**Responding** **to Survivors of Intimate Partner Violence in the Israeli Welfare State**

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# Abstract

Since 1991, Israel has enacted legislation to prevent family violence and established centers providing therapeutic and prevention services (CPDVs). However, there is limited research on how social workers interpret and implement the goals of this legislation. This study investigates social workers’ perceptions and responses to intimate partner violence (IPV) survivors within welfare services. Through in-depth interviews with 50 social workers handling IPV cases, our analysis identified two key findings. First, social workers often adopt a gender-symmetrical approach to IPV, questioning the credibility of women’s reports. Second, their primary response focuses on therapeutic interventions, which often overlook survivors’ immediate safety needs and legal rights. A common thread of suspicion toward IPV survivors connects both findings, highlighting how social workers’ skepticism may unintentionally undermine efforts to prevent IPV.

**Keywords:**

social workers, gender-based violence, centers for the prevention of family violence, IPV, Risks

# Introduction

Intimate partner violence (IPV) is a widespread social phenomenon, with an estimated 35% of women worldwide experiencing physical or sexual violence from a partner (Abraham and Tastsoglou 2016a). Studies indicate that all forms of IPV – physical, sexual, psychological, emotional, and economic – are harmful, as they allow abusers to exert power and control (Abraham and Tastsoglou 2016a; Johnson 2009; Krigel and Benjamin 2020; Lindhorst and Beadnell 2011). Campbell (2013) underscores how neopatriarchal dynamics in neoliberal societies exacerbate IPV, attributing this to the precarity and isolation that many women face. Scholars agree that states and their institutions play a key role in sustaining and perpetuating gender-based violence worldwide (Abraham and Tastsoglou 2016b; Adelman 2017; Hearn et al. 2016). Even when legislation formally condemns IPV, underlying policies often reinforce existing power structures, especially in communities where IPV intersects with racial marginalization (Grzanka 2014).

Studies by Brush (2011) and Weissman (2020) reveal the systematic denial of material resources to IPV survivors in the United States, contributing to severe poverty that becomes a prolonged feature of their family lives and often compelling women to return to abusive partners. Neoliberal policies, which prioritize reduced state investment in welfare services (Benjamin, 2016), shift financial responsibility onto individuals, positioning women as solely responsible for meeting their material needs. In Israel, this trend has been identified as a significant barrier preventing IPV survivors from accessing their rights (Yassour-Borochowitz et al.

In 1995, Israel and other countries endorsed the Beijing Declaration at the United Nations Fourth World Conference on Women, acknowledging gender-based violence as a human rights violation and committing to efforts to end it. In line with this international commitment, driven by the transnational women’s movement, Israel pledged to address the practical needs of IPV survivors and support their access to rights. Israel formalized this commitment in the Law for the Prevention of Domestic Violence (1991), which recognized the urgency of IPV situations and included sanctions against abusive men, such as restraining orders. Israel also established Centers for the Prevention of Domestic Violence (CPDVs), where social workers receive specialist training to respond to IPV cases.

Scholars examining global legislative efforts to address IPV argue that these measures have not disrupted the mutual reinforcement between the legal system and the patriarchal family. Nor have they weakened the link between male honor and control over female partners or challenged possessive notions of love and intimacy (Hearn et al. 2016). Walby and Towers (2018) argue that such legislation has weakened responses to violence by framing it as IPV and a family dynamics issue rather a criminal offense. They highlight how the focus has shifted to defining the relationship between abusive men and survivors, marginalizing the criminal nature of the abuse. Three professional approaches within state social services prioritize relational dynamics over addressing the core offense:

1. The Empowerment Approach: This emphasizes lengthy therapeutic sessions, often steered toward “correcting” women rather than addressing abuse (Sutton and Carlson 2019);

2. The Gender Symmetry Approach: This approach fosters suspicion toward women reporting IPV, viewing them as potentially active participants in the violence (Strauss 1980);

3. The Neoliberal Approach: Rooted in the poverty culture perspective, this approach frames women seeking assistance as immature or overly dependent, emphasizing their need to achieve financial independence (Brush, 2011).

Drawing on Campbell's (2013) concept of neo-patriarchy, it can also be argued that neoliberal policies, which restrict resources and professional staffing, create a fertile environment for these three trends. Each aligns with the neoliberal agenda by reducing state expenditures, in contrast to the legislative mandates to sanction abusive men and support women’s rehabilitation. This study investigates how social workers in welfare services in Israel perceive IPV and respond to survivors. By doing so, we aim to conceptualize the mechanisms that marginalize women’s need for protection.

# Literature review

State social services’ responses to IPV are flawed in both goals and methods, resulting in a half-hearted and ambivalent approach (Brush 2011). Further research indicates that during the petitioning stage – when IPV survivors seek assistance from state social services – they face heightened instability in their earnings (Hughes and Brush 2015). Earning instability is also linked with survivors’ health deterioration, often resulting from *cumulative abuse*: the compounded negative effects of three or more types of IPV occurring simultaneously (Scott-Storey, 2016). This form of abuse significantly threatens survivors’ well-being after separation. When survivors report fears about post-separation abuse or potential lethal risks, law enforcement and protection services must prioritize these concerns over “reality checking” (Hulley et al. 2023: 6294). Policy analyses in the field of violence against women have criticized recent trends that disregard survivors’ class positions and support needs, and the growing trend of “degendering,” which overlooks gendered power dynamics and associated vulnerabilities. (Hearn et al., 2016).

Criticism of existing social services aligns with Allen’s (2013) emphasis on

the crucial role of social workers who are adequately trained in IPV. Such training equips them to help women escape various forms of abuse by male partners. This focus on training is further supported by Hageman and St. George (2018), who found that only social workers with IPV-specific training consistently addressed the material needs of IPV survivors, which is crucial for identifying cases of coercive control (Stark 2007). When social workers recognize the urgent needs of IPV survivors and help them access their rights, they respond in a manner consistent with stated policies (Hearn, 2016).

The feminist approach, which emphasizes coercive control (Stark 2007), women’s economic and social dependency on abusive partners (Abraham and Tastsoglou 2016a), and the role of the state in perpetuating women’s vulnerability to IPV (Campbell 2013), has faced challenges since the 1980s. A wave of scholarship emerged that advocated for gender symmetry in domestic violence, predominantly authored by male researchers (e.g., Strauss 1980). These studies argue that the gender-based power and control model applies only to a limited number of cases and claim that this perspective may lead to unfair treatment of male perpetrators. Their approach isolates IPV from its broader social-institutional context, focusing solely on the dyadic relationship. However, reviews by Allen (2013) and Hardesty and Ogolsky (2020) show that studies supporting gender symmetry, published after 2010, suffer from significant flaws in sampling and IPV measurement methods.

Despite these issues, arguments for gender symmetry have been integrated into social work training and official guidelines for social workers’ interventions across various contexts. This shift reflects a current trend where social workers’ evaluations of IPV often focus on violent behaviors while neglecting the broader context of power and control within the relationship. Hodes and Mennicke (2019) argue that this disconnection from the context of coercive control overemphasizes gender similarities and downplays the importance of coercive control as the underlying framework for IPV.

**The Israeli context**

In the Israeli context, the 1991 legislation introduced a response option where social workers could support a woman in court by corroborating her account of partner violence. , contingent upon social workers’ willingness to provide such testimony, is framed as follows

(a) The Court

. It reflects a feminist viewpoint, aligning the arguments of feminist scholars that patriarchal structures reinforce societal expectations that favor male dominance over women (McPhail et al.

Social workers became key actors in addressing IPV through their roles in social services, CPDVs, and legislative mandates requiring their confirmation of IPV cases. Despite their involvement, local policy measures are clearly ineffective in preventing IPV. A 2023 National Statistics Bureau report reveals 120,000 women experienced or were threatened by criminal violence, with 32 homicides. Of these, 11 women were killed by partners and 7 by other family members. A 2021 State Comptroller report [[1]](#footnote-2) revealed that 23,000 IPV cases had been reported to law enforcement, with 6,500 IPV cases transferred to Domestic Violence Prevention Centers (DVPCs). The report reveals a critical failure in social services: 50% of murdered women were previously known to welfare services as IPV cases (ibid). This statistic suggests that seeking help from social services does not significantly reduce the likelihood of IPV escalating into fatal violence, indicating that the existing treatment routines are insufficient. Building on McKinnon’s foundational work (1989), Adelman (2017) examined Israeli state policies, portraying it as complicit in perpetuating IPV (Abraham & Tastsoglou, 2016a). Adelman’s analysis of Israel as a “battering state,” with state responses to IPV survivors often depending on their willingness to enter a domestic violence shelter (Ibid 2017).

Existing scholarship and reports outline three phases in the ideological development of DVPCs. In the first phase, Svirsky (1993) discussed how IPV was treated in Israeli social services, noting a conservative approach that shifted responsibility from male perpetrators to women survivors. Her argument echoed findings by Shalhoub-Kevorkian (1997) revealing DVPCs social workers’ collaboration with Israeli-Palestinian abusive partners and their families. The second phase, reported by Eisikovitc et al. (2015), highlighted a strong feminist influence on social workers’ training, their approach to IPV, and intervention models. The third, more recent phase emphasizes gender symmetry in IPV. Gilbar et al. (2018) describe efforts to develop new policies that go beyond the feminist perspective, incorporating a “relationships in the family” approach where both the woman and the man are seen as central figures in addressing family violence.

Echoing the third phase, a significant ideological change has reshaped welfare social services, particularly within the Israeli Welfare Ministry, emphasizing the reduction of treatment and material support. Feldman (2018) argues that this transformation is part of the neoliberal restructuring of Israeli social policy, which prioritizes a managerial approach focused on cost reduction (through understaffing), performance measurement, market competitiveness, and outsourcing. The managerial focus on measurement subjected recently the CPDVs, to an evaluation of their effectiveness with the aim of introducing a continuous digitalization (Resnikovski-Kuras et al. 2021). The evaluators reported enhanced socio-economic vulnerability among those turning to the service. Social workers at CPDVs are trained to develop expertise in domestic violence through specialized courses and intensive study days. Initially, these courses, provided by the Ministry of Welfare and Social Affairs, were labeled as “feminist” in Eisikovitc et al.’s 2015 report. However, many of these courses are now led by trainers with non-feminist perspectives (Gilbar et al. 2018). The dominance of non-feminist views may have contributed to the empowerment model, as well as the symmetry and the neo-liberal approaches. A recent study examining social workers addressing IPV among ultra-Orthodox women (Band-Winterstein and Freund, 2018) supports this possibility. One of their quotes reflects the dominance of the empowerment model:

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**Methodology**

Between 2019 and 2021, two separate studies were conducted, consisting of 50 semi-structured interviews, each lasting one hour, with social workers who shared their views on how IPV is addressed within the services they work for. The social workers were employed across various social services: 15 worked at CPDVs, 10 were directors of municipal social services departments, and 25 were employed by three different services: there were 5 in municipal departments, 5 at the National Insurance Institute, and 5 in Assistance Units associated with family and religious (Jewish and Muslim) courts.

We used the social workers’ diverse roles to gain a comprehensive understanding of the support available to IPV survivors. Participants were identified and selected using institutional snowball sampling, starting with formal outreach to senior staff in various units. Interviews were conducted by the first author in both studies and an experienced qualitative interviewer with a PhD for one study. Participants were allowed to choose the interview location, with most opting to conduct them in their own offices. Strict confidentiality and anonymity were ensured, with participants’ job titles linked to anonymous identifiers corresponding to their position in our interviewee list. The study was approved by the University of Haifa Ethics Committee (364/22).

Using a grounded theory approach (Charmaz, 2014), we identified and analyzed several key themes that emerged from the interviews. These themes included: recognition of survivors’ needs, clinical/therapeutic framing, suspicion, perceptions of women as actively triggering violence, and viewing IPV as gender-neutral and symmetrical. By exploring these themes, we were able to examine the different ways social workers responded to IPV survivors.

## ***Recognizing IPV survivors’ needs amid limited resources***

Several social workers expressed their responsibility regarding the fact that much IPV against women remains invisible, acknowledging that many women do not report their experiences. Some social workers used language acknowledging the gendered nature of IPV and proactively connected survivors with organizations outside the Welfare Ministry. The rise in IPV during the coronavirus pandemic provided an opportunity for them to express and act on their commitment:

We placed flyers in pharmacies for women picking up medicine so that pharmacists could hand them out. We trained beauticians to identify women in distress. We created advertising and set up a hotline. We added quite a lot of information to the website. What happened in practice was that women were more [isolated] at home; it’s difficult to call and report from home. Now [following the pandemic shutdowns], we’re seeing a crazy increase in inquiries about domestic violence. (CPDV Manager).

The above description reveals a professional approach aligned with the 1991 legislation, emphasizing the belief that IPV survivors must be actively reached out to and efforts made to identify women in need. The explanation for the increase in IPV indicates a gendered understanding, attributing this rise to “violent men.” Framing IPV in this way drives a range of active interventions aimed at supporting women affected by IPV. However, as many have noted, neoliberal policies have created moral dilemmas for social workers, who are often unable to provide the level of support they recognize as necessary (Shdaima and McGarry, 2018). The limited material resources available to support IPV survivors leave some social workers feeling alienated because they believe they should be able to offer more substantial help:

The financial aid we give is a joke. We’re allowed to give [aid for] clothing; that’s about NIS 300 a year. It depends, if you have lots of kids, you get NIS 600. 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 seems to be speaking from an ethical position, as described by Shdaimah and McGarry (2018). Her bitter cynicism reflects an awareness of the need to meet organizational mandates while maintaining personal and professional integrity. She emphasizes the controlling nature of the support-seeking process, where survivors must provide evidence, such as receipts for every minor expense, and navigate bureaucratic procedures that require repeated claims (Krumer-Nevo et al., 2017).

## ***Clinical/therapeutic framing***

The therapeutic discourse emerges as the dominant response in the analyzed accounts of routine support offered to IPV survivors. The clinical approach is presented as both the most professional and the most suitable for addressing survivors’ needs. By emphasizing the value of clinical tools, social workers indirectly marginalize the core goal of protecting women that was introduced by the 1991 legislation and the CPDVs. More explicitly, the requirement for a social worker to formally acknowledge the violence appears to jeopardize both the social worker’s professional role and the survivor’s safety. As a result, social workers often try to avoid becoming directly 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 never treat it as objective reality. That’s why we’re not involved in the court process, the police, or any legal […] or criminal process. Instead, we are a therapeutic space. We can only help her get stronger, break the cycle of violence, support her afterward […] but not give approvals. And I very much believe that this is the right approach. (B.A., CPDV Manager)

In her routine work with IPV survivors, the interviewee advocates for treatment that focuses on the individual, trauma, and personal empowerment while distancing herself from the legal or criminal process. She neither considers facilitating rights access as part of her professional role nor demonstrates willingness to document what she hears and observes in a manner that would require issuing a legally validating IPV document essential for formal sanction. More significantly, she explicitly believes that deliberately avoiding the submission of a legal document the factuality of IPV represents the most appropriate professional strategy. Our analysis interprets this stance as revealing a critical mechanism whereby adopting a therapeutic discourse allows social workers to strategically distance themselves from the protective framework established by the 1991 legislation. The analysis reveals how therapeutic interventions have become the dominant form of support for survivors, effectively marginalizing alternative support approaches:

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 yourself?” I suggest solutions; it’s a process. I’ve been supporting her for a few months now; she’s still in [the relationship]. The solution I can offer her is to first recognize that there’s abuse or that she’s subject to some kind of control and then see if she wants to set herself free (DB, family social worker).

Survivors are routinely enrolled in months-long clinical processes, reflecting a lack of urgency in addressing the violence they endure during this period. Therapeutic sessions do not provide survivors with support, other than the opportunity to reflect on their own roles in the violence. One interviewee even suggested that the violence might be resolved if the survivor were to gain financial independence by saving money for herself. Another social worker echoed a similar shift from providing survivors with substantive support to a clinical framing:

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 something different, and that [she] has the strength to live differently. [Then] I need to create a common language between myself as a therapist and [her] as a patient […] Then we work [toward] understanding and insights… In other cases, there are situations when insight does not occur, and the patient leaves (Family social worker).

The therapeutic process adopts a gender-neutral focus (“we give people tools”) and reinforces social workers’ professional identities as clinical psychotherapists. This strategy subtly reshapes survivors’ understanding through prescribed therapeutic insights. However, the risks the “patients” face are not addressed, particularly of losing support if they fail to achieve the expected “insights” by collaborating with the therapeutic intervention. The social worker offloads responsibility for providing practical support onto the survivor, by emphasizing cooperation with clinical intervention, emphasizing their need to engage in an “empowerment process” that aligns with neoliberal welfare approaches.

## **The neo-liberal suspicion of need**

The neoliberal reforms in welfare services, particularly the welfare-to-work reforms introduced in the United States in 1996 and in Israel in 2002, heightened suspicion surrounding the needs expressed by applicants (Krumer-Nevo and Benjamin 2010). These reforms fostered the dominant belief that many individuals were part of the “undeserving poor,” particularly those seen as not actively working towards self-reliance and financial independence but instead relying on state assistance (Cooper 2017). This shift in mindset also influenced policies related to IPV. As a result, welfare organizations began to view women’s complaints of domestic violence with skepticism, associating them with divorce conflicts or other legal disputes, thus questioning the legitimacy of their needs:

There is much more awareness, both among the police and in society in general about domestic violence. However, there are several women in Israel who destroy things for society. There appears to be manipulation sometimes. Some women make false complaints. Some invent things to keep their husbands away from the house. Such women can destroy [credibility] for other [women]. It is because of such false complaints that when a woman tells us what happened to her, the police tell us: “She isn’t a saint.” (K.A., CPDV manager).

The interviewee’s statement that the law is misused can be interpreted within the context of neo-patriarchy (Campbell 2013), where neoliberal welfare-to-work policies (Cooper 2017) intersect with the implication that IPV complaints are often false, thereby legitimizing the neglect women’s risks and their need for support. The focus is placed on aligning the encounter with neoliberal goals, particularly the emphasis on labor market participation. This shift equates financial independence with participation in the labor market, which is prioritized over and above addressing the immediate, gendered nature of the violence women experience:

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 your husband. Let’s see how we deal with it.” I [ask about her] or what she likes to do 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. That’s my experience. (M.B., social services social worker).

In the case described by the social worker, a survivor in a terrifying home situation, visibly marked by physical bruises, is met with skepticism from the state (“you can’t take anything at face value”). The focus shifts toward suggesting practical solutions, such as possible jobs or a sewing course. This response minimizes the significance of the survivor’s current risks, with the worker advising, “Don’t make it a bigger deal or a smaller deal than it is.” Such an approach is sometimes framed as respecting the survivor’s agency or deference to cultural norms. In some cases, social workers also urge clients not to make a “big deal” out of these instances, thus normalizing the abuse.

## ***Symmetrical understanding of gender-based violence***

A key theme in our analysis was the shift in focus within IPV training courses. While earlier training prioritized protecting women from abusive partners, recent courses have placed greater emphasis placed on listening to men. This shift has, to some extent, redirected the responsibility for the violence onto women’s behavior or perceived shortcomings. One training session was described as follows:

I think it’s a matter of really being increasingly more exposed to men who report. Those who treat men are speaking about this, about the ways that men are hurt. And there is now 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 when I was guiding a group of new social workers. I began with an exercise asking what violence women experience from men and what violence men experience from women. What they wrote was identical (N.C., domestic violence social worker (.

The training described by the interviewee introduces the concept of symmetry in violent behavior between men and women in intimate relationships. This approach emphasizes the need to listen to men’s feelings and suggests that responsibility for IPV could be shared by both partners. The training framed these ideas as supported by what was presented as extensive research on women’s violence and women who “trigger” violence. Symmetry-oriented training courses, led by the Ministry’s official training staff, have shaped professional knowledge, embedding assumptions of gender symmetry and influencing social workers in the CPDVs:

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).

CPDV managers actively translate the messages from the symmetry approach into therapeutic guidelines and practices. The traditional 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 tendencies:”

There are no culprits here and we are not looking for any. It’s very easy to assume 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 contribute to this unequal and violent system? How did she help? Perhaps by not setting up boundaries, which is the main thing. How did she contribute to the child becoming a victim and being exposed to violence? The victim also carries the responsibility, though we maintain empathy for both sides (L.D., domestic violence social worker).

The symmetrical approach suggests that women play an active role in generating violence, which reduces the emphasis on holding violent men accountable or identifying them as responsible for criminal offenses. Empathy may be extended but should be offered equally to both sides. This overarching shift in perspective is reflected in the renaming of Centers for the Prevention of Family Violence to Centers for Family Welfare.

# Conclusions

Recent data from Israel show rising femicide rates and an increase in women seeking help from CPDVs, with more calls to IPV emergency lines (\*118) and police complaints. However, many women still do not report their experiences or receive the support they need. Our interviewees highlight the challenges of supporting IPV survivors amid insufficient budgeting and understaffing, which lead to long waiting lists for shelters and CPDV services. This makes the rising number of IPV cases known to CPDV teams particularly concerning.

If current policies addressed these urgent shortages, they would align with the 1991 law for the prevention of domestic violence, which emphasizes the need for protection and recognizes IPV as an emergency situation, while also calling for sanctions against abusive men. The lack of such responses aligns with Campbell’s (2013) concept of neo-patriarchy, where neoliberal cuts to state welfare intersect with conservative ideological shifts, undermining progress made by the women’s movement. Given scholarly concerns that the state’s focus on IPV as a criminal offense has been marginalized (Walby and Towers 2018), our study aimed to examine how social workers within welfare services perceive and respond to IPV survivors.

In addition to the need for more social workers, increased police involvement in IPV cases, and better enforcement of restraining orders, our study examined social workers’ perceptions of IPV. We were surprised to find that our interviewees did not recognize the urgency or risk faced by IPV survivors. Particularly concerning was the lack of support for survivors who do not engage in therapy sessions.

Contrary to Sutton and Carlson’s (2019) call for comprehensive advocacy to complement the empowerment model, and recognition of ethnic identity-specific challenges in IPV, our study reveals a concerning trend in professional discourse that downplays survivors’ risks. Instead of addressing the immediate dangers of domestic violence, professionals have increasingly emphasized a problematic paradigm of gender symmetry and reciprocity in IPV. Our analysis exposed a profound linguistic and conceptual shift in how social workers frame domestic violence, focusing on the dynamics of a violent couple, women’s aggressive tendencies, and boundary-setting issues, while detaching IPV from its broader social context of pervasive gender inequality. This shift suggests that state welfare institutions – originally designed to support women facing IPV – have fundamentally changed their mission, undermining the view that women have an inherent right to protection from IPV.

Recent scholarship has offered limited insight into how gender-symmetrical approaches to IPV shape social services for survivors and the state's role in perpetuating violence against women (Abrahms 2016; Adelman 2017; Krigel and Benjamin 2020). Our study examines how framing therapeutic intervention as the main response to IPV contributes to its persistence, highlighting a complex process where survivors are first required to navigate state bureaucracy and then bear responsibility for the violence they endure.

The social workers interviewed demonstrated several patterns that reflect this process. They often viewed women’s behavior as a potential trigger for IPV, treated IPV reports with suspicion or as subjective or strategically motivated, framed women’s complaints as arising from marital conflict, and sometimes refused to legally validate women’s claims of violence. By ignoring survivors’ urgent safety needs and isolating them, we argue that the state contributes to women’s continued exposure to IPV and reinforces the oppressive structural environment that enables such violence.

The 1991 legislation remains unchanged, with feminist organizations continuing to push for its strengthening. A recent initiative, an electronic tagging bill, aimed to mandate police monitoring of abusive men’s movements. However, the responsible ministry responded by minimizing the use of electronic tags, prioritizing the prevention of false complaints. Our interviewees’ discourse reflected this institutional duality, marked by a pervasive suspicion toward IPV survivors. This suspicion manifested in two key ways: questioning the validity of complaints, and suggesting that survivors are unaware of their own “role” in triggering abuse.

The social workers’ narratives consistently reflected neoliberal views on help-seeking behavior, adding a layer of skepticism to their responses to IPV. We argue that, similar to American social policy, Israeli IPV policy has increasingly adopted neoliberal assumptions, emphasizing individual responsibility for well-being and promoting conservative family values (Cooper, 2017). This shift places the onus on women survivors of IPV to “fix themselves” through therapeutic interventions, which obscure the broader social context of gendered violence. Our findings highlight how contemporary social work practices transform services into state mechanisms that, paradoxically, perpetuate the gendered violence they aim to address (MacKinnon 1989; Adelman 2017).

As Krigel and Hoffnung-Assouline (2022) show, fathers’ rights have increasingly taken precedence over protecting children and their IPV-survivor mothers from male violence.

The main limitation of our study is that interviews were conducted at a single point in time, which may limit the interpretation of the results as reflecting changes over time. Additionally, incorporating the perspectives of other stakeholders, such as survivors and NGOs that support them, could provide further insight into the process. In this regard, we can only include an informal statement from an NGO activist: “Symmetry arguments are now everywhere.” Future research should explore the context driving this trend more systematically. For instance, the decline in support for IPV survivors, which we have connected to the rise of gender symmetry arguments, may also be understood within the context of a parallel shift in Israel’s court system.

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1. https://www.mevaker.gov.il/sites/DigitalLibrary/Documents/2021/Shilton/2021-Shilton-201-Domestic.pdf [↑](#footnote-ref-2)