

Doctoral Dissertation Research: Trauma, Domestic Violence, and Hybrid Medicalization

Project Summary

While research on the feminist anti-violence movement has explored the movement's co-optation through criminal and legal channels, few studies examine the ways in which medicine has also transformed anti-violence politics, institutions, and discourses. This project asks how processes of medicalization – or the transformation of social problems into medical ones – are at work in domestic violence politics, service provision, and the ways in which victims understand and seek services for their abuse. Using psychiatric and psychological notions of “trauma” as a site through which to study the medicalization of domestic violence, this project links macro-level political shifts in anti-violence feminism and medicine with micro-level transformations in victims' narratives of abuse and their interactions with service providers. This research asks: how does domestic violence become (irresolutely) medicalized, and what are the effects of this shift on the lives of domestic violence victims? At the macro level, this research hypothesizes that domestic violence is medicalized through the concept of “trauma” in order to make domestic violence victims into socially “legitimate” sufferers. At the micro level, this research hypothesizes that the rise of medical discourses and “treatments” for domestic violence changes the ways in which victims understand and seek help for abuse, imposing the frameworks of trauma on their stories. This project will explore these hypotheses through a qualitative study using in-depth interviews and archival investigation. This research will contribute to sociological theories about medicalization, feminist politics, and the social construction of legitimacy, while also responding to burgeoning policy debates in the domestic violence field about the contradictory relationship between anti-violence and medical work.

Intellectual Merit

This project seeks to understand how trauma operates as both a medical and feminist concept in the anti-violence field *and* how professionals and victims engage with that concept. While medicalization studies tend to focus on a redefinition process from non-medical to medical, this project poses new questions by asking how feminist and medical knowledges *both* produce the paradigm of domestic violence trauma. Additionally, this project asks how victims manage the *effects* of medicalization processes. This project has three central aims: 1) to describe the historical changes that have linked feminism and medicine; 2) to explore how medicalization processes transform domestic violence services and advocacy; 3) to explain how domestic violence victims engage with the concept of trauma, both in explanations of their abuse and in their interactions with healthcare providers. Overall, this study aims to link historical and contemporary processes of medicalization with victims' management of everyday life under conditions of inequality and violence. This study links macro knowledge-making processes with micro lived experience in order to explicate the dynamics between feminism, legitimacy, and scientific knowledge.

Broader Impacts

The concept of “trauma” infuses domestic violence policy, from federal funding directives to local coalition strategies. By revealing the social dynamics at play in the construction of domestic violence trauma, the Co-PI will be able to contribute to critical domestic violence policy conversations. Domestic violence policymakers and healthcare providers engage in frequent debates about the best ways to screen, intervene on, and “treat” domestic violence victims; this research adds a sociological perspective to these debates by focusing not only on macro political processes, but also on the micro-level *effects* of these policy shifts. The Co-PI will collaborate and share findings with domestic violence advocates and policymakers who have been identified through previous research. This project also incorporates the voices of women who have themselves experienced domestic violence. Because these victims are accessing services at no cost, they are typically from underrepresented class and racial backgrounds. Thus, this project will integrate the experiences of people from marginalized class, racial, and gender positions into sociological theories of knowledge production and into contemporary debates about the politics of the anti-violence movement.