Conversational silence, coercion, equality: The role of language in influencing who gets identified as abused

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Abstract

Various methods of ascertaining self-reported exposure to intimate partner violence (IPV) in health care and research settings have been evaluated to identify women who interpret themselves as abused for clinical and research intervention. However, few interpretive frameworks have been proposed to explain factors that may influence the success of this ascertainment process, including the contribution of language in facilitating women’s interpretations of situations as abusive across social, cultural and historical contexts. This omission is substantial, given that IPV is context-specific, involving interaction between individuals of diverse linguistic and cultural backgrounds and their sociocultural environment.

In the first part of this paper, we outline hermeneutics, one interpretive theoretical tradition to describe approaches to interpreting IPV. Hermeneutics is a linguistic philosophy that focuses on questions of how people understand spoken language, written text, and themselves through language across sociocultural environments. Hermeneutics acknowledges conditions and situations that facilitate opportunities for broad shared understanding and vocabularies about violence between communities, professionals and abused women, which in turn may reduce harm to women and negotiate action women may want to take in response to situations they interpret as abusive. In the second and third parts of the paper, we compare and contrast the strengths and limitations of three common approaches for asking women about IPV in health care and research settings, and outline a multi-dimensional IPV ascertainment tool that incorporates the three asking approaches to facilitate professionals bringing broad definitions of and vocabularies about abuse to encounters with women.

This paper provides health care researchers, clinicians and policy makers with a framework for understanding the potential influence of language on women’s interpretations of IPV, including the role of community and professional conversational silence, coercion and equality in influencing women’s interpretations. We look at the influence of language about intimate partner violence in the United States on women’s interpretations of abuse, although the basic constructs presented here could be applied in other countries and settings.

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The self does not know itself immediately, but only indirectly by the detour of the cultural signs of all sorts which are articulated on the symbolic mediations which always already articulates actions, and, among them, the narratives of everyday life.

—Ricoeur (1981)

Introduction

Numerous papers detail the adverse health consequences of intimate partner violence (IPV) on women and children (Campbell & Lewandowski, 1997; Campbell et al., 2003; Coker, Smith, Bethea, King, & McKeown, 2000; Davis, Taylor, & Furniss, 2001; Kernic et al., 2002; McCloskey, 2001; Wagner & Mongan, 1998; Wagner, Mongan, Hamrick, & Hendrick, 1995). In part because of these impacts, various close-ended methods of ascertaining self-reported exposure to IPV in health care and research settings have been developed to identify women who interpret themselves as abused for clinical or research intervention (Bonomi, Holt, Thompson, & Martin, 2005; Coker, Pope, Smith, Sanderson, & Hussey, 2001; Ernst, Weiss, Cham, & Marquez, 2002; Feldhaus et al., 1997; Hudson & McIntosh, 1981; McFarlane, Parker, Soeken, & Bullock, 1992; Peralta & Fleming, 2003; Sherin, Sinclair, Li, Zitter, & Shakil, 1998; Smith, Earp, & DeVellis, 1995; Straus, Hamby, Boney-McCoy, & Sugarman, 1996; Weiss, Ernst, Cham, & Nick, 2003). However, few interpretive frameworks have been proposed to explain the success of this ascertainment process, including the contribution of language within the communities where women reside, in health professional discourse, and in IPV ascertainment approaches. For example, if community definitions support only punching and kicking as abusive behavior between intimate partners, a woman who experiences other forms of violence (but not punching and kicking) may find it difficult to interpret her situation as abusive. Equally important is the extent to which legal and health definitions influence IPV in ascertainment approaches. For example, a clinician or health researcher who asks women only about their exposure to physical assault, a type of violence recognized by legal definitions, may diminish opportunities for women who experience psychological abuse in the absence of assault to interpret their situation as abusive.

No matter which definition a woman takes up from her community, or in clinical and research settings, communities and professionals with open dialogue about IPV are likely to have a broad range of vocabularies—ways of talking—about violence. Typically, but not always, in such contexts, it may be easier to find a broad shared way of interpreting violence, which may facilitate opportunities for women to interpret situations as abusive, because there is flexibility and openness in defining “what abuse is.” Clearly, community and professional definitions of violence should not be privileged over women’s, but represent a means to facilitate shared definitions of abuse that may reduce harm to women and negotiate action women might want to take.

In the first part of this paper, we outline hermeneutics, one interpretive theoretical tradition to describe approaches to interpreting IPV. Hermeneutics is a linguistic philosophy that focuses on questions of how people understand spoken language, written text, and themselves through language across sociocultural environments (Allen, 1995; Gadamer, 1975, 1979; Hollway & Jefferson, 2000; Ricoeur, 1981; Thompson, 1990). Hermeneutics emphasizes that there is no single understanding...
about “what constitutes abuse,” but rather, many interpretations are possible at the levels of communities, professionals and women. Hermeneutics also acknowledges conditions and situations that facilitate opportunities for broad shared understanding and vocabularies about violence between communities, professionals and abused women, which in turn may reduce harm to women and negotiate action women may want to take in response to situations they interpret as abusive. In the second and third parts of the paper, we compare and contrast the strengths and limitations of three common approaches for asking women about IPV in health care and research settings, and outline a multi-dimensional IPV ascertainment tool that incorporates the three asking approaches to facilitate professionals bringing broad definitions of and vocabularies about abuse to encounters with women. Our emphasis is the influence of language about intimate partner violence in the United States on women’s interpretations of abuse, although the basic constructs presented here could be applied in other countries and settings.

Hermeneutics as an orientation for describing IPV interpretations

Hermeneutics is a useful philosophical orientation for describing approaches to interpreting intimate partner violence. Hermeneutics is historically associated with the deconstruction of biblical texts during the Renaissance and Reformation, and primarily through the work of Gadamer (1975, 1979) and Ricoeur (1981), has emerged as a philosophy that focuses on questions of how people understand language and themselves through language (Thompson, 1990; Allen, 1995). Hermeneutics emphasizes that human beings are not only born into and develop within a linguistic environment subject to historical, social and cultural forces but also reproduce and change this environment through their participation in it (Gadamer, 1975). This concept is captured by the introductory quote by Ricoeur (1981) that we know our “selves” through cultural signs and narratives. Women’s interpretations of themselves as abused are fundamentally influenced by the language of their social, cultural and historical context, including the dominant language of their community. Specifically, who in the community says what about “abuse” and to whom? And, how do women see themselves as abused as a result of participating in these conversations? Women’s interpretations also depend on the identification setting and the IPV definitions used in ascertainment approaches. How women interpret themselves as abused depends on who is asking them about abuse, where, under what conditions, and using what types of questions.

Hermeneutics also suggests that understanding and meaning are co-produced by all participants of a conversation through the intersection of individuals’ horizons (Gadamer, 1975; Thompson, 1990). Gadamer (1975) describes a horizon as any vantage point or worldview held by individuals, and understanding is achieved when there is a fusion of individuals’ horizons. Thus, understanding (or misunderstanding) about IPV is co-produced in conversations between women and their communities, their clinician, researchers, or others with whom they are engaged in conversation with about IPV. Consider a conversation between a police officer and an abused woman who placed a call for help, where the police officer says “What do you mean all he did was scream at you? There’s nothing I can do unless he hit or threatened you.” A woman in this conversational situation could potentially be discouraged from interpreting her situation as abusive because the police officer has imposed a legal representation of IPV that does not include screaming in the absence of threats or physical violence.

These hermeneutic concepts—that is, language as contextual and the coproduction of meaning by all members of conversation—bring together two related factors: the dialogic process and the circulating vocabularies. Typically, but not always, communities with more open dialogue about IPV also have a broader range of vocabularies—ways of talking—about violence. Women situated in communities that support ongoing dialogue, conversation and negotiation about “what IPV is” in the broadest sense are encouraged to share their definitions of violence, to enhance wider community understanding of violence—representing a form of conversational equality. This may lead to more opportunities for broad shared understanding about IPV between communities and women, which may reduce harm to women and negotiate action women might want to take.

On the other hand, communities with closed dialogue about “what IPV is” likely have more restricted vocabularies and definitions about IPV (e.g., definitions limited to physical assault). Women in communities with closed dialogue are discouraged
from contributing to emerging definitions of violence, a form of conversational silence. Shared understanding about “what IPV is” could also exist in these closed communities, but the understanding is narrow and does not facilitate opportunities for women interpreting situations as abusive.

Three additional points deserve mention. First, hermeneutics postulates that there is no single understanding about “what constitutes abuse.” However, within sociocultural communities, definitions of acceptable behavior between intimate partners, and hence abuse definitions, do exist. Earlier we cited definitions of IPV proposed by the CDC (Saltzman et al., 1999). Clearly, other definitions are possible, such as defining IPV by the impact of a partner’s abusive behaviors on women rather than by the abusive behaviors themselves (Smith et al., 1995). We do not suggest that community definitions trump women’s, but that a goal of hermeneutics is to have broad definitions at the level of communities in order to facilitate broad shared understanding between communities and women that in turn reduce harm to women and negotiate action women may want to take.

Second, interpretations of IPV are not static. As communities and women interact with each other and with others outside of their immediate sociocultural setting, new definitions and interpretations of IPV are possible. New interpretations could lead women and communities toward states of greater agreement or conflict about IPV.

Third, crucial to the process of community and individual interpretations of IPV is the influence of professional discourse. For example, the signifier “domestic violence” did not emerge in the United States until the rise of the women’s movement in the 1970s (Denzin, 1984). Prior to that historical shift, language about violence between partners had not been formalized, made public, or begun the process of integration into legal, medical and social conversations. Hermeneutically, legal discourse supporting arrest for physical IPV may suppress or facilitate interpretations of IPV. On the one hand, legal discourse that acknowledges physical IPV as a punishable act may facilitate women (and communities) interpreting the use of physical force as abusive. This may be particularly important for validating immigrant women’s abuse experience, since immigrant women may be less familiar with acceptable and unacceptable behavior between intimate partners as defined by the US law. On the other hand, this same discourse could lead to conversations that downplay other forms of IPV (e.g., psychological abuse), potentially obstructing women’s interpretations of abusive situations. Similarly, some communities resist definitions linked to the legal system because they find the legal/criminal justice system harmful.

From an ascertainment standpoint, professional discourse influences the types of IPV asked about in interview and self-report surveys, or in the context of conversation. Clinicians and health researchers, for example, who do not use broad definitions and vocabularies about abuse in conversation with women induce a form of conversational silence; potentially impeding women from fully identifying and interpreting their experience as abuse. There may also be situations where women do not interpret themselves as abused according to professional definitions, but clinicians or researchers may nonetheless want to intervene to address women’s depression, physical injury, and harm to children from witnessing abuse. This paper is not taking a stance on whether clinicians’ or women’s definitions of IPV are “correct,” much less on what the best action might be even if there is definitional consensus. Rather, our goal is to argue the need for broad definitions to maximize opportunities for shared understanding of violence between clinicians and abused women in order to reduce harm to women.

Finally, we have good historical and political reasons for preferring to privilege an individual woman’s self-interpretation (because of the long tradition of over-riding her in the name of ‘science’ or ‘medicine’). But we do not take that privilege as absolute. Even if we honor a woman’s self-interpretation, we may still feel she could be targeted for intervention because of the many other consequences of abuse; for example, severe depression, harm to children from witnessing abuse, and the transmission of these behaviors to the next generation.

Strengths and limitations of three common approaches for asking women about IPV

Having laid the basic foundation of hermeneutics and discussed the relationship between community, professional and individual interpretations of IPV, in this section, we address the second central aim of our paper: we compare and contrast the strengths and limitations of three approaches commonly used in health care and research settings to ask women about abuse (outright, behavioral tactic, and
impact). These three close-ended approaches, developed based on extensive input from abused women, are a necessary and useful starting point to facilitate identification of women in busy clinical settings, where health care providers may have only one brief opportunity to ask women about abuse (versus the undesirable alternative of not asking at all, which would preclude any opportunity to facilitate women’s interpretations of abusive situations) (Gerbert, Caspers, Bronstone, Moe, & Abercrombie, 1999; Sugg & Inui, 1992). This section focuses primarily on how language in identification tools that use close-ended approaches could influence who is identified as abused, but also addresses the interactive play of women’s social setting on their interpretations of abuse.

**Outright approach**

Identification tools and interview approaches that use the **outright approach** ask women directly about “abuse,” for example: “were you, or have you been, physically or emotionally abused?” or “did your partner assault you?” (Bonomi et al., 2005; Ernst et al., 2002; McFarlane et al., 1992; Weiss et al., 2003). By assuming a consensual understanding of “abuse,” the outright approach has the potential to open a conversational space about whether women interpret their lives as including abuse, and may motivate women to protect themselves and change their situation with an abusive partner. However, the outright approach does not (1) attend to the conditions under which women are making their interpretation, (2) address the issue of whether women share an understanding of what constitutes abuse, or (3) ascertain whether there are conditions in a woman’s life that she does not consider abusive but which a clinician/researcher might. Using an assumed definition of abuse could be challenging for women if: (1) they are in the presence of their perpetrator; (2) they are asked by an individual who maintains a considerable power differential over them; (3) labeling themselves as abused implies additional loss of power and control, or instills fear and shame; or (4) dominant IPV discourses in the social setting at hand discourage women from interpreting their experience as abuse.

The outright approach also assumes that a woman has the same interpretive horizon as the police officer, clinician or researcher who is asking her about abuse; that is, that she understands and uses the signifier “abuse” in the same way. Surely, this is not always the case. For example, not all women who report that they experienced kicking, punching, and hitting according to the abuse definitional framework of the Conflict Tactics Scale, a commonly used instrument to assess IPV exposure (Straus et al., 1996), identify themselves as “abused” (Bonomi et al., 2005).

**Behavioral tactic approach**

The **behavioral tactic approach** asks women about exposure to tactics that legal professionals, clinicians, researchers and women have linked to “abuse,” for example, “did your partner kick, slap, punch or choke you?” (Ernst et al., 2002; Hudson & McIntosh, 1981; McFarlane et al., 1992; Straus, 1974; Straus et al., 1996; Weiss et al., 2003). The behavioral tactic approach may be useful for identifying women in abusive situations because it may be easier to achieve consensus on abusive tactics than labeling abuse. However, the behavioral tactic approach is limited because (1) it focuses on a predetermined list of tactics defined as “abusive” and excludes others (Smith et al., 1995), (2) it decontextualizes women’s abuse experience as discrete events that occur outside of their interactions with their partner, and (3) it again may not attend to the conditions under which women make their interpretation (e.g., whether their perpetrator is present). Other limitations include the fact that some words describing abuse tactics (e.g., “controlling behavior”) could be conceptually difficult for women to interpret (Bonomi et al., 2005; Wagner & Mongan, 1998).

**Impact approach**

The **impact approach** asks women about the impact of their partner’s behavior on their life, for example, “are you afraid of your partner?” (Coker et al., 2001; Feldhaus et al., 1997; McFarlane et al., 1992; Peralta & Fleming, 2003; Smith et al., 1995). The impact approach offers a way to ascertain women’s exposure to IPV without asking them “outright” whether they were abused or about exposure to discrete behavioral abuse tactics. Because of this, the impact approach is more conceptually aligned with the theoretical underpinnings of hermeneutics and may be a less obtrusive and more sensitive way to inquire about IPV. However, the impact approach may be limited nonetheless because (1) typically instruments that use this approach include a set number of items
rather than an open-ended approach conducive to conversation, (2) women may still feel shame answering questions about being afraid of their intimate partner, (3) women who interpret their situation as abusive may not necessarily endorse questions about being afraid of their intimate partner, and (4) it incorporates a hidden causal model that may not be appropriate—it assumes that if a woman is afraid of her intimate partner, or feels owned and controlled by her partner, it is because her partner is abusive.

An additional limitation is that women may not understand questions that use the impact approach if they are decontextualized. One clinician noted that when she asked her patient whether she felt “safe at home,” the patient wondered if that meant she had exposed electrical wiring or other physical hazards in her house.

A multi-dimensional tool for asking women about intimate partner violence

The conceptual limitations of the above approaches do not preclude their use in research or clinical practice. Rather, consistent with recommendations from the Centers for Disease Control and Prevention (2000), they underscore the need to ask women about IPV using a multi-dimensional, flexible approach, that begins with one (or more) of the asking approaches and evolves into dialogue about how women want to interpret abuse. In this final section, we address the third central aim of our paper: we describe a multi-dimensional tool for asking women about IPV that incorporates the three asking approaches (outright, behavioral tactic, impact) in order to help professionals bring broad definitions of abuse to encounters with women. The goal of the tool we propose is not to impose a single understanding of “abuse,” but is an opening gambit in which clinicians and researchers might say: “The criteria behind these questions constitute what I think about abuse and what many other women have said about abuse. Please talk with me about two issues—whether you think your life fits these criteria and whether you agree with them or prefer another set.” Thus, our multi-dimensional ascertainment tool helps professionals bring broad definitions of abuse to encounters with women, which could lead to opportunities for shared agreement between professionals and women about what abuse means. This broad shared agreement could help create an interpretive and relational basis for negotiating actions women may want to take. In some instances—particularly in US states with mandatory abuse reporting—it might be useful to alert women that some definitions have legal ramifications.

Several IPV ascertainment tools, developed based on input from abused women, already propose a multi-dimensional approach that incorporates each of the three linguistic (asking) approaches outlined in the previous section. For example, the Abuse Assessment Screen asks women about physical or emotional abuse (“outright approach”), exposure to physical and sexual abuse tactics (“behavioral tactic approach”) and whether they feel afraid of their partner (“impact approach”) (McFarlane et al., 1992). The Ongoing Abuse Screen, adapted from the Abuse Assessment Screen, also uses this format (Ernst et al., 2002; Weiss et al., 2003). Additionally, in concert with the broad CDC definition of IPV (Saltzman et al., 1999), numerous US states have added impact and behavioral tactic-based questions that assess exposure to physical, psychological and sexual IPV to their Behavioral Risk Factor Surveillance System questionnaires (Harwell & Spence, 2000; Saltzman, Johnson, Gilbert, & Goodwin, 2003; Verhoek-Oftedahl, Pearlman, & Coutu Babcock, 2000; Vest, Catlin, Chen, & Brownson, 2002).

We suggest an ascertainment tool that follows the lead of questionnaires like the Abuse Assessment Screen and the Ongoing Abuse Screen, by asking women about IPV using each of the three asking approaches outlined in the previous section. In contrast to some other tools, our tool, which is found in Table 1, makes explicit the different types of abuse in the asking approach. For example, while the Abuse Assessment Screen asks about physical or emotional abuse together, our tool proposes questions that ask about each of these types of abuse separately. Additionally, our tool includes two behavioral tactic questions that fall under the umbrellas of physical abuse and emotional abuse, two questions that address IPV impact, one that asks women about whether they are afraid of their intimate partner and another that asks about sadness, shame and hopelessness because of a partner’s behaviors.

The ascertainment tool uses a multi-level response scale that attempts to ascertain degree of abuse interpretation (Table 1). A multi-level rating scale, while still imposing discrete states, may facilitate women’s interpretation of their experience as abuse by allowing gradations of interpretation. Our inclusion of a “do not know/not sure” category facilitates
opportunities for women to interpret uncertainty about their interactions with their intimate partner, often a pre-condition for women to reach an interpretive state of themselves as abused.

Concluding remarks

We used the hermeneutic interpretive philosophy to describe approaches to interpreting IPV, compare and contrast three common ways women are typically asked about IPV, and propose a multidimensional IPV ascertainment tool that incorporates the three asking approaches to help professionals bring broad vocabularies, or definitions, of violence to encounters with women, which could lead to opportunities for shared agreement between professionals and women about what abuse means. The utilization of an interpretive philosophy to explore IPV interpretations and ascertainment was overdue, given the adverse consequences of IPV on women and their children, and because IPV interpretations and ascertainment are specific to socio-cultural contexts. Our emphasis was the influence of language about intimate partner violence in the United States on women’s interpretations of abuse, though we believe the general constructs presented here are relevant in other countries and settings.

Our goal was not to present “a way” for universally asking women about IPV, to muddy the slough of existing IPV identification tools, or to determine the quintessential path to consensual interpretation among communities, professionals and women across settings, time and space. Hermeneutics suggests that there is considerable variability across and sometimes within communities, cultural traditions and individuals around “what constitutes abuse.” And there is variability around willingness to talk about violence in communities and among professionals. However, it emphasizes conditions and situations that facilitate opportunities for shared understanding of violence between communities, professionals and abused women, which in turn may reduce harm to women and negotiate action women may want to take.

We attempted to balance the tension between the open-ended, dialogic orientation of hermeneutics to help women interpret abusive situations and the time constraints of real world clinical practice in the following ways: (1) we suggest an ascertainment tool drawing from research with abused women that was sensitive to the language considerations that might facilitate broad shared understanding of IPV between professionals and women who may be abused; and (2) we offer language that professionals might use to open their conversation and administration of the tool with women. We believe our tool has the potential to help professionals bring a broad understanding of IPV to clinical and research encounters, in order to facilitate broad shared understanding of abuse with women.

While we proposed a tool containing a series of close-ended questions for use by professionals in busy clinical settings, resources and time permitting, we also advocate for trying open-ended questioning to facilitate ongoing dialogue and negotiation about “what IPV is.” Any ascertainment tool, including the hypothetical tool we propose, imposes some definition of IPV on women. Linguistic nuances within social contexts could make it difficult for women to interpret themselves as abused if a set list of questions is used, without follow-up conversation and dialogue. Whether close- or open-ended questions are used, careful attention must be paid to the conditions under which conversation takes place—where does conversation take place, with whom, and when?

Table 1
Sample multidimensional IPV identification tool

<table>
<thead>
<tr>
<th>Content</th>
<th>Rating scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been physically abused by your partner?</td>
<td>Never</td>
</tr>
<tr>
<td>Has your partner hit, kicked, punched, slapped, choked, shoved or otherwise physically hurt you?</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Have you been emotionally abused by your intimate partner?</td>
<td>A lot of the time</td>
</tr>
<tr>
<td>Has your partner insulted, criticized or sworn at you, or called you names, put you down, threatened you, or harmed something belonging to you?</td>
<td>I do not know/not sure</td>
</tr>
<tr>
<td>Does your partner insist on knowing what you are doing, where you are and who you are with?</td>
<td></td>
</tr>
<tr>
<td>Are you afraid of your partner?</td>
<td></td>
</tr>
<tr>
<td>Do you feel sad, ashamed, or hopeless because of the things your partner does to you?</td>
<td></td>
</tr>
</tbody>
</table>
We suggest that community and professional conversations influence women’s interpretations of IPV. In raising this issue, we do not intend to privilege community and professional definitions of IPV over women’s. Rather, we intend to raise awareness of the potential for opportunities to facilitate shared understanding about IPV between communities, professionals and women that would reduce harm to women.

Our parting comment concerns the responsibility we feel researchers and clinicians have to examine our own interpretations of intimate partner violence, including the ways in which our understandings influence the design and evaluation of ascertainment tools, or cause us to avoid addressing IPV altogether. However, if health researchers and clinicians choose the latter, have we then adopted a conversation of silence about IPV? In any case, our understandings about IPV are not to be avoided, but are an inescapable resource for constructing our understanding of the world, and perhaps for facilitating women entering a more open and complex conversation about whether to interpret their situations as abusive.

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**Further reading**