violence from partners, embodiment, and fear). For this article, an in-depth analysis was made of one case alone, rather than of the whole material, in order to explore the dynamics of victimization and revictimization over the life course and across different institutional contexts.
The case that will be explored here is that of ‘Helga’, a woman aged 46 with a long history of multiple abusive relationships starting at an early age. At the time of the interview, she was still living with her current abusive partner, who was in treatment for his violent behaviour and for substance abuse, while he was waiting for public prosecution for his last violent crime against her. For her, as for many of the other participants, volunteering to be interviewed in the research project was part of coming to terms with and reclaiming her story and autonomy. This particular case was chosen because of its richness and detail, and the variety of experiences over the lifecourse. In contrast to many of the other informants, who had left their violent partner, this informant’s story is also open ended, which adds a reflexive dimension.

The family

Helga locates the beginning of her story of violence in her childhood in the 1970s: she describes her father as bad-tempered, which she relates to being overworked and tired.

Actually, my experience of violence started, although it was not so extremely serious by the standards of that time, (but) when I grew up, I had a father who had a very bad, very hot temper. He worked a lot, so he was very tired and had a hot, bad temper, so there was a lot of latent violence (...) just such a thing as waking him when he was sleeping on the couch and telling him that there was coffee on the table, I dreaded it very much. So, I stood on the other side of the lounge table and whispered like that: ‘dad, now there’s coffee.’ Because if he was annoyed, if we were playing and the like, we got a smack or a blow (…)

She also described ‘cases of both pinching and shaking and beating, not with the fist, but with a flat hand then, on the face and on the bottom.’ Her mother was emotionally unavailable, as she had a sick sibling and a much younger sibling: ‘At home, I did not feel like I had anybody; my mother has never been mentally available to me. I got a little sister when I was 13 years old and had a sick little brother, and I was big and clever and had to manage on my own.’

Growing up in an atmosphere of fear, with a lack of emotional support from the other parent and being subject to physical discipline, may have serious implications (see Vachon, Krueger, Rogosch, & Cicchetti, 2015). In Helga’s view, this experience made her susceptible to the abuse that she experienced later in several relationships.

Institutional context

Norway passed a ban on the physical disciplining of children in 1972, but according to Helga, it was still relatively common in the small rural society where she grew up. Support systems for parents in general were scarce: maternal leave was short (12 weeks), and there was a lack of childcare facilities. Full-time institutional care was most common for disabled children, and there was no system of support for parents who wanted to care for children with special needs at home. Although this has changed over time, there is still a substantial strain on families, and in particular, on the mothers of children who are seriously ill (Gundersen, 2012). Finally, the system of public, professional home help (housewife substitutes), which had been available for families after
birth and who could be called upon if the housewife was ill, was dismantled around 1970, and the entitlement to home help was restricted to the elderly, and in some places, to families with problems.

Working hours were reduced throughout the twentieth century in Norway. In 1968, they were reduced to 42.5 h a week, and in 1977, to 40 h a week. Employees also obtained extended entitlements related to parenting in 1977, through the Labour Market Act. Although Norway today provides ample support for working parents, including a 49-week fully paid parental leave, including a quota for fathers, work-family conflict is still an important issue in contemporary dual-earner families (Bjørnholt, 2012, 2014; Bjørnholt & Stefansen, 2018).

**Gender**

Families in Norway in the 1970s still relied on a gendered division of paid work and care, with mothers assuming the main responsibility for care and men as the main providers, although women increasingly entered the labour market (Leira, 1992). Although men’s roles were changing in the 1970s (Bjørnholt, 2011, 2014), male privilege within the family persisted, with the family as a ‘haven in a heartless world’ where men could expect to be waited upon and to rest from their work, including offloading their frustration. As many women were still financially dependent on their husbands in the 1970s, they had difficulty leaving unsatisfactory relationships. As women’s employment increased throughout the 1970s, the divorce rates did as well (Statistics Norway, 2018).

Seen in retrospect, it is obvious that the insufficient support and inadequate resourcing of families in Norway in the 1970s failed to produce an upbringing that would have provided resilience in Helga’s case, however, despite the negative effects on Helga of growing up with her father’s tantrums and the lack of emotional support from her mother, her family would probably not have been seen as dysfunctional, or in need of public attention or intervention, at the time. Even if her father’s outbursts of rage might have been beyond what was acceptable at that time, it is not obvious that there were opportunities for intervention in her family.

**Bullying, isolation, and ‘love’ in school**

She sought attention at school and attracted the interest of boys, which made her unpopular with the other girls. She was bullied and became isolated:

> At home, it was kind of important not to take up so much space then, so perhaps I had an extra need to be seen at school. (…) There was by chance an older boy who was interested in me, and so, oh, then we had it going (…) there was quite pronounced psychological bullying, with both letters and a kind of psychological terror for three years. So, I was totally excluded (by the girls in her class).

In her view, the bullying and isolation primed her for what came next:

> And that made me a rather easy prey, as someone who was already (…) seeking attention and contact. So, we had a boy in class (who) was very handsome and very exciting and very tough, but, he was very aggressive towards the girls. I remember once he hit me at school.
And I contacted my teacher, and then my teacher said: ‘yes, but you know he did it because he is in love with you’.

When she was hit by the aggressive boy in her class, and the teacher said he did it because he was in love with her, this was the answer to her longings for recognition and belonging: ‘And that became a truth. It was the way I felt: wow; how I needed closeness and attention, and to be taken care of and to belong to something, so I was an easy target for (...) him.’

As a result, she entered a very abusive relationship:

I was maybe 14, 13-14, and I experienced both strokes and kicks, and oh, he hit me with a rock I remember, for no reason, because he thought it was fun. And I had two teeth damaged, and I had to lie when I got home, and said I had stumbled (...). That I had fallen and knocked out my teeth.

She feared telling anyone, feared leaving him, and feared losing him, because she did not have anyone else: ‘I was afraid to tell on him and because I was alone. I did not have anyone, so if I told on him, then I would probably lose him, too.’

**Institutional context**

By not providing a safe social environment, and by not intervening in the bullying, the school facilitated Helga’s exclusion among her peers. The reframing of violence as ‘love’ is an example of how ‘professionals can collude with offenders and further violate victims by the manner in which they represent the events in question’, as described by Coates & Wade (2016, p. 191).

Bullying in schools was a well-known problem in the mid-1980s, and the first Norwegian anti-bullying programme was designed by Dan Olweus in 1970. Despite controversy about the effectiveness of particular programmes, including the Olweus Bullying Prevention Programme, research has shown that it is possible for schools to systematically improve their social environment and to reduce bullying (Eriksen, Hegna, Bakken, & Lyng, 2014).

Schools in Norway have specially trained nurses, who, in addition to health issues, are responsible for the general wellbeing of the students, and Helga’s attention-seeking behaviour, as well as the boy’s aggressiveness, could have led to questions about how they were both faring at school, among their peers and at home. The public dental health system for children in Norway is also usually located within schools, and an inquiry into the dental injury was another missed opportunity to uncover the abuse.

Bodily integrity and gender norms in relation to sexuality were first included in the Norwegian school curriculum in 2013, and sex education in school has long been criticized for being very technical, focusing mainly on reproduction and contraception (Gjellan & Melsom, 2017; Røthing & Svendsen, 2009).

**Gender**

Norwegian schools have mixed classes, but peer relations tend to be gendered. By tolerating gender segregation in peer groups, schools can be seen as contributing to the perpetuation of gender stereotypes. According to the UN Convention on the Elimination
of all Forms of Discrimination Against Women (agreed upon by the UN General Assembly in 1979 and ratified by Norway in 1981), the state has committed itself to actively working against gender stereotypes. Norway passed national legislation against gender discrimination in 1978.

In Helga’s case, the tolerance of aggressive behaviour from boys fostered a culture of abuse, and by introducing the concept of ‘love’, the teacher reframed a violent act as ‘romance’ and courtship. This concept of love draws on hegemonic ideas that link male attractiveness, toughness, romance and aggression (Lloyd & Emery, 2000). The role of ‘love’ and the competition among the girls for boys’ attention, which caused the other girls to bully and exclude her, draws attention to (heterosexual) love as an institution and the importance of heterosexual relations in shaping peer relations among girls. This case illustrates the pivotal role of the school in the social construction and even the production of gender and gender relations.

By not defining the violent behaviour as violence and by not acting upon it, the school failed to protect Helga. In contrast, by invoking the concept of ‘love’, the teacher’s response paved the way for her to enter what was, from the beginning, an abusive relationship. We have no information on the boy’s background, but previous studies have found that boys, more often than girls, externalize adverse childhood experiences (Broidy et al., 2003), although today, the gender differences in externalising behaviours seem to be disappearing (Bask, 2015). Regardless of the cause of his behaviour, by accepting that aggressive behaviour and violence, the school also facilitated his development into a perpetrator.

There are several examples of how the school could have provided the resources that would have produced resilience, and there were lost opportunities for interventions that could have stopped Helga’s victimization, as well as the boy’s development into a perpetrator.

**Giving birth activated trauma**

The experience of giving birth at 19 activated a trauma in Helga, as it led to a reinterpretation of her adolescence and a realization that she been abused. She suffered from depression and could not care for her child for the first three years.

I also experienced, with my first boyfriend, what was really sexual abuse. I did not realise it then, but I understood it afterwards (...) I was so ruined during birth, that eh, I understood very much what I had not realized before. So, it was a very traumatic experience. I went from having had an okay youth, to really understanding all that I had been exposed to, both mental and physical abuse, and that made me sink into depression. And, when I was 22, I tried to commit suicide.

**Institutional context**

Giving birth is a recognized risk for the activation of trauma after sexual abuse, and this was known at the time Helga gave birth (Courtois & Riley, 1992; Henriksen, Schei, & Lukasse, 2016; Henriksen, Grimsrud, Schei, & Lukasse, 2017). Sexual abuse in childhood and adolescence is widespread (Mossige & Stefansen, 2016; Stefansen & Mossige, 2007). It is also recognized that inadequate support after childbirth may be related to postnatal
depression. At the time Helga gave birth, there had been a substantial reduction in postnatal care in Norway since the 1950s, when mothers stayed in the hospital for two weeks, to stays of four or five days around 1990. The reduction has continued, and some researchers see the increase in postnatal depression during the same period as an effect of the reduction in postnatal care (Holte & Eberhard-Gran, 2017).

**Gender**

Giving birth and the implied risks are inadvertently linked to the capacity of the female body for pregnancy and birth (and breastfeeding). Giving birth exposes this radical and inevitable ontological sex difference between the male and female bodies. Inadequate support for women related to birth can be seen as an institutionally produced gender injustice stemming from a misrecognition of this particular embodied and gendered vulnerability.

In downscaling postnatal care, the Norwegian state has failed to respond to the gendered vulnerability of women giving birth, including the risk of activating trauma for victims of sexual abuse. As Helga became traumatized during birth, the post-partum period was a missed opportunity for intervention, and an attentive and caring health professional could have made a difference.

**Disability pension due to health problems and lack of adapted jobs**

Although Helga had been a high achiever at school, she did not complete upper secondary school, and she did not obtain further education or a job, due to a combination of health problems, leaving school early, and a lack of suitable jobs where she lived.

I went to a psychologist for many years, and I got a disability pension because I lived far away (from) jobs (...) (and) there were few adapted jobs. And (I had) no education. That, and the [health problems].

In her current situation, her disability pension provides her with a safety net, in case she should decide to leave her violent partner.

**Institutional context**

In her trajectory towards a disability pension, several institutional contexts are important:

**The education system**, which was the first to fail to protect her against bullying and facilitated a violent and abusive relationship, with the result that a talented student did not complete high school and did not obtain higher education. She did complete an education later, however, and now planned to enter higher education at the age of 46. This is possible due to the universal and free education system in Norway.

**The labour market** in rural areas is not very good, and there are very few adapted jobs. There has also been a reduction, over time, in publicly funded workplaces for people with special needs.
The mental health system: Helga spent several years in therapy with a psychologist, which she saw as important in recovering and building resilience. Norway has a universal and publicly-funded health care system, which covers somatic as well as psychological treatment.

Pension system: Norway has a universal disability pension, which is based on need alone and for which there is no financial means testing. It has previously been administered in a pragmatic way, in particular in rural areas, and she was granted a disability pension as a result of the combined effects of her health problems and the lack of suitable jobs where she lived. In recent years the criteria for eligibility have been restricted, with increased emphasis on medical conditions (Arbeids- og velferdsdirektoratet, 2015).

Gender

Violence has a severe impact on women’s exclusion from the labour market. A recent study (Lassemo & Sandanger, 2017) found that twice as many female victims of violence as male victims eventually resort to a disability pension, which is probably due to the differences in the relationships that male and female victims have with their perpetrators. For women, intimate partners represent the largest group of perpetrators, while men are mainly exposed to violence from strangers. The health effects of violence within close relations are more severe than those from violence from strangers (Thoresen & Hjemdal, 2014).

Traumatized victim—equal parent

Helga’s first husband, the father of her two youngest children, exposed her to psychological abuse by ridiculing and criticizing her. When she left, he threatened to kill her, and although he had spent very little time with the children, but he was awarded physical custody. After a couple of years, the children decided to live with Helga when they were 11 and 13 years old.

Although he had seldom been at home with the kids, as he worked a lot, while I had been home with them all the time, he actually got physical custody of the children, because he went to court after we moved. (...) He threatened my life. So, I had to contact the police, who told him he could not continue to make such threats, but still, because I had no plan for my life (and) had a bad financial situation, and did not know where to live, (so) the kids remained with their father for two years.

Institutional, gendered context

In Norway, a gender-neutral family law was passed in 1981, which dismantled the primacy of the mother, which had been introduced in 1909. Gender equality policies in Norway actively promote the involvement of fathers, and there is a strong norm of parental equality (Bjørnholt, 2012; Bjørnholt & Stefansen, 2018). Ignoring the actual division of parenting in decisions about custody and living arrangements may lead to gendered inequalities. It is also well known that victims of violence may experience more problems in being heard in custody cases (Saunders & Oglesby, 2016).
A law reform in 2004 extended children’s rights to be heard in cases of physical custody and visiting arrangements to children above seven years, and children are increasingly being heard in such cases since the reform (Skjørten, 2016). Before the reform, violence towards the other parent was not always seen as relevant in custody and visitation cases (Skjørten, 2004), but it is increasingly being taken seriously (Skjørten, 2016).

Housing in Norway relies on private homeownership to a very large extent, with few affordable rented homes, and gender differences in earnings and property place women at a disadvantage in the housing market. In Helga’s case, her economic situation and lack of housing was one of the reasons her children remained with the ex-husband.

**Disempowering and empowering, accessible and inaccessible services**

During her current (fourth) abusive relationship, Helga has sought help from several services. At the women’s shelter, she felt questions were steered towards making her leave her partner, which she was not prepared to do:

> I felt that, the way I was met was very superficial (...). I could see through their intention, in everything, it was so obvious in all that was said (...). And in a way, it was not, not where I was, so I knew that, no, I cannot be here, this is not right for me.

On the other hand, Helga received respectful help and support at the Life Crisis Help Centre at the hospital emergency unit, where her decision to stay was not questioned:

> The first few days afterwards [she survived a severe assault], I felt my life was worth so little if I did not get along with him that he might as well... that I was willing to take the risk that he could kill me. And I actually said that at the Life Crisis Help Centre; I know it sounds completely insane, but I've had, but my life has been so shitty that, this is the best I've had. And it's like, if he, who I care about so much, wants to kill me, it's almost like I'm saying ok, just do it.

Today, Helga’s partner has been admitted to a treatment centre for violent men (Alternative to Violence), which offers the support she thinks they need as a couple: they share the trust that she has in him as a valuable person who is worth loving and who has the potential to change, and they evaluate the risks and offer the tools to tackle dangerous situations. She also receives therapy from their psychologist.

After the second incident of life-threatening violence, Helga realized that she had to contact the police if it happened again:

> And then, I remember thinking, because it was like the second serious episode in a very short period of time; maybe just a couple of months (...) and I thought, if this happens again, I have to call the police, because now, you are actually sitting here knowing that he may kill you.

After the third episode of potentially deadly violence, she called the police:

> I went to the front hall and I felt how scared I was (and) I heard that he broke some things, and then I thought, I cannot enter – “Where am I going to go?” So then, I called the police. And the police arrived in a very short time. And I stood outside, and it was raining, and I did not have any shoes on. (...) I sat in a police car until the ambulance arrived (...). The police
also brought people who went to him because I was afraid he would hurt himself. And it became a court case, because the police made a case based on what they saw (…).

He was taken (into custody and put) in an isolation cell, and was kept in custody until the following day. And I was taken to the hospital, and some questions were asked, which I answered. I am not sure what I said. But I cried a lot. And it came to light that (…) things had happened before.

However, Helga was not able to stay at the hospital:

Because, oh, when I got to the hospital, I was not able to stay there. They wanted me to stay overnight, in such an emergency unit, trauma unit or something, I don’t know exactly. But I did not want to. And then they wanted me to go to the shelter, but that, I did not want either. So, I was really most concerned with getting information about what happened to him, and I did not get it that night. But I was told that he did not get out until the next day. (…) I had a concussion. And, oh, yes, (I) was in pretty bad shape, but I wanted to go home.

The day after the incident, the police called Helga and wanted her to accept a protection order: ‘I got a phone call from the police, where they pushed me very hard to get a protection order, and I was very reluctant (…) but finally, I agreed.’

A little later, the police called her again, this time in her capacity as her partner’s closest relative:

And then, I got a phone call from the police, who said I had to come to the police station with clothes and gear for him. And I said, ‘is there not anyone else who can do that, or can you not come and fetch it?’ No, they couldn’t. So, OK then. I had to pack a bag and go to the police station with it, and then, I knew he was free, so I was very afraid of meeting him.

They stayed in contact despite the protection order:

We were unable to maintain the ban on visits. We did not meet, but we sent some snaps [Snapchat] because we thought that might be less visible than messages and phone contact. And we were both afraid that in a way, this would be dangerous for us in this context. I was afraid that if I experienced more trouble and if I needed support from the police, I would not get help because I did not comply with the ban myself. And he was probably afraid of getting more punishment or being punished for it and being imprisoned.

After this event, Helga was depressed and had neurological symptoms, and was checked in to the hospital with a brain stroke. She persuaded her partner to seek treatment for his substance abuse, and he was admitted to a treatment centre. She was still very scared, but again, she was called upon to cater to his needs: ‘I was asked to bring him stuff; he needed more clothes and, things like that, so I took a bus and went out there to visit him.’

Institutional context

Norway has a wide range of services for victims of violence. As a result of women’s activism and state feminism, a large number of women’s shelters have been established since the 1980s, and have received public funding (Skjørten, 2004). Since 2010, the shelter services have been a municipal responsibility (Bakketeig, Stang, Madsen, Smette, & Stefansen, 2014). Treatment centres for violent men were also established in the 1980s, initiated by the women’s shelter movement. Recently, the treatment centres for
perpetrators have been expanded, and they have also been given a wider mandate to care for the victim and treat the family as a whole.

The police responded to the immediate danger that Helga’s partner posed to her by taking him into custody. They also took responsibility for her security by persuading her to accept a protection order and taking the case to the public prosecutor. This can be seen as the effect of an institutional and attitudinal change in the police in Norway in recent decades, towards taking domestic violence more seriously and building competence regarding domestic violence (Aas, 2014). Family violence is a political priority in Norway, and several reforms have been implemented, including the mandatory use of a risk assessment tool by the police (Vatnar, Friestad, & Bjørkly, 2017). A recent major reorganization of the police has led to worries about the future prioritization of family violence, however (Newt & Sandne, 2017).

The accessibility of different services depended on how Helga was met. She felt that the women’s shelter was too eager to steer her towards leaving her partner, which she was not prepared to do, however, she was able to accept help from two other services, which did not question her decision to stay. After the previous potentially life-threatening incidents, she had already decided to contact the police if it happened again, and she saw the police response as helpful. Despite feeling ambiguous about the public prosecution, she also felt relief and saw it as a confirmation of the severity of the violence, placing the responsibility and the consequences on her partner. This illustrates the importance of timing, tempo and chronology in the police response and the service provision for victims of violence (Brännvall, 2016).

**Victim of violence and closest kin**

The day after the life-threatening violence, the police asked Helga bring clothes for her partner to the police station, which seems inappropriate, taking into consideration the danger he posed to her and the fact that she had been injured and traumatized. When he was admitted to an alcohol abuse treatment centre, she was also called upon to bring him items. It can be seen as an institutional failure that the victim still carries a (gendered) obligation, as the closest of kin, to cater to the needs of the perpetrator.

She was not able to accept the help offered at the hospital and eventually went home, staying awake the whole night and walking long distances to get to the appointment with a service provider in the morning, while also handling issues with the police, including catering to her partner’s practical needs. This level of stress and exertion is clearly not recommended for a traumatized patient with a concussion. One reason she was not able to relax was her concern about her partner’s well-being. Helga was very concerned about his well-being immediately after the assault, when he was arrested, while he was in custody and afterwards. Her need to know that he was being properly taken care of was not met, and she became complicit in breaking the protection order because she felt responsible for him, despite her fear of compromising her own access to help.

Nevertheless, Helga and her partner have been able to access help due to the fact that violence in intimate relations is a political priority in Norway, with a high degree of institutionalization and a variety of high-quality services for victims of violence and
sexual abuse, as well as for the perpetrators, and an increased awareness and prioritization of ‘family violence’ by the police.

**Gender**

The unilateral responsibility Helga assumed for her partner can be seen as part of the gendered rationalities of care (Gilligan, 1982; Wærness, 1984), as well as the unequal exchange of emotional support (Jónasdóttir, 1991) and the affective inequality (Cantillon & Lynch, 2016) in ‘normal’ contemporary heterosexual love relations, however, asymmetric relational practices are not always gendered, as the abusive partner’s needs may also take precedence in abusive same-sex relationships (Donovan & Hester, 2015). Gendered patterns of responsibility for care in society still persist, however: the female partners of men who are seriously ill often take a substantial responsibility for administering their health condition (Lilleaas & Fivel, 2011). Gendered expectations towards kin prevail in the Norwegian welfare system: the elderly who have daughters receive fewer municipal services than the elderly with sons (Berge, Øien, & Jacobsen, 2014). Caring for the perpetrator could thus be warranted not only from a health and prevention perspective, but also from a gender perspective. A sufficient and adequate institutional response to the perpetrator’s needs would free the victim from her feelings of responsibility and being expected to cater to the perpetrator’s needs.

The prioritization and resourcing of different institutions also reflect gendered dynamics in the state response to and politicization of violence. Domestic violence is a high priority in Norway and can be seen as a state feminist success and a public responsibility. The new Shelter Act 2010 meant that municipalities are obliged to provide shelter services for men and women. The gender-neutral shelter law, as well as the process that led to it, have been criticized from a gender perspective (Halperin-Kaddari & Freeman, 2016; Hellum, 2016; Hennum, 2010; Laugerud, 2014). The implementation of the Shelter Act has led to an improvement of shelter services, but also to a loss of autonomy as many shelters that were previously charities or NGOs became municipal units (Bakketeig et al., 2014).

**Institutional failures, missed opportunities and the universal welfare state**

In summary, Helga’s story of victimization and revictimization over her life course has been facilitated by, and can partly be seen as the outcome of, institutional failures and missed opportunities in a number of institutions over her life course. Firstly, she grew up in an atmosphere of fear and with a lack of emotional support in the family, in the context of traditional gender roles and inadequate support structures for families in the 1970s. Several of the study’s informants had adverse childhood experiences of violence, neglect, and sexual abuse. Some linked these experiences to their further trajectory of victimization, like Helga. Others did not have fully formed stories, and some only briefly mentioned childhood experiences, without framing them as part of a causal chain of events. Others did not mention their childhood at all.

Some of the informants who had adverse experiences in the family were very young. This illustrates that despite changes in gender relations and despite the development of the welfare state and the increased support for families in Norway, compared to the
1970s when Helga grew up, the family as an institution may still fail. The institutional support for children still seems insufficient to compensate for family failure. Some of the young informants also had successive experiences of neglect and violence in families and in foster homes. Such multi-victimized victims also suffered victimization across a number of institutional settings, such as being sexually abused by the staff while in institutional care, and violence and abuse from boyfriends. This illustrates that there are still deficiencies in the institutional response to families that fail. Stories of abuse from staff further illustrate that institutions may be corrupted, not only in not providing the services they should, but even in being an active part of the abuse.

Secondly the school failed to protect Helga against bullying, and it did not intervene when she was exposed to violence. In contrast it actively facilitated her first abusive relationship by reframing the violence as ‘love’. Other informants, too, shared experiences of bullying in school, and some also had experiences of violence from boyfriends. Some of the youngest informants had experiences of successive abusive relationships. Like Helga, they connected their experiences with successive abusive boyfriends to the abuse they had suffered from boyfriends at a younger age. Despite persistent attention to bullying in the last 50 years, bullying in school remains high. Recent studies have found that sexual abuse and violence from boyfriends is to a large extent normalized as part of heterosexual relations among young people today (Aghtaie et al., 2018).

Helga’s traumatization during childbirth is another example of a missed opportunity for changing the course of events. Other informants, too, had negative experiences related to pregnancy and childbirth, and there were several examples of violence and lack of support from the abusive partner in relation to childbirth. For some, sexual abuse and reproductive violence were linked; from getting pregnant as the result of rape by their partner, to being forced to undergo an abortion and being pressured into sex soon after birth. Sexual abuse and reproductive abuse target women in their female reproductive capacities, which represent an important sex difference in embodied vulnerability.

Losing custody of her children to the ex-husband who had threatened to kill her illustrates the failure of legal institutions to respond to violence in relation to a custody struggle. In her current relationship, the police and the health system responded adequately, but still there are examples of institutional mishaps, such as calling on her as the closest of kin to care for the perpetrator. Other informants also told of being at a disadvantage in negotiations with the family protection office over custody and visitation arrangements. For some, the physical and mental effects of the abuse compromised their credibility in meetings with public servants. For instance, one victim had developed facial tics due to the abuse, and she felt that her concern for the children’s, as well as for her own, safety were not taken seriously. Other informants were believed and received support and help.

Despite the account of how several institutions had failed her in the past, Helga has drawn on the Norwegian universal and publicly-funded health care system and on the Norwegian universal system of welfare state in exercising agency and building resilience. She has also benefited from the Norwegian free education system, which facilitated her taking up education later in life. All in all, the Norwegian state provides substantial means for repairing broken lives and building resilience over the life course through its institutions. In recent years, however, its universality is increasingly being restricted, and
a person in Helga’s situation when she obtained a disability pension would probably not have obtained it today, due to the much stricter eligibility criteria.

**Concluding remarks**

The analysis presented here elucidates the dynamics of revictimization as the accumulation of disadvantages over time and across different institutional contexts, and its multiple gender dimensions. In detailing the institutional causal pathways to victimization over the life course, it explains the higher risk of revictimization among victims of violence in childhood and adolescence, found in many studies. As demonstrated in this article, a vulnerability analysis goes beyond explaining the chain of accumulating victimization. It also demonstrates how victimization and revictimization have been facilitated, tolerated, and even produced by particular institutional contexts, illustrating how the ‘risk of revictimization’ is not a characteristic of the individual, nor their ‘destiny’.

The analysis demonstrates that, at several critical points, better institutions and better institutional responses to particular events might have prevented or interrupted the dynamics of accumulating victimization. This approach is in contrast to a risk-based approach to prevention, singling out and targeting particular groups and individuals with special measures.

Helga would most likely not have been identified as being ‘at risk’ in any of the institutional contexts which were pivotal in her trajectory of victimization—her family of origin, school and the health care system related to child-birth. Based on the vulnerability analysis developed here, the Norwegian state can still be seen as failing to develop ‘a robust equality regime – a regime in which individuals have a true opportunity to develop the range of assets they need to give them resilience in the face of their vulnerabilities’ (Fineman, 2008, p. 20).

The implications of research and prevention are wide-ranging and call for a rethinking of institutions with the aim of making them work for everyone, to prevent, stop, and respond to violence.

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**References**


