**Responding**  **to Survivors of**

**Intimate Partner 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 to and accountable for protecting women from intimate partner violence (IPV). The Israeli state responded with 1991 legislation aimed at preventing family violence, and the establishment of centres tasked with providing therapeutic and prevention services. Currently, not enough is known about the consistency between the stated commitment concerning prevention and routine responses to survivors of IPV. Our study raised the question of how welfare services social workers respond to survivors? To answer the question, we used in-depth interviews with 50 social workers whose work relates to IPV. Our analysis indicates two findings: Firstly, social workers often demonstrate a gender-symmetrical approach to IPV, questioning women’s reports. Secondly, the main response offered to survivors constitute of therapeutic sessions while marginalizing survivors’ state of emergency and rights take up. The dominant emerging justification exposes a symmetrical approach to IPV. We conclude that a discrepancy exist between the protective mission of the 1991 law and routine responses.. We use our understanding of neo-liberal processes to contextualize the findings.

**Keywords:** social workers, gender-based violence,

# 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; Krigel and Benjamin, 2019). Campbell (2015) 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 to IPV survivors in the U.S. to the extent of turning harsh poverty into a prolonged characteristic of their family lives.

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. Reflecting such international commitment, generated by the efforts of the trans-national women’s movement, Israel’s institutionalized a commitment to IPV survivors’ practical needs and to assisting them in rights take-up. This commitment took the shape of a state legislation: it’s 1991 law for protecting IPV survivors recognized the emergency condition of IPV survivors and therefore included a sanction on abusive men. It took the form of a procedure for issuing him a distancing order. Furthermore, it established a social service in the form of Centres for the Prevention of Domestic Violence (CPDVs) so that social workers employed in these centres become specialized in the responses to IPV.

Although, originally social services in the area of IPV were grounded in a gendered commitment, over the years the policy has changed. A recent study in IPV related social services in Israel, reported limited support for survivors’ rights takeup (co-author3 et al., 2021). Following Campbell’s (2015) notion of neo-patriarchy, we propose to see the trend of limited support for survivors’ take-up as reflecting two trends: firstly, the neo-liberal policy that sharply reduces accessible resources (Author1, 2016); and, secondly, the changing perceptions of IPV among social workers that retrieves patriarchal understanding of IPV (Shalhoub-kevorkian, 1997). To the extent that the state can play a role in reproducing violence against women in its policies (Abrahms, 2016; Adelman, 2017; co-authors, 2020), it is important to understand the deterioration in gender commitment among social workers. Here we investigate this deterioration by a focus on the adoption of a gender-symmetrical approach concerning responses to IPV survivors. Further, we aim to contribute to the understanding of the duality in current responses to IPV survivors, sometimes demonstrating a gendered commitment and an effort to respond to practical needs while at other times, lacking responses cultivated by a symmetrical approach, risking the reproduction of IPV. Below we discuss the establishment of gendered committed responses followed by an introduction of 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). Adelman’s observation of Israel as a battering state exposes how state responses to IPV survivors are contingent upon their willingness to stay at a domestic violence shelter (Ibid, 2017).

 However, the 1991 legislation opened up an additional option for responding, contingent upon a social worker who is ready to support in court a woman’s statement that she suffers of violence inflicted by her husband. Here is how the possible response is articulated:

2. (a) The court may issue an order forbidding a person to do all or some of these or set conditions for them (hereinafter - protection order):

(1) To enter an apartment where a member of his family lives or to be within a certain distance from that apartment, even if he has any right to it, or to enter another specific place where a member of his family stays regularly during his daily life, including his place of work, or to be within a certain distance from the same place;

(2) harass his family member in any way and anywhere;

(3) to act in any way that prevents or makes it difficult for a member of his family to use property that is lawfully used, even if he has any right to the property;

(4) To be within a certain distance from the location of his family member, knowing that the family member is at that location.

The importance of the articulation is in clarifying an intention that the abusive man should be sanctioned while enhancing the protection of women. Such articulation can be seen as reflecting a feminist viewpoint consistent with feminist researchers repeatedly showing how patriarchy reproduces societal expectations that maintain male superiority over women (McPhail et al., 2007). Allen (2013) underscored the role of social workers who were appropriately trained on the topic of IPV, as rescuing women from the diverse forms of male partners’ abuse that they live with. Her emphasis on training was recently validated by a study (Hagemana and St. George, 2018) finding that only social workers, who had IPV-specific training, included a direct question on material needs, in their interaction with IPV survivors. The importance of asking about material needs is in investigating the possibility that applicants suffer of coercive control (Stark, 2007). When social workers recognize IPV surivors’ emergency condition and stand by them in their struggle for rights take up, they can be seen as responding in ways that are consistent with the legislation. In addition, consistency with the legislation can be even strengthened when social workers encourage survivors to turn to the police, supporting their abuse statement in court.

However, Israeli studies citing social workers who treat IPV among Ultra-Orthodox women (Band-Winterstein & Freund, 2018), report a changing approach to IPV training and intervention. Here’s a telling quote from a social worker presented in their study: “The approach has changed as well. In the past, we provided immediate solutions, such as the woman trying to stay away from the violent husband. Today, we are more cautious, and try to solve the issues within the family environment, in an attempt to improve the situation from within the system” (p. 15). Immediately follows is the researchers’ interpretation: “Today, the therapeutic approach regarding violence against women has been modified and extended. In the past, the woman was alienated from the violent partner to keep her safe, whereas nowadays, additional coping strategies are available, without the woman having to leave her violent husband. The couple is no longer separated. Instead, both partners are encouraged to handle their conflicts at home” (Ibid.). Interestingly, a change in approach is reported implying that survivors do not need separation or protection but rather reconciliation: no emergency is mentioned and the IPV is regarded as a couple’s conflict to be solved at home. No power differential is mentioned or seen as relevant. Band-Winterstein and Freund (2018) report horrifying coercive controlling practices but nevertheless, frame the change as a positive development that they see as culturally sensitive.

 The feminist approach that underlines coercive control (Stark, 2007), women’s economic and social dependency on abusive men (Abraham & Tastsoglou, 2016a), and the role of the state in reproducing women’s vulnerability to IPV (Campbell, 2015), is challenged already since 1980. A surge in scholarship identifying gender symmetry in domestic violence, primarily authored by male researchers appeared (e.g. Strauss, 1980). According to these studies, the gender perspective on power and control is relevant for only a minor proportion of complaints. Their argument commonly associates the gender perspective with injustice towards male perpetrators. In contradistinction, Allen’s (2013) and Hardesty and Ogolsky’s (2020) reviews show that studies indicating gender symmetry that were published after 2010 suffer from crucial failures both in sampling and in measuring IPV. Nevertheless, symmetry arguments were introduced, in different places, into social work training and official guidelines for social workers’ interventions. Possibly connected is the finding that currently, 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, Hodes and Mennicke (2019) show, overemphasizes gender similarity blurring the significance of coercive control as the broader picture within which IPV appears.

**The Israeli context**

A State Comptroller report in 2021[[1]](#footnote-1) revealed that 23,000 IPV files were opened with the police and 6,500 cases were transferred to the DVPCs. The proportion of murdered women known to the welfare social services as cases of IPV is 50% (ibid). Thus, turning to social services hardly reduces the odds of the IPV turning into a murder. Existing scholarship and reports propose three phases in the ideological development of DVPCs. Earlier on, Svirsky (1993) wrote about the treatment of IPV in Israeli social services, indicating a conservative approach that shifted responsibility from male perpetrators to women. A second phase was reported by Eisikovitc et al (2015) who reported a powerful feminist influence on training, social workers’ approach to IPV, models of intervention and so on. A third, more recent phase emphasizing gender symmetry in IPV, is reported as follows: “Since then attempts have been made to formulate a new policy… that is not based solely on the feminist concept, but also on the *relationships in the family* approach according to which both the woman and the man are defined as central foci in the treatment of violence in the family” (Gilbar et al., 2018).

Other than the shift in the professional approach, another ideological shift has crucially reshaped welfare social services as they constitute an integral part of the Israeli Welfare Ministry. The additional shift, explains Feldman (2018), has been part of the neoliberal restructuring in Israeli social policy and involved the prioritization of a managerialist approach promoting cost reduction (under-staffing), effectiveness measurement, market competitiveness, and outsourcing. Consequently, social services have accorded greater attention to the issue of economic independence for IPV survivors. Accordingly, specialized employment programs were developed, most financed by social services or feminist NGOs (Helman, 2021; Herbst and Benjamin, 2016). Further, the CPDVs as the main IPV related welfare social service. are subject in recent years to efforts of effectiveness measurement (Resnikovski-Kuras et al, 2021). Social workers who are employed in CPDVs are trained to develop expertise in domestic violence by taking training courses and participating in intensive study days. These training courses are provided by the Welfare Ministry and since 2015 when Eisikovitc et al.’s report defined them as ‘feminist’ many of these courses began to be given by trainers holding on to non-feminist views (Gilbar et al., 2018). The non-feminist effort included adherence to the conservative organization Kohelet and its report on women’s false complaints (Mazeh, 2016) that had critical implications for services supporting IPV survivors.

In an analysis of the legal system and political conditions in Israel, Adelman (2017) found that they essentially offer battering men the legal instruments to control their female partners’ lives. The institutional perspective introduced by Adelman showed how contradictory directions in state policies can make them complicit in IPV. Adelman’s observations correspond with Fraser’s (1989) understanding that the state can operate in contradictory directions. Consequently, even if women are officially recognized as IPV survivors, other policy directions may still leave them 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 focus in this paper on the extent to which the 1991 legislation is reflected in social workers’ accounts of responding to survivors. Therefore, we raise the research question of how welfare services social workers respond to survivors?

**Methodology**

Between 2019 and 2021, as part of two separate studies, 50 semi-structured, one hour, interviews were conducted with social workers who shared their views of how IPV is treated by the service they work for. Working in various social services, 15 were employed by CPDVs, 10 as directors of municipal social services departments, and 25 social workers employed by three different services: municipal departments (15), the National Insurance Institute (5) and the Assistance Units adjacent to family and religious (Jewish and Muslim) courts (5). We used the broad range of social workers’ positions as instrumental for receiving a comprehensive picture of support procedures accessible to IPV survivors. To locate and approach potential participants, we used the method of institutional snowballing beginning by formally approaching seniors in the various units. Interviews were conducted by the first author in both studies. In one of them a professional, PhD, experienced qualitative interviewer also conducted interviews. Participants selected the place of the interview; most choosing their own offices. The participants were assured of strict confidentiality and anonymity; thus, in reporting our findings we provide their position and letters representing their serial location in our lists of interviewees. The study received the University of Haifa Ethics Committee approval (364/22). The grounded theory approach enabled us to present our interpretation of the following inductive themes that emerged as dominant in the interviews: clinical/therapeutic framing; suspicion; neglect of material needs together with little assistance in rights take-up; 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. By following these themes, we were able to elicit forms of social workers’ responses to survivors.

## **Recognizing IPV survivors’ needs against limited possibilities**

Following quite a few years of social workers’ training and collaboration with feminist civil society organizations, a gender commitment can sometimes be found. Interviews with social workers 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 the COVID pandemic 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 them 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 [isolated] at home; it's hard to call from home and complain. Right now [following the pandemic shutdowns] we are experiencing a crazy increase in inquiries about domestic violence… (CPDV Manager).

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. However, neo-liberalization, as many have noticed have generated moral gaps for social workers who are unable to provide the responses they know are required (Shdaima and McGarry, 2018). The low levels of available material resources to support survivors, 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 [aid 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, Domestic Violence social worker).

This social worker underscores the controlling nature of the process for seeking support: insisting on evidence (receipts) for each small expense, and trapping survivors in the bureaucratic procedures involved with submitting repeated claims (Krumer-Nevo et el., 2017).

## **Clinical/therapeutic framing**

The theraputic discourse emerges as dominant is the analyzed accounts of the salient routine response offered to IPV survivors. The clinical approach is constructed as both the most professional and the most appropriate to surivors’ needs. By praising the clinical tools, social workers indirectly marginalize the cause of protecting women. More explicitly, the need to issue a formal approval of the violence, seems like endagenering both the occupational self and the surivor. Therefore, social workers try to avoid becoming involved:

Even if we do issue some kind of a document [confirming IPV]… 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 …or 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 approach" (B.A., CPDV Manager)

 In her routine work with survivors, the speaker believes in theraputic treatment that is focused on the individual, on the traumatic, on personal empowerment while at the same time leaving aside the legal or criminal process. Her account reveals that she does not believe that rights take up is part of ther professional role. She is reluctant to document realistically what she hears and sees if she is to also protect herself from becoming part of the legal proceedings. What is striking is her explicit statement that she actually believes that avoiding submitting the legal document confirming IPV as a fact, is the right way to operate. Our interpretation of the speaker’s positioning implies a process of distiancign oneself of the protective discourse represented by the 1991 legislation.

The dominance of the therapeutic process in the service offerings 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.

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 [the relationship]… 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).

At one time a survivor who was referred to the CPDV could expect an immediate response to the violence she was experiencing. Either in the form of being offered a shelter or being referred to feminist NGOs committed to providing practical support. In contradistinction, today 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 apart from the opportunity to study her own part in the violence. In this interview there is even the assumption that the violence could be addressed if she puts 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 a common language between me as a therapist and [her] as a patient. … Then the more we work [toward] understanding and insights. As soon as [this happens, sometimes quite suddenly], this leap leads to a choice. In other cases, there are situations the insight does not arrive, and the patient leaves (Family social worker).

The gender-blind (“we give people”) focus in the process, while supporting the social workers’ identity as a clinical psychotherapist, aims to transform the survivors’ awareness by generating leaps of insights that are expected to result from the therapeutic encounters. The risks with which the “patient” lives aren’t mentioned at all; instead, the social worker underscores the importance of cooperation with the clinical intervention. The interviewee’s therapeutic framing transfer her responsibility for providing practical support to survivors requiring that survivors cooperate with an “empowerment process” is echoed in the neoliberalization of the welfare services with which we deal in the following section.

## The neo-liberal suspicion of need

The neo-liberal reforms in welfare services and, more powerfully, welfare-to-work reforms that were introduced in 1996 in the U.S. and in 2002 in Israel, reinforced suspicion towards needs raised by applicants (co-author2 et al., 2010). The dominant assumption in the encounter with those in need became that many represented the “undeserving poor”. These included the citizen who fails to be active enough in promoting self-reliance and financial independence, and instead, turns to routinized dependency on the state (Cooper, 2017). Policies related to IPV were also affected. By emphasizing the instrumental value of complaints about domestic violence to divorce conflicts and proceedings, welfare organizations became suspicious of women’s reports of their needs:

On the one hand, there is much more awareness both in the police and in society in general about domestic violence 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 [credibility] for other [women]. 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” (K.A., CPDV manager).

The interviewee 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 CPDVs suggests that there was a time in which awareness and commitment about IPV were on the rise, while presently, they deteriorate. We interpret her statement in the context of neo-patriarchy (Campbell, 2013): the convergence between neo-liberal welfare to work fit all doctrine (Cooper, 2017) and the conservative false complaints trend (Mazeh, 2016). Apparently, the suspicion provides justification for shifting the focus of the encounter with victims of IPF from the issue of the required assistance to that of the neo-liberal policy that focuses on labor market participation, equating such participation with the valued financial independence:

There were times when she would come, undress, and show me the bruises. [I said,] "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" …. [L]et's see how we deal with it…” I will check with her [to ask about her], or what she likes to do the most, [asking], "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. That’s my experience. (M.B. Social services social worker).

In the case this social worker describes the survivor, who is in a frightening home situation that has resulted in bruises, is met with the state’s disbelief (“you’ve got to…not take anything at face value”) and is offered the advice pointing her to possible jobs, suggesting 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 assistance with rights take-up

Two aspects the emerging practices reflect a managerialist regime at the welfare ministry – insufficient financial support, and understaffing. Both results in cut in 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.

In addition to demanding that applicants repeatedly present (arguably 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 40 applications on hold, [in] 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).

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 for the services for which she is aware of survivors’ need – and the response they are eligible for. Her inability to have any impact is additional evidence of 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 theme that emerged in our analysis was a transition in emphasis that occurred in training courses on IPV. Earlier training assumed that the basic starting point of an encounter with survivors was that the women needed protection from an abusive partner. Currently, the training has entered a new phase in which the importance of listening to men is emphasized to an extent that responsibility for violence has shifted 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. We already attended several intensive training days on the subject…. You begin to 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 with an exercise that asked which violence women experience from men and which violence men experience from women. What they wrote was completely the same” (N.C., Domestic Violence Social Worker(.

The training the interviewee describes has introduced the notion of symmetry between men’s and women’s intimate violent behavior. This information is framed as necessitating the ability to listen to men’s feelings and to consider the possibility that the responsibility for IPV should be split between men and women. These messages were conveyed as part of an approach that was based on allegedly extensive research presenting evidence for women’s violence and women who trigger violence. Symmetry-oriented training courses, organized by the Ministry's official training staff, have influenced professional knowledge to the extent that it has become saturated with gender symmetry assumptions and have influenced social workers in the CPDVs.

Look, today we use the terminology of staying in a violent dynamic. 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 (L.B. Family Social Worker).

The messages conveyed by the symmetry approach are actively translated by the managers of the CPDVs into therapeutic guidelines and practices. The ‘old’ gendered perspective of a battered woman and a violent man has been replaced by an approach to clinical work that is 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 (L.D., Domestic Violence Social Worker).

According to the symmetrical approach, women have an active part in generating violence. Such a symmetrical responsibility releases violent men from being blamed or identified as guilty of a criminal offense. Empathy may be offered but should be offered equally to both sides. This overarching shift in problem definition is surely reflected in the change of the name, Centre for the Prevention of Family Violence, to Centres for Family Welfare.

# Conclusion

Israeli data on violence against women in recent years indicates a surge in femicide and in women turning to the CPDVs in need of help. There are long waiting lists for battered women shelters as well as for the services of CPDVs. In addition, reports suggest a significant increase in women’s calls to the IPV emergency lines (\*118) as well as women’s complaints of IPV incidents in police registers. With such increases, one might expect to see an increase in the numbers of employed social workers in the area and an increased involvement of the police in dealing with IPV complaints and reinforcement of distancing orders issued for abusive male partners. Had there been a current policy filling up these urgent shortages, they would have reflected the spirit of the . state legislation: it’s 1991 law for protecting IPV survivors, ruling the need for protection that is based on recognizing the emergency condition of IPV survivors and the need to sanction abusive men. The absence of such policy responses, is consistent with Campbell’s (2013) arguments of a neo-patriarchy where neoliberal cuts of state welfare services converge with conservative ideological waves undermining past achievements of the women’s movement. . Our analysis exposes the discrepancy between stated policy goals as articulated in the 1991 legislation and routine responses to IPV survivors.

 Our interviewees’ predominantly failed to recognize the emergency or risk in survivors’ life conditions and therefore, instead of responding to the emergency that violence at home represents for women, the main professional perception that emerged was one of gender symmetry and gender reciprocity in IPV. As our analysis showed, the language utilized by interviewees emphasizes a violent couple's dynamics, women’s aggressive parts, women’s inability to guard their boundaries, and a dislocation of violence from its social context, including pervasive gender inequality. We are forced to conclude that state welfare institutions deploying social services that were set up in order to provide support for women suffering IPV, have undergone a transformation in their mission best described as detachment of the view that it is women’s right to be protected from their intimate partners’ violence.

The shift from the original (and still unrevised) intentions of the 1991 legislation is consistent with neoliberalism that views with suspicions support seekers’ motivations, as well as a predilection for market-based policy solutions to social problems. As such, we find support for the argument that, like American social policy, Israeli social policy in its approach to IPV has integrated neoliberal assumptions that citizens are responsible for their own well-being and that social policy ought to reflect conservative family values (Cooper, 2017). At its most fundamental level, this has meant that women survivors of IPV are offered the chance to “fix themselves” in a therapeutic approach that ignores the social context in which violence against women occurs. We interpret our evidence as severe enough to support claims that the state is actually reproducing gender violence (MacKinnon, 1989; Adelman, 2017).

The social process of marginalizing IPV survivors’ needs for protection that we have elicited from out analysis have echoes in other sectors as well. For example, Hacker (2022) documents similar changes in custody arrangements in family courts that have occurred. Over time, although it remained enshrined in law, the obligatory maternal children’s custody was marginalized, weakening women and framing the changes as a conservation of the patriarchal family. Moreover, the rise in state commitment to conservative family values is reflected in the insitutional protection of fathers’s rights to maitnain their presence in their children’s lives. As shown by Krigel and Ofnung-Asulin (2023) fathers rights became more important than protecting childrent and their IPV surviving mothers, of men’s violence.

Until recently, not enough has been known about the weight that the adoption of gender- symmetrical approaches to IPV influenced the social services for victims and the role that states play in the reproduction of violence against women (Abrahms, 2016; Adelman, 2017; co-authors 2020). This study contributes to an understanding of the ways in which adopting the therapeutic process as the main response to IPV contributes to its reproduction by shifting the responsibility for violence to women themselves. The social workers interviewed for this study did this in multiple ways – from viewing women’s behavior as potentially triggering their partners’ violence, to viewing reports of IPV with suspicion or as subjective or instrumental, to framing her complaints as emerging from couple’s conflict, and to refusing to legally validate women’s complaint of violence. By ignoring survivors’ intensive needs and isolation, we argue that the state contributes to the exposure of women to ongoing incidents of IPV and reinforces 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. Further, the voices of more stake holders such as survivors themselves and NGOs involved in providing support for them, could shed light on the process. In this regard we can only add an informal statement by an NGO’s activist: “Symmetry arguments are now everywhere”. Future research should more systematically examine the context facilitating this trend. For instance, the deterioration in the gendered commitment to IPV survivors, that we associated in this paper with the reinforced presence of symmetry arguments, could be understood in the context of a parallel process characterizing the local court system. Men’s organizations and conservative family organizations that instilled the idea that IPV complaints are instrumental in divorce conflicts led the welfare ministry representatives in court to become particularly forceful in trying to challenge social workers’ views on specific cases.

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