**Benevolence vs. lacking responses:**

**The Deterioration of Commitment to Gender-based violence in the Israeli Welfare State**

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# Abstract

Many countries, including Israel, responded to the international women’s movement’s claim that States should be committed and accountable for protecting women from gender-based violence. The Israeli state responded with 1991 legislation and the establishment of centres in charge of therapy and prevention. Beyond the declared commitment, a scholarly interest recently arose concerning the possibility that a symmetrical notion of Intimate Partner Violence (IPV) impacts the social services approach. Currently, not enough is known about the consistency between the stated commitment concerning prevention and the process in which the symmetrical understanding of IPV permeates social workers’ practices. In presenting our analysis of 50 interviews with social workers we show a deterioration process in social workers’ commitment to a gendered perspective of IPV and how they embrace a symmetry approach to IPV.

**Keywords:** social workers, gender-based violence, symmetrical approach, deteriorating commitment.

# Introduction

Intimate Partner Violence (IPV) is a widespread social phenomenon, common in global neoliberal societies around the world; it is estimated that 35% of women worldwide have been the target of physical or sexual violence by their partners (Abraham & Tastsoglou, 2016a). Studies indicate that IPV is harmful in all of its many forms (physical, sexual, psychological, emotional, or economic) as it effectuates the abuser’s exertion of power and control (Abraham & Tastsoglou, 2016a; Johnson, 2009; Lindhorst & Beadnell, 2011; Scott-Story, 2011; authors, 2019). Campbell (2013) pinpoints the dynamics of neopatriarchy that accelerate IPV in neoliberal societies, perceiving them as grounded in the precarity and isolation characterizing these women’s lives. Scholars agree that the state and its institutions play a central role in the preservation and reproduction of gender-based violence worldwide (Abraham & Tastsoglou, 2016b; Adelman, 2017; Hearn et al., 2016). Official policy reproduces IPV’s hegemonic power position even in countries whose declared rhetoric opposes IPV, especially in social locations in which exposure to IPV is intensified by racialized marginalization (Grzanka, 2014). Brush (2013) and Weissman (2020) have shown the systematic denial of material resources by IPV survivors in the US to the extent of turning harsh poverty into a prolonged characteristic of their family lives. Based on these earlier studies, we define here the notion of gendered commitment as commitment to survivors’ practical needs and to assist them in rights take up. Unfortunately, a recent study indirectly questioned such gendered commitment finding limited support for survivors’ rights takeup (co-author3 et al., 2021).

Many countries, including Israel, joined the Beijing 1995 declaration of the United Nations Fourth World Conference on Women, recognizing that gender-based violence constitutes a violation of human rights, and encouraging a commitment to end it. Concurrently, the Israeli state legislated its 1991 law for protecting IPV survivors and established a social service in the form of centres for therapy and prevention (CPDVs). Although, originally social services in the area of IPV providing therapy and prevention were grounded in a gendered commitment, a scholarly interest recently arose concerning the possibility that a symmetrical notion of IPV currently impacts the social services approach. Up until recently, not enough is known about the weight of the embracement of a symmetrical approach by social services in facilitating the role of the state in the reproduction of violence against women (Abrahms, 2016; Adelman, 2017; co-authors, 2020). Here, our objective is to explore how gender violence is reproduced by the growing gap between benevolence or commitment and lacking responses, in state social services responding to IPV survivors (and their children). Our analysis aims to contribute to the understanding of the ways in which the therapeutic intervention, as the main response, takes part in the reproduction of IPV. Below we discuss the establishment of benevolence and commitment next to the process in which symmetry arguments reducing gendered commitment have permeated state social services.

# Literature review

The responses of state social services to IPV and its multiple variants were characterized by Brush (2013) as having “many faults in the goals and procedures”, resulting in a half-hearted and ambivalent approach. McKinnon’s seminal work (1989) has informed Adelman’s (2017) focus on the state, showing how it is complicit in reproducing the diverse forms of IPV (Abraham & Tastsoglou, 2016a).

Initially, feminist researchers repeatedly showed how patriarchy reproduces societal expectations that maintain male superiority over women (McPhail et al., 2007). Applying a feminist perspective to further understanding, IPV allows for guiding frameworks to be examined and incorporated into understanding existing power structures. The Matrix of Domination, first introduced by Collins (1990), demonstrates how some people have greater access to social power and privilege based on their social identities, a major contributing factor to IPV. Advocates can use this tool to help guide their practice when working with survivors. Out of a feminist analysis come feminist social work skills that emphasize the female perspective and how sexual inequality impacts women. Globally, when social workers recognize that IPV is part of coercive control (stark, 2007) and a violation of human rights, they are able to support survivors in diverse ways.. Due to implicit bias, prejudices, stigmatization, and common misconceptions about IPV, self-determination might be more limited for minorities.

 However, in recent years there has been a surge in scholarship identifying gender symmetry in domestic violence with primarily men researchers arguing that the gender perspective on power and control is relevant for only a minor proportion of complaints. Their argument is commonly associating the gender perspective with injustice towards male perpetrators. In contradistinction, Hardesty and Ogolsky’s (2020) review shows that studies indicating gender symmetry that were published since 2010, suffer crucial failures both in sampling and in measuring IPV. More specifically Hodes and Mennicke (2019) indicate that social workers’ evaluation of IPV tends to focus on violent behaviours while disconnecting them from the context of power and control in the relationship. Such disconnection, they show, gives an over emphasis to gender similarity mystifying the significance of coercive control as the broader picture within which IPV appears.

## The Israeli context

A Knesset report revealed that women filed an average of 12,333 IPV complaints per year with the police (Mizrahi-Simon 2015). When Svirsky (1993) wrote about the treatment of IPV in Israeli social services, she identified a conservative approach focusing on shifting responsibility to women’s shoulders. Nevertheless, in the first years of the operation of CPDVs, a more feminist orientation to IPV could be found (co-author et al., 2016). The picture emerging in the Israeli case corroborates other findings concerning IPV’s prevalence and the absence of a satisfactory institutional response. Feminist scholars have criticized official indifference to continued violence (Adelman, 2017), citing the similarity in the profiles of IPV survivors in Israel and elsewhere. Furthermore, as a consequence of Israel’s having adopted a neoliberal economic policy since 2002, the social services have accorded greater attention to the issue of economic independence for IPV survivors. As part of this process, specialized employment programs were developed, most financed by social services or feminist NGOs (co-author2 et al., 2016). It is important to note that the neo-liberal turn in the provision of welfare services in Israel had critical implications for services in the area of supporting IPV survivors. Such implications include primarily understaffing, outsourcing of services (co-author1, 2016), and very low levels of material resources in the form of specific allowances and minimalized housing support.

 In Israel, the main IPV related social service are the centres for the prevention of domestic violence (Resnikovski-Kuras, 2021). Social workers who are employed in CPDVs are trained to develop occupational expertise in the field by training courses and concentrated study days. These training courses are often influenced by conservative political forces. The legal system and the political conditions in Israel were found by Adelman (2017) to essentially offer battering men the legal instruments to control their female partners’ lives. This institutional perspective introduced by Adelman (2017) calls for deepening our understanding of how “battering states” replicate IPV survivors’ vulnerability to further oppression and gender inequality in both the private and public spheres. Adelman’s observations can be viewed as corresponding with Fraser’s (1989) understanding of the state as operating in different directions, often contradicting each other. Thus even if women are recognized as IPV survivors, they may still be left unprotected. Engaging with the need to understand this issue, we extend Adelman’s (2017) project of revealing how diverse state actions reflect the intertwined effect of diverse institutions. Against the backdrop of scholarly interest in state reproduction of gender-based violence, we raise our research question: how does the growing gap between benevolence and lacking responses, in state social services responding to IPV survivors, takes part in reproducing gender violence?

**Methodology**

We conducted fifty in-depth semi-structured interviews with social workers, working in various social services. Of them 15 were employed by the centers for prevention domestic violence (CPDVs); 10 directors of municipal social services departments; 25 Social workers employed by other social services. To locate and approach potential participants, we used the method of institutional snowballing, Participants selected the place of the interview, mostly their own offices. The participants were assured of strict confidentiality and anonymity thus, we only provide their position and naming letters representing their serial location in our lists of interviewees in the findings section. The study received the approval of the university of Haifa ethics committee approval (364/22). The grounded theory approach enabled us to follow themes rising inductively from the material.

# Findings

We analysed expressions of a gendered commitment to assist survivors or the deterioration of such commitment. In identifying a trend of deterioration, we show appearances of the following components of the deterioration trend: clinical/therapeutic framing; suspicion; neglect of material needs together with little assistance in rights takeup; and finally, perceptions of women as taking an active role in triggering the violence to the extent of promoting the understanding of IPV as gender-neutral and symmetrical.

## Gendered commitment to assist survivors

Following quite a few years of social workers’ training and collaboration with feminist civil society organizations, commitment can sometimes be found. Interviews with social workers in the field of IPV indicated a language of recognition of the gendered nature of IPV and efforts to connect survivors to organizations operating outside the welfare ministry. The rise in IPV during covid provided an opportunity to express such commitment:

We put flyers in pharmacies for women who come to buy medicine, so that the pharmacist could give out. We trained beauticians to identify women who are in distress. We created advertising, we founded a hotline. We added quite a lot of information to the website. What practically happened was that women were more at home, it's hard to call from home and complain. Right now we are experiencing a crazy increase in inquiries about domestic violence…

The commitment is articulated by the observation that IPV survivors must be actively approached as well as by the list of actions showing an attempt to locate women in need. The provided account for the increase in IPV indicates a gendered understanding of IPV grounding its heightened appearance specifically in “violent men”. Framing IPV in this way energizes a set of active operations that show a commitment to become significant for women who suffer from IPV. The next section, however, shows how the feminist understanding and commitment to action, is deteriorating.

## Deterioration of the gendered commitment to IPV

The deterioration that we have identified has to be understood in the context of a parallel process characterizing the local court system, which has recently begun giving more attention to the possibility that complaints about IPV are false (as argued in Mazeh’s Kohelet report, 2016). This trend has been cultivated persistently by men’s organizations and conservative family organizations that instilled the idea that IPV complaints are instrumental in divorce conflicts. The welfare ministry representatives in court are particularly forceful in trying to shake social workers’ views on specific cases (Fogel Bijawi, forthcoming). Therefore, social workers try to avoid becoming involved:

Even if we do issue some kind of a document… because of our experience, we are careful with the terminology; We always say "according to the woman...", and we will never treat it as an objective reality… That is why we are not part of the court, in front of the police, nor are we related to a legal process, not related to a criminal process; Rather we are a therapeutic place; We can only help her get stronger, get out of the cycle of violence, accompany her after... but not... approvals. And I very much believe that this is the right one" (B.A., director of the DVPC and a social worker)

The emphasis on the service being therapeutic, allegedly empowering and liberating, reflects a gap between the potential gendered commitment that would lead the social worker to stand by survivors, and the legal, institutionall, and political context which defeats such potential. In her routine work with survivors, the speaker is unable to document realistically what she hears and see, if she is to protect herself of becoming part of the legal proceedings. What is striking is the explicit statement that she actually believes that her way of avoiding the document that would approve the IPV as a fact, is the right way to operate.

The deterioration of commitment is reinforced by the absence of relevant resources. The speaker clarifies that she guides her team to realize that the complexity of IPV requires resources which the system doesn’t have:.

Look, what we usually do is to refer the woman to a lawyer. The story of EA has a specific complexity… We speak of EA as part of all other types of violence, what can she do in response to the violence and what resources she has available.... So we can talk, but if you dive into all the story of what had happened to her because of the EA, you can drown in the debts and the complexity of what had happened, so we really try to avoid entering into all that.

Q: Could you say more specifically what are you trying to avoid?

A: Anything that would drown you in financial issues, that she has such a debt and another debt. You could very easily, especially a young social worker, begin a search for sources of livelihood for her. Sources of income. You can’t ignore that on the one hand, but on the other hand, it’s not within our discretion, otherwise you begin… I’m not saying you need to stay cold and distanced from these things, but other than connecting them to the volunteers we cannot do anything (DVPC manager).

Even though the interviewee believes the woman who came to speak with her, the treatment she can offer consist of offering exclusively non-material support. Anything that extends beyond talks is, in practical terms, outside her professional responsibility as she perceives it, and should be referred to others. She exposes her awareness to the fact that her practice, is one of establishing a distancing process: the IPV survivor is left to wonder where she can find more material types of help,. The IPV survivor is distanced by the fact that the information she brought to the desk of the social worker is seen as relevant only for as long as it can be incorporated into the therapeutic session. Otherwise, it is seen as something to be dropped, left at the level of the IPV survivor without any mechanism for referring it on to other professionals. There are two important aspects of the deterioration process to be elicited from the quote. The first concerns the way in which lacking resources encourage the manager, to encourage all social workers employed at the DVPC, to marginalize the relevance of the dire material need to the treatment routine. The second is the guidance interpreted from the lacking resources to direct survivors of IPV to seek support elsewhere, outside the welfare organization, for instance with the volunteers her centre is connected with.

## Clinical/therapeutic framing

The dominance of the therapeutic process that is offered to survivors, emerges powerfully in the analysis leaving little doubt concerning the extent to which it practically replaces all other forms of possible or needed support. The replacement is constituted by the emphasis on the clinical intervention as the select possible response.

My job here is to empower her, so she starts to understand that this is abuse… I say to her, “It sounds like there’s economic abuse going on, if he controls all the resources and you’re going around with no money …. Then maybe [I’d ask], “What could happen if you kept some of the money with you?” I suggest solutions; it’s a process. I’ve been accompanying her for a few months now, she’s still in it… the solution I can offer her: first recognize that there’s abuse or that she’s under some kind of control, and then see if she wants to set herself free (DB, family social worker).

Once a survivor was referred to the DVPC she may expect immediate response to the violence she experiences. In contradistinction, she is admitted to a prolonged clinical therapeutic process that extends over several months implying the absence of recognition for the urgency of treating the violence. During these months, the survivors will receive no other forms of support, but the opportunity to study her own part in the violence including the realization that perhaps nothing will happen if she will leave some money for herself. The speaker perceives the hypothetical option of leaving some money by herself, as an offered ‘solution’. A similar replacement of required assistance by the clinical framing is illustrated by another social worker:

We give tools to people who face [violence]. The first tool is awareness. Awareness and understanding that different ways of living [in a marriage] are possible. That [she] deserves differently and that [she] has the strength to live differently. [Then] I need to create my common language between me as a therapist and [her] as a patient. …and then the more we work on the part of understanding and insights, as soon as the token falls there is once again this leap that leads to a pick. In other cases, there are situations the insight is not created, and the patient leaves (רמת גן)

The focus of the gender-blind (“we give people”) process is set on the survivors’ awareness and the leaps of insights that are expected to result from the therapeutic encounters. The risks in which the “patient” live, hardly get any treatment and instead, her collaboration with the clinical intervention is required. It can be seen that within the therapeutic framing that transfers the responsibility for the support to survivors’ ability to collaborate with the “empowerment process” is echoed in the neoliberalization of the welfare services with which we deal in the following section.

## The neo-liberal suspicion

The neo-liberal reforms in welfare services and more powerfully, the welfare-to-work reform that was introduced in 1996 in the US and in 2002 in Israel, reinforced, as was shown by co-author2 et al., 2010), suspicion towards applicants. The dominant assumption in the encounter with those in need, became that of the “undeserving poor”, the citizen that fails to be active enough in promoting self-reliance and financial independence, and instead, turns to routinized dependency on the state( Cooper (2017),. By emphasizing the instrumental value of complaints on domestic violence to divorce conflicts and proceedings, welfare organizations became suspicious of women’s reports:

,On the one hand, there is much more awareness both in the police and in society in general about domestic violence, and, on the other hand, there are several women in Israel who destroy it for society. That is, there appears to be manipulation, sometimes, in this area, some women make false complaints. Some women invent something, to keep the husband away from the house. Such women can destroy it for others. It is because of such cases of false complaint, that when a woman tells us what actually happened to her, the police will tell us: “She isn’t a saint” [[רחובות.

She insists on expressing her understanding that suspicion is not the right way of treating women’s reports but presents herself as forced to take the possibility of false complaints into account. Her way of describing the emergence of false complaints in the DVPCs, suggests a time in which awareness and commitment were on the rise, while presently, they deteriorate. What she does not disclose is that since 2016 welfare organizations in Israel are exposed to a neo-patriarchal discourse of false complaints. The welfare ministry, for instance, embraced a report on false complaints that was written by an extreme right-wing organization named Koheleth on the topic (Mazeh, 2016). Apparently, the suspicion provides the ground for shifting the focus of the encounter from the issue of the required assistance to the neo-liberal policy of activation that focuses on labor market participation that equates between such participation and financial independence:

There were times when she would come, undress and show me the blue marks. "Okay, let's do something about it, let's see how we can help you. It's true, it's scary, leaving your home, leaving the husband" […] let's see how we deal with it… I will check with her if she has any dreams, or what she likes to do the most. "Do you like to sew clothes for your children? Come on, let's take a sewing course" [ …] You’ve got to check all the time, ask these questions all the time, not take anything at face value. Don’t say, “If he took her money, then it’s economic abuse” [...] Don’t make it a bigger deal or a smaller deal [than it is]. That’s my experience. ((חולון

In the case this social worker describes, the survivor, who is in a frightening situation that results in blue marks, is met with the state’s disbelief (“you’ve got to…not take anything at face value”) and is offered the advice that she should take a sewing course. Such downplaying of economic abuse (“don’t make it a bigger deal or a smaller deal [than it is]”) is sometimes explained as deference to cultural scripts and as a way to respect women’s agency.

Yet they sometimes also urged clients not to make a big deal of these instances, thus normalizing them.

## Neglect of material needs and absent assistance rights take up

Two aspects reflect the managerialist regime at the welfare ministry: absent financial support and understaffing that results in cuts in what is perceived as necessary budgeting for the social services responding to the needs of IPV survivors. As shown by Weissmann (2020) social services for survivors tend to shift the responsibility for the economic consequences of IPV to survivors’ shoulders, partly, in order to protect institutional economic interests. The low levels of support alienate some of the social workers who feel that they should have been able to provide more respectable support.

The financial aid we give is a joke. We’re allowed to give [for] clothing, that’s about 300 NIS a year. It depends, if you have many kids, you get 600 NIS. Amazing... If you buy a cupboard, [you need to] bring in three [price] quotes. Based on your income – we’ll see if we can help you. If there’s an after-school activity for your child, show us a quote. Some things we help with indirectly, clothing is something more direct (MD, violence referent social worker).

The social worker underscores the controlling nature of the provided support: insisting on evidence (receipts) for each small expense, enslaving survivors into the bureaucratic procedures of repeated claims (Krumer-Nevo et el., 2017). Next to demanding that applicants will repeatedly present the right documents including all required documents as a form of administrative exclusion (Brodkin, 2012), survivors are left on long waiting lists caused by under-staffing:

We have a lot of women seeking support on the topic of domestic violence. It's an area that just took a really serious leap, unfortunately, during recent crises. Today we have forty applications on hold, a queue which is unthinkable... This is a field that is always on the rise, but [recently] there was a serious boost. And we added a worker, from the municipal welfare services for the treatment of violence" (director of the social services department, local authority in the center, socio-economic index 7).

The overly long queue does not trigger any allocation of additional resources, exposing the institutional assumption, that there is no urgency in treating survivors’ needs. The director of the welfare department is unable to negotiate additional resources and her realization that survivors do not get the treatment they are eligible for, is left without any impact indicating the deterioration of the state's commitment to protecting those living with a violent or abusive partner.

## Symmetrical understanding of gender-based violence

A dominant meaning that repeatedly emerged in the material for the issue of IPV was of a transition that occurred in the training courses: a transition from assuming the basic starting point of the encounter with survivors as one in which women need protection from an abusive partner, into a new phase: a starting point of listening to men to the extent of shifting responsibility over the violence to women’s demeanor or failures. Here’s how a training is described:

I think that it's a matter of really being increasingly more exposed to men who report. Those who treat men are speaking of this, of their parts that are hurt. And there is presently a lot of research on this aspect, and we already attended several concentrated training days on the subject. It enters and you begin listen to it and hear it… It was fascinating. You know, there was a time in which I guided a group of new social workers, I began by an exercise that asked which violence women experience from men and which violence men experience from women. What they wrote was completely the same” (נתניה (

Intensified training is described as introducing the notion of symmetry between men’s and women’s violent behavior necessitating the development of the ability to listen to men’s feelings and generating the possibility to split the responsibility over the violence between men and women. The messages were conveyed as part of a professional approach based on allegedly extensive research presenting evidence for women’s violence and women-triggering violence. Symmetry-oriented training courses were organized by the Ministry's official training to the extent of the professional knowledge became saturated with the symmetry assumptions guiding social workers in the DVPCs.

Look, today we use the terminology of staying in a violent dynamics. No longer a ‘battered woman’ or ‘a violent man’. There are studies that show that there is almost always some kind of mutual element. So, while it is true that the man's violence is much more visible and much more dangerous, the woman is not always in the place of the victim only. ((ממא רחובות

The messages conveyed by the symmetry approach are actively translated by the managers of the DVPCs into therapeutic guidelines and practices. The ‘old’ gendered perspective of a battered woman and a violent man is replaced by the clinical work directed at changing women’s “aggressive parts”.

There are no culprits here; we are not looking for any. It is very easy to connect with the assumption that women are the victims... However, it doesn't work like that anymore, because the victim also has a role in the violence.. It doesn't work like that, something happened along the way… how did she help this system become unequal and violent. How did she help? perhaps by not setting up boundaries, which is the main thing. How did she help the child become a victim and be exposed to violence? The victim also carries the responsibility - with all the empathy towards both sides ((רמת גן ממא מנהלת.

According to the symmetrical approach, women have an active part in generating violence hence the symmetrical responsibility that releases violent men from being blamed or identified as guilty of a criminal offence. Empathy may be offered but should be offered equally to both sides. Symbolically the name of the CPDV has been changed to Centers of Family Welfare.

# Discussion

Israeli data on violence against women in recent years indicates a surge in femicide and in women turning to the CPDVs in need of response. The data indicates long waiting lists for battered women shelters as well as for the CPDVs. In addition, reports suggest a significant increase in women’s calls to the IPV emergency lines (\*118) and women’s complaints of IPV incidents in police registers. While one could expect to see an increase in the allocation of resources to the support of survivors, our analysis found lacking responses to be dominant characteristic of the field even when social workers reflected benevolence and commitment. Repeatedly we heard social workers explain how their therapeutic clinical intervention (for a year) is the major response available.

Thus, our analysis exposed that the emergency in the living conditions of women who turn to the CPDVs is hardly recognized. Rather, the main professional perception that emerged among those in charge of guiding CPDVs’ response, is one of gender symmetry and gender reciprocity in IPV. The CPDVs, a social service that was set up in order to provide support for women suffering IPV, according to the 1991 law, appears to have undergone a transformation to the extent of deteriorating commitment to women’s right to be protected from their intimate partners’ violence.  As our analysis showed, the language utilized by CPDVs’ social workers, emphasizes a violent couple's dynamics, women’s aggressive parts, women’s inability to guard their boundaries, and dislocation of the violence from social context and gender inequality. We found that Cooper’s argument on the American social policy as integrating neo-liberal assumption on citizens as responsible for their own well-being and conservative family values, is echoed in the practices of the Israeli social policy on responding to IPV victim/survivors. Without a change in the formal level which still declares a commitment to protecting women, daily routines offer women a clinical process aiming at teaching them how they themselves are responsible for the IPV and demanding their collaboration with the conservative value of ‘fixing herself’ rather than questioning the social context.

Up until recently, not enough was known about the weight of the embracement of a symmetrical approach in the social services in the role of the state in the reproduction of violence against women (Abrahms, 2016; Adelman, 2017; co-authors 2020). Here, we argue that the process through which gender violence is reproduced is intensified by the growing gap between benevolence or commitment and lacking responses, in state social services responding to IPV survivors (and their children). Our analysis contributes to the understanding of the ways in which the therapeutic process as the main response, takes part in the reproduction of IPV. The social process that occurs, significantly relies on shifting the responsibility over the violence to women’s behaviour (either not guarding her boundaries or triggering the violence); constituting survivors’ report of IPV as subjective, as her own narrative, her own view point; a growing suspicion towards any information brought by the survivor to the social service; framing survivors’ complaints as a couple’s conflict which easily eliminate the violence from reporting on the case; a refusal to validate women’s complaint of violence by issuing a formal document. When these components are applied, survivors’ intensified needs, their practical isolation, lack of attention and neglect, expose then to continuing incidents of IPV reinforcing the oppressive context in which they live.

The main limitation of our study is that interviews were conducted in one point in time interpreting the results as reflecting a change over time. The social process of deteriorating gender commitment to IPV survivors, which we have documented here, echoes the process recently documented by Hacker (2022) regarding the practical change in family courts, which occurred with time, along the years in which the obligatory maternal children’s custody was marginalized despite the fact of not erasing it from Israel’s family law. What she shows is how women were weakened and the framing became one of conserving the patriarchal family, even though there hasn’t been a legal change. In this way, family courts, very much in parallel with CPDVs, became executors of the religious practice of “SHLOM BAIT” (Family reconciliation).

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