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Manufacturing Difference

Double Standard in Swiss Institutional Responses to Intimate Partner Violence

A Thesis presented at the Faculty of Arts and Human Sciences in fulfilment of the requirements for the degree of Doctor in Social Sciences

by

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Le doyen
Pierre Alain Mariaux

p.o.

To Eshrat

To Elham

And to all the women in my life

Abstract

Due to the efforts of feminist movements, there is now a transnational recognition of violence against women as a public problem. Whereas this type of violence was originally problematized as being intrinsically associated with gender relations, more recent public policies and debates in Europe in general, and specifically in Switzerland, have focused on migration. Consequently, specific types of violence against women that *a priori* involve migrant populations, such as 'forced marriages', 'female genital mutilation' and 'honour killing', are increasingly the focus of public action. This focus implies that violence against women is primarily perceived as a migrant problem. Although various scholars have already criticized the instrumentalization of gender equality and the women's rights discourse and its role in racializing violence against women, they have targeted the types of violence that are cast as 'cultural pathologies', as noted above. This research takes an alternative approach. It focuses instead on the wider public problem of 'intimate partner violence', conceived as a public, population-wide health issue in many European countries. This approach enables to lay bare the institutional mechanisms of manufacturing difference between 'us' and 'them'.

Through an ethnographic exploration of diverse actors' interventions to support victims, this study investigates how intimate partner violence is identified, named and addressed differently in relation to Swiss citizens and migrants, even though it concerns the same social problem, is treated by the same institutions, and involves people living in the same territory. To this end, a women's shelter, a medicolegal service of a hospital and a police emergency unit in French-speaking Switzerland were chosen as the study sites. Field observations and uncountable informal interviews, supported by 56 expert interviews with agents from these institutions, were conducted over 18 months from 2014 to 2016. Case studies and ethnographic descriptions of agents' practices were complemented by a study of agents' discourses to better understand the meanings that these agents attribute to their practices and how they emerge out of specific representations of 'others' and their supposed 'culture'.

A close study of public action against intimate partner violence shows, first, that the general framing of such violence is gender-blind, revealing a politics of silence surrounding unequal gender power relations in the intimate sphere. Intimate partner violence is alternatively framed psychologically, and individually as isolated instances of deviant behaviour caused by alcohol, drug consumption, or psychological problems. In sum, non-structural explanations are offered, privileging psychotherapy and family consultations as solutions. Second,

however, when the targets of intimate partner violence include migrants from the Global South, the incidents are associated with a racialized conception of culture in which unequal gender relations disadvantage women and trivialize male control and abuse. This double standard through a visibilization of gendered power relations in specific cases, and their occultation in others, leads to perceptions of ethnic and racialized differences that are subsequently equated with moral differences between 'them' and the 'civilized us'. Last, the practices of institutions are critically examined to document some of the concrete consequences of these manufactured differences in recognition and naming.

This study of the institutional responses to intimate partner violence in Switzerland provides valuable insights that contribute to several academic debates. First, similar mechanisms behind the 'racialization of sexism' have been observed in other European countries. Hence, this case study contributes to this field of research and to the broader field of postcolonial and critical race studies by providing further comparisons of different contexts. Second, this thesis contributes to the literature on intimate partner violence, which has largely disregarded the specific effects of differentiating social groups. Last, the thesis demonstrates methodological originality, illustrating how migration studies can be de-ethnicized by shifting the focus from migrants to all of the beneficiaries and their relations with public institutions, in this case, institutions dealing with intimate partner violence. This shift enables an interrogation of the social construction of the category of 'migrants' by centring attention on the context in which they are categorized and labelled as such.

Key words: Differentiated institutional responses, De-gendering and re-gendering domestic violence, Double standard, Ethnography of public institutions, Intimate partner violence, Manufacturing difference, Politics of difference, Politics of silence.

Résumé

Grâce aux efforts des mouvements féministes, les violences faites aux femmes sont maintenant reconnues internationalement comme un problème public. Cependant, bien que ce type de violences ait été originairement problématisé comme étant intrinsèquement lié aux rapports sociaux de sexes inégalitaires, les politiques et débats publics en Europe en général et en Suisse en particulier, tendent désormais à se focaliser sur la thématique de la migration, pour comprendre et expliquer ces violences. De ce fait, certaines formes des violences faites aux femmes qui touchent *a priori* davantage les populations migrantes, tel que « le mariage forcé », les « mutilations génitales féminines » ou les « crimes d'honneur » se trouvent fréquemment au centre de ces politiques publiques. Cette approche suggère que ce phénomène reste l'apanage des populations migrantes. Bien que plusieurs études aient critiqué l'instrumentalisation de la rhétorique de « l'égalité de genre » ou des « droits des femmes » participant à la racialisation des violences faites aux femmes, ces critiques se sont le plus souvent concentrées sur ces mêmes formes de violences attribuées aux migrant.e.s. Cette recherche propose une approche alternative. Elle se concentre sur le problème public des « violences conjugales », qui est reconnu comme un problème de santé publique général dans beaucoup de pays européens. Cette approche permet de mettre à nu les mécanismes qui fabriquent la différence entre divers groupes sociaux tels que les « nationales/nationaux » et les « migrant.e.s » par les institutions de l'État.

C'est au moyen d'une démarche ethnographique « multisituée » au sein de trois institutions publiques en charge de la prise en charge des violences conjugales en Suisse romande que ce travail étudie cette fabrique de la différence. Les observations participantes au sein d'une unité de police, d'un service hospitalier et d'un refuge pour les victimes de violences conjugales, et innombrables entretiens ethnographiques, sont complétées par 56 entretiens d'expert réalisés avec les agent.e.s. Le travail de terrain s'est déroulé sur 18 mois entre 2014 et 2016. L'analyse du discours et des pratiques de ces agent-e-s envers les protagonistes des cas portés à leur connaissance permet de juxtaposer les récits des cas similaires, mais perçus différemment par les agent.e.s de l'État.

Une analyse rapprochée des réponses institutionnelles aux violences conjugales démontre en premier lieu que le cadrage général des politiques publiques actuelles concernant les violences conjugales évacue le système de genre et reste muet quant aux rapports sociaux de sexes inégalitaires dans la sphère intime. Ce cadrage interprète ces violences, non pas par le système

de genre, mais par des caractéristiques individuelles telles que problèmes psychologiques ou consommation d'alcool ou substances illicites. Les violences sont donc expliquées comme relevant de l'individu et non pas du social. En deuxième lieu, lorsque ces violences impliquent des étranger.ère.s, venant du « Sud », une conception racialisée de la culture est mobilisée, visibilisant ainsi la domination masculine et analysant ces violences par des rapports sociaux de sexes inégalitaires qui seraient inhérents à « certaines cultures ». Ainsi, la visibilisation du genre dans certains des cas et son occultation dans d'autres, fabrique une différence racialisée/ethnicisée entre divers bénéficiaires de l'action publique, la faisant correspondre avec les différences morales entre une catégorie altérisée, les « Autres » et une catégorie civilisée, le « Nous ». Les conséquences pratiques de cette fabrique des différences sont également démontrées dans le travail.

Cette étude des réponses institutionnelles aux violences conjugales en Suisse et la manière dont celles-ci se différencient en fonction de divers types de populations permettent de contribuer à différents débats académiques actuels. Premièrement, des mécanismes similaires de la « racialisation du sexisme » ont été observés dans d'autres contextes européens. Cette étude du contexte suisse contribue à ce champ ainsi qu'aux champs plus larges des études postcoloniales et des *critical race studies*. Deuxièmement, cette étude contribue au champ des études sur les violences faites aux femmes, qui sont souvent étudiées, ou bien de manière globale et sans distinction des groupes sociaux touchés, ou à l'inverse, en s'intéressant exclusivement aux types spécifiques des violences perçues comme « pathologies culturelles » et touchant particulièrement les populations migrantes. L'originalité de la démarche méthodologique de ce travail permet enfin de démontrer comment la sociologie de migration peut être dé-ethnicisée. Plutôt que d'étudier les « migrant.e.s », cette étude change le focus et regarde tous et toutes les bénéficiaires de l'action publique et leurs relations avec les institutions. Ce changement de regard permet d'interroger de manière critique la construction sociale de la catégorie des « migrant.e.s » en étudiant les conditions et le contexte où ces personnes sont catégorisées et labellisées comme telles.

Mots clés : Réponses institutionnelles différenciées, dégenrer et re-genrer les violences domestiques, Double standard, Ethnographie des institutions publiques, Violences conjugales, Fabrique de la différence, Politique de la différence, Politique du silence.

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List of Acronyms

AFMP Agreement on the Free Movement of Persons

CANS Child Abuse and Neglect Service

CDAS Conference of Cantonal Directors of Welfare Departments
Conférence des directrices et directeurs cantonaux des affaires sociales

COGE Cantonal Office of Gender Equality

DOME Domestic Abuse Police Interventions

DAO Federation of Women's Shelters in Switzerland
Fédération Solidarité Femmes de Suisse et du Liechtenstein

EFTA European Free Trade Association

FOGE Swiss Federal Office of Gender Equality
Bureau fédéral de l'égalité entre femmes et hommes

FSO Federal Statistical Office
Office fédéral de la statistique

IPV Intimate Partner Violence

HQ Police Headquarters

LAVI Federal Law on Helping Victims of Offences
Loi fédérale sur l'aide aux victimes d'infractions

SEM State Secretariat for Migration
Secrétariat d'État aux migrations

WHO World Health Organization

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Introduction

Aims and Objectives of the Research

Why did I choose 'Manufacturing Difference' as the title of my work? A quick Internet-based search using Google's search engine yields the following definitions of the gerund 'manufacturing': 'make something on a large-scale using machinery', or 'inventing evidence or a story'; when used more specifically in the context of a 'living thing', it means 'producing a substance naturally', or 'making or producing something abstract in a merely mechanical way'[1]. The second word in the title, 'difference', refers to 'a point or way in which people or things are dissimilar.'[2] Therefore, the following question arises when these terms are conjoined: What if the way in which we *believe* people or things to be dissimilar, or the point of difference, was in fact invented, not necessarily intentionally, but in a mechanical, almost 'natural' way? As social scientists, our aim is to question or deconstruct the 'naturalness' of all such 'beliefs' in order to be able to understand and explain their production. Accordingly, my intention has been to focus not on differences, but rather on the activity of constructing them and on their conditions of possibility. Instead of looking at why, how, and in what ways people (read 'migrants') or things (read their 'culture') are different, here I suggest that we direct our gaze on the activity of differentiation in order to lay bare the mechanical (read institutional) patterns that reproduce them almost unconsciously. Hence, my object of study here is to reveal the concrete mechanisms through which institutional actors and public agents construct the categories of 'us' and 'them.' My object of observation,[3] that is, the 'laboratory' or 'factory' where I chose to examine this specific fabrication of difference, is the institutional treatment of intimate partner violence (IPV) in Switzerland.

I understand IPV as 'a pattern of coercive behaviour exerting power and control in an intimate relationship through intimidating, threatening, harmful or harassing behaviour' (Hearn, 2013, p. 159; see also Brush, 2009; Carmody, 2006; Stark, 2007, 2009). IPV 'is thus better seen as

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[1] https://www.google.com/search?ei=s70dXY7NDaXIrgT4hbLYDw&q=manufacturing+definition&oq=Manufactriing&gs_l=psy-ab.1.0.0i71l8.0.0..7134...0.0..0.0.0.....0.....gws-wiz.HauyhPi99UM

[2] https://www.google.com/search?client=firefox-b-d&ei=Y_4dXfvoDsqgjgby8JmICw&q=Difference+english+definition&oq=Difference+english+definition&gs_l=psy-ab.3..0i7i30j0i8i30l7.3084.3930..4126...0.0..0.142.858.2j6.....0....1..gws-wiz.....0i71j0i8i7i30.kc4GwDtxMRo

[3] I borrow the distinction between *object of study* and *object of observation* from Michel-Rolph Trouillot, a Haitian anthropologist who introduced it to avoid anthropology's conflation "of the field as object of study, object of observation, and place in which observation occurs" (Fernando, 2014, p. 237).

material, bodily and [psychologically] damaging processes over time, rather than health- or legally-defined specific behaviours' (Hearn, 2013, p. 159). Although it can also occur in gay and lesbian relationships, the phenomenon was initially problematized by feminist movements in the 1970s as mostly a gendered form of violence exerted by men against their female partners, and as a part of a continuum of violence against women (Hanmer, 1977).

More precisely, I examine how state actors name, frame, and treat IPV differently depending on whether it involves individuals identified as Swiss/European nationals or (non-European) migrants, although in all cases it concerns the same social problem, is treated by the same institutions, and involves people living in the same territory. The sites of observation for this multi-sited ethnography are three public institutions, namely a police emergency unit, a women's shelter, and a medicolegal centre. I show that by eclipsing gender issues for one group of IPV victims (categorized as Swiss and/or Europeans), and by visibilizing them for others (categorized as 'migrants'), these actors construct a specific kind of difference between IPV cases that in turn justifies their differential treatment.

Context and Problematic: The Racialization of Violence against Women

The issue of migration occupies a primary place in public debates regarding violence against women in Switzerland, as can be seen in the programmes offered in federal and cantonal offices for gender equality. 'Forced marriage' and 'female genital mutilation' are two central axes of public action to combat violence against women in Switzerland. Other examples can be found in the programmes of the annual national congress on violence against women and gender-based violence organized by the Federal Office of Gender Equality (FOGE) in Bern, where the issues of forced marriage, female genital mutilation, and human trafficking are included along with domestic violence. This was the case, for example, at the 2018 national congress on violence against women in Switzerland organized by the Swiss Academies of Arts and Sciences in relation to the United Nations' Sustainable Development Goals. Here also types of violence against women that were a priori deemed to involve migrants occupied a central place.[4]

There is also a tendency to link IPV—referred to formally as 'domestic abuse' and sometimes informally as 'conjugal violence'—to migration. For example, in 2011 FOGE, mandated by the Swiss Federal Council, published a report on the lack of sufficient research on IPV. The

[4] http://www.sagw.ch/fr/sagw/veranstaltungen/vst-2018-sagw/agenda-sdg/Gewalt-gegen-Frauen.html

report recommends that, to better understand IPV, there is a need for research to articulate the relationship between 'migration/origin' and gender issues (Thomet, Schär Moser & Egger, 2011, p. 6). FOGE recommends investigations into the relationship between, on the one hand, variables such as cultural specificities, migration-related issues, and religious affiliation and the importance of religious practices in everyday life and, on the other, the manifestations of IPV (Thomet et al. 2011, p. 7).

This emphasis on the relationship between migration and IPV relies partly on official statistics published by the Federal Statistical Office (FSO), which uses the dichotomous variables of 'Swiss nationals' and 'foreign nationals' in presenting statistics regarding IPV in Switzerland (FOGE, 2015). The statistics report official police crime statistics, which include offences known by police, and since 2009 also the relationship between perpetrators and victims of violence. This data makes it possible to distinguish IPV cases from other violence-related offences registered by the police (FOGE, 2018). According to the most recent report by the FSO, published in 2018, 79 per cent of the offences registered under category of 'domestic abuse' involve IPV (of which 52 per cent are perpetrated by a current partner and 27 per cent by an ex-partner). The remaining cases involve violence between parents and children or between other family members.

According to the most recent (2018) police statistics on offences related to domestic violence, 51 per cent of IPV victims were Swiss nationals[5], while 49 percent were foreign nationals. Of suspects/perpetrators, 45 per cent were registered as Swiss nationals and 55 per cent as foreign. Therefore, IPV cases known to the police are distributed almost equally between Swiss and foreign nationals. But because foreign nationals represent only 21.1 per cent of the Swiss population (FSO, 2017),[6] they are considered to be disproportionately involved in IPV (FOGE, 2015), and these official statistics are widely referred to in Swiss public debate as evidence regarding the higher prevalence of IPV among foreign nationals (FOGE, 2015), implying that the phenomenon concerns migrants first and foremost.

But another disproportionality, although more obvious, usually goes unremarked and undebated. Foreign nationals are not the only group overrepresented in the statistics of domestic abuse. The clear majority of victims are women and the clear majority of

[5] This includes all who hold a Swiss passport whether or not they have migrant background.
[6] https://www.bfs.admin.ch/bfs/en/home/statistics/population/migration-integration/foreign.html

perpetrators are men. Nevertheless, this overrepresentation has not led the public debate on IPV to concentrate on the gendered nature of this type of violence.

There are also several problems that call into question the reliability of police crime statistics regarding the higher prevalence of IPV among foreigners. Apart from the problem of racial profiling (Engel, Calnon, & Bernard, 2002), most obviously, these statistics include only cases brought to the police's attention, i.e., only cases in which the victim, the perpetrator, or a third person informed the police and triggered an intervention. These statistics therefore do not include cases that are not subject to police intervention but are in principle accounted for in representative surveys. In fact, however, the representative surveys that have been conducted in Switzerland do not conclude that there is a higher proportion of foreign nationals among IPV victims. Indeed, the three most important population-wide representative studies carried out in Switzerland do not allow for the conclusion that there is an overrepresentation of foreign nationals among victims of IPV, but they do confirm the highly gendered distribution of female victims and male perpetrators (Gillioz, de Puy, & Ducret, 1997; Gloor & Meier, 2004; Killias, Simonin, & De Puy, 2005). Representative surveys in various other European countries have also concluded that IPV is a problem that cuts across all social milieus and all nationalities (for France, Jaspard, 2003; Schröttle & Condon, 2006; for Germany, Müller & Schröttle, 2004; Schröttle & Khelaifat, 2008; Schröttle, 2008).[7]

Furthermore, the categories of 'foreign nationals' in the statistics and 'migrants' in public debates encompass an extremely heterogeneous population. Possession of a Swiss passport is the only criterion used to distinguish between Swiss and foreign nationals in the statistics. This of course results in an analytically problematic dichotomy between Swiss and foreign nationals (FOGE, 2015). This nationality-based distinction undermines the impact of other criteria, including socioeconomic status, age, legal status (including whether and what type of residency permit foreign nationals possess), and the number of years foreign nationals have lived in Switzerland, in classifying IPV cases. As Schinkel (2018) argues, this distinction already does all the work of distinguishing the Swiss population from foreigners or migrants. This distinction is made prior to the measurement, and it thus creates, rather than documents, the facts to be measured (2018, p. 4).

[7] Bias is possible in all representative surveys. Access to interviewees and linguistic barriers may have excluded some foreign-national victims from those surveys (FOGE, 2015).

Finally, research on risk factors for IPV suggests that a variety of criteria other than nationality can, in conjunction, increase the probability of IPV. These risk factors should not be mistaken as causes for IPV, however. Age is one such risk factor. IPV is more frequent among young couples (Killias et al., 2005). Research has also demonstrated that social isolation, socioeconomic difficulties (Steiner, 2004; FOGE, 2015; Zoder, 2008; Gillioz et al., 1997; Straus, 1990), stress and insecurity (Steiner, 2004; Gillioz et al., 1997; Straus, 1990), and precarious legal status can increase the risk of IPV. Because a part of foreign nationals faces more socioeconomic difficulties, including precarious work conditions, unemployment, inadequate housing, and financial problems (Steiner, 2004; Zoder, 2008, Gillioz et al., 1997; Straus, 1990), they are at greater risk than Swiss nationals of being victims and perpetrators of IPV (Dubacher & Reusser, 2011).

The legal and administrative conditions regulating the status of foreign nationals can also contribute to an increase in the frequency or duration of IPV involving foreign nationals (Egger & Shär Moser, 2008). A highly debated example in Switzerland is dependent residency permits. A large number of foreign nationals from so-called third countries—that is, everyone from countries that are not signatories to either the European Free Trade Association (EFTA) or the Agreement on the Free Movement of Persons (AFMP)—receive a residency permit in Switzerland following marriage with a Swiss national or a foreign national with permanent residency. In other words, their right to stay in Switzerland is contingent upon their marriage. Based on Article 50 of the Swiss Aliens Act,[8] in the event that the partners separate, an independent permit can be issued to the foreign-national spouse (mostly women) only if the marriage has lasted at least three years and the candidate has successfully 'integrated.' If the above conditions are not fulfilled, exceptions can be made if some 'major personal reasons' apply. Domestic violence is considered such a reason, but the State Secretariat for Migration (SEM), the official organ that decides whether or not to grant the exception, following the jurisprudence of Switzerland's federal Supreme Court (*Tribunal fédéral*), requires 'a certain intensity of violence' to be proved. Victims are expected to have pressed charges and provide official documentation as proof of the violence declared, such as medical certificates, police interventions, and the criminal conviction of the perpetrator. Therefore, despite the existence of Article 50 and the decades of legal and administrative activism by professional and association actors (mostly women's and migrants' rights associations), IPV victims'

[8] *La loi fédérale sur les étrangers LEtr*

difficulties in obtaining such an exception persist (Ambruso, Brina, & Duarte, 2016). The criteria for granting the exception may also trap foreign women in IPV situations for a significant amount of time and cause them to be taken advantage of by their husbands, whether they are Swiss nationals or permanent residents. The partner can threaten separation and even act on that threat (Carles, 2018; Lesselier, 2013; Khazaei, 2019b).

Consequently, although foreign nationals are overrepresented in official statistics on IPV, this overrepresentation may be better explained on the basis of the multiple risk factors to which foreign women are subject (FOGE, 2015; Killias et al., 2005). In other words, confronted by the same risk factors and difficulties, it could be that Swiss nationals would have the same rates of reported IPV (FOGE, 2018; Dubacher & Reusser, 2011). Consequently, nationality on its own cannot explain the presumed higher prevalence of IPV among foreign nationals. The visibility of foreign-national victims of IPV may not be due to the greater predisposition to IPV among foreign couples, but to foreign women's migrant status, which results in their juridical, administrative, and economic precarity and creates obstacles to efficient protection even when the legal basis for such protection exists (Carles, 2018).

Despite the importance of these considerations, in this work I do not intend to discuss the plausibility of such explanations, but to examine what this focus on migration rather than gender *represents*. My curiosity was triggered when I wondered why it was that the slight overrepresentation of foreign nationals in the overall statistics, and not the clear overrepresentation of men as perpetrators and women as victims, became the focus of extensive attention. As Mahmood has rightly observed, '… no discursive object occupies a simple relation to the reality it purportedly denotes. Rather, representations of facts, objects, and events are profoundly mediated by the fields of power in which they circulate and through which they acquire their precise shape and form' (2011, p. 90). In this work, I argue that it is more revealing to question this specific focus on the high proportion of foreign nationals in IPV cases in terms of 'the ideological frame' that it lays across 'the field of social vision' (Hall, Critcher, Jefferson, Clarke, & Roberts, 1978, p. 29). What this breaking up and recategorization of the social problem of IPV does is not reflect 'a simple set of facts,' but instead offer 'a new *definition of the situation*—a new construction of the social reality' (Hall et al. 1978, p. 29). In Hall et al.'s terms, 'social aspects' have entered into the meaning of domestic abuse, and 'we have already travelled some distance from the world of hard facts—"social facts as things". We have entered the realm of the relation of facts to the ideological constructions of "reality".' (1978, p. 29). The various framings suggested in talking about IPV,

the elements that are put centre stage and silenced, are worth investigating because they entail discrepancies between the facts and their representation (Hall et al. 1978, p. 29). Instead of questioning the plausibility of such statistics, I suggest turning the 'analytical lens *outward*' (Fernando, 2014, p. 238), to the conditions that made it possible to change the focus from IPV as a gender-based problem to IPV as a migration-related one.

What can one learn from turning the gaze back onto those who pose the problem in this manner, namely the public institutions in charge of dealing with IPV cases? I suggest turning this statistical fact into an interrogation, much as Dorlin and Fassin (2010) suggested for the sex/gender question when they interrogated presumed fact-based physical differences between men and women. In my case, the question is what such a framing that takes IPV as primarily a migration-related issue rather than a gender-related issue, while presented as a 'fact,' actually *represents*. I deconstruct the differentiated framing for IPV to show that it is not always based on factual differences between the category of Swiss citizens and that of migrants, but re-produced and manufactured through the everyday practices of public institutions.

Literature Review: Telling a Research Story

In this section I review the relevant literature in order to clarify the purpose of this research and its contribution to previous studies.

Setting the Scene: Gender, Culture, and Violence

The relationship between gender, violence, and culture or tradition has been already discussed in research on colonialism (Spivak, 1988). As many scholars have demonstrated (e.g., Abu-Lughod, 2016, 2011; Collier et al., 1995; Ticktin, 2011), gender played an important role in the colonial era as a means of justifying the 'civilizing process' of 'backward societies', thereby securing colonial rule in these territories (Levitt & Merry, 2011; Spivak, 1988). For instance, Collier and her colleagues (1995) have shown that since the mid-nineteenth century, the French used women's status in Algeria as an indicator of the degree to which Algerian laws were uncivilized. Campaigns for the emancipation and 'Europeanization' (Woodhull, 1991) of women spread. In her thought-provoking work, Spivak (1994) examined the phenomenon of widow self-immolation, called *sati*, in India, and in response to the 1829 interdiction of this tradition by the British colonial administration, famously wrote: '… white men are saving brown women from brown men' (1994, p. 93). Her main argument was that those women had no acknowledged voice in the process.

More recent studies built upon these critiques of the victimized portrayal of non-Western women have analyzed the construction of similar figures in more recent history. Most notable are Mohanty's (1984) analysis of Western feminism's compliance with international development rhetoric regarding the 'third world woman,' who is constructed as 'a victim requiring rescue' (Piedalue 2017, p. 566) and Abu-Lughod's (2002; 2011; 2013) deconstruction of the 'oppressed Muslim woman' in recent histories of Islamophobia. Abu-Lughod analyzes the political work that those representations have performed in the service of U.S. and international military interventions in the Middle East. There was a revival of the same colonial rhetoric of saving women from religious/traditional/cultural obscurantism in the early 2000s with the wars in Afghanistan and Iraq initiated by American President George W. Bush (Abu-Lughod, 2002).

In another vein, Mamdani (2005) traces the post-Cold War shift to 'culture talk':[9] 'It is no longer the market (capitalism), nor the state (democracy), but culture (modernity) that is said to be the dividing line between those in favour of a peaceful, civic existence and those inclined to terror' (2005, p. 18). Culture is used to construct and politicize 'hierarchies of difference for geopolitical ends' (p. 17). This cultural bent in geopolitics and development, which for Mamdani has been revived in post-9/11 discourses, rests, as Piedalue (2017) has argued, on 'certain associations between culture, gender, and violence' (p. 4). This 'conflation' of 'religion and patriarchies with "culture"… turns acts of violence into religion-driven third-world pathologies or customary/sacred traditions' (Sangari, 2008, p. 2).

This brief genealogy is helpful in understanding the present treatment of violence against women following international recognition of it as a public problem. Due to feminist movements worldwide, violence against women was recognized transnationally as a public problem in the 1990s. In 2000, when the World Health Organization officially declared violence against women a public health issue, many countries began to design and implement public policies to combat it. In Europe, different nation-wide representative surveys were run to measure its extent (e.g., for Switzerland, Gillioz et al. 1997; for France, *Enquête* ENVEFF, 2001;[10] for Germany, BMFSFJ, 2003[11]). The high prevalence of violence against women

[9] Or what Hannerz (1999) had earlier referred to as "culturespeak."
[10] https://www.ined.fr/fr/publications/population-et-societes/nommer-et-compter-les-violences-envers-les-femmes-une-premiere-enquete-nationale-en-france/
[11] https://www.bmfsfj.de/bmfsfj/service/publikationen/lebenssituation--sicherheit-und-gesundheit-von-frauen-in-deutschland/80596?view=DEFAULT

found in such research, although sometimes controversial, permanently placed the issue in the public arena.

From the beginning, violence against women, first problematized as a continuum and a tool for the social control of women (Hanmer, 1977), has been considered to manifest in a wide variety of forms (Romito, 2008; Lovett & Kelly, 2009) ranging from sexual harassment in the workplace and public spaces (Gardner, 1995; Zippel, 2006) to femicide (Radford & Russel, 1992). Public attention, however, has focused primarily on sexual assault (Brownmiller, 1986) and conjugal violence (Hanmer & Itzin, 2001). The attention paid to these types of violence can be a reaction to the fact that, because they are perpetrated mostly by people intimately connected to the victim, they call into question two central social institutions, marriage and the family (Lieber & Roca i Escoda, 2015, p. 3).

With the introduction of violence against women and in particular conjugal violence—more frequently referred to as domestic violence in European public policies—into public debate, the association between gender, culture, and violence found new momentum. In fact, while violence against women was originally problematized as being intrinsically related to gender relations, and as largely perpetrated by men and the ultimate manifestation of masculine domination, more recent public debates in Europe regarding this issue have focused on migration. In so doing, public action has increasingly focused on specific types of violence against women, those that are a priori deemed to involve 'ethnic minorities'[12] or 'migrant' populations.

Forced marriage is one form of violence against women that has newly been framed as primarily involving migrants (Neubauer & Dahinden, 2012). Family migration has become 'one of the most salient topics on the European migration agenda' (Bonjour & de Hart, 2013, p. 62). Restrictive policies and reforms have been implemented in Austria, Denmark, France, Germany, Norway, the UK, and the Netherlands (Ruffer, 2011; Block, 2011; EggebØ, 2010; Fair, 2010; Neubauer & Dahinden, 2012; Süzen, 2008; Urbanek, 2012; Wray, 2011). Pre-

[12] In contrast to other European countries, including the UK, this category is not used in public discourse or policies in Switzerland, where individuals are categorized instead as Swiss citizens (with a Swiss passport), those who have a migrant background (despite holding a Swiss passport) and migrants.

departure integration requirements and age and income requirements were also introduced to prevent forced marriages (Bonjour & Vink, 2013).

Honour killings and honour crimes in particular (Abu-Lughod, 2011; Korteweg, 2014), and honour-related violence in general (Faqir, 2001; van Eck, 2002; Gill, 2009; Abdo & Mojab, 2004; Sev'er & Yurdakul, 2001), are other examples of types of violence against women that are a priori deemed migrant-related and have become highly debated and regulated.

There are several other highly debated types of violence against women that are not exclusively related to family migration, such as collective rape in inner cities in France (Hamel, 2003, 2005) and female genital cutting (Bader, 2018; Villani & Bodenmann, 2017). Other related topics that have not directly been framed as violence but have contributed to the public policy focus on migrants include virginity certificates (Durand & Kréfa, 2008; Tersigni, 2001), polygamy (Durand & Kréfa, 2008; Lochak, 1997), and most famously of course Muslim women's headscarves (Scott, 2010; Delphy, 2006; Bouamama, 2004; Korteweg & Yurdakul, 2014). Following increased public interest in and media coverage of these violent incidents in various European countries in the 2000s, the idea of the existence of particular cultures of violence became highly debated among different social movements, scholars, and the general public. In Germany, for example, the 2005 murder of a young woman of Turkish origin received a great deal of media coverage and animated the public debate around forced marriages and honour crimes (Süzen, 2008). In France, various cases framed as involving forced marriage and honour crimes received attention from the media and became issues in the 2001 presidential elections and legislative debates in 2002. The murders of three young Muslim women with migration backgrounds was the subject of significant media attention and debate and remained an issue in the 2007 presidential election (Durand & Kréfa, 2008). Those debates linked these cases of violence against descendants of Maghrebi migrants to the 'sexist practices' of French inner cities and were employed in debates on the 'delinquency,' 'insecurity,' and 'integration' of migrants (Hamel, 2005). Law No. 2004-228, which entered into force on 15 March 2004, prohibited the wearing of headscarves (and other ostensible sign of religiosity) in public schools in France (Durand & Kréfa, 2008; Delphy, 2006).

Similar public debates following media attention on honour-related violence occurred in Britain, Sweden, the Netherlands, and Canada (Korteweg, 2014). Several countries passed various laws regarding supposedly migration-related crimes and violence against women. In Switzerland, although some forms of violence that would be framed later as forced marriage

were already prohibited in existing legislation, a new law came into force in 2013 to explicitly prohibit them, a law that some scholars characterized as purely symbolic (Riaño & Dahinden, 2010).

Of course, this high degree of public interest in specific types of violence against women, controversial political campaigns, and legislative reforms that framed violence against women as stemming from the culture of backward immigrants did not leave either feminist social movements and gender studies scholars, on the one hand, or migration studies scholars, on the other, indifferent. Two perspectives are identifiable in scholarly debates on this issue in various European countries (Neubauer & Dahinden 2012). The first is similar to the views expressed by policy makers: these scholars consider these specific forms of violence against women to be a result of the culture and traditions of ethnic minorities and/or immigrants, and they use their arguments to criticize multicultural policies. This line of argument is illustrated in Susan Moller Okin's (1999) essay, 'Is Multiculturalism Bad for Women?', in which she argued that there are fundamental conflicts between gender equality and multicultural policies that commit to respecting minority cultures. She presented various migration-related categories of violence against women as examples of ethnic and cultural differences and argued that 'universalist values' that respect women should trump the multicultural principle of preserving minority cultures. According to Susan Moller Okin, legitimizing immigrants' or ethnic minorities' cultures in turn legitimizes the violence and inequalities that women belonging to those communities endure. This perspective, like neo-assimilationist policies, presents cultural and religious differences as a problem. Some scholars have argued that it is part of the 'multiculturalism backlash' (Vertovec & Wessendorf, 2010), framed as a desire to protect human rights and women's rights and reminiscent of earlier rhetoric regarding the need to save 'brown women from their men' (Spivak, 1994, p.93).

In reaction to this perspective, another line of argument has criticized the culturalist assumptions on which it is based. Following Sangari (2008), Piedalue (2017) has described culturalism as 'a particular logic and set of discourses that homogenize and pathologize the social worlds of non-Western places and peoples and attribute gendered violence and oppression to "timeless" traditions and anti-modern sentimentality' (Piedalue, 2017, p. 565). This study builds on work done from this perspective, and the next section offers a brief overview of this literature before identifying areas that merit further investigation.

Related Concepts

Many scholars have problematized the denunciation of violence against women among racialized groups, be they migrants or other minority groups. Despite terminological differences, they have discussed the same problem. Some have referred to the 'ethnicisation' and, in the case of Muslims, 'islamisation' of sexism (Neubauer & Dahinden, 2012; Urbanek, 2012; Dustin & Phillips, 2008). Others have referred to 'outsourcing patriarchy' (Grewal, 2013), 'selective gendering' (Hearn, Strid, Husu, & Verloo, 2016, p. 562), the 'racialization of sexism' (Hamel, 2005), and the 'discriminatory treatment of sexism' (Durand & Kréfa, 2008).

Common to all of these arguments is a critique of finger-pointing at some minority groups to decry violence against women. These arguments also attempt to demonstrate that it is possible and even necessary to link minority rights and women rights, contrary to their construction as necessarily conflictual (Delphy, 2006; Dietze, 2009; Phillips, 2007; Volpp, 2001). Some have explained the impact and effects of such rhetoric on the construction of a 'gendered racialized non-belonging' and the exclusion of migrant communities from the societies of which they are already a part (Korteweg, 2017a) and the boundary work involved in this selective problematization of gender equality (Duemmler, Dahinden, & Moret, 2010). Others have demonstrated that discourses about 'ethnonationalism' present sexual freedom and gender equality as Western values that are associated with a particular ethnic background (Hayes & Nagle, 2016) or specific nation-states (as Fassin 2006, 2010 has done in his discussion of 'sexual democracy'). Dahinden et al. (2018) have coined the term 'gendernationalism' to explore the institutionalization of such rhetoric in Swiss institutions. Puar (2007) has coined a similar concept, 'homonationalism,' to discuss the linking of LGBTQI rights with the West, and Farris (2017) has coined the term 'femonationalism' in discussing alliances between feminists and far-right nationalists in various European countries.

While the main thrust of these studies is similar, they contain some specificities. For example, Fassin employs his concept of 'sexual democracy' to analyze the work that a specific 'rhetoric of sexual democracy accomplishes in French politics' (2010, p. 512). He argues that, in France, the famous motto of equality, freedom, and fraternity has been redefined to include sexual liberty, but also sexual equality, and that fraternity has been replaced with *laïcité*, understood as sexual secularism (p. 514). He extends his analysis to Europe more generally, pointing to the 'instrumentalization of sexual politics against immigrants' (2010, p. 514; 2006; Butler, 2008). Specific to Farris's (2017) work is her explanation of the unexpected alliance between some feminists and far-right parties as resulting from a complex formation emerging

‘from the very specific reconfiguration of the labor market, migration, and workforce movements,’ a formation that has largely relegated non-Western migrant women to the domestic and care sectors of the labour market and justified their relegation to those sectors with the argument that such work contributes to their emancipation through financial independence and employment (2017, p. 177).

These studies have argued that the politicization of violence against women as a disproportionately immigrant problem (Korteweg, 2017a, 2014) not only ignores the existence of gender-based violence in the majority society, but also racializes that violence, framing it as resulting from the extraordinary sexism inherent to specific racialized minorities (Hamel, 2005), thus simultaneously framing the host society, as Ticktin has demonstrated in case of France, as ‘a space of enlightened moral behaviour’ (2011, p. 154). To counter these problems, scholars suggest different arguments and research strategies. Regarding honour killings, for example, Korteweg (2014) has argued that we should understand the phenomenon ‘as one of the myriad forms that familial and domestic violence can take’ and ‘treat it as a form of the gendered violence that cuts across societies’ before situating it in the immigration context (p. 184). Taking this gendered violence as a sign of ‘immigrant backwardness’ (Korteweg, 2014, p. 184; Korteweg & Yurdakul, 2009, 2010; Razack, 2008) makes a comparison with the majority society impossible and creates the impression that such ‘honour cultures’ have a ‘monopoly on violence against women’ while denying that ‘everywhere, things *can* go wrong’ (Abu-Lughod, 2011, p. 34). Regarding the veil debate in France, Delphy (2006) has argued that there was no public comparison between the veil and specific Western markers of femininity, such as high-heel shoes, miniskirts, and make-up, all of which were criticized in the 1970s in terms similar to how the veil was criticized in the 2000s.

Research has often referred to the need to compare migration-related gendered violence with gendered violence in society as a whole. But this link is usually suggested at a theoretical, logical, and argumentative level. It is usually affirmed that the problem of gendered violence also exists among ‘us,’ which affirmation is then used to counter the racialization of this violence to the detriment of immigrants and their descendants in European countries. Rarely has there been any empirical research to demonstrate how gendered violence in society as a whole is invisibilized in arguments regarding migration-related gendered violence. Inscribing my study in this body of research, I offer a detailed analysis of the institutional practices and

mechanisms that invisibilize gendered violence 'here' while denouncing it among othered migrants.

Moreover, while the above studies have criticized the instrumentalization of rhetoric regarding gender equality and women's rights and its role in racializing violence against women, they have mainly targeted those types of violence that are cast as migrant-specific. These studies have concentrated on migrant-related public problems to argue against the racialization of gendered violence. This research takes an alternative 'de-migranticized' approach as proposed by Dahinden (2016). It focuses instead on the wider social problem of IPV as a public, population-wide health issue. This approach makes it possible to investigate how IPV is identified, named, and addressed differently depending on whether it involves the category of Swiss citizens or that of migrants.

Examining a common social problem helps render visible the similarities of gender-based violence and deconstruct the rhetoric of 'cultures of difference.' As Abu-Lughod has argued, when a definition is given that 'precludes commonality,' it in fact 'creates what it purports to explain' (2011, p. 23). My focus on institutions working on IPV in general, rather than on institutions that might deal with IPV specifically in the context of migrant communities, helps uncover the role of these institutions in creating the purported differences among cases of IPV. I show that even when legislation and informal institutional guidelines do not differentiate between IPV in general and IPV among migrants, the institutions apply different lenses to the cases they encounter based on their perception of the protagonists involved and ultimately create the differences they purport to address.

A few studies have investigated how similar gendered social problems are presented differently depending on the categories of the population involved (e.g., Montoya & Agustín, 2013). The most famous example, and one to which my research design is greatly indebted, is the work of Volpp (2000, 2001). In her article 'Blaming Culture for Bad Behavior' (2000), she compares how media and legal narratives portrayed two voluntary and two forced marriages of minor adolescents with older men in the United States. Of the two voluntary and two forced marriages, one of each involved migrant families, and one of each American-born families. She demonstrates that when violence occurred among 'white Americans,' the media blamed individuals rather than culture for forcing their minor daughter to marry a much older man. In contrast, when migrants were involved in the same type of violence (Mexican or Iraqi families in her case studies), their backward cultures were blamed. Her comparison of these cases allows her to deconstruct how a specific act committed by specific individuals was

considered the product of a group and was used to define that group when the act involved migrants, while a similar act by white Americans was explained on the basis of perverse, dysfunctional, psychopathic, or irresponsible individual actors whose acts did not reflect the American culture or identity (Volpp, 2000, p. 95-96). Referring to phenomena such as school shootings, she asks why those acts are not considered emblematic of a failure of 'American culture,' but pathological and aberrant individual acts (p. 98).

A recent Swiss study (Bader, 2018) examines female circumcision and genital cosmetic surgery and how they are discussed in legal contexts and the media in Switzerland. In doing so, the author deconstructs normative arguments that construct the two practices, while both of which involve genital cutting, as completely different practices, one of which is legally prohibited while the other is not problematized at all.

My research employs the insights of the above studies in conducting an ethnography of public agents' practices in order to go beyond the discursive constructions and politicizations of violence against women and show how differences between IPV involving categories of Swiss nationals and migrants are manufactured in practice. In addition to the above body of research on gender, culture, and violence, there are other general theoretical frameworks that constitute undercurrents in much of the analysis that I present throughout this work. The first is a Foucauldian analytical framework, notably biopolitics. I will augment this framework by applying Bacchi's (1999) specific sociology of public problems, entailing her well-known 'what's the problem approach'. I will briefly discuss these theoretical frames here in the introduction and will subsequently refer to them throughout the work wherever this is necessary. Last, I will link my Foucauldian theoretical framework to a specific application of the sociology of institutions to clarify my usage of the term 'institutions' and how it relates to the conventional meaning that features in the aforementioned sociology of institutions. However, there remain numerous more specific theoretical concepts that I have borrowed from gender studies, the sociology of different professional groups, the sociology of migration, and critical race studies that helped me to make sense of my findings in different chapters. These concepts will be introduced, defined, and explained at the beginning of each of the chapters where they have been deployed.

On Biopolitics

In his lectures delivered at the Collège de France during the period 1975–1976, and more decisively in the last chapter of *La volonté de savoir* (Will to know), Michel Foucault drew on

Rudolf Kjellén's concept of biopolitics to introduce a theory of biopower. He argued that 'life has become now an object of power. Before, there were only legal subjects from whom one could withdraw properties and life also. Now there are bodies and populations'[13] (1994, p. 194; my translation). By conceptualizing the division of life into these two objects, he restructured his analysis of power within two distinct fields: discipline and regulation, respectively entailing as 'anatomo-politics' and 'biopolitics'. Biopolitics literally refers to a politics of life. Didier Fassin writes, 'Far more, however, than a veritable politics of life as suggested by the etymology of the word, biopolitics in fact referred to the government of populations, behaviours and practices, leaving out what can be called life itself' (2006, p. 45). Foucault contrasted biopolitics with anatomo-politics, which he viewed as an ensemble of disciplines exerted on bodies that delimit and guide behaviours, delimitating and defining a social order of things. Specifically, he conceptualized biopolitics, as 'a politics of populations, which measures and regulates, constructs and produces human collectivities based on the mortality rate, family planning programs, hygiene regulations, and control of migration flows'[14] (Fassin, 2006, p. 36; my translation).

Biopolitics can be better grasped through an examination of different fields of study within sociology that have been founded on this concept: medicalization studies (Conrad, 1992), psychologization (Castel, 1981), management of the poor (Donzelot, 1984) control of bodies (Vigarello, 1978) and practices relating to birth and death (Memmi, 2003). The relevance of the concept of anatomo-politics and biopolitics applied in this study of institutional responses to victims of IPV will become clear in cases where the body features as a crucial domain upon which power is exercised in the course of these institutional treatments. I focus on multiple forms or technologies, to use Foucauldian terms, through which the body is constituted as both the subject and object of government (Fassin & Memmi, 2004, p. 17) and, specifically, the subject and object of regulations, surveillance, and control. Here, two distinct Foucauldian fields of analysis, namely disciplining bodies and regulating populations enable an understanding of how, for example, the objectification of a violated body through measurements of the sizes of injuries inflicted on it enters into the political domain of legitimization, where decisions on the granting of state protection to a victim are made. They

[13] 'La vie est devenue maintenant un objet du pouvoir. Jadis, il n'y avait que des sujets juridiques dont on pouvait retirer les biens, la vie aussi d'ailleurs. Maintenant, il y a des corps et des populations'.
[14] 'Une politique des populations, celle qui mesure et régule, construit et produit des collectivités humaines à travers des taux de mortalité et des programmes de planification familiale, à travers des règles d'hygiène et des contrôles des flux migratoires'.

also provide insights on how the embodiment of threats to the bodily integrity of the police officers themselves is imbricated with how they evaluate the dangers and risks associated with IPV in their everyday work. Moreover, Foucault's (2003 [1973]) conception of a moral and social order based on social control and the disciplining of individuals also illuminates the discussion on the disciplining function of social work with regard to poor families. The 'examinations' conducted by social workers, can also be conceived in Foucauldian terms as an assemblage of observations, technics, and documentation which provides a critical lens showing how individuals or families are transformed into 'cases' to be trained, corrected, classified, normalized, or even excluded (Foucault, 1975, p. 193[15]; see also Cardi, 2006, p. 82).

Bacchi's 'what's the problem' approach

Another helpful framework that should be introduced upfront is Bacchi's (1999) sociology of public problems. Studies conducted within various contexts on the process of institutionalizing the feminist cause relating to violence against women have largely been framed in terms of the sociology of public problems and what Bacchi (1999) termed the 'what's the problem' approach. Specifically, Bacchi argued that analyses of public policies should incorporate 'practices with material consequences, as well as ideas and ways of talking about a "problem"' (as cited in Hearn & McKie, 2009, p. 137). She called for a systematic investigation of presuppositions which are implied or taken for granted in the representation of the problem, which is offered, and the effects connected to that specific representation of the problem (Bacchi, 1999). In framing her 'what's the problem' approach, she 'proposes [an] analysis of discourses as practices [that] include[s] not just what is said or practiced but who is silenced, and what is not considered in the recognition and representation of a public problem' (Hearn & McKie, 2009, p. 138). The work of Bacchi (1999) is important for an analysis of public policies on IPV in order to identify how different framings can foreground specific elements of a given problem while overlooking others. This process ultimately results in a reformulation of the given public problem that is specific and influences the responses formulated to tackle it. As I will show, Bacchi's analytical framework is particularly helpful for understanding the conditions whereby it becomes possible for the original

[15] 'Le cas […] c'est l'individu tel qu'on peut le décrire […] c'est aussi l'individu qu'on a à dresser, ou à redresser, qu'on a à classer, à normaliser, à exclure (Foucault 1975, p. 193)

problematization of IPV as being intrinsically associated with gender relations to be transformed into a problematization relating to migration.

Institutions and Exclusions

In this section I clarify how I employ the terms *institutions* and *institutional responses to IPV* to avoid other possible readings that are irrelevant and incompatible with the specific theoretical framework that is privileged here.

The term *institution* can encompass everything from the formalized rules and routines of especially rigid and hierarchical organizations such as the police and the military to more informal patterns of behaviours such as those found in a prayer community (Honegger, 2013, p. 62). Common to all institutions is that they are organized through an 'institutional interpretative repertoire' (Milne, 2009; Wetherell & Taylor & Yates, 2001; Giugni & Passy, 2006; Honegger, 2013). This repertoire is 'composed of formal institutionalised rules, practices, and resources that hold material and symbolic meaning' (Honegger, 2013, p. 62).

It has been demonstrated that humans look for order, coherence, and control over uncertainty (Douglas, 1986, p. 19; Honegger, 2013, p. 66). Institutional rules and practices provide this for them (Honegger, 2013). When rules, practices of self-conduct, and the meanings given to social episodes are repeated, after a certain period of time individuals 'no longer have to think about them' (2013, p. 65). They become routinized and lead to the development of pragmatic know-how that becomes stabilized, and 'individuals can refer to them without conscious reflection' (2013, p. 65). These are what are stored in the institutional interpretative repertoire (van Dijk, 2008; Holstein & Gubrium, 1994: 139).

As such, individuals have the possibility of engaging reflexively, to a greater or lesser extent, with the institutions of which they are a part, and to reproduce, reinterpret, or even reject institutional rules and practices (Fligstein, 1991, p. 315; Lawrence & Suddaby, 2006; Honegger, 2013, p. 66) But in case of public agents involved in IPV cases, being constantly overwhelmed with the number of cases they have to deal with, they will tend to follow those institutionalized and more or less formalized practices rather than struggle against or attempt to renegotiate them

While entailing the above definition, the analysis applied in this work differs from one that is associated with a pure sociology of institutions (DiMaggio & Powell 1991) because of its Foucauldian emphasis on power and technologies of government. As will become evident, my

analysis extends beyond a description of how institutions and their agents work. Accordingly, my work also differs from the street-level bureaucracy of Lipsky (1980), although it shares the same object of observation, the 'crowded offices and daily encounters of street-level workers' (Lipsky, 1980, p. xii). Lipsky examined street-level bureaucrats, public-service workers 'who interact directly with citizens in the course of their jobs, and who have substantial discretion in the execution of their work' (p. 3). He showed that it is street-level bureaucrats who undertake state action, and that their practices, decisions, routines, and habits make them the true policy makers (p. xii). Lipsky's bottom-up analysis of public action made possible more recent developments of this approach, which concentrate on public service counters (For France, see Dubois, 1999; Spire, 2005; for Switzerland, see Miaz, 2017; Buffat, 2011). These studies focus on public agents' practices and their interactions with the beneficiaries of public services (Dubois, 2012; Miaz, 2017), and they pay special attention to these public agents' sociological profiles, social positions, and socio-economic conditions, as well as the ways in which their interests and social characteristics structure the bureaucratic treatment of poverty (Dubois, 2010), the unemployed (Buffat, 2011), and asylum seekers (Miaz, 2017), for example.

My work, however, is more about *how* institutional actors process IPV cases than *why* they respond as they do. But, more importantly, I am interested in the outcomes of those practices and in the ways in which they reproduce or take root in asymmetrical relations of power forged between public agents and their beneficiaries. Unlike Miaz, I do not 'relate what they do with who they are' (2017, p. 25; my translation). I am concerned with their actions, the logic behind them, their rationalities, in the Foucauldian sense, and their effects[16]. This entails a shift in my gaze from actors to discourses, to the representations on which those discourses are based, and, more importantly, to the practices themselves. My analysis focuses on the intermediate level, which extends beyond the individuals and their personal opinions and actions. While this work is about what the agents do with their beneficiaries—or 'clients,' in Lipsky's terms—I consider these agents' functions and not their individuality, adopting a situational and processual approach to describe institutional responses to IPV in Switzerland. While acknowledging that different individuals have different understandings of their institutional mission, that different ideas about their duties and obligations and possibilities for action can exist side by side, and that tensions and struggles for legitimacy can emerge

[16]I will return to a more extensive discussion of this point in the methodological chapter, where I explain my analytical strategies in terms of Foucauldian discourse analysis.

when public agents have different or competing ideas and opinions (Honegger, 2013), here I specifically investigate what I refer to as these actors' *institutional interpretative repertoire*. My object of observation is the 'crowded' offices that public agents inhabit—a police headquarters, a women's shelter, and a medicolegal centre whose workers interact with victims and perpetrators of IPV. Like Lipsky, my object of observation is street-level bureaucrats whose practices form and define the institutional response to a given phenomenon. But in contrast to Lipsky's work, I focus on the institutional level rather than on the individual actors.

In the case under study here, public agents—police officers, psychologists and social workers, and nurses and physicians—are investigated as state agents whose work is framed and defined by legislation, regulations, and specific institutional objectives. But public agents' work is not only dependent on legal and formal obligations, it also involves a professional logic and 'ethos' (Fassin et al., 2015), as well as institutional routines that are imposed on them. In this work, I look at the police, medical, and social-services apparatuses themselves and go behind the variety and diversity of individual public agents and attempt, following Hall et al. (1978: 33), to reconstruct the institutional logic and their routine, patterned practices. The individual public agents are taken as representing their institution rather than individual opinions or ideas.

This choice is relevant to the research question and the object of study here. Following Dubois (2014, p. 26), for whom 'public action is the product of public agents' representations and practices,' my ethnographic account of the ordinary functioning of public institutions and everyday public agents' practices aims to demonstrate how naming, imagining, and managing the problem of IPV are embedded in specific representations—of marginalized 'others' as fundamentally different from 'the civilized us' (Yuval-Davis, Wemyss et Cassidy, 2018), and of their supposedly incompatible cultural values.

The approach adopted by Fassin et al. to the analysis of public action is more relevant to the perspective taken in this work. In their ethnographic study, 'At the Heart of the State: The Moral World of Institutions' (2015), they consider public action a 'product of its time.' They go beyond a bottom-up analysis of public action and the individuality or discretionary power of street-level bureaucrats to analyze the 'morality of state,' how patterns of values, affects, judgments, and emotions emerge from those bureaucrats' practices. As Fassin et al. (2015) argue, public institutions are the interface between public policies and practices, between what goes on in the public sphere and what happens in terms of professional logic.

The analytical framing of this work follows this Foucauldian approach to the state and to the analysis of public action in an ideological climate of anti-immigrant sentiment. I demonstrate that public agents' actions are products of a specific time and influenced by a specific representation and discourse. Following Fassin et al. (2015), I consider the state from the point of view of what its agents do. This approach makes it possible to marry the macro level of public policies with the meso level of institutional rules and routines and the micro level of agents' interactions with their beneficiaries, and the ways in which their practices are generated out of representations, judgments, and sentiments in a given situation.

Thesis Structure

To answer the research question—how is IPV framed and named differently depending on whether it involves Swiss nationals or migrants? —the thesis is divided into three parts with three sub-questions.

Part I investigates IPV as a category of public action and asks how it is defined and what it represents in each of the institutions studied. It elucidates the context of the three institutions involved—the police (Chapter 1), the women's shelter (Chapter 2), and the medicolegal centre (Chapter 3)—and how each of them circumscribes and uses the category of IPV. There is a chronological justification for beginning with an attempt to understand domestic violence from institutional perspectives: the institutions themselves begin by identifying whether a given case constitutes domestic violence, and their responses cannot be investigated without first examining what counts as such.

Part I retraces the journey of women who have suffered from IPV from the moment they come into contact with state institutions responsible for combatting it and illustrates the complex landscape these women have to navigate once their case is brought to the state's attention. The police is usually the first institution contacted by a woman in need of protection. Subsequently, she can then return to her home or is sent to a women's shelter, and once she is safe and has, if necessary, received medical attention at a hospital or elsewhere, she can contact medicolegal services to receive a certificate of the injuries she has sustained.

Part I establishes the context for the analysis in Parts II and III, which investigate how the three institutions frame, explain, and respond to IPV when it involves the general population or the specific category of migrants. The three chapters of Part II demonstrate that these three institutions frame IPV in general as resulting from individual and psychological characteristics, and as gender neutral, and that the solutions they offer are based on this

framing. Part II finds that these institutions silence and overlook the gendered factors that have been included in the literature as explanations for IPV (Hearn, 2013).

Chapter 4 examines how these institutions psychologize IPV, thus depoliticizing the phenomenon and individualizing its causes and solutions. Chapter 5 examines the issue of child protection in IPV cases. These institutions' gendered representations of maternal responsibility for children also reveal their lack of a gender-sensitive reading of IPV as a form of men's violence against women and their children. These gendered representations invisibilize the paternal responsibility of the perpetrators while making the victims the institutional target of public action and presenting them as largely responsible for allowing their children to be exposed to their partner's violence. Chapter 6 analyzes how the practices of these institutions cause them to be unable to recognize and address the psychological violence often involved in IPV. Silencing the psychological violence leads these institutions to frame IPV as consisting of situational and isolated physical acts of violence that are interchangeable with acts of interpersonal violence that do not involve an intimate relationship and are already sanctioned by law. These institutions' lack of consideration of men's systematic controlling and humiliating behaviour to women they know causes them to construct IPV as gender-neutral physical violence.

Part III investigates how the police (Chapter 7), the women's shelter (Chapter 8), and the medicolegal centre (Chapter 9) frame IPV when it involves migrants and finds that, in this case, the phenomenon is conversely framed as gendered, a symptom of masculine domination, and a type of violence against women. But this framing occurs by mobilizing culture, specifically the unequal gender relations inherent in the cultures of migrants, and the specific people involved are not considered as individuals, but as the representatives of their community. I demonstrate that this shift of focus results in a double standard, a dual framing that makes gender an instrument of differentiation that racializes IPV, justifies the differentiated treatment of migrants with regard to IPV, and contributes to their othering.

Chapter 7, for instance, analyzes 'the Sri Lankan case,' a category used by police officers in regard to a specific case involving Sri Lankans, to demonstrate how the police's logic of racializing sexism influences its evaluation of the dangerousness of cases. Chapter 8 traces another manifestation of this logic in a women's shelter, which places culture at the heart of its work involving migrant victims of IPV. In their attempt to better understand their migrant beneficiaries' behaviours, and to respect the right to cultural difference, the shelter's professionals turn culture into an explicative tool that ultimately obscures other elements in

their understanding of the cases, including the psychological and administrative conditions of the beneficiaries. Returning to the example of child protection, I show that the shelter evaluates undesirable maternal practices differently in the case of migrants, attributing those practices to their culture. Finally, Chapter 9 offers a case study from the medicolegal centre, where the medical logic of prevention and treatment requires healthcare professionals to alert their patients to the seriousness of IPV so that they may avoid hospitalization in the future. The chapter demonstrates that these messages are formulated differently for migrant patients, who are told that IPV is an un-Swiss phenomenon and offered salvation from their culture through Swiss law and institutions.

This systematic comparison of how state institutions treat relatively similar cases differently depending on the categories of the population involved reveals that IPV is de-gendered in some cases and re-gendered in others. The deconstruction of these differentiated framings of IPV demonstrates that differences between us and them are not always based on social reality, on pre-given facts, but instead sometimes reproduced and manufactured through the everyday practices of public institutions.

Methodology: Perceptions Matter[17]

In this methodological chapter, I will first elucidate the research design and data collection process as well as the analytical strategies that were applied in a transparent manner. Subsequently, I present my ethical reflections and discuss the process of ethical decision making that occurred throughout my fieldwork. I conclude this methodological chapter by situating myself and explicating my positioning in relation to my object of study and to my theoretical and epistemological perspectives. By doing so, I hope to show how my experience and trajectory influenced every stage of the research process, from its conceptualization as a problematic and a research question to gaining or being denied access to research subjects during fieldwork, and ultimately to what was perceived and produced in this manuscript as the research outcome.

Why a Multi-Sited Ethnography

This research followed a qualitative logic and was grounded in multi-sited ethnographic methodology (Marcus, 1995). Historically applied by anthropologists, the ethnographic approach

> *'usually involves the researcher participating . . . in people's daily lives for an extended period of time, watching what happens, listening to what is said, and/or asking questions through formal and informal interviews, collecting documents and artefacts – in fact, gathering whatever data are available to throw light on the issues that are the emerging focus of inquiry'. (Hammersley and Atkinson, 2007, p. 3)*

Jean-Pierre Olivier de Sardan (2008, p. 41) provides a more detailed explanation of ethnography as a methodology that is the closest to the 'natural' situations of subjects, their daily lives, conversations and routines within an interactive situation between the researcher and the research participants in order to produce *in situ* and contextualized knowledge. Consequently, in such a methodology, reflexivity in relation to research practice and the role of the researcher in producing knowledge is all the more important. Olivier de Sardan (2008) emphasizes that the ethnographic methodology is aimed at understanding the actors' points of view, their routine representations and practices, and their 'native' meanings, thus affording

[17] This phrase is borrowed from Sara Ahmed (2017b, p. 144).

an opportunity for ethnographers to obtain an 'inside' view of the processes under investigation.

An ethnographic methodology enables the capture of rich narratives and topics that are not easily accessible through face-to face interviews. Its key strength lies in its deployment for examining processes and mechanisms (O'Reilly, 2005, p. 29). Ethnographic data are characteristically rich, evidencing both variety and complexity. Thus, ethnography is the most appropriate research strategy to be applied for developing an understanding of the everyday practices of institutional agents and the ways in which they process cases of 'domestic abuse' as well as for revealing the workings of processes of differentiation.

To investigate differentiated framings of and responses to IPV, I decided to work with agents within the various public institutions in charge of processing IPV cases. There are multiple institutions involved in public action against IPV, such as the police corps, juridical institutions, medical services, and social services that can intervene in an IPV case. There are also various foundations and associations that offer different programmes for taking care of victims or perpetrators. Considering the fact that these institutions are too numerous and too diversified to be represented in one study, I decided to limit my fieldwork to the following three institutions: a police corps, a medicolegal service located within a public hospital, and a shelter for female victims of IPV.

This choice made it possible for me to limit the research to three observational sites, while accessing three principle perspectives, namely medical, social, and police perspectives, on institutional responses to IPV. Thus, I conducted triangulation (Denzin, 1997), not only with regard to different types of gathered information but also with regard to different institutional approaches to IPV. In fact, by working with three different institutions undertaking tasks that were not identical, and that intervened at different moments in the processing of an IPV case, I had the opportunity to study how IPV cases were processed from the different perspectives of the various agents involved in this work. This made it possible to produce varied observations and to analyse IPV processing in its multifaceted dimensions.

My study can thus be considered a multi-sited ethnography that enables the understanding of a unique subject or social fact across different geographical and/or social sites. This methodology entails following people, ideas, and objects at different times and in different places to develop an understanding of how apparently disconnected structures impact on the object of study from a global perspective (Marcus, 1995). Thus, the meaning and construction

of the object of study can be captured within diverse localities, leading to a comprehensive portrayal of its multifaceted-ness (Marcus, 1995). Even though I did not literally follow the same person or object within different institutional sites or across different geographical territories, I nevertheless followed a virtual path, that of a person as a victim of IPV among public institutions. In the course of this journey, these institutions would intervene at some point in the path of a victim seeking support and protection.

For this research, it was also necessary to follow the traveling imaginaries and representations of 'others' and 'migrants' at these different sites and the ways in which they have impacted on public action against IPV. As Marcus (1995, p. 105) observed, the essence of multi-sited ethnography lies in its 'capacity to make connections through translations and tracings among distinctive discourses from site to site'. Accordingly, I sought to trace the links created among different sites rather than simply focusing on their evident differences. A multi-sited ethnography was my preferred methodological approach not only because my sites were diverse but also because this approach facilitated my investigation of the links and connections existing among these sites, the circulation of representations, and the othering processes at work. Such an investigation generated a general picture of the treatment of the social problem of 'domestic abuse' and a coherent logic underlying actions for dealing with this problem in the context of migration. Admittedly, these findings were colored by the professional logic and institutional requirements and specificities elaborated in the chapters on the specific institutions. I did not privilege a purely comparative approach, either, which would have been more relevant had I chosen similar institutions, such as two different police units or IPV shelters.

Extending beyond a comparative approach by performing an integrated analysis of these three field sites and studying them in relation to one another not only enabled me to retrace the path of a victim among these institutions but also to grasp how patterns of 'othering' and the racialization of violence against women circulate within the public sphere in Switzerland in general and within the arena of public action against IPV in particular. The analytical strategy that I applied in this work revealed the practical consequences of a rhetoric of racialized sexism and representations of 'migrants' and their supposed 'cultural tolerance' of violence against women on general public action against IPV. It is only by taking these field sites together that I can capture the circulation of the racialized discourses around IPV and their concrete impacts on overall institutional responses. Thus, my aim was not to limit the analysis to the specificity of each of these institutions but to sketch out, more broadly, a transversal

understanding of the circulation of the above-mentioned discourses. Accordingly, analytical strategies were adopted with the aim of capturing the relations and links between these institutions and their practices rather than merely comparing their specificities, to which I return later, once the data collection process is clarified.[18]

Choice of Field Sites

Switzerland's federal structure constrains consideration of the heterogeneous socio-politico-historical development of institutional responses to IPV within different cantonal settings. Considering the fact that different institutional contexts already added an important level of complexification, it seemed to me that a more realistic approach was to pick three field sites within the same canton to minimize the impacts of cantonal contexts and neutralize those differences in related practices. Diversification of the cantons would have added unnecessary complexity that would have made a systematic analysis unfeasible. By retaining the same cantonal context[19], I was able to focus my attention on institutional levels and their variations.

Further, the institutions that I selected as my field sites were generalist, meaning that they provided care for all sections of the population and did not specialize in caring for either foreigners or Swiss nationals. This variety was also indispensable for a study of the differential framings at work in the processing of IPV, which could not have been identified had I focused exclusively on 'migrant support' institutions. I selected these institutions in light of their influence within the state apparatus established to combat 'domestic violence' and their legitimacy in pursuing this objective. Their work in the area of 'domestic abuse' is interdependent, leading to their mutual impacts on one another and on the final responses received by the victims as outcomes of their encounters. In the following section, I will elucidate the nature of the data that I deployed and how I collected it.

The Tools of an Ethnographic Investigation

The ethnographic methodology offers diverse tools for collecting data that are defined slightly differently according to their users. A number of researchers have discussed a variety of

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[18] It should be noted, however, that I sometimes compared some cases' processing but within a given institution rather than the institutions themselves to better demonstrate the differentiated practices of agents towards specific populations and cases.

[19] The considerable diversity of this canton's population in terms of its rural and urban populations, and the varying origins of foreign nationals from other EU countries as well as from African and Asian countries, offered advantages for addressing my research questions, but to preserve the confidentiality and anonymity of my interlocutors, the name of the canton will not be disclosed here.

available instruments for conducting an ethnographic investigation. Here, I draw on the classification suggested by Olivier de Sardan (2008) to explain which tools and instruments I adopted and used to collect data. Olivier de Sardan identified different modes of data production: (1) immersion, (2) interviews, (3) observation, (4) written sources, and (5) audio-visual sources, making a distinction between 'immersion' and 'observation'. Whereas the former term refers to an extended period of time spent in the environment of the research participants, the second term refers to a fixed and circumscribed social situation or interaction. I find this distinction useful for differentiating between the types of field notes that I produced during my investigation, as I shall explain shortly.

The metaphor applied by Denzin and Lincoln (2005, p. 5) in relation to the ethnographic approach is particularly eloquent. They introduce the example of a quilt maker or a jazz improviser to explain the working method of a researcher who uses the different instruments and tools at hand to construct and produce a coherent and interpretative analysis for the object of study. Borrowing their metaphor of a 'quilt maker', I applied this approach to select instruments and tools from Olivier de Sardan's (2008) toolbox that were appropriate for different fieldwork situations and that were ethically committed and practically convenient. Table 1 gives an overview of my sources of data except for the uncountable written sources that I collected.

Table 1- Overview of sources of data

<table>
<tr><th colspan="3">Table of Data</th><th>Number</th></tr>
<tr><td rowspan="9">Field observations</td><td rowspan="3">Hospital
Feb. – July 2015</td><td>Community consultations</td><td>16</td></tr>
<tr><td>IPV First consultations</td><td>27</td></tr>
<tr><td>IPV Second consultations</td><td>12</td></tr>
<tr><td rowspan="3">Police
Mars – June 2016</td><td>Staff Meetings</td><td>10</td></tr>
<tr><td>IPV Interventions</td><td>19</td></tr>
<tr><td>Hearing</td><td>18</td></tr>
<tr><td rowspan="3">Shelter
Sep. – Nov. 2014
Nov. 2015 – Feb. 2016</td><td>Ambulatory interview</td><td>20</td></tr>
<tr><td>Resident interview</td><td>25</td></tr>
<tr><td>Staff Meetings</td><td>25</td></tr>
<tr><td colspan="3">Public Conferences</td><td>13</td></tr>
<tr><td colspan="3">Expert Interviews</td><td>56</td></tr>
</table>

My first source of data production was immersion, which is the first type described by Olivier de Sardan (2008). I immersed myself in the environments of different institutional settings for extended periods of time. I commenced my fieldwork in September 2014 and concluded it in July 2016. During this period of immersion, a total of 12 months were dedicated to participant observation (the third method of data production enumerated by Olivier de Sardan, 2008) conducted within three primary public institutions engaged in the struggle against IPV in Switzerland. I began my immersion with the first of two two-month periods spent in a shelter for female victims of IPV. This period was mainly dedicated to observing different activities that took place in the shelter: interviews held with women residents of the shelter, ad hoc consulting interviews conducted with external visitors in search of information, staff meetings, and community gatherings. A year later, I went back to the shelter to complete a second two-month period of fieldwork, this time mainly to conduct registered interviews with staff members whom I had met and worked with previously.

The second institution that I contacted was a medicolegal centre located within a cantonal hospital. This time, the four months of immersion were grouped together. The centre was highly favoured as an observation site by professionals from other institutions, or new nurses, and forensic doctors. Because of a paucity of sites and time slots available for internal and external observers, I was asked to state from the outset how much time I would need to spend at the centre and how many consultations, in total, I wished to observe. My involvement in the medicolegal centre mainly focused on observing consultations offered to all of the victims of various type of interpersonal violence. In spite of the initial apprehensions of the director of the centre, I was granted a trial period of one month of access to assess the extent to which my observations disturbed the daily work of the healthcare professionals at the centre. I was then granted a further three months to complete my second phase of fieldwork. I subsequently conducted another series of interviews with the nurses and forensic doctors working in the centre.

The final phase of fieldwork focused on the police corps. My negotiations with the police corps, which I initiated when I first began my investigation in 2014, finally resulted in my obtaining access to this institution in 2016. My first month of fieldwork with the police corps was dedicated to immersion within the judicial police sector, and the remaining three months were spent with the emergency police unit. Here also, I was asked to regroup my immersion period of four months into one continuous period. My final series of interviews was conducted with inspectors and police officers, extending up to July 2016, which marked the

end of my fieldwork. However, I continued to participate in some public events in 2017 and in 2018 whenever I was invited by my interlocutors, mainly the directors of the institutions. These diverse events included public conferences and training sessions for professionals and were more in the nature of informal and friendly catching up sessions rather than being occasions for systematic data collection.

My spaces for socialization within the workplaces of the three institutions were varied and diversified. I took lunch breaks with staff and sometimes attended anniversary celebrations, Christmas dinners for staff, and other festive events that occurred during the periods I spent at the institutions and sometimes even after I had left them. I was invited to different public and private celebratory events, such as the tenth anniversary of the medicolegal centre and Christmas festivities at the shelter. I also exchanged e-mails with some police officers who inquired about my work. These periods of immersion in the workplaces of my research participants were intended to constitute the general framework of the study. (Olivier de Sardan, 2008, p. 46) As Beaud and Weber (2010, p. 41, my translation) put it, 'being with' or 'doing with' are precious tools for understanding the 'universe of sense' of the actors. It is difficult to quantify observations and immersion; they must be evaluated by the quality of the relationships fostered during fieldwork. The affinity and sympathy—and sometimes friendship—that result from a cumulative personal investment in an institution more often than not blur the boundaries between the personal and the professional. This method requires researchers to invest more of themselves in their fieldwork. The quality of data generated would then be directly related to the quality of the relations maintained in the field and the reciprocal trust that a researcher must build and diligently protect throughout the collaboration.

A total of 57 registered expert interviews (Bogner, Littig & Menz, 2009) were also conducted with 54 professionals. The majority of the interviewees were Swiss natives (42). In addition, there was one French native, and nine other European individuals with dual nationality who held Swiss passports. There were only two non-Europeans, but Swiss-passport-holders of dual nationality (one Colombian and one Vietnamese).[20] The average duration of these interviews was one and a half hours, though they sometimes extended up to two hours. These interviews complemented my observations. I conducted interviews with almost all of the professionals

[20] For a complete list of the interviews as well as socio-demographic information on the interviewees see Appendix I.

working in the shelter and the medicolegal service. However, this was not possible for the police corps because of the large number of professionals involved. In the case of police officers, I started the process of recruiting interviewees by asking those with whom I became acquainted during my fieldwork for interviews and proceeded by applying the technique of snowball sampling to recruit other policemen and policewomen who were interested in being interviewed. The professionals whom I interviewed were those whom I had accompanied during my fieldwork. They functioned occupationally as experts in the field of domestic abuse.

In their book on interviewing experts, Bogner et al. note that 'expert interviews are—at least on the surface—defined by their object, namely the expert' (2009, p. 1). Moreover, according to Beeke:

> *'The answer to the question, who or what are experts, can be very different depending on the issue of the study and the theoretical and analytical approach used in it. . .We can label those persons as experts who are particularly competent as authorities on a certain matter of facts'. (as cited in Flick, 2009, p. 165)*

A more detailed definition is given by Bogner, Littig and Menz, as cited by Flick (2009) in his work on qualitative methodology:

> *'Experts have technical process oriented and interpretive knowledge referring to their specific professional sphere of activity. Thus, expert knowledge does not only consist of systematized and reflexively accessible specialist knowledge, but it has the character of practical knowledge in big parts. Different and even disparate precepts for activities and individual rules of decision, collective orientations and social interpretive patterns are part of it. The experts' knowledge and orientations for practices, relevancies etc. have also—and this is decisive—a chance to become hegemonic in a specific organizational or functional context. This means, experts have the opportunity to assert their orientations at least partly. By becoming practically relevant, the experts' knowledge structures the practical conditions of other actors in their professional field in a substantial way.' (Flick, 2009, p. 166)*

In the case of my research then, the police officers and inspectors, the nurses and forensic doctors, the social workers, psychologists, and educators can be designated as 'experts' based

on the above definitions. The interviews were always[21] conducted after the period of immersion that I underwent in every institution and focused on refining what had been observed and sharpening the questions and the hypothesis of the research. The interviews were conducted mainly to complement observations and partly for verification purposes (Blanchet & Gotman, 2014). My focus during the interviews was not on the interviewees' biographic details, or on their personal social profiles, but on their views related to their knowledge and competencies as professional experts specializing in the field of 'domestic abuse'. I asked them to elaborate on their practices, the meanings these practices held for them, and the reason—or in Foucault's words the rationality—behind their practices from the perspectives of professionals belonging to a particular organization. The questions were formulated in a very general and broad sense, and I did not adhere very rigidly to the questions that I had previously formulated. I framed open questions and privileged narratives over opinions. Moreover, I privileged 'how' questions over 'why' questions, attempting wherever possible to elicit concrete examples and encountered situations from the respondents to develop the different themes that I had identified based on my observations.

The first part of the interviews focused on the respondents' routines and practices. I asked them a general question, giving them an opportunity to elaborate on their daily planning and tasks, gradually redirecting the discussion on different themes that had emerged from my previous observations, their categories and classifications, and the criteria on which these categorizations were based, thereby enabling the acquisition of both 'process knowledge' and 'context knowledge' (Flick, 2009, p. 167). All of these interviews were registered and transcribed using Sonal software.[22]

However, it is important to note that my observations as well as an uncountable number of 'ethnographic interviews' (Olivier de Sardan, 2008) that I conducted during my fieldwork

[21] There were four exploratory interviews that were conducted at an early stage of research development in 2013 during my three-month engagement in the research project titled 'Emergence and Reconfiguration of Violence against Women in Switzerland'. These exploratory interviews were conducted with historical actors to explore institutional responses to 'domestic abuse' in one of the cantons in Latin Switzerland. The interviewees in this project were the previous director of the shelter, the first doctor at the pioneering medicolegal centre, the responsible for the programme developed with perpetrators and two feminist activists who were prominent in the 1970s. The main purpose of the interviews was to attain familiarity with the field of combatting violence against women in general and to identify its origins and its various cantonal translations into public policies in Switzerland. See https://www.unige.ch/etudes-genre/fr/institut/programmederecherches/violences/

[22] http://www.sonal-info.com/fr/page/t%C3%A9l%C3%A9chargement

comprised my main sources of information. The ethnographic fieldwork provided me with a privileged source of information that could not have been accessed through classic qualitative interviews. I decided to privilege my observations because of the possibilities offered by intimate access to the daily work of public institutions that are not easily approachable. I did not want to give more importance to my data gathered from expert interviews that were more easily granted to external researchers by these public institutions at the expense of these ethnographic observations. As a matter of fact, several times while I was in the field, I witnessed other researchers reaching out to my interlocutors and being granted ad hoc interviews. As a result, I privileged the analysis of field notes and ethnographic interviews as my main sources of information, viewing the registered expert interviews as complementary, as they generally contributed to deepening patterns that had already emerged from the analysis of my fieldnotes.

The ethnographic interviews were basically semi-informal and non-registered. They usually followed a specific sequence of observation, a medicolegal consultation, a police intervention, or a meeting at the shelter. I usually captured the content of these discussions through note-taking during the discussions, at the end of the day, or on the following day. Compared with registered expert interviews, ethnographic interviews, were clearly more flexible, less systematic, and more spontaneous.[23] However, they should not be conflated with informal conversations. Spradley (1979) listed a few indicators that distinguish these kinds of interviews from 'friendly conversations':

> *'[First] a specific request to hold the interview (resulting from the research question); [second] ethnographic explanations in which the interviewer explains the project (why an interview at all) or the noting of certain statements (why he or she notes what); these are completed by everyday language explanations (with the aim that informants present relations in their language), . . . [Third] ethnographic questions, that is, descriptive questions, structural questions (answering them should show how informants organize their knowledge about the issue), and contrast questions (they should provide information about the meaning dimensions used by informants to differentiate objects and events in their world).' (as cited in Flick, 2009, pp. 169–170)*

[23]Registered expert interviews were usually conducted at the participants' workplaces, for example in their offices or in a meeting room or consultation cubicle. In a couple of cases where the respondents had left the institutions following my immersion period, I conducted their interviews in public bars or in their homes.

Observation is the third tool suggested by Olivier de Sardan (2008). My use of this tool reinforced my immersion in the workplaces of my interlocutors. Examples of circumscribed moments of participant observation included not only their consultations and interventions but also having breakfast and lunch, and sometimes dinner, with my interlocutors, shared breaks, joint participation at public events and conferences, and at staff meetings and intervision sessions, or accompanying them (the police) on their patrols in the city. According to Olivier de Sardan's (2008) classification, this is a distinct data collection tool compared with immersion in general, as illustrated in the above examples.

Depending on the working framework, objectives, and particularities of each institution, I accompanied professionals during their scheduled interviews with their beneficiaries. At the shelter, weekly meetings were scheduled with each resident. In addition, there were other types of group work, for example, on issues concerning community life as well as ad hoc consultations—ambulatory interviews—with persons from outside of the shelter seeking advice. These interviews usually lasted one hour in contrast to interviews with residents that could last up to an hour and a half.

In the case of the medicolegal centre, different types of consultations were conducted by healthcare professionals that could last between one and three hours based on the type of violence inflicted on the concerned individual. I will return to the details of these consultations in the following descriptive chapters. Here, it is sufficient to note that these consultations were conducted in hospital examination rooms, with photos taken of the injuries sustained by the individuals concerned at the end of the consultation, which I also witnessed. My main observations of police work were made at the time of police emergency interventions in domestic abuse cases, mostly at the hearings of victims, and of a few perpetrators, as well as at the hearings conducted by the judicial police at their headquarters.

My observation tactics followed the three phases of observation suggested by Spradley (1979). The first week of my immersion (Olivier de Sardan's first phase, 2008), was a phase of descriptive observation, during which I attempted to note down as much information as I could in my field journal. Noting down 'everything', as Howard Becker (1998) suggested, may not be possible. However, Becker demonstrated that we can register considerably more than what we think we are able to. As my immersion progressed and my observations multiplied, I occasionally engaged in some focused and selective observations. Sometimes, I focused only on describing the locales, for example, where people would sit or stand and the objects that were present within a given space. At other times, I simply 'selected' a few

quotations to record in my field notes, for example, while waiting in the police headquarters and listening to announcement made on the police central radio.

With regard to my own role as an observer and borrowing from the typology developed by Gold (1958) on different forms of immersion in the field, I assumed two out of four of the roles identified by Gold as my main roles: those of the 'complete observer' and the 'participant as observer'. More frequently, my role was that of a complete observer. Accordingly, when an interview or consultation was being conducted, I positioned myself at the margins, with the aim of causing as little disturbance as possible. I would try to choose a chair that was placed in a corner of the room rather than one facing the beneficiary or the professional conducting the interview or consultation. I always kept my notebook and pen at hand and attempted to record as accurately as possible the questions and answers. During pauses, I noted other contextual elements, body language, the atmosphere, and sometimes odours. Occasionally I also played the role of participant as observer when the professionals asked me to translate or interpret for a beneficiary whose language I spoke.

I maintained three distinct types of field notes, as recommended by Bernard (2000). The first type was descriptive notes that I sometimes took during an observation and sometimes at the end of the day or the following day in my office. These notes were accompanied by methodological notes on my own role in the situation and points I should consider when interpreting the data from that sequence, such as previous discussions with the concerned professional. Finally, I kept track of my initial interpretations and reflections, noting down what I wanted to remind myself to observe during the following days and weeks, the information that I needed to ask, or theoretical concepts that could be relevant for the interpretation of a given process during a subsequent phase of data analysis. Simultaneously, I kept track of my personal feelings and sentiments, my reticence, or the ambience on certain days. These notes were usually recorded in a different colour as footnotes of my field notes. Taking these notes was important not only for the methodological reflections that they offered but also for enabling me to witness difficult situations and remain occupied while listening to painful stories of violence experienced mostly by the women whom I met without bursting into tears in front of them. Though I did not always succeed in maintaining my composure on such occasions, I continued to write, trying not to attract attention.

I used other data collection techniques in parallel to put these observations (of the professionals' practices) into perspective and to capture their representations underlying their practices. I also used the fourth tool enumerated by Olivier de Sardan (2008), the written

sources. I gathered brochures, activity reports, information sheets, and training materials in every institution. I also added procedures and guidelines as well as forms to my data ensemble wherever they were available, and I had been granted permission to copy them. My gathering of data from multiple sources in various places and at different points in time was motivated by Denzin's (1997) conception of triangulation entailing the complementarity of the applied methods. Triangulation has also been described as a process where 'the writer tells the same tale from different points of view' (Denzin & Lincoln, 2005, p. 6).

In sum, an ethnographic methodology is particularly appropriate for projects that demand an inductive approach (Flick, 2009, p. 233). In fact, the categories that are operative in the processing of IPV cannot be constituted in advance; it is necessary to identify them empirically through observations of a place that capture what happens there (Baumann, 1996). An ethnographic approach provides access to a significant amount of diverse data, enhancing the triangulation of different methods and enabling the multiple logics at work in the processing of IPV cases to be captured. Comprehensive interviews conducted with different agents contribute to an understanding of the meanings they ascribe to their actions, and how they perceive the situations they confront. Observations enable the researcher to compare and contrast the discourses within interviews or within formal institutional declarations with actual practices implemented in the field and to grasp their logic. Document analysis, procedures, guidelines, and sometimes legal frameworks as well as grey literature, such as activity reports and less formal documentation and brochures, can also prove very useful for capturing aspects of the work that are not as extensively formalized as formal documents (Avril, Cartier, & Serre, 2010, p. 29).

Data Analysis

I initially conducted a global analysis (Flick, 2009) of my observation data. Finding and marking relevant excerpts in the texts, writing down preliminary ideas for the analysis and emergent concepts, summarizing the content, and developing an initial thematic listing, all occurred during this first analytical phase. This analysis facilitated the formulation of a semi-structured interview guide for completing and/or verifying what my observations had revealed during the interviews. I also performed a global analysis after I had transcribed my interviews to finalize the corpus of data including both field notes and interview transcripts. This global analysis facilitated the identification of relevant field notes and excerpts, enabling me to decide which parts to exclude from the final coding processes. Once I had identified excerpts that related to the research questions, I performed more systematic coding. In this advanced

stage of the analysis, I used the grounded theory approach to distinguish important findings and key concepts for developing the foundation of the argument (Corbin & Strauss, 1990). This entailed the conduct of what Corbin and Strauss (1990, p. 3) termed 'operations by which data are broken down, conceptualized, and put back together in new ways [that are] the central process by which theories are built from data'.

Returning to the metaphor of the quilt maker or the jazz improviser introduced by Denzin and Lincoln (2005), I constructed a personal toolkit drawing on grounded theory coding tools (Charmaz, 2006; Glaser, 1992), and thematic analysis (Flick, 2009) to analyse my organized and reduced corpus of data. Whereas my observations shed light on the practices of the concerned actors and their processes, ethnographic or expert interviews enabled the extraction of their discourses, leading to a better understanding of agents' representations and the meanings that their practices held for them. First, I prepared case profiles for my interviews and observation sequences, listing different themes emerging from my thematic analysis of each of the three institutional case studies. This step in the analysis was helpful, as I first wanted to identify the specificities of each institutional site. Once I had identified the singularity of each institutional context, its specific categories, and its terminology, I maximized the advantages entailed in a multi-sited approach by applying grounded theory coding. First, I conducted open coding (Corbin & Strauss, 1990) to identify more transversal processes of categorization that pertained to my research questions. This time, I was interested not in descriptive themes present in particular interview excerpts or observations, and their classification, but in their characterization and meaning. Once the data had been coded and the family of codes identified following this phase of open coding, I was able to identify the most important categories that characterized the process of differentiating agents' practices towards their beneficiaries. The transversality of ideas and concepts became more apparent during this phase. The last phase of data analysis entailed focused coding (Charmaz, 2006) that enabled me to identify the most frequently occurring codes whose inter-relations allowed for the identification of analytical categories that ultimately shaped the structure of the chapters and sub-chapters of this manuscript. Main categories of codes are reflected in the subject treated by each chapter. First the question of categories of action and what counted as 'domestic violence'. Then the question of cause and origin of violence, the place of child protection, the importance of physical injuries over non-visible violence, and the question of culture and the recurrence of complexity of migrant-involved cases that were frequently mentioned by the professionals. The theoretical concepts useful to analyse these main themes

were identified in this last phase of analysis and they are defined and described at the beginning of each part or chapter. Data management and in-depth analysis were carried out using Sonal and Atlas.ti computer-assisted qualitative data analysis software that served to structure the argument (Kelle, 2006).

The case studies and empirical examples presented in this dissertation were selected from among the innumerable stories recorded during my fieldwork, as they best encapsulated and illustrated my overall findings. These empirical data should be considered 'representative rather than exhaustive' (Mottier, 2005, p. 258). However, they are not representative in quantitative/statistical terms; rather, they represent the overall tendencies and patterns identified in the analytical phase of the study. The occurrence of data saturation during the phase of data collection more generally is also helpful during the phase of analyzing ethnographic data because the risk of diluting and dissolving the analysis in the infinite particularity of observed situations is omnipresent (Arborio & Fournier, 1999, p. 43). In the case of a multi-sited ethnography that includes very different public institutions, this risk is even greater because the diverse professional and personal trajectories of institutional agents generate numerous divergent thematics that cannot be covered exhaustively. Thus, as revealed by the literature, agents' professional socialization relating to their specific professions, their social backgrounds, gendered socialization, and their social mobility strategies all impacted on the individuals' conceptions of their jobs (Pichonnaz, 2017; Serre, 2009). However, as I have already noted in the introduction, the focus of my analysis was on the institutions and not the individuals and their personal and specific methods of practicing their professions. This choice is related to the research question concerning institutional responses and logics of differentiation applied to beneficiaries. The tensions and resistance, and the diverse discourses and trajectories are not foregrounded. Rather, the main focus of the analysis is on the dominant institutional responses. Divergent and counter examples are also not always presented, as references to such cases runs the risk of giving an illusion of symmetrical resistance to the presented logics of action, whereas in the long run, those exceptional counter examples and individual divergent practices' impact are controlled in time by the institution's weight. The circulation of common discourses and representations, and the ways in which they impact on the practices of public agents, rather than their particularities are explored in the following chapters.

Consequently, I have limited the examples provided of events that took place within the institutions under study to those that best reflected the institutional patterns and categories of

action. As noted by Bogner, Littig and Menz (2009), the specificity of expert interviews is also reflected in their capacity to sketch out expert knowledge and orientations for practices that could become 'hegemonic' within the institutions. The analysis conducted for this study focused mainly on the patterns of institutional practices and only attended to individuals in relation to their roles within the institutions. This is not to say that there was no discernible diversity among these public agents; nor should they be considered as a monolithic bloc (even though, as previously mentioned, most of them were Swiss or European nationals). Nor do I intend to homogenize their discourses and practices. 'Non-conformist' practices and counterexamples did occur, and they were integrated during the analytical phase to enable patterns to be determined from unique and exceptional treatments and responses. The examples provided in this dissertation are those that illustrate the identified patterns of interpretations and practices that were generated, sometimes regardless of individuals' personal adherence, or not, to such institutional frameworks. The practices of institutional agents need to be considered in relation to their affiliations with particular institutions where those choices do not always match their personal and individual preferences (DiMaggio & Powell, 1991). The weight of the institutions where these professionals work needs to be considered at a supra-individual level (Crozier & Friedberg, 1977; Douglas, 1986).

Moreover, the rare cases entailing tension and struggles of individual agents that I encountered during the fieldwork presented an ethical problem relating to the identification of those few public agents who resisted institutional framings and were sometimes in overt conflict with the directors, or those who had consequently quit their jobs. Not surprisingly, such cases occurred more often at the shelter and in the hospital than in the police forces, where there was much less room for personal reflexivity and criticism of police institutional practices.

Last, I followed Foucault's famous aphorism: 'People know what they do; frequently they know why they do what they do; but what they don't know is what what they do does (cited in Dreyfus and Rabinow, 1982, p. 187). Specifically, I prioritized what those actions do, that is, the practices, their rationalities, and their outcomes rather than the reasons or intentionality of the actors in performing the actions. This clarification is important because the interpretation and analysis that run through this work should not be regarded as an evaluation of individual actors' practices or as a proposal of any alternatives. There are, of course, valid reasons for professionals' actions and choices, but these are not the focus of my analysis.

Here, I apply a Foucauldian understanding of discourse[24], as it enables a centring of the analytical focus on the function of discourse itself without 'assuming an essential pre-existing truth' (Mottier, 2005, p. 257). Thus, the intentionality of the speaker or the political ideology underlying the discourse is not the subject of inquiry. Instead, the discourse is understood and analysed according to its own function and the role it plays in a given instance of an institutional encounter (Foucault, 1971). Sometimes such institutional discourses are internalized by professionals as part of their practices of care and are thought to contribute to improving the situation of victims of IPV (Mottier, 2005, p. 259). Yet, they can be viewed as practices of normalization and legitimization in a Foucauldian sense. This is the direction that I took in my analysis of the discourses identified in the interviews, in the professionals' interactions with the public, or in official and semi-official documents.

Some Clarifications on Language and Writing

Another point that should be clarified here in the methodological section concerns the language of the dissertation, which differs from the language in which the research was conducted. The research was carried out in a French-speaking canton in Switzerland. Therefore, writing up the dissertation in English demanded a significant effort in translation, particularly of quotations from interviews and field notes cited in the work. Here, I draw attention to some of the considerations entailed in this process. I tried to remain true to my interlocutors' language in the translation of excerpts as far as possible. This meant that I did not translate what they said into formal and accurate English, because I wanted to respect the oral nature of their expression. Another language-related consideration concerns the French literature that I quote throughout this work. I translated all of the French citations that I used to ensure the cohesion of the text for English language readers. But I retained the French version in the footnotes whenever it seemed necessary for those readers who prefer to read the original French text.

Questions of Emotions and Ethics

Colette Piault once wrote:

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[24] As Mottier (2005) specified, Foucauldian understanding of discourse include two aspects. First, on an immediate sense of discourse as statements, or 'constructions of meaning', and second, further exploration of these constructions and the ways in which they 'produce, reproduce, sustain, or subvert relations of social and political power' (Mottier 2005: 257).

> *'What is now so clear to me is that you can tell people a thousand times that you are making a film or writing a book about their village, you can show the film to them or have it programmed on television but what is essential for them is you as a person. They said it to me quite clearly: "We agreed to collaborate with you on your film through the friendship that we developed with you"'. (Colette Piault, as cited in Barbash and Taylor, 1997, p. 44)*

I had a very similar experience, as the relatively long period of immersion in the daily work of my interlocutors led them to trust me increasingly and to share more personal views, in addition to the institutional and formal positions and discourses that they routinely communicated to outsiders.

Contrary to the experiences of Lavanchy (2013), who worked with Swiss registrars, or those of Avanza (2008) with Italian far-right activists, trust-building with my interlocutors and forging close relationships with them were not ethically problematic for me at the outset of my fieldwork. Before I commenced my fieldwork, I was already cognizant of the fact that accounts of violence within the intimate sphere cannot be separated from the forces of structural violence, including those linked to the state or to poverty (Hearn, 2013). I also knew that I would be involved in state interventions/intrusions within the intimate sphere of people's lives, with some agents, such as police officers, being the primary implementers of state control and discipline. Others, such as social welfare agents, belonged historically to domains that have exerted social control over the poor and over minority groups. Yet, I believed that I would be involved in a part of their work that concerned special cases because their interventions were made at the behest of the victims, or at least they were intended to benefit them in cases where they were alerted by a third party. Such interventions, I believed, offered the possibility of bringing support and peace in the midst of a violent crisis—at least temporarily—to those who had requested assistance from the concerned institutions. These considerations revolving around the central objectives of domestic violence interventions, and the focus on supporting victims, crucially guided my choice of conducting an ethnographic study of state interventions as well as the ethical decision-making processes that I engaged in throughout my fieldwork, which I will discuss in detail in a subsequent section.

It is not really surprisingly, however, that during the course of my fieldwork, I found myself in situations that were similar to those described by Lavanchy (2013), where the unanticipated

roles that I played in some of those institutional settings[25] disrupted my belief that state interventions against domestic violence constituted a special category of cases. Witnessing a Cameroonian woman crying when the police dragged her handcuffed husband outside in front of her children, or a Swiss woman crying when the forensic physician informed her that the child protection authorities might hand over her child to foster care, I also asked myself where I was, what I was actually doing, and what I was part of. Yet, in most[26] cases, my role as an independent researcher was clear to all of the participants. In addition, I always tried to be transparent about my views regarding a given situation with my research participants, sometimes coming back to them with my concerns. They usually appreciated my concern for their beneficiaries, which they mostly shared, and therefore offered further explanations and interpretations. The hard and painful lived experiences that I shared with my interlocutors in the course of their daily work of listening to individuals recount their suffering, and sometimes the frustration stemming from their inability to help someone, forged a sense of proximity with my interlocutors that made such moments less difficult to manage.

The emotions and affect evoked by such events can bring into focus the ethical dilemmas that confronted and challenged me as an ethnographer and an analyst. The remainder of this section will be dedicated to a discussion of these challenges. Attending to such tensions during my fieldwork meant resisting and deconstructing a romanticized vision of ethnographic immersion that limits the space for pain, conflict, and feelings of unease as modes of knowledge production (Khazaei, 2019a). In my data analysis, I considered such emotional commitments made during ethnographic fieldwork to be not only matters to be attended to reflexively but also to be data in themselves; resources that opened up the field, conceived as a space for encounters among affects (Mazzocchetti & Piccoli, 2016). This is because a researcher's blindness and deafness to her own emotions can sometimes lead her to become blind and deaf to those of her interlocutors (Mazzocchetti & Piccoli, 2016). If the emotions can reveal what words and institutional frameworks silence, it is not only helpful for the analysis but also the responsibility of an ethnographer, in relation to her interlocutors, to adequately convey their experiences and emotions in her final report (Mazzocchetti & Piccoli, 2016).

[25]I will elaborate further on the different roles that were assigned to me in the field later on in this chapter.
[26] This point will be discussed extensively in a subsequent section of the chapter.

Finally, my long-term immersion periods and the friendships I developed with some of my interlocutors had some consequences for how I managed the conclusion of my fieldwork phase. I was concerned about the famous 'just distance' that I needed to analyse accurately, and with fresh eyes, my collected data (Avanza, 2008). I needed to distance myself sufficiently from the sense of proximity forged in relation to my interlocutors in order to re-engage with the material. This was the reason why I tried to step back from some public events immediately after I had concluded my fieldwork, and only participated in them if I was explicitly and personally invited. I even left Switzerland, which allowed me mobility for writing up an account of my research and helped me to distance myself from my field, not just physically but mentally. I believed that this was necessary for my analysis and interpretation phase.

Limitations and Difficulties

The privileged status of being 'between two fields' (Cefaï, 2010) when conducting multi-sited ethnographies enables the researcher to identify both similar and distinct logics of social workers, psychologists, healthcare professionals, and police officers towards the processing of IPV cases. However, this 'in-betweenness' (Cefaï, 2010) did not always constitute a privilege; it also entails some difficulties.

The circulation of the researcher between different field sites raises methodological issues that I will elaborate on in this section. An investigation of the links and connections between different field sites calls for the important work of translating terminologies applied in different kinds of professional and technical jargon. Cefaï suggests that as the researcher moves 'from a field site to another, a game of passing and conversions is played out among vernacular idioms. One must develop a capacity of elaborating connections by a perpetual work of circulation, translation and reformulation' (2010, pp. 360–361, my translation from French). I confronted such difficulties at three different levels:

The first was at the time of requesting access to the field. My dilemma centred on the question of how to present my research objective to different institutions whose own professional perspectives on IPV differed. On the one hand, I needed to present the research in a relevant and comprehensive way in relation to the work of each of the three institutions. On the other hand, I had to ensure that the alternative versions of my presentation were not significantly different. This was because all of the institutions worked in coordination with each other within a formalized network, and their personnel could have discussed the matter of my

request with each other in my absence. Moreover, the multiplicity of field sites posed another difficulty. The personnel of some of them were very familiar with academic research and its processes; in fact, the mission of the medicolegal service included conducting research based on its existing database of consultations. By contrast, others had little experience in collaborating within research projects and even less with ethnographic studies. Here also, I needed to choose the terminology to be used and to present the reasons for my choice of methodology carefully to convince my interlocutors of the relevance and significance of such a time-consuming and substantial amount of research conducted in their workplace.

The second limitation or difficulty concerned language specificities and translation issues that emerged at the time of writing up.[27] The terminologies used by agents within the institutions varied. An example relates to fundamental notions such as the terms used for their beneficiaries. Some used the term ‘patients’ for beneficiaries requesting a medical or medicolegal consultation. Others applied the term ‘residents’ to those who stayed at the shelter for a limited amount of time, while some agents, such as police officers, used the terms ‘victim’, ‘suspect’, or ‘perpetrator’ for their interlocutors. The choice of which terminology to use was not an easy one, both during my own encounters with these agents and during the process of writing up this dissertation. An inevitable question that arises concerns the implications of these multiple professional terminologies and jargons and what they reveal about the logics of action underlying the practices and discourses of agents. These questions will be tackled in the following chapters in Part I.

The third difficulty relates to the question of my own positioning and the role that I was expected to assume or was assigned during each period of fieldwork. In the same way that individuals who had been subjected to IPV experienced a change of status moving from one institution to another and being treated as ‘patients’, ‘victims’, ‘residents’ or sometimes ‘perpetrators’, my own position and participation also evolved during each phase of fieldwork and when transitioning from one site to another. In the next section dealing with ethical issues, I will dwell on my assigned roles in the field sites and the renegotiations I made about them.

[27] This issue will also be reflected during the phase of sharing the results to the institutions. Some of my interlocutors were interested in knowing the results of my work, while others, such as the police corps, were not particularly demanding in this regard.

Ethical Reflections: Confidentiality, Anonymity, and Consent

Numerous manuals have entailed extensive debates on the prerogatives for ethical research (Ryen, 2007). Examples of extensive ethical guidelines for good research practice can be found in the ethical guidelines produced by the Association of Social Anthropologists of the UK and Commonwealth and in the Code of Ethics of the American Sociological Association. All of these guidelines agree on the following three fundamental principles that constitute ethical research: guaranteeing confidentiality, anonymity, and informed consent that all researchers must abide by (Béliard & Eideliman, 2008; Iphofen, 2009). The obligation of transparency requires the researcher to present the motives behind and the objectives of the research before asking participants for their consent to be registered or to participate in general in the research (Iphofen, 2009).

Practical guidelines that can inform a study such as this one on IPV have also been published by the World Health Organization (WHO) for researchers investigating violence against women in general. This document enumerates the following four principles: respect for persons at all stages of the research process; minimizing harm to respondents and research staff; maximizing benefits to participants and communities (beneficence); and justice, entailing the balancing of the risks and benefits of research on violence against women (Ellsberg & Heise, 2005).

In the context of my own research, I guaranteed the confidentiality and anonymity of my interlocutors and the beneficiaries within the various formal agreements that I signed with the directors of the three institutions where I conducted my study. In the case of the shelter, a contractual agreement on collaboration and confidentiality was signed by both parties, namely the director of the shelter and me.[28] In addition I was asked to introduce myself and to convince the entire team to participate in my research. When interacting with women residents and beneficiaries of the shelter, I introduced myself and my work every time I wanted to participate in their meetings, and I requested their permission to assist at their interviews. Their name and details have been anonymized in the final work, in which, moreover, I have not emphasized the details of their personal backgrounds and history. Instead, my emphasis is on the professionals and their discourses and practices. These discourses were gathered through registered interviews conducted with their consent and were transcribed after being anonymized.

[28] Appendix II

In the case of the medicolegal centre, I was not asked to obtain the approval of the ethical committee of the hospital in question, but as a result, I was given limited access to the work conducted there. I could not access the centre's archive and the medical database and reports maintained for each patient at the centre. I could only participate during consultations, after getting the approval of the concerned professionals and beneficiaries, and I could conduct interviews with healthcare professionals who agreed to be interviewed. No copy of any formal document—which was not accessible to the public—could be taken outside of the hospital grounds and that is why I have not quoted such documents directly. Moreover, I was asked to prepare different documents detailing the objectives of my research, the research activities that I would carry out, what participation in my research entailed, and guaranteeing the confidentiality and anonymity of the data I collected. I also signed a formal protocol similar to the one signed by all interns in the hospital,[29] affirming my commitment to the confidentiality and the anonymity regarding to all patients' information. As the main focus of my research was on professionals' discourses and practices collected during my observation of their consultations, and not on the personal information of patients and professionals, this restricted access did not cause any major impediments to this research. I was also asked to present my research and its objectives orally during a monthly staff meeting in front of the entire team working in the medicolegal centre before finally being granted access. What began as conditional permission restricted to one month of access eventually translated into four months and the nine interviews with the whole team of health professionals that I had initially requested.

In the case of the police corps, I signed a confidentiality agreement[30] at the request of the General Prosecutor of the canton under study who asked me to obtain the consent of every beneficiary before assisting their hearing with the judicial police. Moreover, I was asked to refrain from circulating any detailed information and personal data relating to the protagonists of the cases, or any written police reports after completing my fieldwork, both among the public and in the final report. This legal agreement marked the end of a lengthy process entailing the preparation of different documents that described the objectives of my research, and several meetings with different gatekeepers, such as the cantonal police commander, the municipal police deputy, the chief in charge of the training and development of police officers, and the chief of the judicial police.

[29] Appendix III
[30] Appendix IV

During all of these negotiations aimed at gaining access to the field sites, my supervisors were asked several times to write letters of support to accompany and endorse my request for access. During these negotiations, confidentiality and anonymity were guaranteed and were respected in my data management as well as in my final account of the research presented in this dissertation. However, the question of obtaining the informed consent of my research participants created additional challenges for my ethnographic study and resulted in my conducting a supplementary research exercise that entailed preparing an ethical review checklist to facilitate my own decision making during the research process. The next section details this process of decision making and its justification.

Wainwright et al. (2006, p. 745) define ethics within social research as relational practices that take the form of a series of choices and decisions, which a researcher needs to make about the way she or he should conduct research in 'a complicated political, moral and epistemic context'. In particular, ethical issues arise out of existing tension between two facts. On the one hand, there is the necessity of disclosure of the research and its objectives, and on the other hand, the 'instrumental' relation between the researcher and participants is managed in a way that is motivated by the necessity of collecting and producing useful data (Emerson 1981).

In *Ethical Decision Making in Social Research: A Practical Guide*, Iphofen (2009) provides a list of questions and conditions that social researchers should ask themselves regarding the obtaining of consent from participants. He explains that consent can only be valid if it is voluntary and no implicit or explicit and unreasonable coercion features in the decision to participate. Any undue persuasion to participate must be avoided. He explains how every decision should be evaluated in light of its outcome for participants and for the research. These decisions must entail no harm for the participants, and any lack of transparency in the course of the research should be evaluated in light of the value of the data generated as an outcome of a lack of transparency.

In Blue, White, and …

In this sub-section I discuss two main characteristics of my research and how they influenced my ethical[31] decision making during the fieldwork and afterwards during the period of

[31] At the medicolegal centre, nobody ever refused my presence. However, at the shelter, my presence was refused a total of two times by two women. The first refusal related to an ambulatory consultation with a woman who knew her referred social worker well and wanted to talk to her privately. The second case entailed an admission

analysis and writing up. The first particularity of this research was its ethnographic nature and the second was the nature of the field sites as 'formal organizations' (Bernstein & Mertz, 2011). The unpredictable nature of the ethnographic method makes it difficult for the researcher to anticipate and resolve all of the ethical problems that will confront her or him. In addition, respect for ethical principles does not exclusively depend on the good will of researchers. This is particularly true for formal organizations such as my field sites, where the participants were associated inevitably with the definitions of some of these rules and principles.

The variety of institutions where I conducted my fieldwork made it necessary for me to conduct different negotiations with my interlocutors on the positions I should occupy in their workplace, and with regard to images of their professions. As Favret-Saada (1997) stated, 'the just distance' within ethnographic encounters is much more about the continuous journey between different positions that the research participants assign to the ethnographer than the respect of a moderate distance between the ethnographer and her or his interlocutors. In her example, she was required to play the role of a healer or an enchantress; in my case, I sometimes played the role of a police intern, putting on a blue bullet-proof jacket or a medical intern wearing a white robe, or a sociologist/ethnographer in the shelter.

These roles are subject to discussion and negotiation. For instance, in the case of a multi-sited ethnography such as this one, the fieldwork situation leads to a continuous recalibration of roles (Cefaï, 2010). In spite of the systematic way in which I presented myself and my role as a researcher and sociologist employing an ethnographic method, professionals asked me to adopt their own understanding of my role as observer.

In case of the shelter I had first presented myself as a sociologist who was working with the ethnographic method. I realized later that 'ethnography' was a keyword that facilitated my access to that institution because of the director's interest in ethnology. In addition, I was told later that they had encountered another ethnographer who had started there as an intern and had ended up joining the shelter as an employee. Their good experience with her sent a positive signal for my acceptance. Moreover, I realized a few weeks later that ethnology was one of director's passion. She was, for instance, interested in ethno-psychiatry and encouraged

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interview for a woman who was talking about her situation at home for the first time and did not want anyone outside of the professional to hear her story.

her staff to take courses in that field. The etymological proximity of ethnology and ethnography, which was my working methodology, also led her to view ethnography as an appropriate methodology for a case study of the shelter where most of the residents were foreign nationals who had recently arrived in Switzerland, and where cultural and ethnic diversity was at the heart of their questioning in their encounters with those women.

This was another signal that affirmed my hypothesis about the connection made between migration and 'domestic violence' in the Swiss institutional responses to the problem. 'Migration' and 'domestic violence', and in the case of the shelter, 'ethnography', were the keywords whose utterance immediately convinced the gatekeepers of the relevance of my research for their work and for better understanding the problematic of 'domestic abuse'. The last part of this chapter will return to professionals' perception of me in the fieldwork and my presumed adaptability as a 'migrant' for such a research project. Which made me question, from the outset of the fieldwork, how these terms were linked within the representations of those agents to migrants and 'domestic abuse'.

In the case of the medicolegal service, I obtained the informed consent of the nurses and forensic doctors, who were my principal interlocutors and interviewees, during the lengthy process of requesting and eliciting the centre's collaboration. I also negotiated permission to introduce myself to every beneficiary at the beginning of the consultations prior to entering the examination box. I had participated in their monthly staff meetings and presented my work and research and had prepared multiple written reports on what exactly I wanted to do, what I wanted to observe, and for how long, explaining what the impact of my work would be on the daily work of the staff.

I was asked to put on the same white robe worn by nurses or forensics doctors, explaining that the hospital environment could contain different microbes and bacteria. I had to negotiate with the medicolegal director to avoid having to wear the white medical robe, although this dress code was a requirement for interns and observers according to the hospital's protocol. I did this out of ethical considerations, as I wanted to ensure that people coming in for consultations recognized that I was not part of medical professional team and to convey a clearer message when I explained that they could accept or refuse my participation at their consultations without having to worry about how their refusal might impact on the service they received. I took this decision to negotiate after the first day of my fieldwork when I was asked to put on the white robe and was presented as an intern. Until then, I did not anticipate how I would be introduced to the centre's beneficiaries, and this raised the question of my

own ethical obligations relating to the question of disclosure and informed consent. As Lavanchy (2013) puts it:

> *'Unpredictability is a central feature of ethnography as a method resting on dynamic interactions: it draws its strength, interest and relevance from the impossibility of anticipating all situations, of knowing beforehand what will emerge from fieldwork and how research participants might be affected by the research.' (Lavanchy 2013, p. 680)*

She explains how this unpredictability relating to ethnographic situations makes it difficult to anticipate all possible developments in the field. This is also the case even when the expectations of ethical board committees are respected, as meeting these expectations may not be sufficient for resolving all of the ethical dilemmas that a researcher encounters within ethnographic situations (Boden et al., 2009).

These negotiations were more restricted with the police corps. Gunaratnam (2008, p. 85) states that research participants do not have the same control over the research as the researcher. However, they had a crucial impact on my work with the police corps. This experience is also confirmed by Lavanchy (2013, p. 679):

> *'Fieldwork roles evolve out of a negotiated social contract between the researcher and informants (Berg, 2004): the researcher is not alone in defining the possible roles s/he might endorse in fieldwork contexts (O'Reilly, 2005). To reflect on the stakes of such negotiations, one has to take into consideration elements as disparate as the research context, its central topics, the researcher's social characteristics and personality, as well as the research participants' agendas and personalities, to mention just some of them (Telfer, 2004).'*

In the case of the police fieldwork, my immersion into this environment required respecting the conditions of police interventions. The security issues related to an emergency intervention, the mandatory wearing of bullet-proof jackets by interns and observers and obeying the instructions of the chief of patrol were conditions that I had to accept to be able to conduct *in situ* observations of these interventions. The word 'intern' was written on it in white letters so that it could be recognizable from a distance that I was not a police officer on duty. The legal obligations of police officers to protect any 'civil element' within their company made it impossible for me not to don the blue bullet-proof jacket. The officers needed to control the situation without worrying about me, an unexperienced 'civil element'

during these moments. For instance, I had more opportunities to observe the hearings of female victims of domestic abuse cases, because these occasions were considered by the police officers to be more appropriate than observing the accused person, who could be aggressive at times, even towards the police officers themselves. This acceptance entailed also not speaking freely with the protagonists of a domestic abuse case. I was required to obey the protocols.

As Borneman and Hammoudi (2009) have argued, ethnography as a practice inevitably entails ethical risk, to which the only valid response is ethical commitment. Disclosure, or the fact of conducting the ethnography c/overtly, became thus the subject of my long-term reflections, particularly before I began my immersion period with the police emergency unit. While a researcher's concealment of her/his purpose and identity is undeniably problematic from an ethical perspective (Lofland & Lofland, 2006), 'full disclosure' is an ideal that may be unrealistic (Lofland, 1976) and may entail situated interpretations (Harding 1991). Punch (1994) argued that a 'conflict methodology' was sometimes justified for uncovering the work of certain powerful institutions, providing examples of an American anthropologist who pretended to be a candidate in a study of a Pentecostal sect, or another one who pretended to be a patient in a psychiatric hospital. In their respective studies on far-right activists in Italy, civil marriage registrars in Switzerland, and police officers in France, Avanza (2008), Lavanchy (2013), and Pruvost (2007) opted for partial or no disclosure in some cases.

In my case, the research participants belonged to two different categories. One category comprised the professionals themselves: nurses and doctors, social workers and psychologists and, within the police corps, the entire gamut of officers and commanders of different sections as well as young interns aspiring to become policemen and policewomen. For these participants, I was able to respect the principle of 'full disclosure'. I could overtly introduce myself, my research, and the purpose of my immersion in their work, and I did so several times at the beginning of every shift. Consequently, after a few weeks, nearly everybody knew me as a researcher conducting a study on institutions and their work relating to domestic abuse cases, with an interest in its particularities relating to different target groups.

However, the second group of research participants comprised the beneficiaries of these institutions. It should be noted here that their situations and trajectories were not the focus of my research questions, which were directed at eliciting the professionals' representations, discourses, and practices. Nevertheless, because I was present at their encounters with the professionals, I became aware of some of the details of their violent experiences. As noted

above, whereas I could always introduce myself before any interview or consultation in the shelter or the medicolegal centre, this 'full disclosure' was more difficult to apply in the case of police interventions. As a method, ethnography has its critical moments, such as gaining access to the field (Hammersley & Atkinson, 2007) or negotiating the conditions of participation. This becomes more of a challenge when the intention is to conduct fieldwork within formal organizations (Bernstein & Mertz, 2011).

For my study, following the model proposed by Iphofen (2009), I prepared a checklist for measuring the pro and cons of not disclosing my identity to the protagonists of IPV cases in police interventions. The outcome of this process of ethical decision making was two pros and six cons for disclosing my role. While according to research ethic codes, full disclosure and establishing oral or written consent was ethically preferable. The assessment of my checklist showed that not introducing myself and my research to victims and perpetrators during emergency police interventions seemed to be more appropriate.

First, there was a possibility of influencing the declarations of victims and perpetrators. Specifically, there was a risk that my presence as a researcher could generate uneasiness that could impact on their declarations. This was a risk that I could not bear, considering the seriousness of the situations and the possibility that the protagonists' future cases could be harmed as a result. A second consideration was my intention to cause minimum disruption of the work of the police officers, so that they could follow their intervention security protocol without having to make any exceptions for me. The third concern, which has been previously mentioned, related to the fact that even if I could have introduced myself and requested the consent of the protagonists, I could not have been sure whether their consent was given freely. As I was accompanying the police officers, they could have felt compelled to accept my presence and may not have dared to resist the will of the police officers whom I accompanied. After all, police officers must have already agreed to my presence as they had brought me with them. Fourth, as I abided by the first two principles of anonymity and confidentiality, whereby the protagonists' real names and addresses were never disclosed, the risk of future harm for them was negligible. Fifth, the focus of my research was on how police officers conducted their interventions and asked their questions. Consequently, other protagonists were secondary sources of information for my research. I did not concentrate on the identifying details of the incidents or on the personal information and backgrounds of the people involved. Sixth, there was no other way of obtaining these kinds of data using other sources of information. For instance, conducting interviews with police officers would have

provided access to their discourses on their practices but not on what actually happened during the interventions. The report on an intervention comprised a one-page document that was succinctly presented but only focused on the final procedure that the police officers had decided to apply during that intervention, omitting the entire process of decision making that was entailed. Thus, the process, which is of primary interest when applying the ethnographic approach, could not be studied using other methods and without being physically present.

Based on these reflections, I finally decided to follow the police corps procedure that applied to all interns and observers, which meant that I wore the bullet-proof jacket, obeyed their instructions on the interventions, and did not directly interact with the protagonists. This also included not introducing myself in a systematic manner during any of the interventions. However, on rare occasions when the atmosphere of the intervention seemed to be calm and emergency issues and imminent danger for the victim were not apparent, for example, when the perpetrator had already left the house, I introduced myself and my work and asked for the victim's oral consent. I made that decision, *in situ*, whenever I assessed that my concern to obtain consent would not disrupt or disturb either the police officers or the protagonists. However, I was able to disclose my identity and work fully and systematically at the formal hearings conducted at the police headquarters. In such cases, my name was mentioned in the minutes of the official hearings.

Throughout this work, I have attempted to extract quotes mainly from the data for which I was able to obtain the freely given consent of all of my interlocutors. However, in some cases, I have narrated police interventions during which I did not have the opportunity to introduce my work and ask for consent. This was the case during some primordial moments of fieldwork when 'those personal and emotional experiences . . . significantly affect the researcher's understanding of the setting in general or of critical activities within it' (Emerson, 1981, p. 370). I considered these moments to be important for understanding police work relating to IPV cases. Nevertheless, I changed the names of the concerned individuals, and sometimes also changed or concealed the names of their countries of origin, for example, by providing a broader geographical region. I left out some of the details of incidents so that the cases would not be recognizable. Even so, it was almost impossible to avoid recognition of these individuals by the professionals who processed the cases. This illustrates how the ethical commitment of researchers to obtain clear consent relating to all of their information sources can be jeopardized when conducting research in formal organizations.

Having discussed the research design as well as the data collection and analysis processes, and my ethical reflections on them, I can now conclude this methodological chapter by clarifying my epistemological stance and positioning in relation to my object of study.

The Question of Epistemology: Knowledge and Power

Positioned at the forefront of postpositivist approaches, feminist epistemology cautions against the pretence of neutrality in knowledge production (Harding, 1986). From the onset of their academic careers, feminist scholars have interrogated the conventional standards of what is considered 'good' science, that is, neutral and objective science (Harding & Norberg, 2005). They argued that such standards were intended to generate impartial research through the researcher's quest to distenciate herself of any personal value, seen as bias, while actually only hiding the researcher's positionality (Harding & Norberg, 2005). Through the pretence of producing objective and neutral knowledge, scholars have in reality produced knowledge that is situated from a position that they were unaware of (Haraway, 1988). Consequently, a wide range of themes, subjects, and lives have not been tackled within academic knowledge production, one example being the lives and experiences of women, and another being those of racialized minorities.

Harding and Norberg (2005, p. 2010) argued that 'value-free research is an unachievable ideal' but 'also an undesirable one' (2005, p. 2010). Critical studies of the history of science have shown that denial of the close relation that exists between knowledge and power does not suppress that relationship (Haraway, 1988). Researchers who believe that they have achieved an objective and neutral stance are in fact blind to the political implications of their research. For example, the 'scientific' taxonomies of human races entailing skull measurements were evidently rigorous and considered objective, but they had important consequences relating to colonial projects and systems of slavery (Haraway, 1988). Another example pertaining to modern times concerns the science question in relation to the extremisms of the Nazi project. Consequently, a refusal to address the relationship between knowledge and power does not dismantle that relationship; it merely entails a denial on the part of researchers of their responsibility, and that of their research relating to this dynamic (Haraway, 1988). Without acknowledging their standpoints and the places from where they see, think, and practice research, researchers can only produce studies that are enabling of powerful institutions and not of the 'interests and desires of societies' most economically, socially, and politically vulnerable groups' (Harding & Norberg, 2005, p. 2009). Haraway

(1988, p. 577) wrote that ‘science is a contestable text and a power field’. Thus, a ‘neutral’ and ‘objective’ science that purports to be politically disengaged can only be a science that denies its political commitment and responsibility (Haraway, 1988). Through this omission or negligence, it risks reproducing systems of domination (Harding & Norberg, 2005).

Standpoint theory (Harding, 1991) and situated knowledge (Haraway, 1988) are two interrelated strands of feminist epistemology that seek to avoid the above issues. Standpoint theory holds that the researchers need to recognize the specific positions from which they see and write (Harding, 1991). Moreover, they should consider all knowledge as situated (Haraway, 1988). Consequently, the only way to produce more honest and transparent knowledge is to situate the viewpoints and experienced lives of researchers, interpreting the outcomes of their studies in their historical, social, and political contexts (Harding, 1986). The alternative is knowledge that is not situated and that pretends to be from ‘nowhere’, claiming distance and promises of seeing comprehensively and constituting what Haraway (1988, p. 583) describes as conventional standards of objective and positivist knowledge that are ‘unlocatable, and so irresponsible’. Haraway further clarifies that ‘irresponsible’ means being ‘unable to be called into account’ (1988, p. 583). She cautions that a researcher’s assumption of accessing knowledge from a neutral standpoint ultimately entails asserting dominance as the sole knower in a given situation (Haraway, 1991). Against this viewpoint, she suggests that the only way to produce a ‘better’ understanding of the social world is by adopting a ‘partial’ perspective (Haraway, 1988, p. 590). The only possibility of gaining a ‘better’ and more complete grasp of what is really happening out there is through the ‘bits and pieces’ that different researchers with different standpoints and experiences produce (Haraway, 1988).

The question that arises, then, is what does a research project that adheres to this epistemology look like. Harding and Norberg (2005, p. 2012) call for attentiveness to the power differences in the research processes themselves ‘in terms of who defines the research project. Who defines what counts as a problematic situation? Whose concepts, questions, and hypotheses are the focus of research? Whose theories and methods of producing knowledge are favoured?’

This is a call for research projects that adopt ‘research principles and practices that are both intellectually alert to and sensitive about what disadvantaged groups want to know’ (Harding & Norberg, 2005, p. 2011). Situated within the field of critical studies in general, these research projects prioritize ‘studying up’, that is, ‘studying the powerful, their institutions, policies, and practices instead of focusing only on those whom the powerful govern’ (Harding

& Norberg 2005, p. 2011). Studying up enables identification of the ways in which the conceptual practices of power shape social relations (Harding & Norberg 2005, p. 2011). It helps to further understanding on how 'our lives are governed not primarily by individuals but more powerfully by institutions, conceptual schemes, and their "texts"' (Harding & Norberg, 2005, p. 2011). This kind of research project targets social policies, sometimes directly, and is aimed at the deployment of the power of science on behalf of disadvantaged groups (Harding & Norberg, 2005).

Such projects include numerous examples of critical ethnographies whose objectives extend beyond description to pursue the goal of understanding 'social life in order to change the way that those in power marginalize those with less power' (Hesse-Biber, Nagy & Leavy, 2006, p. 236; Bailey, 1996, p. 25; see also Sleeter, 1996). Standpoint epistemology is all the more relevant for ethnographic studies, as it has been widely demonstrated that ethnographic knowledge is inevitably mediated by the ethnographer's particular characteristics: their gender and class, pre-existing knowledge and personal commitments, analytical interests, and so on (Clifford, 1983; Clifford & Marcus, 2008; Denzin, 1997; Fabian, 1983; Geertz, 1988).

My doctoral thesis constitutes a critical ethnography that in line with a feminist epistemology, posits the situatedness of all knowledge. Consequently, having clarified my theoretical and epistemological standpoint, I must now address the question of my own positioning as a researcher partly educated in Iran, who relocated from a so-called developing country to a developed one. In this final section, I trace parallels between my experiences and perspectives, illustrating how I perceived my research object and also how I was perceived by the protagonists whom I encountered in my fieldwork. What is it like to be perceived as an Iranian migrant woman living in Switzerland and wanting to conduct an ethnography of institutional responses to IPV against women in the context of migration? These parallels were constitutive not only of my research questions but also of the methods I chose and the field sites that I identified for conducting the study. Because this context influenced my choices and possibilities throughout the research process, its illumination is indispensable for enabling the reader to make sense of and evaluate this work.

Clarification of my Standpoint

A vivid memory of my initial years in Switzerland following my arrival from Iran in 2007 is one of the surprise and even shock that I experienced on encountering the media image of Iran. I began to pay heed to representations of Iran and Iranian women within the European

media. Documentaries depicting women in black *chadors* in the streets of Qom (a small town whose sole significance is derived from the presence of a theological university for training the clergy) abounded in all of the media that covered any topic concerning Iran, and especially its nuclear program or women's mandatory *hijab*. There was no trace of Tehran and its politico-socio-cultural dynamics within the media. In these representations, I was unable to recognize my own life experience and what I knew of the life experiences of others connected to me in Iran. It came as a big surprise to me that I frequently found myself explaining the gap between what was perceived here to be a life of a young woman in Iran under Iran's Islamic government and my own experience to my Swiss friends and acquaintances. I felt it necessary to explain what they saw in the media was representative of a very conservative and radical fraction of political and religious realities in Iran, and that the *hijab* was far from being the most important aspect of the social inequalities of women's lives there.

I began to realize that what bothered me was the fact that the critiques formulated within Swiss/European public debates did not correspond to the formulations of Iranian activists. I perceived these critiques not as innocent manifestations of solidarity with progressist social movements in Iran but as the outcome of a homogenization and distortion of the realities of the political and social context of Iran to fit with a specific 'othering' rhetoric. What was most disturbing for me was the realization that there was a prevailing belief that the situation in Switzerland was surely better than that in Iran at all levels, at least, and undisputedly, for women. This belief, as I discovered, was not only grounded in common sense or mediated by the media but it was also prevalent within many academic circles, existing as a shared and unquestioned assumption. I realized that although I had left Iran, what made me 'defend' its regime was my perception of the stigmatizing and condescending homogenizations of accounts of Iran that ignored all of the complexity of the socio-historical reality there, which were reduced to one simple reading. Accordingly, the Iranian situation was constructed as being inferior to that in Switzerland in terms of women's status, social justice, or freedom, whatever those terms mean. Such statements and accounts of Iran rang in my ears as the justification of an unspoken and undeclared Western (or Swiss) superiority, sometimes expressed through trivial words that were intended by the tellers to be neutral statements of facts and not stigmatizing or racist claims.

This relocation from my home country of Iran to Switzerland sensitized me to be more self-conscious about the distance between how I perceive myself, my country of origin, and my social status and how other people saw me. It also rendered explicit, in a tangible way, the

process of categorization underlying the category of ‘migrant’ and the representations that may accompany it, which is not to be confused with a fact-based neutral and innocent description of a realty.

Being categorized as a ‘migrant’ and having a different experience from that of a native and non-migrant researcher cannot be automatically assumed to be an epistemic privilege (Harding, 2004, p. 9). However, as Brah (1996, p. 207) suggested, this could create a space in which specific experiences constitute a vantage point ‘that render such understandings more readily accessible’. Haraway explains that these positionings ‘are not exempt from critical re-examination, decoding, deconstruction, and interpretation.’ (1988, p. 584). ‘Rather, a standpoint is an achievement’ (Harding, 2004, p. 9) that requires learning to use this vantage point and the opportunities arising from such a positioning as a source of critical insights for investigating how the general dominant society is structured.

I believe that my experience influenced my decision to reverse the perspective. Instead of starting from the common belief regarding the existence of cultural differences (and consequently different culturalist approaches to IPV), I decided to deconstruct this widely believed assumption. This could be discerned in the alternative approach that I adopted in this study where I take a same social problem of IPV (and not a priori migration-related one) to study differentiated framing and naming of it. It is possible that from the perspective of another researcher who does not share my experience of relocation, cultural differences do evidently exist, and Switzerland is undeniably more advanced than Iran, with women being treated better in the former country than in the latter one. From this vantage point, the discourse on the differential treatment of women in Switzerland and Iran is based on ‘something’ which is not completely socially constructed but has a ‘real’ and factual basis; while I was not interested in talking about differences. Differences do exist. But rather than seeking to explore evident cultural differences, I found it more enlightening to reverse the gaze and focus on differences which are constructed. This deconstruction might also succeed in dislodging beliefs regarding those differences that are unquestioningly accepted.

A famous example of such a returning gaze can be found in Marx’s ‘On the Jewish Question’ (Marx, [1844] 1978). A long-standing debate among politicians and philosophers in the nineteenth century centred on the question of whether Jews could be sufficiently emancipated from their Jewishness/Judaism in a way that enabled them to become full political citizens. Instead of attempting to answer this question by focusing on Jews, Marx proposed instead to turn the gaze back to the inquirer, in this case was the state, and to attend to the ‘political

conditions of possibility' of asking such a question (Fernando, 2014, p. 237). Thus, instead of taking Jews as the object of inquiry, Marx interrogated the concept of political emancipation itself and revealed its inherent contradictions (Fernando, 2014, p. 237)

Accordingly, my focus was not on differences; rather, it was on the activity of constructing differences and on their conditions of possibility. Instead of looking at why, how, and in what ways 'migrants' are different, and the specificity of what 'migration' creates for the IPV problem, I directed my gaze to the activity of differentiation. This approach, I believe, is also in alignment with the premises of feminist epistemology and critical ethnography, discussed above; which entails proposing research questions that are pertinent to IPV victims in my study. As Smith (1987) argued in *The Everyday World as Problematic*, a sociology for women is sensitive to the perspectives of those who are recognized 'as no more than marginal voices' (1987, p.1). Smith criticized the 'established' sociology with its claim of a consciousness 'that looks at society, social relations, and people's lives as if we could stand outside them, ignoring the particular local places in the everyday in which we live our lives' (1987, p. 2). Moreover, she questioned the claim of objectivity as the 'specific capacity to exclude the presence and experience of subjectivities' (Smith, 1987, p. 2). Accordingly, in my exploration of the institution's everyday world from the standpoint as someone who is categorized as a 'migrant woman', I sought to be attentive to what other (migrant or non-migrant) women who were victims of IPV would experience within those institutional settings and encounters with public agents. Their viewpoints were not gathered separately but were sought in the details of their conversations and reactions in their meetings with public institutions 'when speaking of and in the actualities of their everyday worlds' (Smith, 1987, p. 107). I privileged documenting institutional responses and their consequences for the services received by women who sought them, even if, at times, it appeared that I was criticizing professionals' patterns of acting and reasoning. The subjectivities of individual public agents were not the subject of my inquiry, which focused instead on their actions and attendant consequences as well as on their professional and institutional standpoints. Another researcher with a different interest may have focused on attempting to understand the reasons and individual meanings that these professionals imputed to their actions as well as their behaviours. However, as Smith (1987, p. 177) put it:

> *'We begin from where we are. The ethnographic process of inquiry is one of exploring further into those social, political, and economic processes that organize and determine the actual bases of experience of those whose side we have taken.*

> *Taking sides, beginning from some position with some concern, does not destroy the "scientific" character of the enterprise. Detachment is not a condition of science. Indeed, in sociology there is no possibility of detachment. We must begin from some position in the world. The method [applied] here is one that frankly begins from somewhere. The specification of that somewhere and the explication of the relations to which it is articulated . . . [were] the aim[s] of [my] inquiry'.*

By adopting the partial perspective (Haraway, 1988), I hope to add a piece of knowledge that could prove more interesting from the standpoint of female victims (whether or not they were migrants). This knowledge relates to the question of how institutions and their agents reproduce the mechanisms of othering in their otherwise benevolent activities to support their beneficiaries. How does this happen? What kinds of institutional mechanisms facilitate the rigid reproduction of logics of othering and discrimination?

Finally, my specific standpoint is not only a self-proclaimed one; I was also constantly situated in it during the fieldwork process. Being perceived as a migrant woman from Iran and working on IPV and migration clearly impacted on what I could or could not observe and which kinds of discourse I was or was not able to gather. As Blatgé (2014) argued, fieldwork is not reducible to the collected data; sometimes apparently insignificant events observed at the beginning or at the end of the investigation can also constitute sociologically significant material that merits analysis. This final section will examine some of those impacts and their significance for my collected data and resultant findings.

A 'Migrant' Background and Field Access

In this section I present a few episodes from my fieldwork as illustrations that demonstrate how others' perceptions of me during fieldwork influenced my research throughout every phrase from its inception to successive phases of negotiating access, research development, and completion. The perceived different statuses—migrant, woman and intern—assigned to me by my interlocutors, and by participants, is significant to first lay out the conditions for data collection and to consider their influence on what I could or could not observe. These perceptions also provided a first indicator for capturing differentiated framings of IPV for 'migrants' in the representations of public agents in charge of managing IPV in Switzerland.

The first instance where my assignation to the 'migrant' category by gatekeepers in the field was decisive occurred at the very outset of my fieldwork when I was negotiating access to police interventions. Prior to commencing my fieldwork in the police headquarters, I had

deployed various strategies to attempt to meet with the principal gatekeepers who could provide me with consent and ethical clearance for undertaking the research and put me in contact with the police commander who had the ultimate authority to accept or reject a researcher's presence at the police headquarters and during interventions. The last tentative move that I made was ultimately successful and I was finally able to meet with the deputy police commander in May 2015 after making several unsuccessful attempts during the course of an entire year to obtain access to police work.

On my arrival at the deputy police commander's office, I was asked to present myself and my background and explain the objectives of my study, my questions, and the procedure that I would apply for conducting my research with the municipal police corps. I explained my educational and professional background, stating my former experiences in Iran as well as my present situation as a doctoral candidate in Switzerland. I informed the deputy commander that I was interested in exploring the Swiss institutional response to domestic abuse cases in relation to migration (to use the police terminology). I explained to him that my main interest was to identify the framing of domestic abuse used by professionals and the ways in which this framing was differentiated for 'migrant' and Swiss populations. From his smile and reaction, I realized that I had used appropriate keywords, namely 'migration' and 'domestic abuse' expressed in relation to each other.

He told me that my subject was very interesting and relevant to their work and their own concerns within police work regarding domestic abuse, clarifying, 'Moreover, *you* are the best person to conduct this research. The problematic of domestic abuse must be very present in your home country, and you can better understand and help us to understand its relationship with migrants and migration here in Switzerland'. My efforts, over more than a year, to obtain police access had finally succeeded after a face to face meeting with one of the main gatekeepers of police site. It was my background and current status categorized as a 'migrant woman from a Middle Eastern country' that played a decisive role in convincing the deputy commander of my appropriateness and particularity as a researcher conducting this study. He then assured me that he would try to convince his commander and that I would be put in touch with their head of training and development to put in place a feasible procedure.

The story of my access to the police fieldwork site reveals how being perceived as a 'migrant', my nationality and representations of my home country, and my background made this research possible. It was taken for granted that I was a suitable candidate, capable of conducting a study on the ways in which domestic abuse is perceived to be related to the

migration status of the protagonists. The deputy police commander emphasized that the problematic of domestic abuse and its assumed prevalence in my home country justified not only my interest in the subject but would also enable me to develop a better understanding of the phenomenon of domestic abuse within migrant populations. In this thesis, I have analysed the conditions of possibility for such an assumption of the existence of a particular form of domestic abuse among migrants, whose understanding requires an insider's knowledge. My further encounters enabled me to understand this insider knowledge that I was assumed to 'naturally' have because I was a migrant. This knowledge was not concerned with developing an understanding of the specific conditions that a migrant status could be expected to produce. It was related more specifically to the cultural proximity that I was perceived to have with 'migrants'. As I will show in the thesis, what Piedalue (2017, p. 563) characterized as 'simplified culturalist explanations of gendered violence' were also usually evoked to locate domestic violence 'in racialized places and upon 'othered' bodies' during my fieldwork. Thus, it was the differences and their significance that were put forward when it came to understand IPV among migrants, replacing the expert knowledge on IPV in general. This could also be considered as a field-based indicator of the relation between migration and domestic abuse within the Swiss public debate that is the problematic of this study.

The conditions of access to police fieldwork highlights the relation between my background and assumptions of my expertise on 'migrants' problems and particularities'. This equation played out several times during my fieldwork when I was assumed to be the 'cultural expert' and was asked by professionals to interpret what a 'migrant' woman had said or the reason why she had behaved in a certain manner. I received some such requests even after I had concluded my fieldwork, when I was asked to explain, for example, why an Algerian man addressed his boyfriend as '*vous*'[32] and if I knew whether this was a common practice among Algerians. I had no idea. Below, I narrate in more detail one such incident that exemplifies what representations of my background could entail in the eyes of my interlocutors, and what this reveals regarding the culturalization of social relations and problems (Sangari, 2008). This incident is also indicative of how my interlocutors perceived their beneficiaries, who were categorized as migrants.

[32] 'Vous' is a polite and more formal form than the familiar 'tu'. Both mean 'you'. In French, lovers usually use the term 'tu'.

Cultural Expert

Two months had gone by since I had begun my research in the medicolegal centre. I had already passed the first probationary one-month period and had been granted access to consultations conducted by the centre's staff with individuals reported to be victims of interpersonal violence. One day, the director of the centre intercepted me on my way to the daily staff meeting and said, 'it seems that you will be hired!' Surprised, I smiled and asked her to explain. She told me that they had discovered that a 'patient' in the emergency unit was a victim of IPV, who was from Iran 'or somewhere where your language is spoken', she said, who did not speak French very well. They had suggested to her that she should come directly to the centre after undergoing her medical examination so that she could benefit from a consultation and obtain a medicolegal certificate. But they could not find a professional interpreter so fast. Therefore, the director wanted me to not only conduct my routine observation at the consultation but also to assist by translating for the patient and for the nurse, if needed.

This was one of the rare occasions during my fieldwork when I was an active participant and not just an observer in the work of my interlocutors. I answered, 'with pleasure' and sat in with the nurse in question when she received the young woman. I learned that she was a twenty-year old woman from Afghanistan who was hospitalized that day because she had tried to commit suicide by taking an excessive amount of sleeping pills. I translated all that she said to the nurse, as it was easier for her to explain her feelings in Persian (Farsi) rather than in French, she told me, but she could understand well the nurse's questions. She explained how she was mistreated by her husband who kicked her out of the apartment after an argument. She tried to seek help from the police and from some shelters established for victims, but her situation was not considered critical enough in the eyes of these institutions, and she was not offered imminent help. Feeling upset and shamed, as her situation was now known by her family as well, she saw no way out and decided to commit suicide. When the nurse finished asking her about the details of the last argument and how she was feeling, we paused the consultation to engage in a brief brainstorming session with a forensic doctor, following the centre's usual procedure.

When we arrived at the doctor's office, the nurse started to explain the situation and at some point, she turned to me and said: 'Tell me, is it a cultural thing there that if a woman's husband kicks her out, it would be so dishonouring and shameful that she could commit suicide?' She asked that question, because in her eyes, the young woman's situation was not

critical enough to justify her attempt to commit suicide. For her, being thrown out of the home was not so dire as to cause a person to commit suicide. Consequently, she conjectured that there was a cultural reason for this woman's decision. And because she was Afghan and I was Iranian, and we both spoke Persian, this was taken to imply that I might know something about this presumably 'cultural' behaviour. This was another incident that revealed how a cultural interpretation of a behaviour when the person is categorized as migrant could replace common understanding of the reaction of victims in situations of IPV. Expert knowledge on IPV could provide an explanation of how such psychological pressure could result in a victim feeling so depressed and helpless that she could see no other way out than death. The nurse however did not mobilize this knowledge and tried to understand the woman's behaviour regarding it as a distant and incomprehensible cultural reaction. This brings to mind scholarly work that demonstrates how culture is foregrounded as a primary cause and source of the behaviour of populations in non-Western, 'undeveloped' places (Mohanty, Russo & Torres, 1991; Abu-Lughod, 2013). By contrast, similar acts that occur within the majority society are perceived as psychological manifestations of some individual deviance or pathology and are not viewed as representative of the culture of the majority society (Volpp, 2001).

Moreover, the above described episodes raise the question of how my interlocutors' perceptions of me could have ultimately influenced their interviews and the discourses and practices that they produced in my presence. These assignations should be taken into consideration in interpreting and situating my findings. What I saw, heard, and witnessed, and the resulting accounts that I present in the following pages, should be understood in light of the influence of my presence on the production of my interlocutors' discourses and practices. For example, contemporary narratives about Islam as a threatening culture and religion are widespread, and Muslims are generally portrayed as being among the 'most troubling' of these migrant others in recent narratives on the 'clash of civilizations' (Abu-Lughod, 2013; Dahinden et al., 2014). Nevertheless, my data did not show that the treatment of Muslims were particularly distinguishable from other minorities in Switzerland. One explanation could be that in the eyes of my interlocutors, I was associated with Muslims. Consequently, they may have avoided attempts to single out Islam when explaining cultural differences and 'migrant' specificities with regard to IPV in my presence.

To minimize the effects of social desirability (Crowne & Marlowe, 1960) that could have influenced the responses of my interviewees, who may not have felt free to share their true attitudes or opinions towards 'migrant' beneficiaries, I deliberately chose to conduct an

extensive ethnographic investigation rather than an interview-based one. Through long hours of interaction with them and accumulated instances of observation, I hoped to capture at least some moments of authentic practice beyond their institutional discourses that were more easily reproduced in interviews. Nonetheless, I cannot assume that my presence in the corner of their consultation rooms, however discreet, was completely forgotten and that their perceptions of me did not impact on in-situ data collected during these consultations.

Beneficiaries' Perceptions of Me

To these perceptions of me by professionals, I need to add those of beneficiaries of the institutions where I conducted research, mostly women victims of IPV who came to these institutions seeking help and support. As a final illustration of such different associations and representations assigned to me in the field, I will recount another episode that reveal the significance of the beneficiaries' perceptions of me during my observations, and how they might influence the dynamic of the interactions and the quality of data collected.

This episode concerned a woman with Colombian origin who came to the medicolegal centre with a bandage over one eye after her husband had punched her violently. She had difficulties expressing herself in French but did not want to have any interpreter present during her consultation, because she did not want her community to know what had happened to her. Nevertheless, she accepted my presence at the consultation. I sat in with a forensic doctor who was responsible for conducting that consultation. The more the consultation progressed, the more the woman turned to me and spoke to me directly. I was not comfortable with this, because I always tried to ensure that my presence did not disrupt the work of the professionals. I always stayed silent and kept myself busy, taking as many notes as I could. But that day, on a few occasions, I felt the enquiring gaze of the woman who required my help to clarify what she meant to the doctor. Because I was concentrating on what she was saying, sometimes, I could understand what she meant better than the doctor, who was asking questions and filling out her questionnaire at the same time. In addition, the doctor used a more specialized medicolegal jargon to communicate with her patient. At the end of the consultation, the woman thanked me more extensively than she did the doctor for my listening and asked if I was Brazilian. I smiled and answered negatively, while thanking her in return for her confidence and for letting me participate in her consultation.

After her departure, I apologized profusely to the doctor explaining that I did not want to disrupt her work, but she said that it was totally fine and that I was helpful for her

consultation. I tried to figure out afterwards what I had done in the first place that caused the woman to turn her attention to me and communicate directly with me rather than with the doctor during the consultation. I asked myself whether this had to do with my body language, my physical and visible characteristics, or my foreign accent. As Ticktin (2011, p. 106) states in her account of listening to undocumented migrants, 'listening became a powerful act' when it is conducted by consulting healthcare professionals. I was listening to her in a different way, and not with the ears of an institutional agent whose main objective was to produce a formal certificate. As a matter of fact, my position within that encounter resembled that of Ticktin in her fieldwork. We were occupying positions that differed from those of the professionals. Dealing with people and their painful experiences on a daily basis necessitates a pragmatic approach among professionals whereby they keep their distance from their beneficiaries. They need to focus on the information they require and on what is indispensable, according to their criteria, for establishing a valid and useful certificate for the 'patient' and for conducting their interviews in the shelter or, in the case of the police, for accomplishing their interventions. Similar to Ticktin, during this episode, 'I was disturbing this process, disrupting the work of expertise with a different kind of listening, revealing the patients to be more than the mould they were required to inhabit in order to get help. It was making everything messy' (Ticktin, 2011, p. 106). My active listening to the woman concerned and my effort to understand her and mediate their communication in a more empathic and friendly way than the specialized and professional approach of the forensic doctor created a feeling of proximity between her and me to the extent that she thought I was a Brazilian woman, who may not share her language but close enough to understand it. This could have been the reason why she thanked me for my understanding rather than thanking the doctor for her help and listening.

These encounters reminded me that 'perceptions matter' and that how I was seen and perceived in the field impacted on my research in terms of how I conducted it and whether protagonists accepted or reacted to my presence. In addition, I noted how my standpoint impacted on the phase of writing up an account of this research. As a result of being submitted to 'the fire of action in situ' (Wacquant, 2004, p. viii), I felt the frustration of the professionals and of the women who sought their help. I cried with them and got angry with them. But I could not only focus on eliciting an understanding of the agents' points of view and meaning making with the sole objective of explaining them. What they do and say has material and sometimes life and death consequences. Moreover, they occupy a symbolic position of power vis-à-vis female victims of IPV during a period of particular vulnerability in their lives. Thus,

at times, it was necessary for me to present a critical assessment of practices that could be perceived as normative accounts. But I could not totally forget my own experience of being a racially marked migrant woman living in Switzerland, as a result of which their statements resonated differently with me compared with their resonance with someone who had never needed to explain her reactions and decisions in terms of her culture or nationality. Harding (2004, p. 7) wrote, 'after all, knowledge is supposed to be based on experiences, and so different experiences should enable different perceptions of ourselves and our environments'. This is especially true for 'writing that stays close to the skin' (Ahmed, 2017a)[33] and for a study that is aimed at documenting how women subjected to intimate partner violence (IPV) are processed, sketching out the contours of this process in relation to migration. I do not claim that my findings and my analysis are the only ones possible; they are the outcome of what my standpoint allowed me to see and to say. In my view, stemming from a partial perspective however, they can contribute to present a 'more' complete account when added to other studies that have focused on the same object but from different standpoints.

Conclusion

The main objectives of a methodological chapter are, first of all, to describe how the research was conducted. It should provide details, in a transparent manner, of the process that was applied to conduct the research and should include an assessment of the selection of the process. In this chapter, I have discussed my own background and personal characteristics and how they influenced others' perceptions of me during my fieldwork. These perceptions mattered not only in terms of my being granted access to the chosen field sites, but they were also informative regarding the relevance of my hypothesis and how my informants related to IPV and its migration-related aspects.

As Avanza (2008) observed, these methodological reflections are not only an invitation to objectivize the ethnographer's position, but they also serve as a useful information resource on the object of the study and its interlocutors. This was not reflexivity conducted for its own sake, because, following Avanza, I believe that this is not enough. Rather, these perceptions of the ethnographer shed more light on the interlocutors and their meaning making rather than on the ethnographer herself.

[33] See https://feministkilljoys.com/

In this chapter, I have also laid out the research process. I have provided a rationale for the use of ethnography in general and of multi-sited ethnography in particular. Moreover, I have discussed the limitations and problems that such a methodology introduced during the different phases of conducting research up to the writing-up stage. Following a brief explanation of the research design, presentation of the data, and sample choices, I elaborated on ethical decision-making conducted throughout my fieldwork relating to the disclosure of my identity and my work to all of the research partners.

By rendering transparent the choices that I made from the first phase of research design, to data collection and finally the writing-up phase, these methodological reflections intended ultimately to convince the reader that these choices were the best ones with regard to the research question and focus. I hope that this methodological section has succeeded in fulfilling that objective.

Part I: Institutional Contexts

It was a rather cold day for mid-April. I had just begun my fieldwork with the police and was still discovering their inner workings. I was in the front office of the police station discussing the complex organizational chart of the police corps with the commander and his deputy when a receptionist interrupted us. A woman had arrived at the reception with her sixteen-year-old daughter, who had been kicked by her boyfriend. The mother intended to lodge a complaint against him against the will of her daughter, who was legally a minor. Interested in the situation, I told the deputy that I wished to assist in the hearing. 'Why? It's not a domestic violence case', he replied. I was just about to explain that I nonetheless wished to assist when a police officer at the telephonic central announced on the radio that a boy had just called for help: his mother's partner had tried to strangle her. The chief of the section looked at me and said, '*that* is a DOME. You should hurry up and rush over there with a patrol'.

When I initially requested access to the institutions where I wanted to conduct my ethnography, I expressed interest in their work on IPV cases. The above-mentioned incident is illustrative of numerous similar situations that I encountered during my fieldwork, in which different agents, namely, police officers, nurses and physicians, or social workers and psychologists advised me when I should or should not participate in a specific intervention. This advice was based on their own perceptions of what an IPV case entailed.

This incident raises some important considerations that require further discussion, as it foregrounds the foundation upon which the very object of observation of this study is constructed. First, it draws attention to the classical emic–etic distinction (Harris, 1976) and the relevance of such a distinction for an investigation of institutional responses to IPV. Whereas I had considered the case of a teenage girl assaulted by her boyfriend to be one of IPV, the police officer in charge could not understand my interest in assisting at the hearing, which suggests that from his perspective—and based on what he interpreted to be the object of my research—this case did not fall under the IPV category. His interpretation of which cases would interest me reveals the need to consider the divergence between what is considered to be an IPV case from two respective standpoints: those of an IPV researcher and a police agent. Whereas in most situations the need to distinguish between the analytical use of a term as a concept or as a category and its common and practical application is apparent, it is conceivable that IPV would refer to a relatively clear and common understanding of a

phenomenon in both an emic and an etic sense. This would be all the more likely, as it is a phenomenon that is prominent within public debates and is the subject of many public policies and actions in Switzerland.

Second, this divergence between what constitutes an IPV case from the respective standpoints of a researcher and a police agent extends beyond the emic/etic dichotomy. Over and above, it demonstrates that the term 'domestic violence' not only refers to a phenomenon or a social problem; it also refers to a category of public action (Thoenig, 1998). Initially introduced as a translation of a problem raised by feminist social movements in the 1970s, 'domestic violence' now refers to a category of public policies encompassing a variety of public institutions and actors that is manifested within legislation, budget allocations, and practical measures. Therefore, an investigation of institutional responses to IPV cases should include an examination of what is counted within the category of 'domestic violence' under the framework of each institution tasked with handling it.

Given the above two considerations, it is necessary to clarify at this stage what was viewed as a case of 'domestic violence" from the perspectives of the institutions under investigation here. In other words, it is important to grasp how the category of domestic violence is circumscribed and used by these institutions. Moreover, there is a chronological justification for beginning with an endeavour to understand domestic violence from institutional perspectives. In fact, the identification of a case as 'domestic violence' is the first step in their associated work. The responses of the institutions to IPV cases cannot be investigated without first examining what counts as such in terms of their work.

Consequently, the first part of this dissertation will examine what the category of 'domestic violence' refers to in the context of its usage by each of the three institutions examined in this study. There are two different ways of addressing the content of this category from the perspective of all three institutions. One way is to assess the significance of IPV through an attempt to understand which acts are considered to constitute violence and its various categories. Accordingly, I will provide an overview of the definitions that are applied in the institutions' formal discourses. Another approach is to explore which cases can be included under their *category of action*. As the above excerpt from my fieldwork shows, a particular act (kicking) can be considered violent, thereby giving the teenage girl's mother the right to press charges against her daughter's boyfriend who committed the act. However, from the perspective of the police, this action was not sufficient grounds for considering the case under the category of 'domestic violence'. Therefore, Part I of this dissertation is devoted to

elucidating the criteria that agents use to categorize a case as one entailing 'domestic violence'. Thus, I examine not only the discursive definition applied by the institutions but also the operationalization of this definition in practice.

As I have discussed in the methodology section, the specificity of ethnography lies in its capacity to capture manifestations of the behaviours of social actors at the particular times and places of their occurrence, engaging with them in their 'natural settings' (Geertz, 1973). Through the researcher's observation of the specific actions of social actors that are considered meaningful as manifestations of specific systems of social relations (Quivy & Van Campenhoudt, 2006), an ethnographic methodology fosters an understanding of social relations that are contextually embedded. As Geertz (1973) noted, the value of an ethnographic account lies not only in its capacity of enabling the reader to witness and 'bring back' what is witnessed, similar to a mask or a sculpture that serves as a souvenir of a trip but in the extent of its elucidation of what happens in the study sites, and to consequently resolve the enigma that inevitably represents unfamiliar actions in unknown contexts. The first step, then, is to clarify the 'natural settings' where the object of study is researched.

Brewer (2000) argues that every ethnographic account should begin with a description and clarification of its context. Thus, an exploration of the people investigated as well as the research setting and time is necessary (Hammersley & Atkinson, 2007). Towards this end, Brewer (2000), p. 134) proposed a non-exhaustive list of elements to be reported at the beginning of every ethnographic account, such as the number of participants, their main activities and routines, as well as the research time frame and chronology. Accordingly, one of the objectives of the first part of this dissertation focuses on contextualizing the analysis in relation to the two following argumentative parts. As the institutional treatment of IPV constitutes the object of observation in this study, another objective was to present different institutional settings in order to enable their materiality to be visualized while also lending substance to my subsequent discussion of public agents' discourses and actions within their respective institutional domains.

This part contains three chapters, each of which introduces one institution. Each chapter begins by outlining the team's size, and composition, their daily work schedule, and the spatial and the temporal framework of each of these institutional settings. This is followed by a discussion of their institutional logics and professional perspectives on IPV. In the final section of every chapter, the categories of action and definitions of IPV in relation to the

institutional logic of each institution are specified. In each of the three chapters in this part, I have privileged a narrative style in my description of the specific institution that I studied.

To better understand public agents' discourses and practices, and their significance in relation to their clients, their underlying institutional logics and perspectives evidently require clarification. Additionally, a presentation of the composition and organization of the teams, and a description of the institution's spatial setting, can yield valuable insights. Apart from enabling the diversity of the field sites and their different characteristics to be visualized, or the ambience of a scene to be imagined, this also provides elements for interpreting the concerned professionals' perspectives. The temporal and spatial organization of every institutional setting helps clarifying the status of a discourse and an action, as they are respectively articulated and performed by public agents. For listeners, a statement made by a medical staff in a hospital setting has a different connotation from that made by a police officer standing in a hearing box in the police headquarters and that of a social worker delivered in the cosy living room of a shelter, where some toys are scattered. Details provided on the organization of the space or the arrangement of furniture can serve as elements that illuminate specific hierarchical relations and/or communication. Observation is a unique and particularly appropriate method for the analysis of non-verbal information. Thus, inclusion of a description of the place in which discourses and actions unfold can shed further light on the significance of the behaviours of institutional agents in interactions with their public. The spatial, temporal, and organizational descriptions provided here help to locate agents' actions and discourses within specific institutional settings, while foregrounding their functions as representative of their institutional logics. Clarifying these institutional settings thus assigns a specific status to a discourse or an action that is heard or observed.

1 Chapter 1: Police Work and IPV

The organization of the police in Switzerland is predominantly localized and decentralized (Meyer, 2012; Pichonaz, 2017), resembling the mode of organization in Britain, the United States, and Germany, as opposed to the nationalized and centralized organizational mode in France (Fassin, 2013). This locally based approach results in heterogeneous police corps, the characteristics of which are dependent on those of the territories under whose jurisdiction they fall. Municipal police forces (as the one I studied) are more active in relatively dense urban areas within a relatively limited territory, which differentiates them from the cantonal police force. For example, in the canton where I conducted my study, the cantonal police corps covered more dispersed and rural areas that had completely different demographic backgrounds from urban areas. Consequently, through my ethnographic descriptions, I attempt to address this contextuality by portraying everyday practices, and administrative routines. 'Everyday' here denotes 'the supposedly mundane, banal and unremarkable activities performed and experienced on a day-to-day basis; and . . . the localised nature of these as grounded in—and affected by—specific places and spaces' (Ho & Hatfield, 2011, p. 710).

The present chapter is organized in three parts. The first two parts provide contextual and descriptive information relating to police work and its organization in general. To present this information, I begin by retracing the path of my own internship with the police corps. During my initial period of fieldwork, we negotiated more precisely how I could assist in police interventions. I needed to acquire some understanding of their work before being able to formulate a precise request. I present the organization as it was presented to me by police officers during my earliest days there. This description corresponds to their presentation of their organization to all visitors who spend a few days or weeks there to observe police work. All of these individuals would be considered interns and would receive similar general information.

The chapter begins with a general description of the police unit. This description includes where they work, their mission, organizational chart, how officers' shifts are organized, and the wide scope of their mission. In the second part of the chapter, I trace the virtual path of a 'victim', revealing how this person is processed by the police corps and how they handle a case of 'domestic violence'. This section is aimed at fostering an understanding of what happens to a person when he or she comes into contact with the police corps. The last part of

the chapter is intended to offer some analytical insights on the police category of action relating to 'domestic violence'. In this section, I discuss their formal definition of such interventions and show how it is related to their specific institutional logic.

Before presenting the organization of police work, I should clarify that the police corps was actually the third and final institution that I entered to conduct my fieldwork. However, I will present it at the beginning of the first part of this dissertation, which focuses on the institutional set-up of processing IPV, as it is most likely to be the first institution encountered by a woman on her path of escape from violence. Clearly though, this is not always the case as women sometimes contact the shelter or go to the hospital first. Nevertheless, when they decide to pursue their case legally, in terms of the chronological order, the police would be their first public interlocutor. Consequently, I will begin with this path first rather than proceeding according to the actual temporal sequence of my fieldwork.

1.1 The Path of the Intern

It would be helpful to briefly explain how I accessed this field and how my 'internship' was organized and ultimately assumed the shape of an ethnography of the police emergency squad. I began my fieldwork in the police corps with the judicial police unit. I had met with the head of training within the police corps, who advised me to commence my fieldwork working with the judicial police inspectors. Among the reasons she gave me was the familiarity of the head of judicial police with doctoral research, as he himself held a doctorate and was interested in the research process and in helping researchers. She also warned me about the difficulties associated with the emergency unit's workflow and working hours. In her view, this would make the conduct of an ethnographic study very difficult. She then suggested that I make my observations in the judicial unit and complete my data with some interviews held subsequently with the emergency unit's police officers. This was why I first made my way to the second floor of the police headquarters, where the inspectors' offices were located. I was affiliated to the vice squad,[34] which is the main squad that handles IPV cases within the judicial unit.

Nonetheless, during the first month that I spent in the inspectors' offices as an 'intern', I witnessed just one case of 'domestic abuse'[35] that they handled. The vice squad usually deals

[34] Brigade des Mœurs in French

[35] Whenever I refer to 'domestic abuse', I emphasize the emic interpretation of the problematic within the police corps. I use the term IPV to refer to the problematic addressed in this thesis.

with crimes related to sexual abuse, pornography, paedophilia, prostitution, and rape involving people who are not in couple relationships. The lack of IPV abuse cases reported to the judicial unit at that time may have been exceptional, but the inspectors informed me that the majority of domestic abuse cases were dealt with by the police emergency unit. Only the most serious cases involving life threatening incidents or attempted murder entailing the use of any kind of weapon were transferred to the judicial police. And even in these cases, the interventions were carried out by the emergency unit officers, who then took the protagonists to the police headquarters and transferred the case to the judicial police. It then became clear to me that I needed to seek permission from the head of the emergency unit to continue my observations on the ground floor and to accompany patrols. If I did not do this, I would not be able to collect sufficient relevant data during the four-month period at the police headquarters that I had been granted by the police commander and the head of prosecutors. Acceptance by the emergency unit would enable me to observe more domestic abuse interventions. In addition, I would still be able to follow the severe cases, which would be transferred to the judicial office. Having already entered the police headquarters, the transfer of my so-called 'internship' to the emergency unit proceeded relatively smoothly. I relocated to the ground floor and continued my observations in the front office of the emergency unit.

The building that served as the police headquarters was not a particularly imposing edifice. It was set in the midst of a rather quiet street. It was clustered with the public prosecutors' office and its exterior was lined with small windows that overlooked an intersection and a small playground on either side of the street. The building had two floors. The offices of the emergency police unit were located on the ground floor and the offices of the judicial police and their inspectors were on the second floor. Upon entering the building on the ground floor and walking behind the reception and the waiting room, which were located in front of the entrance, visitor would then pass through a long corridor without windows. The interrogation rooms, which formed a line along the corridor, had narrow windows with tinted glass. Thus, the corridor outside the rooms was invisible from within them. Police custody cells, which lacked any furniture and windows, were located at the end of the corridor. They only contained an attached podium fixed to the wall that could be used for sitting or lying on. After passing a restraint bed with belts for immobilizing an agitated person and reaching the end of the corridor, one would finally arrive at the front office of the police emergency unit. The front office was the place where the section officers on duty remained for eight or nine-hour long shifts.

Upon entering the room, several screens caught the eye. They showed the police custody cells, either empty or occupied. The entrance of the building as well as some of its corridors, were also monitored. Two larger screens transmitted views of the city, some central squares, and intersections that were recorded with traffic cameras. Installed at the top of the wall, under the screens, were several mailboxes made of iron, with alphabetic letters stamped on each of them to indicate which sections they belonged to.

A large whiteboard was positioned under a clock on the wall in front of the door. This board was used to keep track of ongoing and incomplete interventions and to transmit these details to the next section on duty. I reproduce below the contents of the whiteboard regarding a domestic abuse intervention carried out on the third of May 2016.

<table>
<tr><th>WHEN?</th><th>WHO?</th><th>WHAT?</th><th>WHERE?</th><th>TO DO</th></tr>
<tr><td>Date
03.05
Time
09:11
am</td><td>Name of the section:
D
(On duty or back up)</td><td>Name and date of birth of the arrested person
Nature of the offence
DOME ‘C’
Blood alcohol percentage
1.69 %
The identifying number of the police officer who performed the test</td><td>BOX 3
Where the arrestee is kept</td><td>√ Report
√ Circumstances
√ Restraint bed +Calling a doctor
√Warning Judicial Police
√ Admin</td></tr>
</table>

In addition to basic information on when the intervention took place and the section that conducted it, the whiteboard showed information on the type of intervention. In this case, the code ‘DOME C’ was recorded under the column labelled ‘What’. This code indicated that the intervention concerned a case of domestic violence, with ‘DOME’[36] being an abbreviation for ‘domestic violence’ intervention and ‘C’ referring to the gravity of the case. As I will further

[36] This acronym was always used by the police officers to designate a ‘domestic violence’ intervention.

discuss in the last section of this chapter, as well as in Chapter 6, domestic abuse police interventions were divided into three categories: 'A', 'B', and 'C'. 'A denotes incidents that are the least serious, such as a first slap or insult, escalating up to 'C', which denotes the most serious assaults.[37] All the cases were generally first handled by the emergency unit. But in type C cases, 'victims' and 'suspects' were usually brought to the headquarters and were subsequently transferred to the judicial police unit on the second floor. The judicial police would then handle the hearings and would alert a prosecutor about the case. This procedure resulted from an amendment to Swiss Penal Code in 2004 that makes it possible for domestic abuse cases to be pursued ex-officio without the requirement of complaints submitted by the victims.

The last column in Table 2 also shows that in this case, the restraint bed was used, meaning that the officers in the emergency unit had found it necessary to immobilize the arrested suspect on the bed. Following their protocols, they also notified a doctor to assess this person's health condition.

The desk of the commander-in-chief, usually an officer with a major or captain military rank responsible for his[38] section on duty, could be observed under the whiteboard. In front of this desk, placed at the end of the room by the wall, were two long parallel desks with three chairs on either side. The desk nearest to the commander's desk was that of the deputy or head assistant, usually a major sergeant who managed the team in the field and subsequently reported to the commander. Placed right next to it was the desk of the administrative officer in charge; a position that was nominated for every shift and that rotated between experienced police officers. This desk had three big monitors showing the number of occupied cells, the list of patrols on duty, and a screen that transmitted pictures from the video surveillance cameras located in the city and in the building. The person occupying the post also had access to the entire police database. On the other side of this desk, there were three places with only one monitor for the second head assistant who also had access to the police database. The other two places did not have any associated computers, and after a few days, one of them became my temporary desk during the time I spent with the sections on duty.

The working space of the section on duty was situated next to the front office, and these areas were connected through a rectangular window. This working space comprised a few rows of

[37] I will return to this distinction later in the chapter and provide detailed definitions based on police guidelines.
[38] There was no female commander-in-chief in the police emergency unit.

desks and computers with chairs on either side for police officers and cadets. On the wall in front of the desks, a big screen showed suspects' photos randomly. These photos were those of individuals being sought by the police corps. Finally, there were some lockers and drawers to the left of the desks where police officers could keep their personal items.

On my first day of conducting police fieldwork, a young female police officer gave me a tour, showing me the working space of the emergency unit. Based on the recommendations of the commander-in-chief of the entire police emergency unit, I was told to wait for the head assistant of the section on duty that day, who happened to be the coordinator of domestic abuse cases for the police corps. He was also responsible for training new recruits participating in these interventions. Aware of my interest in such interventions, the head of the emergency unit nominated him to take charge of coordinating my internship over the following months.

After taking me on a tour of some of the custody cells, the parking area, and some police cars, the young police officer brought me to a halt in front of a planning chart on the wall on which the photos, full names, and ranks of all the police officers were displayed. I learnt that the police emergency unit comprised six different sections, each with 25 police officers. Every section within the emergency unit had two or three female police officers. Only one of these female officers was ranked as the head assistant of her section. Every section had a commander, a head assistant, and a mix of experienced police officers and police cadets who had joined after having successfully completing the entry examination and undergone a whole year of training at the police academy.[39]

Following this brief tour of the emergency unit locals, I met with the experienced police officer with a sergeant-major military degree, who was the coordinator of 'domestic abuse' interventions, commonly referred to as DOME within the police corps. I learned from him that the majority of domestic abuse cases were dealt with at the homes of the protagonists. Only in a minority of cases were the victims and/or suspects directed to the headquarters to be interrogated. This meant that if I wanted to observe their interventions, I would need to leave headquarters and accompany patrols. Sometimes the patrols were sent from the front office and sometimes they were sent to a given address while they were already out watching over

[39] See Appendix I for details of the socio-demographic characteristics of the police officers whom I met and interviewed while conducting my research.

the city. Consequently, to plan my presence within the emergency unit, we needed to take into consideration the possibility that by staying the whole day with one patrol I could miss out on domestic abuse cases that would be dealt with by other patrols. Another issue related to the timing of domestic abuse calls. The coordinator informed me that the majority of the calls for domestic abuse interventions came in during the evenings, nights, and on Sundays. Based on this information, we came up with a provisional plan for my first month of observation that would be reassessed after checking how many interventions I had already observed at the end of the first month. Accordingly, we could re-adjust my presence in the field.

Based on the initial plan, my presence in the field was scheduled for all Sundays. My name was listed with all of the sections that were assigned Sunday afternoon shifts. I was told that I could arrive at 2:00 p.m. and be present at the time of changing shifts so that I could introduce myself to both the departing and incoming sections. I could then stay until midnight or later if I accompanied a patrol on a non-terminated intervention. During working days, the coordinator also scheduled a few afternoon shifts (from 2:00 p.m. up to midnight) for me, considering the fact that the situation was usually calmer during the daytime. In addition, he suggested that I stay on call from 6:00 p.m. to 2:00 a.m. whenever he was on duty himself so that he could call me in case a domestic abuse intervention occurred and send a patrol to bring me to the intervention location.

However, an incident that took place a couple of days later changed the way in which my fieldwork was organized. On a Tuesday afternoon, when I arrived at 2:00 p.m. at the front office, I noticed on the whiteboard there that a domestic abuse intervention had been handled during the previous night; a night when I was supposed to be on call and to be notified in case such interventions occurred. Some of the information on the whiteboard indicated that it was an exceptional case because up to that point in my fieldwork, I have never encountered a case of domestic abuse that was dealt with completely by the judicial police, having been categorized as a severe case from the outset. The information on the board indicated that the intervention took place at 9:11 p.m. and that the judicial police had been notified.

The fact that neither the judicial police squad nor the police emergency unit called me for the intervention convinced me of the importance of my presence at the police headquarters. I noted that it would be advantageous to be present more often in the front office. So that, I could request permission myself to accompany patrols whenever an intervention was announced on the radio rather than having to rely on notifications. As a matter of fact, the officers would not have had time to notify me in an emergency situation. Therefore, from this

point on, I proposed to be present in the front office as opposed to staying home on call. Even though my internship coordinator wanted to spare me from having to be present during late hours at the police station, following this incident, he had called me to tell me that the section on duty had too much at stake and could not spare a patrol to fetch me. I assured him that I completely understood and, if he agreed, I would now come more often to the front office. This would release them from the obligation of having to remember to call me and would avoid any inconvenience or complications related to their urgent interventions. This was how I ended up passing two or three afternoons and nights per week, as well as entire Sundays with the police emergency unit during the period from April to June 2016. Slowly, I began to encounter friendly observations from police agents, such as 'you are really motivated!'; this too from those who were at first astounded by my presence during late nights and weekends but who ended up accepting me.

1.1.1 Organization of a Working Day

Whereas the commanders, head assistants, and administrative officers usually stayed in the front office for the entire duration of the shift, other police officers would go out on patrols, often to attend to an emergency. Each patrol usually comprised two police officers: an experienced chief of patrol and a newcomer, that is, a police cadet. The cadet would drive the car and work under the supervision of the chief. Based on the nature and severity of the case, one, two, or more patrols could be sent to manage a given intervention. During a calm period when not many calls requiring a police intervention were received by the telephonic central, the patrols could go out and take a turn of the city to ensure a police presence, which they termed 'visibility'. Sometimes, they could place parking tickets on cars parked in unauthorized zones or look for drug dealers in the streets.

The service operated according to a 24/7 schedule. Each day was divided in three shifts: morning, afternoon, and night. The morning shift began at 6:00 a.m. and continued until 2:30 p.m. The afternoon shift began at 2:15 p.m. and ended at 11:30 p.m. The final shift at night started at 11:30 p.m. and continued until 6:00 a.m. The end of every shift overlapped with the beginning of the next so as to ensure coverage of the city without any interruption. Sometimes, the morning shifts happened to end later in order to enable the completion of interventions started by the section working the morning shift. Similarly, the afternoon shift could last until 2:00 a.m. This usually occurred when a patrol started a DOME intervention towards the end of their shift.

During the changeover, the next section arrived one hour before the time that their service would commence. The commander-in-chief of the previous section, his head assistant, and two other police officers in charge of logistics and administrative tasks for that shift stood up on the right side of the room, facing white board with the workflow and explained all the ongoing interventions. They listed all the arrested persons still being held in custody cells and informed the upcoming section of pending tasks for those unfinished cases. The upcoming section's commander-in-chief, the head assistant, and two other police officers, in turn, stood at the left side of the room and listened to the information. The transmission of the shift was nearly always executed in a repetitive and quasi-ritual manner, as described above.

All interventions' reporting was required to be finalized before the end of the shift, and the commander-in-chief or the head assistant personally read all the reports and corrected them before allowing the agent in question to enter the report into the database. If the reports were not completed, the previous section had to stay on for one or two more hours to complete them. Usually, all sections tried their best to complete interventions. However, on some occasions when a prosecutor or the judicial police needed to be informed, or the arrested person needed to be transferred to some other police corps, the emergency unit had to wait for those partners to take action. In such cases, the arrested individuals would remain under police custody until the following day. The open cases that could be transferred to the next section were often those that could not be finalized because of the timing of the arrest. For example, if a prosecutor needed to be informed and he or she decided to hear the suspect the following day, police agents could hand over the job to the next section to be concluded. If an individual was not sufficiently cooperative, or inebriated, and refused to be interrogated, then police officers could avail of their right to keep the concerned individual in custody overnight in a police cell for a period of up to 24 hours. In such cases as well, the incoming section would finalize the intervention and would let the individual go the following morning.

After the ritualized changeover had occurred, precisely a quarter of an hour later, the commander-in-chief of the section starting their shift would order the entire section to attend to their 'call' or commencement gathering. This meeting took place in a small room without windows with lots of chairs with a small podium for the chief or the head assistant who would begin the shift. All of the police officers of the section on duty would sit huddled together on the chairs. The head assistant usually took the podium first and checked the staff attendance in a manner reminiscent of a school ritual, reading aloud the family name of each policeman or policewoman, who would respond by answering 'present'. Next, the commander-in-chief

would take the podium and share the information about what had happened, and which unfinished tasks remained to be dealt with. The information session could contain the following type of information, excerpted from my field notes:

> '15 April 2016 at 2:30 PM.
> Persons present: Section Q and me
> Call Location
> Commander-in-chief:
> To be noted: Yesterday's incident of the drug seller concerns the case of a refused asylum seeker who is to be deported. You have also questionnaire from one of our colleagues who is preparing his degree thesis on our usage of video surveillance of traffic circulation. This is helpful for us too and concerns us, so please take the time to answer his questionnaire. Regarding alerts . . . [*At this point, everybody takes a small notebook and a pen out of their pockets and starts to write. Their synchronized movement produces a funny nois*e] The commander-in-chief continues:
> A young six-year-old boy has disappeared. He did not go to school. This concerns yesterday's case of the child who had broken some furniture at home. We do not have any photo, but [know his] physical characteristics and what he is wearing. Two other 12-year-old boys have escaped from their institutional foyer; one had also consumed some drugs. So, if you see young children roaming around alone, check them out. And finally, here are the number plates of the stolen cars for today.'

This meeting was also an occasion for presenting interns and 'civil observing elements' like me to the section. Expressions such as the above highlight the continued use of military language within the police force. In addition to a common vocabulary, the police also share certain military ranks (e.g., captain and lieutenant).[40] Moreover, at the end of the meeting, the commander-in-chief or his head assistant instructed everyone to stand up, and performing a military salute, instructed the group to commence service saying 'Section, on duty!' They would leave the room one by one before the commander, head assistant, and two other group chiefs.

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[40] However, some long-serving police officers stressed that police work has now evolved and become increasingly less militarized, with aptitudes for strengthening social relations among the police officers being valorized above purely military proficiency. Some of these officers shared their regrets regarding this development with me.

The shift would start then, with some patrols leaving the precinct of the police headquarters from the parking areas and others staying back to conduct some research, check their e-mails, and complete their paperwork. Sometimes, the patrols had been listed the previous day for the upcoming day. Accordingly, individuals who would be behind the wheel and the patrol chiefs who would supervise them had been identified. Each of the individuals was assigned a number or a letter and sent out on patrols in alphabetic order. The first round of patrolling usually took two hours and this team then returned to headquarters to complete intervention reports over another two-hour period before being sent out again. Usually, the patrols outside of the precinct would be contacted through the telephonic central and directed to the locations of the interventions. Depending on the nature of the intervention, and the level of associated danger, other patrols could be engaged from headquarters to support the first patrol at the intervention site.

In addition to the section on duty, there were always a few agents from another section who would be present to support the work of the section on duty. They could be engaged in the interventions if the section on duty needed help. They would not share the same front office or the room of police officers on duty and instead occupied a few rooms dedicated to the 'reserve team' at the other end of the corridor.

1.2 Interventions Types

I did not need to go out on patrols with the police officers to comprehend just how wide-ranging their work was. Initially, I mostly stayed in the front office with the leading team, engaged in discussions and observing and taking notes. The discussions that took place between them enabled me to grasp how many different interventions and problems they had to deal with and the wide range of competencies that were required of them. I listened to the reports made by lead officers of the patrols to the commander, explaining for example their intervention that related to a previously encountered deaf-mute girl with one blind eye after she attempted suicide. This time, she had slashed her wrists. Other instances included their expression of relief at the end of the World Materials Forum, which was not associated with an incident that year and their concerns about inebriated young fans roaming in the streets during the European football championship matches. Among this diverse and contrasting set of issues and interventions, those concerning domestic abuse were clearly of particular interest for me. The domestic abuse interventions were, in fact, one of many different types of interventions managed by the police corps, which lacked a dedicated specialist for conducting

those interventions. All six sections that comprised the police emergency unit were generalist, meaning that none of them included a specialized section. All of the sections and their affiliated police officers were expected to cover all types of interventions that came to the attention of the police. These interventions covered a range of objectives from finding a lost child to capturing a burglar, arresting drug dealers, and holding hearings for undocumented migrants to mention a few. In the following section, I will delve into the details of the work of the police emergency unit in relation to cases of domestic abuse. However, before delving into police practices for identifying IPV cases, I will examine available statistics on police interventions regarding domestic violence. These can shed light on the characteristics of the population segment that is most frequently encountered by police in such interventions.

1.2.1 Police Statistics on Domestic Abuse Interventions

As previously noted in the general introduction, the latest police crime statistics on domestic violence in 2017 indicated that 52% of the victims of IPV were Swiss nationals versus 42% of victims who were foreign nationals. Of the suspects/perpetrators, 46% were registered as Swiss nationals as opposed to 54%, who were registered as foreign nationals. Other than nationality (and permanent/temporary residency permits), sex, and age, no other socio-demographic variables feature in these statistics that would enable the characteristics of the concerned population segment to be identified. Tables 2–4, presented below, provide details of the proportions of foreign nationals and Swiss nationals in relation to the total number of cases registered by police since 2009; information that is pertinent to the present study. 2009 marks the year when registration of the relationships between perpetrators and victims was introduced within police crime statistics, enabling domestic violence cases to be tracked.

Table 2 Perpetrators in Police Domestic Violence interventions based on nationality and resident status (2009-2017)

	Swiss nationals		**Foreign nationals Residents**		**Asylum**		**Unknown**	
Year								
2009	4,373	**49%**	4,076	**45%**	184	**2%**	392	**4%**
2010	4,132	**48%**	3,959	**46%**	176	**2%**	372	**4%**
2011	3,775	**47%**	3,832	**47%**	147	**2%**	355	**4%**
2012	4,010	**48%**	3,854	**46%**	174	**2%**	387	**4%**
2013	4,167	**47%**	4,087	**46%**	173	**2%**	424	**5%**
2014	3,923	**46%**	4,017	**47%**	160	**2%**	497	**5%**
2015	4,197	**46%**	4,326	**47%**	191	**2%**	480	**5%**
2016	4,379	**46%**	4,422	**46%**	249	**3%**	528	**5%**
2017	4 235	**45%**	4 280	**46%**	257	**3%**	550	**6%**

Source: Federal Office of Statistics (© OFS,2018).
Police Crime Statistics (Statistique policière de la criminalité SPC)

Table 3 Victims in Police Domestic Violence interventions based on nationality and resident status (2009-2017)

Year	Swiss nationals		Foreign nationals Residents		Asylum		Unknown	
2009	5,221	**58%**	3,439	**38%**	180	**1%**	249	**3%**
2010	5,007	**55%**	3,641	**40%**	158	**2%**	293	**3%**
2011	4,610	**55%**	3,495	**41%**	122	**1%**	226	**3%**
2012	4,823	**54%**	3,681	**41%**	163	**2%**	266	**3%**
2013	4,998	**53%**	3,887	**41%**	168	**2%**	315	**4%**
2014	4,694	**53%**	3,804	**43%**	154	**1%**	302	**3%**
2015	5,037	**52%**	4,043	**42%**	211	**2%**	377	**4%**
2016	5,215	**52%**	4,224	**42%**	265	**3%**	334	**3%**
2017	5,085	**51%**	4,150	**42%**	258	**3%**	391	**4%**

Source: Federal Office of Statistics © OFS, 2018).
Police Crime Statistics (Statistique policière de la criminalité SPC)

As the statistics presented in Tables 2 and 3 indicate, the proportions of Swiss and foreign nationals are almost equal among both the victims and perpetrators of domestic violence. I have previously discussed in the general introduction the deployment of these numbers in problematizing the claim within Swiss public debates that domestic violence is more prevalent among foreigners and have reviewed accounts aimed at explaining the alleged disproportion between Swiss and foreign nationals involved in IPV within the literature. Thus, I do not repeat these discussions here, instead I provide more detailed statistics on the different nationalities involved. I return to this issue in Chapter 7, where I compare police officers' representations with the actual proportions of different nationalities encountered in domestic violence interventions.

The police statistics also provide details of the nationalities of all of the perpetrators/suspects for all of the registered offences in 2017. Domestic violence is not listed separately in these detailed statistics; instead, it is clubbed with other crimes that are categorized as private sphere, honour-related, and family crimes. Thus, while these statistics do not entail clear distinctions, they do reveal the proportions of foreign nationals by country, with Portuguese, German, and Italian nationals ranked highest among suspects/perpetrators involved in offences that include domestic violence.

Table 4 Perpetrators of penal offences related to private sphere, family and domestic violence based on nationality in 2017

	DOME/Private sphere/Honour		Family	
Total	**10,298**		**861**	
Switzerland	**6,431**	**63%**	**423**	**49%**
Total foreign nationals	**3,867**	**37%**	**438**	**51%**
Portugal	686	**7%**	69	**8%**
Italy	526	**5%**	66	**8%**
Germany	273	**3%**	22	**3%**
Kosovo	245	**2%**	21	**3%**
Turkey	211	**2%**	17	**2%**
Serbia and Montenegro	149	**1%**	10	**1%**
France	264	**3%**	26	**3%**
Macedonia	98	**1%**	8	**1%**
Spain	152	**1%**	19	**2%**
Brazil	78	**0.7%**	7	**0.7%**
Bosnia and Herzegovina	75	**0.7%**	8	**0.8%**
Eritrea	37	**0.3%**	4	**0.4%**
Sri Lanka	56	**0.5%**	3	**0.3%**
Croatia	42	**0.4%**	5	**0.5%**
Austria	44	**0.4%**	4	**0.4%**
Tunisia	71	**0.7%**	9	**1%**
Morocco	84	**0.8%**	10	**1%**
Dominican Republic	30	**0.3%**	7	**0.7%**
Poland	22	**0.2%**	2	**0.2%**
Hungary	21	**0.2%**	3	**0.3%**
Romania	32	**0.3%**	4	**0.4%**
Cameroon	44	**0.4%**	5	**0.5%**
Iraq	21	**0.2%**	1	**0.1%**
Syria	18	**0.2%**	6	**0.6%**
Algeria	34	**0.3%**	5	**0.5%**
Congo (Kinshasa)	30	**0.3%**	8	**0.8%**
United Kingdom	19	**0.2%**	3	**0.3%**
Slovakia	8	**0.1%**	2	**0.2%**
Thailand	12	**0.1%**	1	**0.1%**
Slovenia	10	**0.1%**	1	**0.1%**
Russia	16	**0.2%**	2	**0.2%**
Unknown	459	**5%**	80	**9%**

Source: Federal Office of Statistics (© OFS, 2018).
Police Crime Statistics (Statistique policière de la criminalité SPC)

1.3 'Domestic Violence' as a Category of Action: The Institutional Logic of the Police

1.3.1 Formal Definition

The police are the guardians of law and order, and their reference source for identifying acts of violence in general is the Swiss Penal Code. In the absence of any concrete definition of IPV within the Swiss federal body of law, several offences and assaults come into play. In addition to fatal offences or threats relating to these offences, such as putting someone's life in danger and attempted murder, there are a variety of prohibited acts deemed as offences against a person. The main categories of these offences are serious and simple bodily injuries (Article 123), simple assaults (Article 126), threats (Article 180), sexual coercion (Article 189), and rape (Article 190).

Aside from the nature of violent acts or threats, as described in the Penal Code, a variety of relations between the two protagonists of an assault are enumerated in the guidelines of the judicial police to distinguish IPV from any other similar offence. The main internal police guideline was published by the cantonal police, which despite being completely independent from the municipal police departments is nevertheless responsible for formulating the police strategy and plan of action. This guideline was intended to enable the harmonization of practices at the cantonal level, ensuring that they remained up to date in relation to new cantonal or federal legislation. In this guideline titled, 'Guideline no. 27.04', the term 'domestic violence' is defined as follows: 'Domestic violence includes all offences committed between spouses, registered partners (for homosexual unions), heterosexual or homosexual partners with a community of life[41] for an extended period of time, ex-registered partners, or ex-spouses if the divorce or the separation occurred less than one year ago'.

In 2013, an updated version of the abovementioned guideline was issued, in which a distinction was made between conjugal violence and domestic violence, even though the term domestic violence was usually used by police forces to mean the equivalent of IPV or conjugal violence. The two different definitions are presented below:

> 'Conjugal violence
>
> The term refers to the offences committed between:
>
> - Spouses united through a civil marriage,

[41] 'Community of life' in the police terminology meant cohabitation, including living together under the same roof and sharing bed and food.

- Homosexual partners united through an officially registered union,
- Hetero or homosexual partners who are not officially united but have a community of life for an unlimited period of time (community of roof, table, and bed),
- Ex-spouses or ex-official partners or any heterosexual or homosexual partners if the date of separation is less than a year before the incident.
- Domestic violence'

The scope of this term is broader than that of 'conjugal violence' and includes not only spouses and partners but all members of a family (children, parents, etc.) or all individuals who share the same address. This is particularly important in the case of decisions relating to the eviction of perpetrators of violence, threats, or stalking. The nature of a couple's relationship is therefore the second indicator of 'domestic violence' for police forces. These detailed relationship modalities between the protagonists in a 'domestic violence' case are enumerated in the abovementioned judicial police guidelines because in such cases there are some additional actions available to police forces pursuing the offence.

In fact, commencing from 2004, some of the offences relating to 'domestic violence' can be pursued ex-officio (independently of the victims' complaints).[42] For example, following this amendment, sexual coercion and rape can be pursued ex-officio even in the case of spouses or partners. Consequently, ex-officio procedures for persecuting a perpetrator of IPV apply not only when the offences are severe enough to be considered crimes in the context of the Penal Code (e.g., homicides, serious bodily injuries, sexual coercion, rape etc.) but also when they cause simple bodily injuries (if they are repetitive) without serious permanent consequences and threats. For instance, even simple assaults like a slap, if they are repetitive, may be pursued ex-officio in the case of 'domestic violence'.[43] Moreover, the amendment made to the Swiss Civil Code in 2007 resulted in the incorporation of some new instruments for improving the safety of victims of some types of violence, including stalking and threats. One of the most important of these additions is the option of evicting the offender within a period of up to fourteen days[44] following the incident from the accommodation shared with the victim. This measure is increasingly being used by police officers in their domestic violence-related interventions within the canton under study (Cantonal Action Plan, 2015).

[42] However, the right to suspend the procedure is reserved for victims if the prosecutor of the case agrees.
[43] However, several violent acts inflicted during one incident do not meet the criteria of repetition, which refers to two or more episodes of violent incidents occurring at different times.
[44] In 2017 an amendment to increase this time period for eviction to a maximum period of one month was approved.

Once the police determine that a situation entails a DOME, the next step is to evaluate its severity according to three ranked categories: A, B and C. These three categories are described in the police guidelines as follows:

> 'Three levels of severity must be considered:
> - A) Benign cases: a priori, no criminal proceedings,
> - (B) Repeated assault: simple bodily injury,
> - (C) More serious cases such as serious bodily injuries, endangering the life of others, threats (threats must be severe, serious and frightening for the person concerned - cumulative conditions), coercion, sequestration and abduction, sexual coercion, and rape.'

This typology of categories is based first of all on reprehensible offences and crimes listed in the penal code, as discussed in the previous section. It constitutes the basis of the work of the police force because it not only serves to guide the procedures to be initiated in any given intervention but also shapes the distribution of cases within police forces. In accordance with the same guideline, the hearings of the victim, the perpetrator, and the witnesses as well as the decision to evict the perpetrator from the dwelling and to involve the judicial organ (initially a prosecutor and then the judicial police corps) are contingent on the category (A, B, or C) assigned to the case.[45] Thus, the case is considered benign if, for example, the violent incident is limited to a (first) slap from a person not identifiable in the police database directed at this individual's partner. This case would be categorized as a type A, meaning that even if the case is considered to entail domestic violence based on other criteria, for instance the relationship between the protagonists, the assaulter is not charged with any penal offence or crime ex-officio. Any further actions taken will depend on the victim's complaint, as it would be the case following the general provisions of the Swiss Penal Code for pursuing simple bodily assaults. But, as women often do not press charges against their partners in the first police intervention, the police work for those cases would focus on first calming down the situation and subsequently helping the concerned individuals to find a solution to the crisis by suggesting options to them but not compelling them to accept them. The only report

[45] The following explanation is based not only on the official guidelines but also on the discussions I had with the police officer, coordinator of domestic abuse interventions. This police officer was the person in charge of training aspirants and interns who were required to pass the exam in order to join the police force in western Switzerland.

established for an intervention of this sort would be the routine report on a police intervention that is registered in the electronic database of the police force and can be consulted in the future, if needed. This means that the report on the first intervention for the case is not filed under the category of a domestic abuse case.

A type B offence, such as strangulation, leads to the initiation of the procedure for a domestic violence case. Hearings for both the assaulter and victim, (and of witnesses, if applicable), are conducted by the emergency squad who are engaged in city-wide interventions on a 24-hour basis. Usually, the hearings take place at the dwelling where the intervention took place, and a decision can be taken on whether or not to initiate an eviction, with the endorsement of an officer in charge of the police emergency squad on duty in the front office. In this case, the emergency squad team members prepare not only their own intervention reports for their records, but they also prepare the reports and material proof required by the juridical police to enable them to determine whether a penal investigation should be initiated.

If, based on the above definition, the case is categorized as a type C case, then, depending on the victim's health situation, hearings will be conducted both for her and for the perpetrator by the judicial police at the police headquarters. Accordingly, an emergency squad team will escort them to police headquarters and hand them over to the judicial police, who will conduct the hearing and prepare all the reports for the prosecutor to proceed with the case.

At this point, I will return to the excerpt from my field notes that introduced this section. In this case, a violent and reprehensible act, namely kicking, inflicted by an individual on his girlfriend was not considered to be an IPV case in the eyes of the chief police officer. The above examination of police definitions sheds light on this decision. Thus, the definition deployed by police forces not only entails the identification of the nature of acts deemed reprehensible by law, but it also entails an exhaustive enumeration of all of the possible relationships existing between the partners that could justify police intervention in a case of domestic violence. Based on the types of relationships enumerated above, it becomes apparent that several cases of IPV would not be considered as such, or at least would not justify police intervention associated with a case of 'domestic violence'. Couples who do not share a community of life (a roof, table and bed) entailing a shared dwelling, people without any fixed address such as Roma, or homeless people, to give just a few examples, cannot be considered for cases of domestic violence whereby the police can pursue the perpetrators ex-officio.

The nature of the relationship between the victim and the perpetrator is not the only criterion underlying police definitions. The nature and the severity of violent acts are also essential factors that are evaluated. This examination of definitions and terminologies that police (and other institutions) use to address IPV is an essential prerequisite to an examination of their associated practices. Consequently, in the next section I explore how police definitions are operationalized in practice. Having a clearly formulated definition within discourse is one thing; its concrete application in practice is another. This is perceptible within an ethnographic study in which the complexity of IPV cases blurs the boundaries of standardized and general definitions proposed in formalized procedures.

1.3.2 In Practice

Whereas the explanations provided in the previous section on the definition of IPV, facilitate an understanding of what constitutes a DOME for the police corps and how they classify different situations at a discursive level, in this section, I will present a DOME intervention from its commencement to its conclusion. In order to examine how the discursive definitions, described above, are operationalized in practice, and how they play a role in launching the category of action applied for 'domestic violence' cases by police agents, I will return to the same previously narrated sequence of fieldwork. As DOME interventions are very diverse, it is not possible to describe a typical or standard intervention. However, along with the description of this specific intervention, I will explain what is particular or, on the contrary, representative of other interventions. Thus, from this particular case, I am able to present the general. I have chosen to present this particular intervention because it offers a clear explanation of how a situation is evaluated and categorized as a DOME, or not, by the police.

The call received at the front office while I was reflecting on the reasons why the case involving the teenage girl was not considered to be one of 'domestic violence' led to the dispatch of a police patrol to the address provided by the police telephonic central operator. This time, the chief of the section felt that this case could be a 'DOME' and suggested that I accompany the patrol during the intervention. I describe this intervention below, starting with the telephone call that launched the intervention, followed by the drive at a rapid speed through the city to reach the incident location, entry into the apartment, assessment of the situation, listening to the protagonists, filling out the forms, and going on to another intervention. I will end my examination of the event with some explanations offered to me by the concerned police officers during a follow-up interview.

1.3.3 A police intervention

As with most DOME cases, the intervention began with a phone call made to the police, requesting their intervention. In this case, a boy called the emergency police number because his mother's boyfriend had reportedly tried to strangle her. His call was taken at the telephonic central responsible for coordinating police interventions across the entire canton. The police officer operating the telephonic central immediately transferred the call to 'my' police unit, based on the geographical origin of the call. An available police patrol was then dispatched.The municipal police have to cover the entire territory of the city. All other regions located further east and north and municipalities other than the capital city are covered by their respective police forces and are completely independent from this municipal unit where I was based. The rural region of the canton is covered by the cantonal police, who are responsible for putting in place the overall police strategy and procedures that other municipal police forces have to follow. However, the cantonal police are also independent under a separate chain of command.

It is noteworthy that the source of the intervention, namely the caller, could significantly influence the dynamic of an intervention. If a potential victim called to ask for help from police officers because she was afraid of or threatened by her partner, or just because she needed their help to calm him down, this produced a particular dynamic. A very different dynamic ensued if a suspect called and asked the police to intervene because he had been violent towards his wife or because he wanted to show that he was not afraid of his wife's threats to call the police by calling them himself.[46] In each of these cases, both protagonists were aware of the police intervention and on most occasions, both would demonstrate a high degree of cooperation. However, on many occasions the police receive calls from neighbours. As a result, when we arrived at the apartment in question, the occupants would be surprised to find two to four police officers at their door. In some cases, this situation could lead to non-cooperation of the victim or of the perpetrator.

The information received by police officers before their arrival at the location was not always reliable. More often than not, they—and I with them—were surprised to discover a totally different situation upon arriving at the address indicated by the telephonic central operator.

[46] Acknowledging the fact that gay and lesbian couples too could be affected by domestic abuse interventions, I nevertheless continue to refer generally to heterosexual couples. This is because during my fieldwork I never witnessed any cases involving homosexual couples. For the sake of clarity I will refer to cases involving a man and a woman.

This would make them very vigilant when they arrived at the scene of the interventions, especially as this scene was the apartment and living space of people. Very often, police officers remarked on the dangerousness of such interventions. They confided to me that they considered these interventions to be risky, as they did not know how many people were present in an apartment and how they would be received. Moreover, the location was familiar to the protagonists and unknown to the police officers. The accessibility of knives or other weapons kept in the home could increase the possibility of being surprised that police officers could not neglect in such situations. As they explained to me, this was why in all the interventions that I witnessed, the police agents always entered first and made me wait outside for my security but also to make sure my presence would not hinder their intervention. There was also usually another patrol team waiting outside with me, preventing anyone behind from entering the apartment. In some cases though, there were no other patrols available, so a patrol would intervene on its own.

In this particular intervention, we received the call and based on the information provided by the boy, the chief of the section assumed that this case was a DOME and suggested that I accompany the patrol in the intervention. He told me, ‘yes you may go now, but they will be on their way in less than fifteen seconds’. ‘OK, thanks,” I responded. I grabbed the intern flak jacket from the corner of the room and ran to the parking lot.

I got into the car behind a young police officer, the driver. A more experienced police officer who was in charge of the patrol sat on his right side. This officer explained to us that ‘even if the central reported that the situation is calm now, we will go into emergency mode’. At his prompt, the driver pressed his foot down hard on the gas pedal and sped across the city, neither respecting any speed limit nor stopping at red lights. Meanwhile, I struggled to stay in place, holding tightly to the handle above my head.

When we arrived at the location, we met with a second patrol comprising two policemen who were waiting for us at the foot of the building. As we got out from the car, a strong smell of wine assailed us. We noticed the remains of several broken bottles that previously contained red wine on the ground. Shards of glass were scattered everywhere, and the content of the shattered bottles was spread out right in front of the building entrance. We took the elevator to the third floor, where the apartment was located, and rang the bell. The chief and one policeman entered the apartment, asking the other two officers and me to wait outside the door. I had just enough time to catch a glimpse of a woman in her forties and a teenaged boy. Then the door closed.

After a few minutes, the door reopened, and a policeman showed us in. Right in front of the kitchen at the right side of the entrance, a man was immobilized, held firmly on the ground between the chief's knees. His wrist was handcuffed behind his back, and his face pressed against the floor. The chief gave his orders: 'We pursue in two phases. You bring him to the HQ [headquarters], and we will stay here and proceed'. As the policemen helped the man to stand up, he suddenly started to insult them in Italian, calling them 'son of a bitch'. The policemen were calm as the man continued, this time in French: 'Go ahead, hurt me, I like it. All this for me? It is incredible. I love it, I love it'. The four policemen escorted the man to one of the police cars, while I stayed at the apartment with the woman and her son. I told them who I was and tried to assure them of the police officers' prompt return.

The chief of our patrol and the driver returned and asked her if this was the same man who had thrown the bottles out of the window. "Yes," the woman answered. The chief continued:

- 'So, can you tell us what exactly happened please? Do you know where he came back from? How much had he been drinking?
- I do not know. He didn't drink here. He wanted to leave. Just this morning, we had an argument on the phone, and he said he would come to take his possessions and leave.
- And what about the strangulation?'

Coming back into the room, the young police officer, our driver, who had previously taken the young boy to his room and questioned him, answered instead of the woman. He said that her son had already clarified that fact. Not having seen the scene clearly, the boy had extrapolated. In fact, no strangulation had occurred. The chief turned toward the woman asking whether he had threatened to harm her physically, giving examples like 'I will kill you or rape you, things like that?' She answered negatively. She explained that only words had been spoken and that no physical violence or threats had ensued. She insisted:

- 'However, seeing his face and eyes, I felt that something was going to happen. That is why I called my son and asked him to call the police.
- Any insults?
- Not directly. He wouldn't dare in front of my son.
- Does he live here?

- No, he has his office address. He has some stuff here but not everything. He sometimes sleeps at his professional address. He was thinking of coming to live with us here. But this incident today saved me.
- Yes, fortunately he behaved like this at the right moment. Does he have the keys?
- I took them back just now'.

At this point, the young boy came out from his room and began to explain how he had tried to block the man's arm to stop him from breaking the bottles and throwing them out of the window. Responding to the policemen's question of whether she wished to press charges against her partner, the woman declined, saying, 'No, not this time'. The chief left us for a few seconds to use his radio to consult his superior at HQ about the situation. We listened to him explaining that there *was* a notion of 'couple' as they used to sleep together occasionally. Finally, he returned and instructed the young policeman to consider the case as a domestic violence case and to start the associated procedure by taking down the statement of the woman as a victim of domestic violence. It is noteworthy that in some DOME interventions, if both partners accuse each other of violence, they are both considered victims and defendants. In such cases, the police officers would listen to each one's statement of the facts. In other DOME interventions, both partners could deny that violence had occurred, especially in cases where neighbours had called the police. In such cases the police would have to leave without being able to take any action.

The driver first asked the woman if she needed any urgent medical assistance. She explained that the man had held her arms tightly, but there were no lingering traces and she was fine. Similarly, her son was just a little shocked. As the policeman was explaining her rights and obligations, the chief interrupted his radio conversation to ask which key the man had handed to the woman before leaving. She specified that it was the key for the parking lot. The police officer continued: 'What does he do when he comes? Does he ring the bell every time?' 'Yes', the woman replied.

He turned back to his radio to resume his discussion with his superior. A few seconds later, he turned back to us saying, 'This is not a domestic abuse case then'. However, he advised the

woman to lodge a complaint as it was a serious matter. Without her complaint, he added, he could not pursue the case any further.[47] She pointed out:

- 'No need. Anyway, he won't come back here. It is decided. But I will leave him alone this time.
- Didn't he touch you?
- No, he only grabbed tightly my arm.
- And no insults?
- No.
- Then we cannot pursue him in relation to you. But we will reprimand him regarding his behaviour towards police officers. But what will happen tomorrow if he comes back? Will you accept him?
- He has his stuff here that he should collect.
- Then call us should it not go well. Do not wait until he becomes violent. In any case, we will keep him in custody tonight because of his behaviour, and he will be released tomorrow'.

'With what happened with you today I think he realized that this time it was serious', the woman concluded. These words marked the end of our intervention. The two policemen shook hands with her, and so did I. Thanking her for her confidence, we said goodbye and left.

Once we had stepped outside of the building, seeing the questioning look on the face of the young policeman, the chief explained his decision. Given that there was neither shared housing nor a serious assault committed against the victim in accordance with their DOME procedure, and because the victim did not intend to go further (lodge a lawsuit), the officers in the front office of HQ had revoked the decision to initiate a DOME case. In answer to my question about what would happen then in the case of violence involving a couple that do not share an apartment he looked back at me helplessly and said, 'it is also complicated for us. It is not easy'.

This event marked a significant moment in my fieldwork, as it illustrated the extent to which the same category of public action, namely 'domestic violence' could have varying meanings

[47] Because this case was not considered a domestic abuse case from the perspective of police procedure, they were not able to pursue it ex-officio. They could pursue the assaulter only if the victim wanted to press charges against him, citing assaults prohibited by law.

and implications. This incident, like many others that followed, challenged the assumption of identification of IPV as a clear and circumscribed category. On the one hand, it revealed that what counts as domestic violence needs to be examined separately within the frameworks of each of the institutions in charge of IPV. On the other hand, it revealed how the everyday decision-making of the agents and following a specific institutional logic in this process could influence their interpretations of the procedures and guidelines in practice. A few observations are required here to elucidate what occurred in that intervention and what it can reveal about the categorization of a 'domestic violence' case in practice.

First, compared with the IPV incident concerning the teenaged girl, described previously, the call of the young boy in this case had provided sufficient elements for the commander in charge to consider a DOME intervention. He also found my interest in observing that intervention to be legitimate, this time considering its relevance to my study. To recapitulate, a young boy had called, claiming that his mother's partner had tried to strangle her. Based on the previously discussed definitions, questions relating to the nature of the relationship between the perpetrator and the victim and the nature of violent acts possibly featured in this case. The fact that the victim's son called from their apartment, having apparently witnessed attempted strangulation, was taken as a hint by the commander that they may have been sharing the apartment. In addition, the act was serious enough to be considered violent by the police.

Second, it would be fruitful to return to the first set of questions initially asked by the police officer to enable him to evaluate the situation. 'And what about the strangulation?' 'Any insults?', 'Does he live here?' These questions indicate that he was looking for facts that would enable the police to pursue the case as a DOME intervention. To better understand the decision taken, I will again refer to the previously discussed definitions. As a matter of fact, it is essential for police officers to first determine the nature of the acts and whether they correspond to acts deemed illicit in the penal code and then to check whether they are prosecutable ex-officio without requiring a complaint from the victim. In this case, there was some ambiguity about the nature of the violent act from the perspective of the police officers. Ultimately, they concluded that no criminal assault had been committed against the victim.

Upon our arrival on the scene, the police officers had found a man who was very agitated and aggressive, even towards them, to the extent that they felt it necessary to handcuff, arrest, and

keep him in custody for the night (which is not common practice for DOME cases).[48] Although the question of strangulation had been dismissed, this man had thrown bottles of wine out of the window of a third-floor apartment. This could have been considered as a threat or at least as enough evidence of the man's dangerousness and of his potential violence towards the man and her son.

Third, the policeman initially assumed that a 'community of roof, table, and bed' applied. But, the question of the man's method of accessing the apartment and his lack of a key marked a turn in the evaluation of the incident. In evaluations of the nature of the relationship between the two protagonists, the legal permanent residence of the perpetrator is always investigated. However, the question of the key persuaded the commander at the front office that the case did not constitute 'domestic violence'. In fact, the related question of whether or not the same address was shared by the concerned individuals and of possession of the keys for the apartment became one of the criteria for police officers to decide whether to launch the procedure pertaining to domestic violence. If the police do not consider a case to be an IPV, then to pursue further the case, the victim is required to press charges. In the absence of her willing to do so, no further measures were taken against the man in response to the violence he had committed against the concerned woman in this case. The case was classified without any associated charges related to IPV. The police officers would keep him locked up for one night as a police measure taken because of his behaviour towards them and would release him the following day.

Even if the formal definition of police guidelines sheds light on some aspects of the process of reflection and decision-making of the police in this situation, the issue of the agents' ambiguity and uncertainty in this intervention suggests a need to consider their discretion in practice. In order to investigate the case further I conducted a registered interview with the chief of patrol, Romain, and asked him about the process of non-categorization of this case as a domestic violence. Here, I present an account of his interpretation of the case.

[48] Based on my observations of other DOME interventions, police officers do not routinely arrest perpetrators. Usually such cases are concluded based on a discussion between police agents and the perpetrator, who is informed of his obligation to leave the apartment within 14 days when the agents decide to pursue the event as a 'domestic violence'. Then, if the case is categorized as type C, it will be transferred to the judicial authorities, who will convene the protagonists and decide on the following actions to be taken. In this case, not only was the case not finally pursued as such, but no other charges were made against the perpetrator in relation to the victim.

‘Faten - Let’s take the intervention you just mentioned as an example. If I remember correctly, it wasn’t evident whether it was a case of domestic violence, and if you should launch the procedure for DOME?

Romain - First of all, we rely on the declarations of both protagonists. Second, we use our flair and intuition. I remember that this situation was clearly in between (meaning it could either be considered a DOME or not), but I don’t remember the exact circumstances which led us to go no further.

- I remember that one issue was the fact that they did not live together; he didn’t have the apartment's keys.
- Ah yes, the key was indeed the key! And the fact that she didn’t want to go any further herself was also a determinant. But we could have registered it as a case of domestic violence. It is not always clear, and sometimes it’s not wrong to do wrong. I mean it is wrong because the criteria are not fulfilled but . . . it was not wrong to do wrong because it wasn’t a very serious situation. It would have been wrong if the man had punched her in the face and she had a broken tooth. In such a case, it would have been wrong to say, “It is the first time, so we will not launch the domestic abuse procedure.” Then, it would have been wrong to do wrong. But here, we were not required to launch the procedure. Not at all. And it was not a severe case where we could have launched the procedure, even though it was wrong based on our conditions and criteria. . . I think we took the right decision. I checked again recently to see if the police had been called for another intervention with them and this was not the case. Well, it does not mean that there hasn’t been any new violence, but still . . .’ (Romain, Interview, 2 July 2016)

Based on this officer’s explanation of this case, the issues of the community of life and the keys may have been decisive ones in this case. The officer acknowledged that the evaluation of the agent present at the intervention takes precedence over any rigid adherence to the procedural and formal conditions. His possession of this discretionary power to consider the case as one that entailed ‘domestic violence’, or not, foregrounds the importance of examining the factors that are considered by agents when they are evaluating a practical situation. Monjardet (1996) noted that despite the strong hierarchical and procedural nature of the police force, its officers have considerable leeway concerning how they act in the field. This is because most of their work is conducted in various kinds of emergency situations that are very often singular as well as unpredictable. In addition, Jobard and de Maillard (2015) highlight

the fact that police officers are confronted with very complex social issues and encounter very diverse populations in their work. For these reasons, it is hardly possible to formulate precise guidelines on how they should act in every situation. Therefore, officers have a degree of discretional power. They can enforce the law strictly or not, follow a procedure to the letter or not, be severe or lenient (Champy, 2011), depending on a large number of variables at play.

In part because of this discretional power, police work has been under scrutiny, often from a very critical point of view. Studies on the police have been strongly influenced by Skolnick's concept of 'police culture' that was developed in relation to justice without trial in 1966. According to Skolnick, and many other authors who have worked in this area, a 'police culture' valorizes conservative political opinions, such as sexism, racism, and a preference for combatting crime and delinquency over other tasks as well as a general suspicion of the general public (Pichonnaz, 2017, p. 17). Among the numerous and varied kinds of tasks they may be asked to tackle, police officers are said to prefer those that are associated with danger, violence, and virility, and typically those implying repression of masculine delinquency. By contrast, victim assistance ranks low in terms of preferences (Boussard et al., 2006; Darley & Gauthier, 2014; Hughes, 1962; Mainsant, 2014). In her study on how police detectives conduct rape cases, Perona (2017) showed that physical traces of violence play a central role in convincing policemen of the reality of an alleged rape. Without such traces, policemen would be sceptical and suspect the victim of lying (p. 370). Perona also noted that for police officers, a good case is a case that can lead to a conviction in court. For this reason, detectives rank cases according the likelihood that they will lead to a conviction. As a result, they tend to merge their anticipation of the court's needs with their own needs (Perona, 2017, pp. 379–380). This tendency can also help to explain the doubt of the police officers in the reported intervention and their reluctance to pursue charges against the man in relation to his partner.

In forthcoming chapters, I will elaborate more on the place of physical traces and that of sexism and racism in police work relating to domestic abuse cases that have been discussed in the literature. For the time being, however, it is noteworthy that the tasks of the emergency units relating to DOME may downplay these dimensions in some ways. Indeed, during the short time that I spent with the judicial police, whereas I witnessed many of the characteristics mentioned in the literature, especially suspicion of victims, the emergency unit work was generally different. This disparity could be explained by the training opportunities available for newly inducted police officers within the emergency unit, on the mechanisms of IPV and on the importance of avoiding victim blaming.

But first and foremost, this disparity was related to the specificity of a particular police organization. This municipal police emergency squad was completely exempted from any judicial responsibilities. That is, the police officers were not responsible for preparing reports for the prosecutors or for taking any position with regard to the legal outcome of the cases. This part of the job was completely taken care of by the inspectors of the judicial unit to whom cases requiring judicial follow-up would be transferred. In contrast to the mission of the judicial police, that of the emergency unit was first to restore calm in a potentially dangerous situation and subsequently to take the protagonists' depositions. If the case was serious enough to deserve some follow-up, they would not be part of this follow-up for the case, which would either be handed over to a prosecutor or to the judicial police. For these agents, the responsibility for determining the truth of the facts and the culpability or innocence of the protagonists was secondary. Rather, a sense of benevolence towards protecting victims was often evident during my field work. Perona (2017, p. 387) too observed this benevolence. However, she notes that this goodwill can especially bear fruit if it fits with a story of protecting women against hostile men. In the particular case I presented, the man's evident aggression towards the police very likely had also played a role in their assumption that he was the culprit, and that the woman's words were true.

Wrapping up this presentation of police work regarding 'domestic violence' by examining their reactions during the follow-up to their DOME interventions could yield useful insights. These relate to the dominant perception that these interventions rarely provide an enduring solution to the problem, either because victims choose to stay with their aggressors or because the judicial system does not do enough to prevent further violence.

*1.3.4 **Follow-up***

It was common for police officers to intervene several times in the same apartment, often at the request of worried neighbours and sometimes at the request of the victim herself. They expressed their 'frustration' on many occasions as they felt that their interventions were not useful. For example, Sara, a police officer, told me that she was 'disillusioned and disenchanted' about their domestic abuse interventions. She said that she felt a sense of 'fatigue' because they had to intervene several times in cases involving the same person, sometimes arresting the same person eight times but without any serious follow-up implemented within the penal chain. Such cases of police work were thus perceived as hopeless, as they did not yield any concrete outcomes. This 'fatigue' was the first thing that the head of police training described to me when I initially met her to negotiate the terms of

my ethnographic fieldwork at the police headquarters. This frustration has also been noted by Pichonnaz (2017, p. 195), although more in relation to theft or drug trafficking offences as opposed to domestic violence.

The words of the head of police training rang a bell for me when I accompanied Thomas, one of the patrol chiefs on a DOME intervention a few months later. After leaving the apartment where he and his assistant had finished the questioning of a young woman who had requested police intervention, Thomas turned to me and said:

> 'You know, we should not get involved emotionally in all of our interventions and carry all the misery and misfortune of the people. I personally do not believe in our procedures. We intervene several times and nothing happens. I had a case which had ended very badly [the woman was killed by her husband], and now I have the impression that what we do for domestic abuse cases is completely useless!' (Thomas, interview, 18 July 2016)

In an interview I conducted with Thomas a few weeks later, he laid out the problematic of judicial outcomes of the cases from the outset:

> 'Yes, it is correct, we are quite limited. For me the police are responsible for enforcing law and order. The police were enforcing order. But . . . at the end . . . huh, yeah, we are more at the beginning of the process. We hand the case over and then it's settled by the court. And it seems to me . . . that justice is too lenient. Of course, there are different fields. For example, in traffic, with this new law, it is too strict in my opinion, especially in comparison with other fields, where sentences are more lenient for crimes, which are for me more severe than speeding. If there is no accident it's okay, I mean . . . but sometimes, we spend three hours to report everything for a DOM, to transcribe everything . . . sometimes our report isn't even complete, and we hear that the perpetrator has already been freed. It's true, it's disturbing. But in our work, in nearly 50% of all our cases, defendants are nearly systematically free to go. At least until the trial. And then we know exactly what happens. When they are wanted, we can't find them, whereas when we had them here, we let them go. It's true that the system works like that!' (Thomas, interview, 18 July 2016).

As discussed previously, in the first meeting I had with the head of the police training, she spoke of the dissatisfaction of police officers in cases of domestic abuse interventions, which

was one of her main concerns. The intense procedure relating to domestic abuse interventions, which usually lasted two to three hours if the police decided to launch the DOME procedure, in comparison to the outcomes of those interventions in terms of penal sanctions or the rate of recidivism observed by police agents, was a matter of concern for them. On numerous occasions, I heard them complaining about the futility of their procedures. As Chapter 6 reveals, this is an important consideration, as it may have some bearing on the way the police process IPV cases and on how they decide whether or not to launch their procedure. For example, their anticipation of prosecutors' assessment of the cases would incline police officers to reprimand physical and traceable violence more than psychological violence, which they know is very hard to prove, leading to a prosecutor's reluctance to initiate a penal procedure against the suspect.

When I asked Thomas to elaborate further about their domestic abuse interventions in general, he recounted an intervention that had left a deeply felt mark on him:

> 'The intervention which affected me the most, it was . . . it was at [he mentioned the street name]. In 2010. It was my second year at the police emergency unit. I had done one year at the academy and then two years with the police emergency unit. And the case which affected me the most it was because . . . because it's not every day that someone calls us to say he stabbed his wife. So yes, I can still see the scene. We come up the stairs, we arrive on the floor, there is blood everywhere in the hallway. The husband is having a smoke on the stairs. Then we enter the apartment where his wife is lying on the floor in a pool of blood, with her little girl of . . . Phew! I can't recall if she was one year old. And the little girl was sitting there next to her mother. And then we see that the husband was . . . not at all aware of what happened! Because I believe that half an hour later, we were still with him, and at that time, he told us "I hope she is all right!" And when we see what he did to her . . . These are the images that stay. But it is not that which bothered me most, it was the fact that it was not the first time that I intervened in their home. A few months before, because of a dispute . . .' (Thomas, interview, 18 July 2016).

At that point Thomas recounted how a few months earlier, their first intervention involving the same couple was closed because of the way the assault was classified according to their procedure. As a matter of fact, Thomas's patrol was dispatched after a neighbour called to report some noise and shouting in the apartment next door. After their investigation had been completed, both the woman and her husband had said that they had had a dispute and nothing

more, ‘no kicks, no threats, nothing’, Julian’s pointed out. That was how this first intervention was closed as a benign case without any penal outcome. Thomas continued:

‘It’s the first thing I thought of after the second intervention. I was asking myself if we could have avoided something like this. We even made a few inquiries later, and we found that the lady had already lodged complaints in the past, regarding violence from her husband, but nothing had happened. And so, we ask ourselves “if there are complaints, what is the justice system doing?” Finally, even after lodging a complaint, nothing happens. Of course, we can’t immediately put the man in prison, but I feel we are powerless regarding this thing. We would like to do more, but once again, it is the justice system.’

This feeling of powerlessness was what police officers complained about. It may be also explained by what Perona (2017) found to be the case in France, where the assessment and evaluation of interventions by judicial police inspectors is tightly related to their penal outcomes to the extent that they even anticipate the actions of those in the justice system in the manner in which they process their cases. Thomas then concluded by pointing out the lessons that need to be learnt about this powerlessness related to judicial outcome from an early stage of police work:

> ‘It is how it is. And this kind of thing, the first years, you have to accustom yourself to it and accept that us, we do our job. We try to do the best we can, but we don’t have the . . . at the end, we don’t take decisions. Us, all we can do is to reassure the person, or to advise on what they could do if it doesn’t go well. But it ends there. It’s a bit hard sometimes. Even today, after ten years, sometimes I’m still telling myself that we should have been able to do more than that.’ (Thomas, interview, 18 July 2016)

Ultimately, Thomas’s regret was not only caused by his handling of an intervention that ‘ended badly’. He regretted the fact that the case was classified as a benign incident after the first intervention based on intervention categories used by the police, whereas it actually turned out to be a very serious and dangerous situation of domestic abuse that resulted in a murder. It was not police agents’ lack of precision or their professionalism which had made him feel guilty. Instead, he criticized their classification system and their procedure in general, and this was why he believed that they should not get involved emotionally in cases: ‘the first years, you have to accustom yourself to it and accept[it]’. This point is endorsed by Pichonnaz (2017), who suggests that police officers learn that they should try to stay emotionally

detached and refrain from caring about what happens after their interventions, and especially about what happens up to the chain of justice (p. 197). Thomas affirmed that police agents 'did their job' by intervening. They also registered the previous complaints of the victim. However, this procedure could not stop the violence and its terrible consequences. In a sense, that intervention's outcome implicitly raises questions about the criteria that the police used to classify the seriousness of a situation and their evaluation based on actual physical violence committed against a person.

Conclusion

This chapter provides clarification on the categories involved in the naming and defining of 'domestic violence'. As Zimmerman (2003) pointed out, the formulation of an interrogation in terms of categories, and their constitution, enables the 'processual dynamic' entailed in the creation of a category to be considered; and captures the active dimension of different combinations that generates a new category based on spatiotemporal settings (p. 244). The example of the reported police intervention shows this effectively. IPV can be clearly conceived and defined theoretically and/or discursively. IPV can be framed at a discursive level by formal definitions, procedures, and guidelines that are universally applicable for all of these agents' actions. However, the presentation of an actual police process of determining where a case is one of 'domestic violence' in this chapter showed that in practice, there is ambiguity for its interpretation in the everyday work of these agents that can reshape what 'domestic violence' as a formal category of action means in terms of outcomes. Therefore, the assessment of police officers and their discretion in the field following an institutional logic of decision-making are essential determinants of what is IPV, even if, as these examples show, the results of those interventions are not known to them or do not follow the anticipated trajectory.

As the guardians of law and order, and the upholders of state power the police claim the monopoly of the legitimate use of violence within a given territory (Weber, 1994). In doing so, they follow a specific institutional logic; one that also determines agents' decision making in the field. Not only the definition of domestic abuse in police guidelines but also its operationalization is contingent upon the existence of such a logic. The listing of offences and acts that are clearly prohibited in the penal code, enabling a case of domestic abuse to be defined and identified, is evidently the outcome of the deployment of an institutional logic. If

an act does not legally constitute an offence, meaning it does not threaten public order or individuals' integrity, then it would fall outside of the scope of police action. The police adhere to the penal code and reprimand suspects or perpetrators of offences that are clearly specified within the law and within their guidelines. Thus, they intervene in areas where their interventions are legally justified. If an offence is not considered to be of sufficient gravity, then the police intervention will not proceed beyond crisis management; it can serve to reduce tension at the time of their intervention, but the launch of an ex-officio procedure for handling domestic abuse would not be justifiable. Thus, agents apply the same logic to interpret the gravity of violent acts. As an integral part of the penal chain, the police officers would also anticipate prosecutors' responses or the judicial outcome of the case. Accordingly, even if, in principle, insults or simple bodily injuries inflicted, for example, through slaps, can be considered as instances of domestic abuse, they are inclined to make this the victim's decision rather than initiating a state intervention for an offence of this kind. As the concluding remarks on police officers' general assessments of their DOME interventions revealed, the outcomes of their interventions are largely, if not completely, out of their hands. Thus, as curative action, their work has limited impacts. It is more of a crisis management, it can serve to reduce tension, but it cannot lead to an in-depth resolution of the problem. The example of the police officer's repetitive interventions conducted for a couple that finally ended in the murder of the woman, tragically exemplifies this concern.

This dedication of an entire chapter of ethnographic description to police work and its organization in terms of teams, hours, and different interventions sheds light on another area of significance. Police work constitutes a topic of public curiosity and interest, be it via miscellaneous news items and crime narratives in which the police feature (Dubied, 2004; Kalifa, 1995; Sécail, 2010; Seignobos, 2013) or through numerous popular fictional accounts (Philippe, 1999; Villez, 2005). At the same time, alongside other penal institutions, they defend opacity and are prone sometimes to a 'culture of secrecy' (Fassin, 2013; Monjardet 1996). As Coulangeon, Pruvost, and Roharik (2012) have demonstrated, the classic 'spiral of silence' (Noelle-Neumann, 1984) within police work entails the homogenization of discourses and sometimes even of police agents' opinions within what is termed the dominant *doxa policière* to protect themselves from external critics and to diminish internal conflicts. In this sense, an ethnographic methodology (in contrast to an interview-based study, for example) facilitated some moments of trust in which police officers and cadets responded to their critics by opening up and indicating the ways in which their profession is normalized. The last

section of this chapter, highlighting police agents' disillusion regarding the utility of their 'domestic violence' interventions is a clear example of this opening up. Such moments contrast with portrayals of a discursive 'lissage' and the neutralization of conflict (Krieg-Planque, 2010; Oger & Ollivier-Yaniv, 2006) within institutional discourses, which I was able to observe and record during my fieldwork.

Finally, the findings of this chapter enable a shift from discourse and definitions to institutional practice and discretion. Whereas the first descriptive section of the chapter was aimed at capturing the 'institutional mood' (Hall et al., 1978) of the police unit under study, the last section focused on exploring the definition of 'domestic violence' for the police corps and situating this within their general institutional logic. This entails a move towards understanding 'domestic violence' not only as a public and social problem but also as a category of public action. Such a move enables the analysis to extend beyond merely asserting that public agents have discretion and room for interpretation in relation to rules and laws that define the modalities of their interventions. Specifically, it becomes possible to further demonstrate how this discretion and the complexity of practical circumstances following a specific institutional logic that impacts on the categorization and effective processing of IPV cases. In parts two and three of this manuscript, I present an analysis of different examples of these outcomes and their meanings in terms of institutional responses to IPV, for example, the importance attached to bodily injuries and physical violence at the cost of other types of IPV. However, that is for later; now it is time to repeat the exercise for the second institution encountered by an IPV victim along her path to survival, namely the shelter.

2 Chapter 2: The Shelter, Social Work, and IPV

The majority of shelters for victims of IPV were established during the period from the 1970s up to the 1990s through the initiatives of feminist movements in different contexts.[49] However, the shelter under investigation here has a different history. The shelter is older than the institutions that have been established more recently to tackle the problem of IPV. According to its archives, it dates back to 1913, when it was established as a residence for single mothers managed by a religious group. In the following decades, the shelter became a house for young single mothers estranged from their families. In 1976, it was shifted to its current location and was expanded to accommodate more single mothers. In 1985, the current foundation was created with the task of managing the shelter based on the receipt of a combination of private and public funding. The transformation of this institution from a maternal home for single mothers operated by a religious organization to a shelter for victims of IPV is the outcome of the institutionalization of IPV, or 'conjugal violence', as a public problem in Switzerland. It was only in the 1990s, when following several federal and cantonal campaigns conducted to combat this problem, the canton where the shelter is located launched an initiative to provide support especially for women victims of IPV, that was viewed then as a newly-recognized 'public problem', to which institutions and special budgets were dedicated (Lieber et al., 2015). In the course of the 1990s, mandated by the cantonal government, the institution changed its mission to focus on women who were victims of conjugal violence, with or without children. Therefore, the background and history of the shelter's creation and transformation differs from those of most other shelters in Switzerland, which were established by feminist movements as sites of solidarity established by women for women during the period of the 1970s and 1980s.[50]

The fact that the canton's welfare department officially gave the mandate of opening a shelter for victims of IPV to the foundation in question is important, because it implies that the professionals who work at the shelter have a different status from that of associative and civil

[49]See Delage (2017) for a comparison of the American and French contexts; Dobash and Dobash (1992) on the American context; Herman (2016) on the French context; Roca i Escoda & Lieber (2015) for a study of certain Swiss cantons; and Srinivasan and Davis (1991).

50 To clarify why I chose this particular shelter for the study, I would first like to remind readers that my choice of the canton where I conducted my investigation hinged on the federal organization of the Swiss state, as I have previously noted in my methodological chapter. In this canton, this shelter was the only one with a specific mission of supporting victims of IPV. Consequently, I selected it for my investigation. Thus, it was not a pre-meditated choice on my part to pre-select a non-feminist shelter for my study.

society actors. Their work is funded through public funds and follows the agenda of the state,[51] which results in their status approximating that of public agents, whose roles are akin to those of welfare social workers.[52] What is more, in the Swiss context, the development of private institutions concerned with social protection preceded the establishment of the welfare state (Rossini & Martignoni, 1999). Swiss Federal Statistics (FSO) defines the field of social protection as 'a group of measures taken by the State and private institutions to ensure the coverage of vital needs of a population and to particularly protect them against some social risks' (Délez & Mayor, 2004, p. 16). The abovementioned social risks to which FSO refers consist of eight specific risks and needs: aging, illness, handicap, survival, the field of the family and children, unemployment, social exclusion, and housing that define the perimeters of the interventions of social workers (Délez & Mayor, 2004). Accordingly, the situation of some victims of IPV can correspond to some of the above conditions considered as social risks within Swiss regulations, notably family risks, housing, and social exclusion. This correspondence further highlights the existing relationship between the work of shelters and that of the welfare state. Accordingly, the institutional logic of the shelter conjoins two perspectives: social welfare and the provision of a protected space for women. Because it is aimed at providing practical support for women, while at the same time being institutionally dependent on the welfare state, the shelter's work is traversed by the tension of balancing care and control. In the course of this chapter, I will explore the ways in which this institutional perspective impacts on the shelter's work with IPV victims.

Following this brief historical sketch aimed at clarifying the institutional background and the shelter's relationship to the state and following the same structural format as that of the previous chapter on police work, the present chapter is divided into two main sections. The first section provides contextual and descriptive information on the work of the shelter under investigation, and on its organisation in general. I begin by presenting this information

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[51] The close link between the shelter and the welfare department is reflected in its funding. The shelter is basically funded through public funds allocated for social welfare at the cantonal level (Annual Report, 2015). The child protection authorities, the LAVI centres implementing the Federal Law on Helping Victims of Offences (in French: Loi fédérale sur l'aide aux victimes d'infractions, and some other neighbouring municipalities also contribute to its funding. In addition to public funds, the shelter receives funds from some private donors, who are listed in its annual financial report, which is published online. These donors are other foundations and associations, lottery funds, and some insurance companies. To safeguard the anonymity of the shelter and its professionals, I have not provided the link to the annual report.

[52] In this sense, the shelter's context interestingly resembles that of women's shelters in Turkey studied by Ekal (2011).

through the lens of my own internship path at the shelter, presenting their work in the same way that it was presented to me. I use the term 'intern's path' to denote the way in which the shelter's staff presented their organization to all newcomers, that is, newly recruited members of their team. This first section presents its location, the team, and the different interview formats offered to women. In the second section, I trace the virtual path of a 'victim', revealing how an individual's request for admission is processed by social workers at the shelter. This enables readers to understand what happens to an individual when she approaches the shelter and what options are open to her. This last section provides some analytical insights on the social workers' category of action centring on 'family and conjugal violence' and its formal definition. I briefly analyse the ways in which the professional logic of social work and the institutional logic of a women's shelter can impact on how cases of IPV are handled by the staff.

2.1 The Path of the Intern

The first day of September 2014 was also my first day at the shelter. I had previously met with the director a few months earlier at an annual meeting of the network of institutions that tackle the issue of 'domestic abuse' in a canton in Western Switzerland. She had agreed to meet with me, and we had subsequently met a few times and I had presented my work at a weekly staff meeting, where I had responded to the questions of the shelter's professionals about myself, my research and its objectives, and the time that I proposed to spend with them. At the end of this process, I had been granted access to the shelter for my fieldwork, initially for a period of two months and for three days in the week. I signed a collaboration protocol with the director and began my fieldwork the following Monday.

The building accommodating the shelter was not easily distinguishable from other connected residential blocks. It was part of a six-floor block of connected grey buildings. Its specificity was only apparent upon approaching the entrance. The entrance to this part of the building was constituted by a glass door painted in a vivid blue hue featuring the name of the shelter. Contrasting with some of the other shelters for IPV victims, this shelter provided a public service as an extension of the welfare department; hence its address was not hidden and could be easily accessed on the shelter's public website. However, a double entry system that was wired to a security system prevented anyone from entering the building without the permission of receptionists, who were available on a 24/7 basis. Anyone wishing to enter the

building either needed a badge or had to ring so that a receptionist could check the visitor's identity before opening the door.

The building was composed of six floors. The sixth floor was occupied by a kindergarten for children in the neighbourhood. Some places were also reserved for the children of the shelter's residents. These 'residents' were accommodated in studios located on the second, third, fourth, and fifth floors. Usually, each studio was shared by two women without children. Women with one or two children were offered a studio of their own. Women with three or more children could receive two connected studios, if available. Every studio had a small balcony, a bathroom, and two beds. A kitchen and a living room were located on each floor and were shared by all of the inhabitants on that floor. The studios were renovated recently and were well maintained and around 15 square metres in area.

The ground and first floors were reserved for employees. The ground floor contained offices, a reception, a lobby, and a cafeteria. The offices were usually shared by two, three, or four employees who worked mostly part time. The reception and lobby, which were furnished with sofas and couches, served as a waiting room. The cafeteria was linked to a kitchen, where two professional cooks prepared meals for the staff and the residents. However, only the staff could use the cafeteria during breaks and lunch times. The residents ate in the living room located on each floor or in their own studios. They could use the cafeteria outside of lunch and dinner times. The cafeteria included two big tables, several chairs, and a coffee machine. In addition to these facilities, the ground floor included two large living rooms used mainly for staff meetings and two small rooms used for interviews. The shelter also had a garden of its own with a small playground for children.

When I arrived at the shelter the following Monday, I had a relatively clear idea of the schedule for my first week. The director had prepared a plan for me so that I could immerse myself in the work of the institution and familiarize myself with the people there and with their work. This plan was grounded in the same principles that were applied to every newcomer or intern, entailing a tour of the institution and meetings with some professionals for initial informal interviews to learn about different aspects of their work and finally attending the staff meeting scheduled for that week. My timetable for my first day is replicated below:

> 'Planning for Faten Khazaei – First week from 1 to 5 September 2014
> Monday:

- 9 a.m. to 10 a.m. – Weekend review
- 10 a.m. to 11:30 a.m. – Observation at the reception
- 11:30 a.m. to 1 p.m. – Maximilian's ceremony to celebrate his 10 years of service
- 1 p.m. to 3 p.m. – Interview with Pierre about residence
- 3 p.m. to 5 pm –Interview with Sarah about the Mother-Child Team'

The planning was tight. I recall running from one interview to another. After a few days, I realized that this was the usual work rhythm for the professionals at the shelter. As planned, the day started with a review of information that had been recorded on happenings during the previous weekend. The following section focuses on my observation that day of the receptionist-secretaries' work. Subsequently, I will retrace a virtual victim's path to the shelter. To facilitate a better understanding of a woman's experience upon her arrival at the entrance to the shelter, I will describe my first meeting with Pierre, who elucidated the theme of 'residence' as one of the main provisions of the shelter.

2.1.1 Reception

The reception's desk was tall, hiding the secretaries' computer screens, telephones, and the administrative files and drawers. A pair of secretaries sat behind the desk, each facing a computer. My first day of immersion started from behind that secretaries' desk and I sat in with Laura and Bianca. I had already been in the lobby several times previously when I had met the director, but on those occasions, I was a visitor. I had been asked to wait and to sit on one of the dark blue couches until someone came to escort me to the office of the director, Miriam. However, on this particular day, the locus of my observations shifted from the lobby to the desk. This move opened up a new perspective on what really happened in the shelter and what life within it actually looked like.

The edge of the tall desk hid a screen that showed who was at the door. It was hard to take notes on what was happening, because there was so much going on at the same time. The telephone rang continuously. People called with all sorts of demands, asking for information, a certificate of residence, and so forth. There were also people ringing the doorbell to enter, others requesting entry to the parking lot in front of the shelter, and employees coming to the reception to leave messages with the secretaries for other colleagues. Women who were resident at the shelter approached with questions or to announce their arrival for their interviews scheduled with either a social worker or a psychologist. One woman arrived at the door, accompanied by three small children and a friend, seeking admission. A few small

children were also waiting in the lobby and playing. One of them started to cry, while the others began to shout and started running around. The secretaries were kept very busy dealing with all of these activities. In addition, they had to type out the morning meeting's discussion about the weekend events in the digital diary that all of professionals shared to keep abreast of happenings during their absence from the shelter.

Laura and Bianca told me that they were part of a team comprising a total of three secretaries who worked together daily in pairs. Bianca smiled helplessly, waiting for one of the children to stop shouting and said they had to 'do a thousand things at the same time'. Before answering the telephone that turned out to be a woman crying and asking for help, Laura looked back at me and said 'Nevertheless, we are happy to be here. It has been 16 years now'.

The liveliness and dynamism of the shelter, the comings and goings, emergency calls, and all of the events that occurred that day were part of the usual rhythm of working days at the shelter as I discovered during the months I spent there. The dynamism and rhythm of the work at the shelter was perceptible beyond what could be observed physically and materially, as I have described above. It was also perceptible in the emergency nature of the situations that the staff encountered. It was accentuated by their work with victims of IPV, who had fled from high-risk situations and needed security and protection. This would have consequences for the professionals and residents alike. For the former, the professional wear-and-tear of social workers discussed in the literature (Ravon, 2009), should not be neglected, as they are particularly pertinent in the case of the shelter's social workers who are confronted with the problematic of violence and are expected to manage high-risk crises. For the women seeking admission, one of the social workers explained why she needed to describe 'realistically' the life at the shelter for women who sought admission:

> 'When I receive a woman, who is in a state of exhaustion; who insists on the fact that she needs some calm; that she needs to rest, I will explain to her where she has really arrived. I will tell her that there are more than 20 women, more than 30 children; there is screaming and crying; there are arguments. . . I mean it is community life so . . . it is not exactly a rest house. Then that can become a problem for the person or not, it depends, but there are people who give up the idea of coming. I think with the passing of time, I am now clearer about how life is here, what its everyday reality is, which is not a nice little island as some would have imagined when they arrived at the door. It is true that we have a certain number of conflicts to manage between the residents, between a resident and the child of

someone else, I mean it can become quite complex . . . and repetitive, so . . . now I prefer that people who ask for admission have a more realistic vision.' (Theresa, interview, 25 Jan. 2016)

2.1.2 Team Presentation

The shelter in question was part of a foundation that also ran a kindergarten and a general administrative service.[53] In rare cases, women who suffered from familial and domestic abuse inflicted by other family members were also accepted in the shelter. The shelter's organizational structure comprised three different entities: the board of directors, the administrative team, and the field team. The board comprised four individuals: a director, an individual responsible for pedagogy, and two heads of administration and human resources, respectively. Of particular interest here is the field team, which was divided into five sections. The first section comprised a team of social workers[54] made up of 13 professionals (four of whom were men) and a variable number of interns. The second section comprised the mother-child team, which consisted of seven professionals (including one man) with psychology or socio-educative backgrounds, and a variable number of interns.[55] Three other teams were constituted by the eight watchmen and watchwomen, four domestic workers, and a group of five to six volunteers.

The watchpersons worked during the nights and weekends with a social worker, who was on call and would come to the shelter if any emergency situation arose. The domestic workers took care of working offices, whereas residents cleaned their living studios and shared spaces on their respective floors. The volunteers accompanied women when they went out, for example for interviews scheduled at other venues such as the police station, or at medical or social service facilities, and provided any ad hoc help upon the request of the professional

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53 It is necessary here to point to a change that occurred towards the end of my fieldwork conducted at the shelter. In 2016, the shelter had also integrated another already established and independent centre in the canton that worked exclusively with perpetrators (termed the 'authors' of violence) to help them stop using violence. This team has been transferred under the supervision of the shelter's director and integrated into the structure of the foundation. However, it functioned completely independently from the shelter and its personnel. The information provided here focuses on the internal work of the shelter for victims, as the other structure was not yet attached to the institution when I conducted my fieldwork, and even after that, it did not influence the work of the professionals I encountered.

54 Since the late 1960s and 1970s, the appellation 'social workers', which brings together a variety of professions, including those of social assistants, educators, and animators—each of which is practically separate, with its own status, title, history and genealogy—within an unequal structure (Ion & Tricart, 1985).

55 See Appendix I for details on the socio-demographic characteristics of the staff members whom I met and interviewed during the course of my research.

staff. The staff members whom I accompanied during my fieldwork were mostly social workers along with psychologists and educators within the mother-child team.

Once admitted to the shelter, women would be assigned to one of the available professionals at the following weekly meeting. If a woman had any children, she was assigned two referees, of whom one was a social worker and the other a professional member of the mother-child team, who could be a psychologist or an educator. For those without children, only a social worker was appointed. For every social worker, a substitute was appointed in case of the former's absence while on vacation, because of sickness, or any other unanticipated reason. Social workers were responsible for supporting women in their administrative and juridical battles. They provided support such as helping them to contact other institutions, write letters, make calls, and prepare financial reports for budgetary calculations. They would meet with every resident at least once a week for a session lasting one hour to one and a half hours to talk about various administrative issues, and, if they had time, to share information about the mechanisms of IPV. The mother-child team was first and foremost responsible for the assessment of children's situation and the women's relation to them. They could also meet with the women once a week to talk about their relations with their children and to raise their awareness about the impacts of IPV on them, even if they were not directly abused.

Apart from the shelter's age and origins, the constitution of its team reveals another difference in relation to other shelters that originated in the feminist movement. For instance, the shelter also employs men as social workers or psychologists. Even though the majority of the employees are—and have continued to be—women, there is a strong emphasis on keeping the team mixed. This was one of the reasons given by the Federation of Women's Shelters in Switzerland (*Fédération Solidarité Femmes de Suisse et du Liechtenstein* DAO) which is the umbrella association of IPV shelters in Switzerland and Liechtenstein, for refusing to recognize and integrate the shelter as an active member. However, as the current director confided to me, there has been some collaboration in terms of statistics. Moreover, in an interview, the deputy director provided the following clarification:

> 'There are shelters, especially in the German-speaking part of Switzerland, that advocate a feminist approach, excluding men from their team for example. In fact, our shelter has been rejected several times by the DAO because we have men in our staff, and we do not advocate a feminist approach. We do not care, really; since I have been here, there has been no new initiative on our part to request the DAO for membership. But there is also the fact that we have the support of the canton. Our

> shelter is unique example, in that the State mandated our foundation to treat the problem. It is unique not only in the way that it has been founded but also because of the cantonal government's support of the problematic. Other feminist shelters are not public organizations but associations. Here, we are part of social welfare. In some German-speaking cantons, some of the feminist shelters are threatened with closure because of the lack of financial resources. Here we do not have this preoccupation. So, we may not need to be federated with other feminist associations that need more to act collectively . . . It is a federal state and there are different histories in the different cantons.' (Beatrice, interview, 21 Oct. 2014)

The shelter's background and the mandate for its foundation by public authorities have also impacted on the institution's perspective regarding the problematic of IPV. In the last section of the chapter, I will return to this specific institutional logic which is closely linked to social work when it comes to supporting victims of IPV. In Chapter 4, I further explore and analyse the specificity of the shelter's approach to IPV and the differences between this approach and what have been termed 'feminist social interventions' (Larouche, 1985; Rinfret-Raynor & Larouche, 1992).[56]

2.2 Intervention Types

2.2.1 Ambulatory consultations

The shelter offers two types of assistance for women who are victims of IPV. The first entails the provision of shelter for women fleeing from their homes, and the second comprises ambulatory consultations for women outside of the shelter who are seeking information, expertise, or help. I will briefly present the shelter's ambulatory consultations before elaborating on the services offered to those seeking accommodation and protection as residents. Some of the women seeking ambulatory consultations were not sure if they were in a violent living situation, some had not yet decided to act, some needed more information about available options for changing their situations, and some had already left their homes

[56] It should be noted that my description of the specificity of this shelter as a non-feminist organization does not imply that my findings, presented here as well as in chapter 4, are completely irrelevant for other shelters in Switzerland. In fact, as recalled by Beatrice, the deputy director of the shelter, who had a long history of collaboration with other feminist shelters before joining this one, the differences relate more to the discursive strategies that are deployed in alignment with the identities of the concerned institutions. However, in terms of the concrete everyday work conducted with beneficiaries and the solutions offered, shelters for victims of IPV share a great deal of similarity. Moreover, the same process of marginalization of the feminist discourse on IPV has been documented in some other Swiss cantons (e.g., Roca i Escoda & Lieber, 2015).

but could stay at other places. Residents who left the shelter would often continue to have some ambulatory consultations for a period of time so that social workers (or sometimes even members of the mother-child team) could monitor the progress of their settling down process after their departure.

Theresa, one of the social workers, explained ambulatory interviews and their objectives as follows:

> 'For an ambulatory one, it is more related to something, an incident or something that happened to a person who was questioning her life situation, I mean, who was thinking about separation or divorce. There are also women who call, and they do not really know if they want admission or just a few consultations. That is also the objective of ambulatories to meet with the person and see where she stands and to discuss the possibility of an admission or not. At the end of the day, this work is much more of an evaluation, to receive a person and to evaluate her situation in terms of violence; to see where she stands, what she wants and what she needs, what is her social network, who else can help her among her network, and so on.' (Theresa, interview, 25 Jan. 2016)

Ambulatory interviews, then, provided an opportunity to convey information to women who were confronting IPV, needed assistance on a temporary basis, or answers to questions. They were usually scheduled by the secretaries, who had access to the calendars of all of the social workers. Each consultation lasted one hour. There could be a one-time interview or multiple interviews. For residents leaving the shelter, they would usually offer up to a maximum of five consultations to leave some slots open for new requests.

In addition to ambulatory consultations conducted at the shelter's location, women had the opportunity to schedule interviews in other areas of the canton, thanks to the itinerant service. Three social workers dedicated one or two days in the week for consultations held outside of the shelter, often in an office in a hospital or at the welfare department of a neighbouring city. These consultations followed the same rules as the ambulatory ones held in the shelter. The only difference was that they were offered to women living far from the city. This service enabled them to avoid long travel times and improved their access to the services offered by the shelter, which was the only one in the canton that could provide refuge and expertise on IPV.

All ambulatory consultations began with professionals asking women about their main concern that had brought them there. Next, they briefly outlined the services offered by the shelter and assured the women of the confidentiality of all of the information they received. However, they warned them that if children were involved in the situation, and in case their development was in jeopardy, they could not keep silent about this and had a legal obligation to report the situation to the child protection authorities.[57] During ambulatory interviews, the professionals let the women explain their situation and concerns. Theresa later described the specificity of ambulatory interviews to me as follows:

> 'In the case of ambulatory consultations, I would be a bit more relaxed in comparison with a first admission interview because I would not need, for instance, to verify if her condition corresponds to our criteria to be admitted. Nor would I have many administrative tasks to do in contrast to routine interviews with residents. This means that I would only listen and then give some explanations and information and direct the person to other services and institutions in the cantonal network. There would be no need to ask myself if it would be okay if this woman was accepted in the shelter, if it would be helpful for her, whether it would be okay for other residents, whether it would be okay for our team and for the institution, and so on. So, it would be more relaxed and much more concerned with the problematic of violence itself and giving information.' (Theresa, interview, 25 Jan. 2016)

Theresa's explanations point to the challenges that are posed by admission interviews to which I return later. In contrast to admission or routine interviews conducted with residents, ambulatory consultations entailed fewer administrative tasks and also had less impact on their work within the shelter. There was no financial budget to establish and usually no letters or telephone calls to make. This was a conversation for which a brief report on the matters discussed needed to be archived in the shelter's database.

2.2.2 Residence

The most essential service offered at the shelter was the provision of secure housing for women who needed to protect themselves from an ongoing crisis entailing IPV. As previously mentioned, the shelter provides administrative, legal, social, and psychological support for

[57] This topic will be discussed further in Chapters 5 and 8.

women who need protection at a time of crisis. The time available for professionals to work on each case, and the scope of work that could be achieved within that time frame, were determined by the legal status of the beneficiaries and whether they were recognized as a 'victim' of IPV. This recognition was in turn based on whether women's experiences matched the shelter's institutionalized category of action against IPV and its admission criteria. I will delimit the contours of that institutionalized category of action later in the chapter.

Housing was offered for a limited amount of time, sometimes for a very short period of up to a few weeks but could be extended up to six or seven months in exceptional cases. The duration was not uniform for everybody. It depended mainly on funding issues, which in turn depended on a woman's financial situation, her nationality (if she was not Swiss), the type of permit she possessed or lacked, and the nature of the violence she had endured. I will return to the question of types of violence at the end of the chapter. Here, the focus is on conveying general information.

In 2014, DAO released a report in response to a request by the Swiss Association of Cantonal Directors of Welfare Departments and the Swiss Federal Office of Gender Equality (Stern, Trageser, Rüegge & Iten, 2014). According to this report, the majority of women (63%) registered in shelters in 2013 were foreign nationals (Stern et al., 2014). An analysis of the ages of the women in the report indicated that 48% were in the 18–29-year age group, 50% were in the 30–64 year age group, and the rest were either aged above 64 years or their ages were unknown (Stern et al., 2014). These statistics, obtained for 2013, further revealed that in 19% of the cases, both the victim and the perpetrator were Swiss nationals (Stern et al., 2014). In a further 19% of the cases, the victims were foreign nationals and the perpetrators were Swiss nationals. In 14% of the cases, the victims were Swiss nationals and the perpetrators were foreign nationals (Stern et al., 2014). Finally, in 44% of the cases, both the victims and the perpetrators were foreign nationals. Table 5 presents a synthetic view of these statistics, which, notably, are restricted to a Swiss/foreign national dichotomy and do not differentiate those categorized as foreign nationals by their nationalities.

Table 5 Victims and Perpetrators of conjugal violence based on nationality (2013)

Victim	Perpetrator	% (N = 625)
Swiss national	Swiss national	19
Swiss national	Foreign national	14
Foreign national	Swiss national	19
Foreign national	Foreign national	44
Nationality unknown	Nationality unknown	4

Source: The Report of The Federation of Women's Shelters in Switzerland (Stern et al., 2014)

A comparison of these figures with the previously reported police crime statistics (see Chapter 1) provides valuable insights. Compared with registered victims in police statistics, almost half of whom are foreign nationals, the majority of victims in Swiss shelters are foreign nationals (63%). The high proportion of foreign nationals among the shelter's residents in Switzerland indicates that this population has fewer options for seeking shelter compared with Swiss nationals, who would first seek help among family and friends or directly find an independent apartment after separation. Moreover, residents of shelters in Switzerland are mostly recipients of social welfare, thus sharing a common precarious socio-economic situation (Egger, 2004). The majority of recipients of social welfare, and by extension, residents of IPV shelters, have precarious jobs (non-stable, partial, and temporary positions), poor health conditions, and lower educational status (Fibbi, 2004; Fluehmann, 2015). Consequently, some of the explanations within the literature that seek to account for this overrepresentation of a precariously positioned foreign national population in the shelters for IPV victims include significant financial difficulties and social isolation following recent migration (Gillioz et al., 1997; Mayer, 2010; Straus, 1990; Zoder, 2008). Moreover, precarious work conditions or unemployment (Steiner 2004) result in fewer opportunities for this population to leave the family domicile and seek other accommodation during the separation phase (Egger, 2004). Thus, they are more likely to apply to public shelters rather than attempt to find private and personal solutions (Stern, Trageser, Rüegge, & Iten, 2014).

My own observations and the interviews that I conducted with the shelter's professionals confirmed this trend. Moreover, the foreign nationals who were residents at the shelter under investigation had often recently arrived in Switzerland. Although the shelter did not maintain separate statistics relating to different permit types and nationalities for ambulatory versus resident populations, the professionals there unanimously asserted that there was a clear difference between individuals who came for ambulatory consultations and residents of the

shelter. The ambulatory beneficiaries were more often Swiss or foreign nationals who were well established in Switzerland. They had benefited from having obtained settlement residency permits and were long-time residents in the country. By contrast, the resident population more often comprised individuals with non-permanent permits granted for family reunification or to asylum seekers or refugees who had recently arrived in Switzerland and were often recipients of social welfare. The estimation below, offered by Maximilien, one of the social workers, is representative of what the professionals repeatedly stated in the interviews and matches my own observations (even if these cannot be considered representative) during the several months of my immersion in the shelter's work.

> 'I would say four-fifths of our resident population have recently migrated. And between half to two-thirds of our ambulatory beneficiaries are Swiss nationals or, if migrants, they have been in Switzerland for a long time. We have very few cases of refugees or asylum seekers among the ambulatory beneficiaries.' (Maximilian, 14 Dec. 2015)

Anna, another social worker, provided the standard explanations that were offered by the shelter's professionals. These were in line with above-mentioned reasons offered for the specific distribution of beneficiaries in public shelters in the literature.

> 'The reason why more migrant and foreign women come here is because they have nowhere else to go, whereas Swiss women may have more family members, who provide an important social network that they can count on if they need to leave their homes. They speak the language and can more easily find the information and resources that they need without being constrained to come to the shelter. So yes, we have more foreign women in the shelter.' (Anna, 8 Jan. 2016)

The admission requests could be conveyed through different routes that influenced the procedure. One route entailed a telephone call to the centre. The situation could be briefly evaluated over the phone, information could be provided, and an appointment could be scheduled for an upcoming day to evaluate the situation in greater detail before making a decision regarding admission. It also happened that people came directly to the shelter without giving any prior notice. In such cases, social workers had to evaluate the situation very quickly and take a decision almost on the spot. Women could arrive at the shelter either on their own initiative, based on their fact-finding, or because they were directed there by other institutions, such as the police, hospital, a LAVI centre, their physician, or a

psychologist. Some of them were sent to the shelter by the child protection authorities to remove children from their violent environment and to avoid having to place them in foster care. Minor children only were admitted with their mothers. Except for the professionals, men were usually forbidden inside the shelter.[58] In other cases, individuals called under pressure, and upon the insistence of their neighbours, friends, or professionals, such as their psychologists. This could mean that they were not necessarily requesting admission. In such cases, their motivations would be determined, and the professionals sought, nonetheless, to evaluate the degree of danger entailed in their situations based on the reported incidents and facts and to ensure that the women in question were not trivializing the danger.

The availability of a vacant space for a new resident was also an important issue. It happened very often that there were no available rooms for admitting any new residents. In such situations, the professionals tried to develop a plan B. This could entail asking the woman herself to find a friend or a relative who could house her temporarily until a place became available. They also advised women to call back every day to check if a place had become available. If the woman's situation was considered dangerous, the shelter could accept her temporarily, offering her refuge in the living room on the ground floor; alternatively, they could inform the police, requesting them to monitor the situation.

The above-mentioned report commissioned by the Association of Cantonal Directors of Welfare Departments and the Swiss Federal Office of Gender Equality, presents an analysis of the needs of women's shelters in Switzerland. It reveals that in Switzerland that there are approximately 128 rooms and 200 beds available (in the total of 18 shelters in Switzerland) for female IPV victims in Switzerland. In 2013, a total of 1,048 cases of female IPV victims and their children were admitted to these shelters. The overall average is 0.34 beds per 10,000 habitants. According to this report, in 2013, approximately 25% of women who were eligible for admission in one of the 18 shelters in Switzerland were not granted refuge because of the lack of places and/or resources available in the shelters. This amounts to between 300 and 350 women out of a total of 1,350 to 1,400 applications in 2013. The findings of this report reveal

[58] The only exception was when a father wanted to visit his children. In such cases, a man could enter a dedicated space within the shelter to meet with his children according to a procedure that entailed a set of protocols. For example, the man was told that he could not use the child to convey any messages to the child's mother. He must act calmly and focus on his meeting with his child. He must not talk about the mother or slander her in front of the child. In case of any transgression, he would be refused permission to meet the child again inside the shelter. I will return to this later in Chapter 5.

that the primary reason for refusing a victim of IPV refuge in Switzerland is because shelters are fully occupied at the time of an admission request (Stern, Trageser, Rüegge, & Iten, 2014).

Once the women had been admitted to the shelter, they had to respect its rules. First, they were asked to actively commit to elaborating a project with the goal of extricating themselves from the violent situation and demonstrating the will to change some circumstance that would help to end that violence. Second, each woman had to meet once a week with her assigned referee among the social workers and with her referee from the mother–child team, if applicable. These regular weekly consultations offered to the resident women in the shelter were aimed at providing them with opportunities to discuss their projects during the period of their accommodation in the shelter. Their presence at these meetings was mandatory to demonstrate their willingness and accountability to use their time at the shelter constructively to improve their situation, to protect themselves and their children, and to prepare for their departure, whether this entailed returning to their homes or separating and filing for divorce, apart from any penal action that they decided to pursue. Third, the women were required to participate in floor meetings that were scheduled every two weeks to talk about issues relating to community life with other women on their floor. Fourth, they were obliged to sleep at the shelter. Although their presence at night was not always monitored, if a woman was absent for a night, her case would be recorded and discussed at the general weekly staff meeting and she would be reminded of the rule.[59]

These rules and conditions should be read and interpreted not only in relation to the nature of the shelter's work with IPV victims but also in light of conditions pertaining to social work in general. Several scholars have identified transformations in social work. They have examined the place of individual responsibilities within the social sector, showing how this is advocated by agents within this sector (Bresson, 2012; Castel, 1999; Demailly, 2006). As Dubois (2012) has shown in his study of the transformation of social work, 'individualization' and 'responsibilization' are grounding concepts within contemporary social politics. These

[59] This controlling aspect can be seen to emanate from one of two 'faces' of surveillance: the first is derived from care or protection based on compassion rather than on social control, which is usually the focus of attention (Lyon, 2001, p. 3). The monitoring of individuals for their own good may be better understood by mobilizing the moral value of the care component of surveillance instead of the dominant Foucauldian interpretation of surveillance relating to power and control in this case (Nelson, 2009). However, the second function of this obligation for professionals entails legitimizing and finding a rationale for accommodating a woman. If a woman has another secure place where she can sleep and is not in danger, then her shelter accommodation can no longer be justified.

transformations have led to an increased emphasis on the need for individual autonomy and independence and to a proliferation of conditions that would justify offers of help. Consequently, beneficiaries have been increasingly subjected to restrictive scrutiny by social workers (Dubois, 2012). The criteria of having a concrete project, a clear intention to end violence, and a commitment to this project and goal applied to an IPV victim can be viewed as a translation of the above requirements within social work to the shelter's work with IPV victims. To be considered worthy of receiving welfare, they should respect rules and conditions and show their interest in activities suggested by the shelter's professionals. Among others, Dubois (2012) has pointed out that particular keywords, notably 'projects' and 'autonomous and independent' reflect major transformations of Western European welfare states in relation to their 'beneficiaries' that have occurred since the 1970s (Herman, 2016). These transformations have resulted in social protection being linked increasingly to economic growth, with such protection being limited in the event of an economic crisis or a need to cut back on public expenditure (Puaud, 2017).

When I asked social workers to comment on their typical beneficiaries, Theresa's' words succinctly represent their response.

> 'Well our typical beneficiary is a woman who has been a victim of conjugal violence or familial violence (by her children, her parents, or by other members of her family), who has nowhere else to go, who comes here with the idea of working on violence and being helped in her efforts, and to take care of the consequences of that violence. This is our typical beneficiary.' (Theresa, 25 Jan. 2016)

2.2.3 Departure

At the outset, the professionals did not broach the subject of departure. Pierre, one of the social workers, explained that the reason for this was that they wanted the woman to feel secure at first. Nevertheless, they could not avoid this topic, particularly in the case of women whose situations did not correspond to LAVI conditions, or those whose legal status in Switzerland did not provide them with access to welfare, for example, undocumented migrants. Those who could have access to housing financed by the welfare department, would accumulate a social debt for which they would be accountable and liable within ten years of their departure and in case of solvability, meaning earning enough money to be able to pay it back.

Usually, a woman's departure occurred when she was granted the family apartment through a court decision pertaining to her divorce or separation. Those women who were not granted the family apartment had to find accommodation at the end of the period of their financed accommodation at the shelter. This was a source of stress for both women and professionals because most of the women's financial situations did not enable them to find suitable housing. Sometimes, they were sent to a hotel paid for by the welfare department for some time. In other cases, social workers tried to find other solutions such as identifying a relative or a friend within a woman's own network who could house her temporarily; leaving aside all of those situations where women did not have any other choice but to return to their homes and resume their lives together with their partners. Jean-Luc, one of the social workers, complaining about the lack of time and resources to really accompany women after their departure, said all they were doing was 'managing crises'. As a matter of fact, the women's journeys out of violence would not end with their admission to the shelter. This journey really began after their departure.

'Managing the crisis' is how Jean-Luc, one of the above-mentioned social workers described this, elaborating further during a subsequent interview:

> 'I think that the reality of the institution is that . . . we are very concerned with protection . . . to put a system of protection in place around the residents, specially through housing, administrative help, finding an attorney for separation etc. I think we are too focused on that, on crisis and protection. It takes up most of our time and energy, whereas I think we should focus equally on the departure and the projects of women after housing. On what happens to them in the long term.' (Jean-Luc, 29 Oct.2014)

The focus on providing immediate and temporary protection and managing crises on a daily basis entailed prioritization of short-term rather than lasting solutions. By contrast, more long-term support was not possible when accommodation funding ended and there would be insufficient time and resources to support women in terms of their departure and post-shelter projects. This tendency to short-term crisis management can be understood in light of evolution of social work. As Aballéa (1996, p. 16) pointed out over two decades ago, social workers in welfare departments have had to become increasingly selective in the assistance that they provide to their beneficiaries as a result of budget cuts and the rise of emergency social work. In a more recent study, Puaud (2017, p. 182) explained how social work has become a tool for the adjustment of public expenditure and how, as a professional sector, it

has been more strongly impacted by the consequences of liberal economic policies compared with other sectors. The rise of emergency social work has propelled the selection of an increasing number of emergency responses to proliferating crisis events. I will return to this in the next section on admission criteria.

2.3 'Domestic Violence' as a Category of Action: The Shelter's Institutional Logic

2.3.1 Formal Definition

The home page of the shelter's website begins with the following definition quoted from a specialist working with perpetrators of IPV at a Canadian centre:

> 'Conjugal and familial violence refers to all aggressive, abrupt, and repetitive behaviours, words or actions within a couple relationship or within family relations. This violence can be physical, psychological, sexual, or verbal. It can also be committed by abusing children, controlling money, breaking objects, directing blows at pets, or any other measures that are aimed at controlling the behaviours and gestures of one or several members of a family.'[60]

This definition of 'conjugal and familial violence' is used in all formal documentation published by the shelter. Thus, the shelter recognizes a wide range of actions and situations as demonstrating IPV. In the context of the shelter's work concerning IPV, a broad range of actions and situations were recognized as being violent. This recognition encompassed not only physical violence but also psychological violence as well as the psychological impact of a violent act, even if it was not perpetrated on the victim's body but rather on an object or animal. In addition to the intimate relationship that is considered in the determination of IPV, the issue of control was also covered in the shelter's definition. The intention to control is therefore considered an indicator of IPV, leading to an extension of the range of actions and situations that are considered violent. However, there is no mention of the specificity of IPV as a form of violence against women, and 'conjugal and familial violence' are conjoined within the shelter's official definition of the type of violence that is subject to their category of

[60] This information is extracted from the shelter's website, which I last consulted on 6 May 2018. To respect the anonymity of my respondents, I have not provided the website link. I have translated the text into English from the original French, which is: '*La violence conjugale et familiale est un ensemble de comportements, de paroles ou de gestes agressifs, brusques et répétés à l'intérieur d'une relation de couple ou de relations familiales. Cette violence peut être physique, psychologique, sexuelle ou verbale. Elle peut aussi être exercée à travers des abus faits aux enfants, le contrôle de l'argent, le bris d'objets, les coups sur les animaux ou toutes autres mesures visant à contrôler les gestes et comportements d'un ou plusieurs membres de la famille.*'

action. This definition reflects what was previously observed in relation to the shelter's institutional logic, which avoids a feminist orientation that clearly emphasizes the nature of IPV as a form of gender-based violence against women. Instead, their definition foregrounds the family sphere that could encompass violence against the elderly, children, and parents, even though, in practice, it is only women with their children who are received at the shelter. Thus, this broad interpretation of violence includes more types of violence than those that are considered reprehensible by the law, as seen in the case of the police.

The following excerpt from my interview with Theresa, one of the social workers, illustrates which types of violence were considered by the shelter and how they were investigated during a first interview, called admission interview, with prospective beneficiaries:

> 'I start my evaluation with physical violence, then psychological, and then sexual and economic. For each of these forms of violence I ask when it started, what form it takes . . . and how often it happens; when was the last time? . . . For physical violence I ask, if there have been any blows, if he has beaten her physically, and then how it happened. What form did it take? Were there punches, kicks, slaps, strangulation, or did he pull her by hair? These kinds of things . . . For psychological ones, I use the term "psychological violence" on purpose, but sometimes the terms that we use such as economic violence, do not make sense for them . . . so we need to be specific. For sexual violence, for example, I ask the person if in the past her husband or partner had not respected her sexually. And then sometimes they say "no" at first, and I say "Okay, this means that he never forced you to have sexual intercourse?" And then sometimes the answer changes . . . If she answers that he is disrespectful in this regard, I ask, "how exactly?" I try to understand what form of sexual violence we are talking about; if it is a rape or sexual coercion, or if . . . Yeah what it is. Finally, regarding economic aspects, I ask who pays invoices, and with whose money? Who does the shopping? If she or the children need clothes, what happens? These kind of things. . .' (Theresa, 25 Jan. 2016)

This explanation enumerates general categories of violence recognized by the shelter, be they physical, psychological, economic, or sexual. In addition to questions related to the eventuality of physical or sexual violence, indirect questions were asked to identify psychological or economic violence and determine if a woman for example had any financial resources of her own or was threatened, insulted and/or denigrated.

The next example of a typical admission interview that was held to determine whether or not a woman could be admitted to the shelter demonstrates the ways in which the above definition of IPV was actually operationalized in practice.

2.3.2 Admission interview

An interview I was supposed to assist with that morning had been cancelled because the woman in question had not shown up. Therefore, I checked the professionals' shared calendar and saw that an admission interview had been scheduled for Luisa, one of the longest serving social workers at the shelter. I asked whether I could accompany her, and she agreed on the condition that the woman concerned provided her consent directly, and I assured her that in any case, I would always ask for consent myself. This is how I came to sit in with Luisa and Ms. T, a young Eritrean woman in her early thirties who came to the shelter with her three children and her sister-in-law, and to observe this particular interview.

In cases where a newcomer did not speak French, an interpreter was contacted. This could also create some concerns because there were not enough interpreters available for some languages, and their schedules could be very busy, resulting in delays in the admission process. Luisa was not sure whether an interpreter would be needed for Ms. T, and she did not have sufficient time to locate one before meeting her. However, we soon discovered that Ms. T was fluent enough in French for an initial interview. Luisa began by asking Ms. T how she was. 'So so', she answered. Luisa affirmed kindly, 'me too' and asked her if she wanted to come to the shelter. Ms. T. answered, 'Yes, for protection'.

The first part of an admission interview was always dedicated to eliciting general information about a woman's identity and about her children. So, Luisa asked for their identity cards and started to fill out her admission form. A series of questions followed: 'How did you learn about this place?', 'What is your mother tongue?', 'Sorry, how do you pronounce it?', 'Are you married? Where and when?' After noting down the nationality and different types of permits that the family possessed, Luisa asked about the professional situation of the woman's husband, who was unemployed, and for the age of each child along with the name of the school that he or she attended. She then assured Ms. T that she would stop asking administrative questions and that she would photocopy the identity documents so that they could then talk about the situation.

The professionals usually made a presentation on the shelter, providing its name and main mission before asking women to recount what had happened to them and what had led them

to come there. However, that day, Luisa did not have sufficient time, as she was also on call for handling any urgent matters that arose in the shelter. So, she asked Ms. T to tell us briefly the reason for her visit that day.

> ‘Ms. T- My husband tried to . . . [choke me; she does not find the word and indicates her neck] at home. He started to shout and then he grabbed my neck.
> Luisa - In front of the children?
> - Yes. The neighbours called the police, and he left before the police arrived. He said he would kill me. Sorry, I cannot explain very well.
> - Oh, you are explaining very well.’

We learnt that Ms. T’s husband was usually angry and talked aggressively with everybody. She thought he had a mental illness in addition to his thyroid problem. He had been imprisoned before, and Ms. T had hoped that he would improve after his time in prison, but that was not the case. Luisa continued:

> ‘Luisa - What did you do in this situation?
> Ms. T - I went to my parents-in-law but the protection is not good there. He does not get along with his parents.
> - Do you have any family member of your own here?
> - No, my family are all in Eritrea.’

The shelter’s staff preferred to offer a victim accommodation only as a last resort. If they could identify another place, such as that of a supportive friend or a family member where the victim’s safety could be ensured, then her admission to shelter would be considered to be of low priority. This is because, as previously noted, the allocation of one of the limited and highly sought-after places available in the shelter needed to be justified with regard to welfare state department. That is why Luisa asked Ms. T about other possibilities in her network of family members and friends to assess whether she could avail of any support. And Ms. T had explained that her family members were not in Switzerland and that only her husband’s family members, who had lived in Switzerland for 24 years, were there.

Given that the work of shelter is funded by the welfare department of the cantonal state, and was considered as an extension of welfare work, consequently, it is also subject to general principles of social work, such as the principle of subsidiarity. That is, the complementarity of offers between different professionals who may be involved in dealing with a particular problem (Rossini & Martignoni, 1999). If a situation can be or is taken care of by other

similar institutions or professionals with the same mission and objective, or if a woman has the possibility to find another accommodation and does not need the protection provided by the shelter then her situation cannot come under the ambit of the shelter's services. The territoriality of admissions also follows the principle of subsidiarity; the shelter has to cover the territory of its own canton.

Once it was affirmed that shelter was the only resort convenient for accommodation of Ms. T, Luisa continued her questioning to verify if this situation corresponded to the shelter's category of victim of IPV, asking her for details about her other experiences of violence. She asked questions such as: 'Was there any other physical violence before?' 'Did he hit you with an open hand or a punch?' 'Other physical acts?' When Ms. T explained that he broke things in the house and threw them at her, Luisa asked more detailed questions and explained: 'If he throws them somewhere, it is not the same as if he throws them at you, using them as a weapon'. This precision intended to determine the type of violence according to their above-mentioned definition, to see whether it is a threat of or an actual case of direct physical violence.

Luisa then briefly checked whether the children were also directly subjected to the violence of their father and whether Ms. T had also been sexually abused. Finally, she assured Ms. T that she could be admitted to the shelter.

> 'Ms. T- How long can we stay?
>
> Luisa - I do not know right now, but I can accept you. Our work is to help you. At least for a few weeks so that you can think and find a solution. We will explain all options that are possible for you. For your stuff, we can call the police and ask them to accompany you to the apartment if you need to fetch your things and your children's.

- Can I go out?
- Yes, of course! But at night you should sleep here. You should register every day at the reception for lunch and dinner. What is your religion?
- Catholic.
- Do you eat pork too?
- Yes.
- You can specify your preference when you register. You should lock the door of your studio when you leave it. You will do your own laundry. We have a shared

laundry room here. And you need to watch your children. Will you remember all of this? I am sorry I have to be brief because I am on call.

- Yes thanks, I understood it all.'

The admission usually ended with a quick tour of the studio, the laundry, the shared kitchen, the living room, and the reception.

As mentioned previously, and discussed further, in detail, in Chapter 6, the physical acts were investigated first in a precise manner, as the findings of this investigation could facilitate the funding of a resident's accommodation. In fact, LAVI centres' recognition of a woman as victim of IPV would increase the allocated time and money available to the shelter for accommodation. As physical violence would receive a LAVI recognition immediately for a women's situation, then these types of violence were primarily investigated. Chapter 6 will return to the place of physical violence in the institutional responses to IPV. For here and now, this investigation of physical violence allows to link shelter's practice to the rise of 'emergency social work' mentioned before (Puaud 2017). The limitation of resources available to social work led to the selection of more emergency situations for social aid (Puaud 2017). The existence of physical violence in more dangerous forms could then more easily justify the allocation of protected accommodation at the shelter in compliance with the welfare department's exigencies of providing funding for this accommodation only as a last and exceptional resort.

Consequently, this broad definition for IPV situations did not result in the admission into the shelter of all women who had suffered from one of the accepted forms of IPV listed by the shelter. The social workers at the shelter also had to make decisions about which women they would host and whose situation they regarded as relevant for their category of action. Those decisions where framed by the institutional logic of the shelter. The next section is dedicated to detailing informal admission criteria that were mobilized in the shelter for assessing each request. Formulating a clear discursive definition is one thing; its actual use is another. This is all the more challenging because notwithstanding different types of violence enumerated in the shelter's definition, there was no formalized protocol or guidelines for admissions. During my fieldwork, the shelter hired a new professional to take charge of all of the admission interviews, if possible, when the requests arrived. This would result in a more harmonious process for admission. However, sometimes, social workers on call for emergencies could also take care of some of the admissions in the absence of this colleague or in case she was handling another admission at that time.

In order to clarify which criteria were used in the shelter to evaluate women's situations and to identify cases that conformed to their category of action, the next section introduces additional considerations that informed social workers' assessments of admissible cases relating to shelter accommodation. In addition to my own observations, the criteria for admission identified in this section are based on explanations provided in the interviews I conducted with social workers, who usually conducted admission interviews.

2.3.3 'Danger and Emergency' in Practice: A Challenging Admission

The following incident that occurred during my fieldwork will further illustrate the complexity of the operationalization of the admission criteria. It reveals how the institutional logic of the shelter, following the exigencies of 'emergency social work', oriented social workers' evaluations and decisions.

It was 2 p.m. by the time we finished the staff brainstorming session. When I was going back to my desk, which was actually the desk of Pierre, a social worker, who was absent on Fridays, I overheard a discussion between Theresa and Cathy, who were exchanging feedback on a pre-admission interview that Theresa had conducted the previous day. She was uncomfortable about how it had gone. I asked them if I could join them and attended their meeting with Jean-Luc, as they wanted to seek advice from him, as a third party, to ensure that they had correctly evaluated the situation. They accepted my presence, and I began taking notes as they continued their discussion:

> 'Theresa: Sometimes I have some doubts about the admission criteria.
>
> Cathy: I also felt that we were harsh with this lady, especially when I met her. She was so grateful. . .
>
> - Sometimes we put forward some criteria and sometimes, for other situations, we put forward other criteria. I don't know finally. . .
> - Yes, before your arrival, each of us in his or her own way had to decide to admit or not, when to be flexible and when not to be. But now that you are the only person who does the admissions, the problem shows itself more clearly. We should not refuse a woman because her situation is not easy for us to deal with. Some admission criteria, particularly the dangerousness and the emergency of the situation, need to be evaluated every time.'

In light of the exigencies of 'emergency social work' (Puaud, 2017), the shelter's broad definition of IPV, and its recognition of a broad range of actions and situations entailing

violence, not all women who claimed to have endured IPV were offered shelter accommodation. This means that it was not sufficient for a woman to have demonstrably suffered from at least one type of violence recognized by the shelter in their definition; the continued risk of danger or of a threat to her physical or mental integrity also had to be plausible. Being a secure building that nobody could enter without being authorized by the secretaries, who were the gatekeepers of the locked entrance on a 24-hour basis, the shelter offered admission on a priority basis to women who needed that degree of protection. A woman's situation needed to be judged to be of sufficient concern to justify housing her in a secure place such as the shelter. Otherwise, the principle of 'subsidiarity' would not be fulfilled (Rossini & Martignoni, 1999) and those women were expected to seek help from family members, friends, or they could even rent a separate apartment during the time of crisis or in preparation for their separation if they could afford to do so. Therefore, for a woman to be offered accommodation at the shelter, it was important that in addition to her status as an IPV victim, her need for urgent protection was clearly evident, and that she was able to demonstrate that there was no other possible option for her to be accommodated elsewhere. Consequently, danger and emergency were important criteria that framed the discretion of social workers in terms of granting victims of IPV admission to the shelter. All situations even if were included in the shelter's definition of IPV were subjected to this evaluation of danger and emergency.

This managing of emergency brings to mind the work of police officers who also manage crises and are concerned with restoring calm in terms of the immediate situation. However, in an interview, Theresa explained the difference in the meaning of emergency in relation to these two institutional contexts,

> 'There is an emergency, which is vital, meaning that you need to call the police, or the fire station, or an ambulance. We do not really deal with this kind of emergency. And then, there is an emergency which is related to, for example, "I was kicked out of the house, or I need to leave the house to protect myself". We are more concerned with this type of emergency. This would be the case for our admission interviews.' (Theresa, 25 Jan. 2016)

Accordingly, the decisions of professionals to offer or refuse a woman admission depended on whether the situation was deemed an emergency, the degree of danger that it entailed, and how urgent the woman's need for help and protection were. Thus, the shelter's agents used the degree of emergency and danger as a criterion for evaluating the severity of the situation to

which a potential 'resident' was exposed in order to decide whether she could be offered housing. However, definitions and guidelines for determining the extent of danger and whether or not the situation was deemed an emergency were not very clear. Sometimes, a situation was not severe in relation to the nature of the violence entailed, whereas its impact on a victim was significant. It is this tension that is addressed in the above discussion between social workers. The discussion below, involving a third social worker, shed further light on this aspect.

We went upstairs to the office that Jean-Luc shared with two other colleagues, a social worker and a psychologist. The others were absent, and we had the room to ourselves. Theresa started to describe the situation to Jean-Luc:

> 'The lady comes from Eritrea. I did the interview with the help of an interpreter on the phone. She has four children back there and she has a severe illness. The situation is difficult with her husband here who denigrates her every day because of her illness. But the problem is that she cannot give a concrete example. When I asked her if she considered the possibility of going back to her country, she said, "I would prefer to die rather than go back". It would be very stigmatizing for her because of the nature of her illness. She also said that she wanted to commit suicide once because she could not bear the situation anymore at home and went up to the platform edge of a train station . . . Serena advised me to send her for a psychiatric check-up because we cannot admit people with suicide risks. That's why I only admitted her on a temporary basis and put her in the common living room on the ground floor, without giving her a studio. I wanted to be sure that she understood it was a temporary admission and not a confirmed one. Because I thought without an evaluation of her depressed state and her suicidal risk, we could not admit her. She assured me, however, that there was no problem now and that she had moved forward from the suicidal thoughts. But she would go to the psychiatrist. I think she said she would go just as a favour to me. I have the feeling that I have mistreated her. I feel like I have complicated the situation; there was a place available and I could have simply admitted her. That's why I need a second opinion.'

Cathy added that she was the person on call that day and after having met with the woman, she also felt guilty about not having admitted her right away. She wondered if they had been too severe with her. On the one hand, she was a victim of psychological violence, but they had

some doubts regarding the extent of the danger she faced. On the other hand, Cathy pointed out that they were sometimes flexible about the criterion of the extent of danger.

In some situations, such as this one, social workers needed to renegotiate what was deemed an emergency according to their own social work framework. For example, the need for accommodation could be considered an emergency, or a woman's perception of the degree of danger to which she was exposed could be accepted as a criterion relating to the severity of the violence. However, in a court of law, this assessment would not be regarded as sufficiently objective to categorize an offence as reprehensible and pursuable. Jean-Luc, who had listened carefully and silently to the views expressed by his colleagues, Cathy and Theresa up to now, tried to sum up the situation in order to clarify it:

> 'Regarding the violence, there is no concrete example, so it means that she is not a victim under LAVI. In my view, it is a situation to be followed through ambulatory interviews without including accommodation with us. Also, since she has already gone to the platform edge, it means that she has already elaborated a scenario for suicide, and it would derogate from our conditions should we admit her. I think she needs hospitalization rather than accommodation here. I think you should not feel guilty and that you made the right decision in not admitting her right away and only offering her the living room temporarily.'

The above evaluation of the situation illustrates how the lack of a concrete example of violence, such as psychological denigration, led the social workers to mobilize other criteria like a suicidal tendency to postpone their decision on the admission of a woman. Another dimension that was evaluated in relation to a woman's admissibility was her ability to function independently. This was assessed to ensure that a new resident would not seriously hamper life at the shelter for herself or for other residents and workers. Theresa explained this very succinctly when I asked her what would count in their evaluation of a successful admission. She replied, 'I do not know how to say this in other words but that would be a woman who would not cause any problem either for her referee or for the team, or for the institution and its community life'.

This concern was related to the specificities of life at the shelter. For example, women needed to register for lunch and dinner, and they were asked to take care of their children and watch them all the time. They were also asked to do their own cleaning and share responsibility for cleaning common spaces with other residents on their floor. For these reasons, if a woman had

a serious physical illness, a drug addiction, or mental issue, the professionals had to gauge how this condition could impact on her integration within the shelter before accepting her. They could ask her to arrange for her own psychotherapy, or, where applicable, independent regulation of her addiction by external professionals. The shelter's staff would not assume responsibility for any extensive medical or psychiatric surveillance that was required. Its professionals were also concerned with what could happen at the shelter and how an accident of any kind could affect other residents and their children. For the same reasons, a person demonstrating a risk of suicide could not be admitted to the shelter. In the case of someone already admitted who expressed her suffering and exhibited a desire to commit suicide, this individual was sent to a psychiatric hospital for immediate hospitalization.

Also, the third social worker, who was more distant from the situation because he had neither conducted the interview nor met the woman in question, introduced the question of LAVI criteria. As mentioned before, the specific provisions of the LAVI federal law, which framed the preliminary steps taken by the shelter's staff for each and every situation, and their specific approach to IPV problems, could also play role on the ways in which they assessed danger and urgent situations as the main field of action taken at the shelter in relation to victims of IPV. As Chapter 6 will show, the types of violence inflicted influenced the availability of financial and legal resources that enabled the shelter to support women and could therefore feature in the professionals' evaluation of a situation. A greater degree of physical violence experienced by a woman positively influenced the decision to admit her to the shelter, as the professionals could better justify it in relation to funding.

Still questioning their decision, Cathy observed that sometimes they (meaning the shelter in general) had admitted women who said they had had enough of the situation at home when there was no apparent danger. Theresa observed helplessly that she was not sure any more about the criteria, and that she would not know when to accept somebody and when not to. Cathy gave another example of a woman that had been admitted recently in spite of their doubts regarding her admissibility and Theresa sorrowfully expressed her regret saying, 'I am sorry'.

Attempting to reassure her, Jean-Luc insisted: 'No, why sorry? It is now that we need to meet each other to brainstorm and to discuss.

> 'Theresa - I now feel that we do not really care about the severity of the violence, even if we do include it as a condition of admissibility to evaluate the danger. But if

> we make a mistake by accepting a woman who does not fulfil our conditions, this will result in a war between institutions afterwards. There was a gap between the severity of the violence she reported and what she felt and said to me about it. About her wanting to die rather than go back. I found it very strong and moving. However, it is possible that I am reacting like this now because of previous admissions. Sometimes, I felt that a situation was not admissible, but you contrastingly admitted the woman; sometimes, I felt that she was admissible and ultimately you didn't accept her.'

Drawing on her experience resulting from a longer duration at the shelter compared with Theresa's fresh arrival, Cathy explained that they had some leeway, and sometimes the level of danger was not considered as an obligatory condition in every case. Theresa confirmed this, noting that sometimes they had accepted people only because they did not have anywhere else to go. Cathy turned back to me at this point and concluded, smiling: 'Now you are getting into the complexity of our work'.

Respect for categories of action and spheres of expertise also featured prominently in the division of labour and resources among public institutions concerned with IPV. Again, following the principle of subsidiarity, the complementarity of services offered by different institutions was respected, thereby preventing what the social worker in this example referred to as a 'war of institutions' (Rossini & Martignoni, 1999). This is the reason why the shelter positions itself as a secure place and why the delimitation of its categories of action includes the criteria of emergency and danger. Consequently, the admission or refusal of individual women can be justified, and its mission can be distinguished from those of other institutions that handle IPV cases.

Finally, as previously noted, professionals' flexibility in relation to the admission criteria hinged on the availability of an unoccupied studio at the time of a woman's application for admission. It is noteworthy that in a case where a woman had been subjected to death threats, the social workers would try to find an alternative solution even if there was no room available to offer her at the shelter. A woman's fear of her partner's reaction, once she had announced her departure, could also be considered a situation that entailed danger. In such cases, a place could be offered to a woman if the social worker perceived danger or if the woman herself expressed the risk of danger and her fear about the situation. Otherwise, ambulatory consultations were recommended for women who needed support and guidance in

the process of healing and separation, or when dealing with their partners.[61] This was the solution adopted for addressing the above situation.

Conclusion

This chapter has presented the work of the shelter with female victims of IPV. Similar to the previous chapter's presentation of police work, here I have discussed the shelter's team and its temporal and spatial organization as well as some of the activities conducted at the shelter. The last part explored the definition of 'conjugal and familial' violence that is mobilized by the shelter's professionals and elaborated on their interpretation of situations and the resulting construction of their categories of action relating to IPV cases.

As shown in this chapter, in general, the formal and informal rules guiding the shelter's work of identifying and classifying IPV cases, and the resulting options offered to women, are influenced by their institutional logic that relates to the field of social work. As an extension of a welfare state institution that de facto supports women, given that only female IPV victims are accommodated, the shelter recognizes a broad range of situations as entailing IPV. These situations, which encompass not only physical violence but also every act conducted by women's partners with the intention of controlling them, may be considered by the shelter when evaluating their requests for admission. At the same time, this broad definition does not mean that every victim of such acts can be granted accommodation within the shelter, which is conceived as a secure and protected space for victims of IPV.

In consonance with the finding of Serre (2009), this chapter has shown that social workers, educators, and animators at the shelter too are subject to the rules and regulations of social work, which determine their actions, and their institutional framework. Specifically, Serre (2009) discussed the tensions at the heart of social workers' activities that manifest at the intersections of their institutional logic, relational work, personal and professional ethics, and their normative work. These tensions arise from different logics that play out and are affected simultaneously by social work. Some of these logics have been examined within the literature,

[61] For that part of the shelter's work, there are no limits regarding the categories of violence recognized by the institution. The only limit is a geographical one that is based on the legal residence of the victim within the canton, and on the availability of social workers.

such as ‘the rationalization of social work’, which relates to the justification and routinization of their activities and results in the generation of administrative and financial reports as outputs (Creux, 2009). ‘Managerial reconversions’ of social work are also at play (Thiaudière, 2009), with their requirements of economic rationality and productivity.

In the case under investigation, however, it is the general principle of subsidiarity and emergency followed by the welfare department that determines which case enters the specific category of action of the shelter. Consequently, the professionals at the shelter used two other criteria, namely the emergency and danger levels of the situation in their decision making. Situated at the centre of the tension between care, protection, and control, and restrained by the requirements of funding available for the shelter, the professionals can offer women protection in situations which can be considered urgent and sufficiently dangerous to warrant action by the welfare department. The literature on social work demonstrated this tension between care and control at the heart of the mission of social workers, that on the one hand have to identify, prevent and act to remedy difficulties of welfare beneficiaries, on the other hand this work of identification, prevention and action must be carried out respecting the limits of public finances and controlling public expenditure (Fluehmann 2014). This was also a subject of concern for the social workers whom I encountered at the shelter. The current social work policies that guide the work of the shelter as well, urge social workers to ‘activate’ their beneficiaries and incite them to become autonomous as soon as possible, most importantly by becoming financially independent (Herman 2016). It is from this perspective that the forms of assistance provided in the shelter, such as facilitating access to independent housing, job possibilities. and other administrative and legal advice could be understood in terms of what are identified as main tools to empower the capacity of welfare beneficiaries to be autonomous and independent (Websdale & Johnson 2005). Asking women to formulate a project, assume responsibility, and demonstrate commitment to changing their situation, and to take concrete and quantifiable steps to end the violence, which propelled them to come to the shelter, are all reflective of the above principles and requirements that frame their work. Nonetheless, this emphasis on individual-based solutions may also present the challenge of ‘psychologization’ of social problems that will be elaborated on in detail in Chapter 4, which also elucidates the cantonal approach for the framing of IPV.

The next chapter presents and describes the work of the third institution, the medicolegal centre, which is the final field site under investigation in this study. Retracing the virtual journey of an individual fleeing a violent situation and seeking assistance from public

institutions, the next chapter delves in detail into the work of a hospital-based medicolegal centre's work. After the police have intervened to restore calm to a situation of crisis or to interrupt a violent scene, and after the victim has received accommodation in a protected and secure place, and if required was received by the hospital for any urgent treatment, she can also consult a medicolegal centre that can certify the violence she has undergone.

3 Chapter 3: Medicolegal Work and IPV

Following the same structure as previous chapters on the work of the institutions under investigation, the present chapter is organized in three parts. The first two parts provide contextual and descriptive information on the work of the medicolegal centre, which is situated in a public hospital. However, as I have discussed my fieldwork at this site already in the methodological section, here I do not trace my own internship path at the centre and the difficulties I had gaining access to it. Instead, I introduce two documents that are formulated and deployed by the centre. The first document is a questionnaire used to conduct the consultations and the second is the medicolegal certificate which is the outcome of a consultation. This detailed presentation of the centre's formal documentation, and the ethnographic account of a consultation help to elucidate the virtual path of a 'victim' and how an individual's claim is processed by health care professionals. The final part of the chapter provides some analytical insights on the medicolegal category of action relating to 'conjugal violence' and its formal definition. I analyse the ways in which the medicolegal institutional logic of the centre impacted on how the professionals handled cases of IPV.

3.1 Principal Objective and Mission

The third site of observation in this study was a centre located in a cantonal public hospital that specializes in the medicine of violence[62]. The framing of IPV as a public health issue within the internationally framed violence against women initiative led to the launch of a new health service in Western Switzerland.[63] The aim was to evolve a procedure whereby health professionals would not omit or avoid to discuss the question of IPV with their beneficiaries and would be able to direct them towards specialist services for seeking help and support in addition to the urgent medical treatment that was frequently provided in the emergency units of the hospitals (Hofner, Viens Python, 2014). For these reasons, the idea of establishing a specialized centre within the hospital was explored, and the new medicolegal centre opened its doors in 2006.

As stated in a presentation brochure that introduced the work of the centre, its main mission was 'ensuring a medicolegal consultation for all adult victims of violence, offering training to

[62] Medicine of violence refers to the use of medicine or the medicolegal expertise, specifically, for the field of violence.
[63] A more detailed description of the emergence of IPV as a public problem in the canton and the way it framed the mission of the upcoming medicolegal centre is presented in Chapter 4.

professionals, and conducting academic research'. The objectives of these medicolegal consultations were for staff to receive victims, listen attentively to their recounting of recent violent events, conduct clinical examinations for establishing medicolegal certificates with photos of injuries sustained during the violent events, and evaluate the victims' needs and resources, so that they could be oriented to other institutions and associations that would assist them further. Moreover, the centre conducted research on topics related to the medicine of violence. Its recent studies focused on violence at the workplace, violence related to nightclub security agents, male victims of IPV, and an ongoing project on the impact of IPV on children.

Consultations were usually offered on a daily basis, including on Saturdays during morning hours. There was a dedicated telephone line for providing information and fixing appointments that was operated daily from 8 a.m. to noon. Appointments were usually scheduled within 24 to 48 hours of receiving a call.

The unit was located on the ground floor of the hospital near its emergency unit. Upon entering the main entrance to the emergency unit through the glass revolving door, the visitor would come to a large circular reception desk, behind which sat three receptionists wearing white medical gowns, and would be directed to take a seat on one of the stainless-steel benches located next to the reception.

The proximity with the hospital emergency service made it convenient for health professionals within the medicolegal centre to check every morning whether they had received any 'patients[64]' who could be victims of violence. They apprised the hospital emergency team on duty of their services[65] on a daily basis and asked them to inform the centre's staff if they encountered any suspected cases involving interpersonal violence. Then, a health professional would go and meet the patient in question when she or he was being treated in the emergency department and would inform this person that an appointment could be fixed with the medicolegal centre for issuing a certificate if the person so desired.

Three dedicated cubicles were assigned to the medicolegal centre for its consultations. At first sight, the cubicles appeared to be typical of those used for medical consultations. They were

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[64] This was the term that they used for anyone who came to the hospital, regardless of the reason.

[65] Because there was a considerable turnover within the emergency team, there were always new people present who did not know about the existence of the medicolegal service. This was why one of the nurses at the center would remind the emergency team on a daily basis that they should inform the centre if they received anyone who they suspected could be a victim of interpersonal violence.

impersonal, painted white, and devoid of any decorations, with windows that only looked out on to either a corridor or an inner hospital courtyard. They were very small, each being around six square meters in area. Each cubicle contained a desk, a computer, an examination bed, a small closet with disinfectants, as well as a small washstand with a small mirror above it. There was also a curtain around the examination bed that the health professional could draw while examining the patient.

The cubicles were designed to accommodate just a professional (a nurse or a forensic physician) and a patient. Therefore, they became very cramped when a third person, such as an interpreter required for some cases or an external observer such as me was present, and there was hardly any space available. Nurses generally preferred to receive a patient alone in order to ensure that patients had privacy. For some patients who had no choice but to bring their children with them, nurses would ask other colleagues to look after them during the consultation. The childcare unit of the hospital was another option, but it was not always available for use without an appointment.

3.1.1 Team Presentation

The medicolegal centre had a relatively small team of professional staff. At the time of my fieldwork, there were six nurses, all female, and three forensic physicians (one of whom was male). Among the physicians, one was the director of the centre, and another was an intern undertaking her first contract as a practising doctor.[66] There were also two secretaries who were in charge of administrative tasks, such as answering the phone, fixing appointments, and typing and transcribing the content of certificates that the nurses would then complete and correct with the help of a supervising forensic physician. Two other individuals were in charge of studies conducted in collaboration with the centre's director. One of them was a university physician and lecturer who played a founding role in the creation of the unit, while the other was a sociologist. However, their offices were located in another building and they did not have much contact with the team, only with the director, and they sometimes attended staff meetings that were scheduled once a month.

[66] See Appendix I for a description of the socio-demographic characteristics of the staff members whom I encountered and interviewed during the research.

3.1.2 Consultation Types and Statistics

Each morning, the team would gather together to allocate the consultations scheduled for the day amongst themselves. According to Rose-Marie, one of the nurses, a key criterion for allocation was the anticipated level of difficulty associated with an upcoming consultation. They made sure that no one person had to deal with two particularly difficult consultations during the same morning. But it was not easy to gauge the level of difficulty beforehand. It happened on a regular basis that a consultation deemed 'easier' ended up being very complicated. Nevertheless, the staff used some indicators to evaluate the cases.

The main indicators for judging a consultation as being potentially difficult were the presence of children, the numbers and the extent of expected injuries, and the type of violence. The presence of children added complexity because it became necessary then to collect extensive information about them. In almost all cases of conjugal violence, a report was required by the child protection service of the hospital and producing this report was time-consuming.[67] The number of injuries was also considered an indicator of the level of difficulty of a consultation. Each injury had to be measured, photographed, and precisely described; the more injuries sustained by the patient, the longer the session. Finally, cases of conjugal violence were likely to be more complex because of the context of violence as well as the existing relationship between the victim and the aggressor, which in many cases were complicated and required further investigation. It is noteworthy that the centre's staff used the term 'conjugal violence' to refer to IPV cases, but this did not mean that the partners had to be married for the case to qualify as one involving this category of violence. In addition to these criteria that were applied to allocate cases amongst health care professionals, language was an important factor. A few team members spoke Italian or Spanish, and this could be useful in cases where patients were not comfortable speaking in French, of if no interpreter could be found.

The centre offered medicolegal consultations to anyone who was directed from the emergency unit to the centre or to anyone who asked for an appointment as a victim of any type of interpersonal violence. Interpersonal violence was divided into two categories: 'domestic violence' and 'community violence'. Domestic violence covered violence involving different family members as well as intimate partner violence which was denoted specifically by the term 'conjugal violence' at the centre. Community violence, by contrast, referred to 'institutional or non-institutional' violence. Institutional forms of violence occurred in a

[67] I will return to this topic in more detail in Chapter 5.

professional environment where a hierarchical relationship existed between the victims and perpetrators. This category included violence inflicted by security agents or police officers or violence inflicted by employers on employees or between colleagues within the workplace. Non-institutional forms of violence included all other types, such as those perpetrated in the public sphere, examples being street fights that were often instigated by young men after nightclubbing or violent episodes involving neighbours.

From the time that the centre was established, the proportions of the different kinds of consultations have remained consistent. A brochure that was published by the centre in 2014 and distributed at public events provides some statistical information regarding the centre's activities and the 'distribution' of its 'patients'. In 2014, a total of 956 consultations were conducted at the centre. 53% of all patients were male and 47% of them were female. The median age of patients was 32 years.

Familial and conjugal violence represent one-third of the consultations, with women accounting for 67% of the victims of familial violence. For those who are specifically victims of conjugal violence, the number of women is higher, accounting for 88% of the total number, with only one-tenth of the consultations held with male victims of IPV. This latter proportion includes homosexual couples.

Cases of community violence comprise two-thirds of the consultations and mostly involve male victims (73%). In general, and independently of the type of violence reported and registered, most of the reported violence was perpetrated by men (86%).

Data on nationality and employment were derived from a study on children in the situations of IPV conducted by the centre (forthcoming) and administered among IPV (conjugal violence) victims who came there for consultations between 2011 and 2014. Of these victims, 88.1% were women and 11.9% were men. More than half of these individuals (58.5%) were Swiss nationals or citizens of European countries or countries that are signatories to the European Free Trade Association (EFTA) or to the Agreement on the Free Movement of Persons (AFMP). The remaining 41.5% were nationals of so-called 'third countries' (neither Switzerland nor EU/EFTA countries). Of the female victims, 49% had no paid employment. Among the perpetrators, who were mostly men (89%), 61.4% were Swiss or EU/EFTA nationals and 38.6% were 'third country' nationals. A total of 32.6% of the perpetrators were unemployed. Table 6 provides details on the countries of origin and durations of stay in Switzerland of consultees at the centre.

Table 6 Victims and Perpetrators of conjugal violence based on nationality and number of years of residence (2011-2014)

N = 438		**Victims %**	**Perpetrators %**
Nationality	Swiss	34.5	35.8
	EU/EFTA countries	24.0	25.6
	'Third countries'	41.6	38.6
Regions of third countries	EU/EFTA countries	24.0	25.6
	Europe (Neither EU nor EFTA)	8.9	9.1
	Latin America	10.7	8.0
	Sub-Saharan Africa	9.6	7.3
	Maghreb	5.9	6.8
	Middle East	3.0	4.1
	Far East	2.5	2.3
	North America	0.7	0.7
	Oceania (Australia)	0.2	0
	Stateless persons	0	0.2
		Victims %	**Perpetrators %**
Number of years in Switzerland	3 years or less	27.9	20.3
	4–9 years	32.7	20.6
	10 years and more	38.0	47.7
	Missing	1.4	11.4

Source: Initial results of unpublished study on children of IPV victims, detected during medico-legal consultations held for adult victims of interpersonal violence

The centre also provided consultations in two other towns within the same canton to enable people living at a distance from the cantonal hospital to benefit from its services. The same nurses and forensic physicians took turns to go to the two other public hospitals located in neighbouring towns to provide the consultations. On rare occasions, the centre's staff were contacted by prisons within the canton and asked to conduct consultations for prisoners who had experienced violence. In such cases, a team of two staff members would be sent from the centre to conduct the consultation at the prison.

3.2 Consultation Procedure

In the following pages, I will describe the entire process of the consultation, from the beginning of the procedure to the handing over of the medicolegal certificate. A consultation at the centre offered to a so-called patient would typically proceed as follows.

The first step in the process usually consisted of a call received from someone requesting an appointment. During this first phone call, one of the secretaries would ask a few questions to identify which kind of violence was involved and would then schedule an appointment. Information recorded in the team's shared agenda comprised the concerned individual's name, date of birth, whether an emergency report was available in case of treatment received in the emergency unit, and whether the person had consulted the centre previously regarding another episode of violence. The following extract from my field notes illustrates information regarding a scheduled consultation recorded by a secretary in the team's shared calendar.

> 'Field notes: Thursday, 12 March 2015
> Calendar input
> 8:30 a.m. consultation with Jeanne
> Name of the patient and her contact details: …
> Date of birth 05.11.1975
> Report of gynaecological emergency 11.04.15 + personal doctor seen 11.05.15.
> Conjugal violence, psychological, economic, and sexual. Last episode on 08.04.15.
> In shelter since 09.04.15. One four-year old daughter staying in the shelter's kindergarten during the consultation.'

The time of the consultation and the name of the nurse who would conduct it was always noted in the calendar. A short description of the violence involved was included so that the nurse could evaluate beforehand how long a consultation might last. The number of children, if any, was also noted because this affected the duration of the consultation.

In some situations, more details were elicited about a patient's situation, for example when a situation was particularly 'complex', or if a patient's specific condition required particular consideration. Here is an example of a calendar entry to illustrate the provision of such specific information:

> 'Field notes: Wednesday 4 March 2015
> Calendar input
> 2:30 p.m. consultation with Anastasia
> Name of the patient: …
> Date of birth18.11.1967
> No secure mobile phone

> She can only come during the afternoon because her husband controls everything. Conjugal violence, with last episode this weekend. She did not consult any doctor or hospital because she is terrorized. Social situation: very dependent on husband. No minor children.'

I asked Flora, one of the secretaries, to explain the specific information that she had collected and marked in the calendar for the above consultation. She told me that usually consultations were scheduled during the mornings, but the specific situation of that woman led them to schedule an afternoon appointment. In addition, it was important to specify that she had never consulted anybody else because this indicated that she would be explaining her situation to a professional for the first time; a detail that had to be considered. The mention of 'no minor children' meant that the nurse could focus solely on the woman's problem and would not have to devote time to investigating the children's situation. The note on the type of violence also hinted at the expected quantity and extent of bruises and injuries, which also affected the time required to photograph and measure them.

Upon arriving at the hospital, patients first presented themselves at the main reception. The receptionist then contacted one of the nurses at the medicolegal centre and gathered administrative information to enter in the database. Then the patient was invited to take a seat in the waiting room of the emergency unit until the nurse or forensic physician who was supposed to conduct the consultation arrived and took the patient to one of the consultation cubicles. To avoid having to announce a patient's name, the health care professionals tried to use information they had compiled on patients, such as their age or sex, to pick out their patients among those waiting.

The first part of a consultation usually lasted for one to two hours, depending on type of violence involved. This part focused on asking the patient questions based on a questionnaire that was used to keep track of all of the necessary information required to issue a medicolegal certificate. Here, I present an excerpt of an interview I had with Isabelle, one of the nurses, which demonstrates what kinds of information were gathered during this phase for a typical consultation relating to 'conjugal violence'.

> 'What led her here? What was the event that led her here? Because very often, she doesn't come here after a first episode. So, what was different about this episode that led her to the emergency unit? Or to call the police? So, we need information on this episode. What happened? Who was there? Were children involved? Was it

> the first episode? Are there antecedents? Has there been alcohol or drug consumption either by the victim or the perpetrator? Did the police intervene? Is there someone in the person's circle of relatives or friends who is aware of what is going on? Has the woman already spoken with a professional about what is going on? I'm thinking of the police for example. Did the LAVI intervene? Has she already contacted a shelter or a paediatrician if children are involved? Has the school been informed? Is the children's protection service involved? Then, we can briefly evaluate the network that is already available for this person. We can reactivate the network in order to organize support for the victim.' (Isabelle, Interview, 9 Nov. 2015)

Eliciting this information enabled the staff to understand not only the context and environment of a person but also the familial situation after gathering many details on the children and the last incident. This information was crucial for the issuance of a medicolegal certificate, to which I will return later in this chapter.

This first stage of general information gathering was followed by a break. Just before leaving the cubicle, the nurse or physician handed the patient a consent form to be signed, authorizing the centre to use the photos that would be taken during the second part of the consultation, for research and training purposes. During the break, the health care professional who had conducted the consultation discussed it usually with a forensic physician (or if none was available, with one of the nurses) to identify further points that had been omitted and needed to be asked regarding the violent incident. They also reflected on where they could direct the patient afterwards to receive support. To make this decision, they sought clues indicating a possible addiction, and the patient's potential need for social support or psychological assistance.

Returning to the consultation cubicle, the nurse or forensic physician would ask further questions to fill in the missing details. Afterwards s/he would begin an examination of the patient's body. The patient would be asked to take off his or her clothes in two stages: first, clothing on the upper part of the body, and second, clothing on the lower part, keeping on underwear. The nurse or physician who was conducting the consultation would then put on a pair of gloves and touch the head of the patient, examined the face closely, and, if the patient agreed, examine the entire body surface. The patient would be asked if she or he had noticed any traces of blows. Then, the nurse or physician would take out the camera from the cupboard and take a picture of the patient's face. Next, with the help of different types of

rulers and bevels of various sizes, the expert would measure the injuries and scars, placing the ruler next to the injuries or marks and taking pictures with the professional camera that was adjusted to take very clear and contrasted pictures that revealed any bruise or haematoma. During the examination of the bodily injuries, a voice recorder was usually used to describe the bruises that had been found using forensic jargon. These audio files would be transcribed with the help of a software programme and completed by a secretary to be added to the certificate later.

In an interview, Albert, one of the unit's forensic physicians, described to me some of the problems faced by the staff in coming up with a suitable system for their photographs.

> 'We must be able to take both a big frame photo, from head to foot, of the whole body as well as micro photos of a small bruise on the skin. During a consultation, we do not have time to lose readjusting the camera setting every time. So, it took time to find a system. A big problem is photographing the skin. It [the photograph] must keep the colour of the skin independently of changing light in the consultation rooms. We adjusted our camera settings after months and months of experimenting at the beginning, and now we use the same manual settings on all cameras everywhere.' (Albert, Interview, 29 Jan. 2016)

He also explained the importance of photography for medicolegal documentation:

> 'So, I mean to say that the photos are an important part of the work. Actually, they are as important as the certificate itself. Because if you are not coming from the medical domain, seeing a picture is much more evocative than reading the description of the bruises. . . The photo then has a lot of importance in our work. If the photos are not of good quality, this gives the impression that the certificate itself has not been prepared professionally enough. Then, even if the certificate is well written, but the photos are bad, this discredits the description.' (Albert, Interview, 29 Jan. 2016)

Thus, the professionals attached importance to the quality of their photos and the value they added to medicolegal certificates. Albert's explanation highlighted their efforts to come up with a functional system that was not time consuming and could be used by non-professional photographers, declaring that the photos were considered as important as the certificates themselves. The way the photos bore witness to and recounted the violent incident was

considered value added to its description. When I asked Albert the reason for this attention to the quality of the photos, he explained this as follows:

> 'In the field of forensic medicine, one needs to be meticulous about all details. This applies in the descriptions of every small wound but also regarding the photos. They must be of good quality. This is actually the added value of violence medicine. We have had very positive feedback from the prosecutors about the writing of our certificates as well as the photos. They tell us that they are of excellent quality.' (Albert, Interview, 29 Jan. 2016)

Here, Albert is describing the perspective of forensic expertise in general. When this expertise is adapted and applied for medicolegal certification of IPV, as observed by Beauthier (2010), meticulous and rigorous writing, but also photographs, become all the more important because this medicolegal documentation is an 'objectifying element' that contributes to judicial qualification of the facts. Therefore, serious prejudice can result from neglecting a rigorous writing of it (Beauthier, 2010, p. 427). As Perona (2017) has shown, the visual aspect of violence and its traces on the victim's body are central for inspectors and magistrates because they attest to the veracity of the victim's claim and the reality of the reported facts (p. 370). I will return in detail to the significance and implications of this practice for responses to IPV in Chapter 6. Here, however, clarification on why Albert mentioned the prosecutors' feedback and viewed the photos as added value in the context of medicine of violence would be helpful. This clarification provides clues for understanding the importance of investigation and description of the last violent incident to which the last part of the chapter is dedicated.

After the physical examination and photography-taking had been completed, the professionals gave the patient various brochures containing information on legal support, and in some cases, a self-administered test for alcohol consumption if applicable. They would also discuss the shelter option if the patient was not aware of it. They informed the patient that the certificate and the photos would be prepared and sent by post in the coming weeks, usually within two or three weeks. However, in IPV cases, a second meeting was scheduled with the patient, at which the certificate was handed over directly and staff could ask for any updates about the situation. If children were involved, a professional from the hospital's child protection team would also attend this second interview. This team usually sent a professional for the second consultation to re-evaluate the situation of the children and to take any actions deemed necessary, Such actions ranged from alerting the victims of their responsibility towards the children to reporting the case to the child protection authorities, who could, in a worst-case

scenario, decide to take the children away and place them in an institution or in a foster family. The question of child protection will be examined extensively in Chapters 5 and 8 as it exerted a strong influence on the Swiss institutional responses to IPV.

At this point, the details of the questionnaire will be presented, as these details facilitate an understanding of what kinds of information were gathered during the consultations. The same questionnaire was used to obtain information on different types of violence (be it at the work place, in the public space, or in the private domain, as for IPV). However, the amount of time dedicated to each section varied considerably depending on the nature of the violence. This point is discussed in more detail in Chapters 5 and 6.

3.2.1 The Questionnaire

The health care professionals conducted their consultations using a formal questionnaire comprising 20 pages, which allowed for systematic collection of information. This also resulted in more uniform consultations in connection with the same type of violence. Consequently, the following detailed description of the contents of this questionnaire is pertinent for better understanding how a medicolegal consultation was conducted in practice. The questionnaire was divided into six sections. The first section focused on eliciting general introductory information. This section began with a reminder of the confidentiality clause and its limitations, to be conveyed to the patient, and included the question of whether the patient had already benefited from any consultation at the centre. If a third person, such as an interpreter, an intern, or a researcher, assisted in the consultation, this individual's name and contact details were noted along with that of the patient. Finally, the introductory part included a question on the patient's personal doctor and also whether the patient consented to give his or her contact details to be retained in the patient's folder.

The second section was aimed at gathering socio-demographic information. The patient's nationality, and in the case of non-Swiss nationals, their residential status and the duration of their stay in Switzerland, were recorded along with their civil status, level of education, and professional status. The last part of this section was concerned with religion. The questions usually required multiple choice answers, and there were always two options included: 'not asked' and 'not answered' in case the professionals decided not to ask one of the questions or if a patient did not want to answer a question. The question concerning religion was only asked if a patient mentioned this issue specifically during the consultation.

The third section focused the last violent incident; the one that brought the patient to the centre. Unlike previous sections, this section did not list specific questions. Instead, it comprised two nearly blank pages to be filled in by the professional during the interview. The only instructions regarding this section were given at the top of the first page asking description of the facts 'based on the declarations of the patient': to be specified when, where and how they happened and what the remaining symptoms were. It was clearly specified that a description should be provided of how the event unfolded 'based on the declarations of the patient'. This statement once again brings to mind the forensic logic that guided the production of a 'neutral' and 'objective' certificate, as discussed earlier. The following section in this chapter, which focuses on the certificate, provides a more detailed discussion of the rationality underlying this statement and its effects.

A second blank page was dedicated to providing details of any previous violent incident instigated by the same perpetrator. A few lines were provided for recording some information about any previous incident. In particular, the professional would ask if any medical certificate had already been issued, if the police had intervened, and if charges had been pressed. Last, the nurse or the forensic physician was required to ask whether the patient was suffering from any psychological effects of the violence. Such effects were identified, for example, by asking if the patient had a normal appetite and if he or she had nightmares or slept well. Then, the exact date, time, and place of the violent episode were recorded. Some information was also elicited on the perpetrator and his or her relation to the victim. In case of loss of consciousness during the episode, the victim was asked if he or she knew or remembered the perpetrator. The rest of this section was devoted to providing an evaluation of the type of violence. Should it be classified as familial, conjugal, community, or institutional violence? What kind of weapon was used? Did any sexual or psychological violence occur? Were any threats made? There was also a question about consumption of alcohol or psychotropic drugs by the victim and whether this had been tested for by the police.

Another section titled 'Health Situation' began with a description of the patient's social and familial situation. The patient was asked about existing children or whether she was pregnant. How many children did she have, what were their ages, and what were their names? Was there any paediatrician or school nurse who provided care for the children and had they been informed of the situation? A last set of questions focused on determining whether the children had been affected in any way. For example, did they eat and sleep well? All of these questions were asked for each child separately. During IPV consultations, information about the

children was investigated meticulously, resulting in the longer duration of these consultations. Again, this will be discussed in more detail in upcoming chapters that focus on the place of child protection.

The next section was dedicated to assessing the general health situation of the patients, who was asked about any chronic or temporary illnesses, any surgical operation, and any gynaecological issues that could be affecting them. Did the patient drink or smoke or have an addiction to any other substance?

The last section focusing on the clinical examination was concerned with recording details of observable physical injuries and their traces relating to the reported event that remained on the patient's body. A detailed description of the nature of the injuries was required. The examiner checked whether any ecchymosis or hematoma, any wounds or burns, any traces of bites or fractures were evident. Further, the presence of any other scars or dermatological problems that made the examination difficult was recorded. The clothes that the victim wore during the incident were also specified, to consider its impact on the marks left on the body.

In the fifth section, titled 'Complementary Examinations', information about the photos taken during the session were recorded and whether or not the patient had given his or her consent for the unit to use these photos for training or research purposes was noted.

In the sixth and final section, the question of whether a medico-legal certificate had been issued for the consultation and, more importantly, whether the traces and injuries observed on the patient's body validated his or her declaration was addressed. As this section was of particular importance from a medicolegal perspective, it is worth outlining the content that was provided. Three brief options were presented, out of which one was to be chosen by the professional as follows:

'The observations made during the physical examination

- Corroborate, even partially, the declarations of the interested party
- Do not enable either denial or confirmation of the declarations of the interested party
- Do not corroborate, even partially, the declarations of the interested party'.

This content is particularly interesting because it demonstrates the reliance of medicolegal practice on a forensic perspective even if, as the next section shows, the professionals insisted on differentiating themselves from their counterparts in the forensic department of the

hospital who provided expertise and declared whether or not a victim's story was corroborated by the injuries observed on her body. Such expertise could be considered as 'proof' for magistrates, whereas, according to the professionals at the centre, the medicolegal certificate that they issued was not to be considered as proof or as forensic expertise, as it was issued at the patient's behest and not the court's. The next section, which focuses on the certificate, makes this point clearer.

In the final section, there was space provided for describing follow-up actions, recommendations to be made to the patient, noting if the victim needed to be directed to a shelter, legal service, the police, or for a psychiatric consultation. This section also provided space for describing steps that should be taken if a child was involved.

The information provided on the questionnaire is useful for understanding how the consultations were conducted. Clarification on the information that was presented ultimately in the final certificates is provided in the following sections of the chapter.

3.2.2 Medicolegal Certificate

As previously mentioned, albeit briefly, even if the medicolegal centre was formally attached to the hospital's forensic department, its staff claimed independence with regard to their work and the expertise that it entailed. In this section, through my examination of the content of the medicolegal certificate issued after a consultation, I will clarify what that claim meant and how it was reflected in the production and use of medicolegal documentation.

I was not authorized to keep copies of any final certificates and was not permitted to take a certificate out of the hospital premises. The confidentiality of medical documentation was strictly enforced. However, I did have the opportunity to see some certificates on a few occasions and took a few notes. Here, I present some information about the general structure of these certificates. This information sheds light on some important aspects concerning the nature of a medicolegal response to victims of IPV. This elucidation prompts reflections in the following chapters, for example on the discrepancy between the length of the questionnaire and the time dedicated to the consultation and the length of the certificate as the outcome of the consultation. The certificate was no more than a few pages in length (usually two or three), depending on the number of injuries that needed to be described.

Printed on the hospital letterhead, with the name of the centre and its director, the text of the certificate began with a brief declaration by the professional who had conducted the

consultation. It was certified that on a given date and at a specified time, an individual who 'declared to be called (complete name) and to be born on (date of birth)' was examined at the centre. A statement that the centre took no responsibility about the identity of the 'patient' was also inserted. This point was endorsed by other phrases that were used in all certificates. For instance, the text of the certificate continued with the following sentence: 'Based on the declarations of Mr or Ms . . .' and a detailed account of the last violent incident then followed.

The impersonal and detached formulation of the medicolegal certificate follows the logic of forensic documentation, as has also been demonstrated in studies that have focused on this practice. For instance, in her investigation of rape cases within the penal chain in France, Perona notes that compared with the standard medical certificates issued by a family physician known to the victim, medicolegal certificates have a particular value for the inspectors. This value can be attributed to the fact that medicolegal physicians are granted a symbolic status as they are expected to demonstrate the requirements of 'objectivity' and 'neutrality' demanded within judicial procedures (Perona, 2017). In her case study, Perona shows that police inspectors, for instance, regard the 'normal' medical certificates with suspicion because they fear that the physicians might be biased in favour of their patients (Perona, 2017, pp. 376–377). Consequently, a detached formulation and the refusal to take for granted even the patient's identity should be seen as a guarantee of 'neutrality' provided by the medicolegal certificate, which should not assert any information in the absence of proof. In this case, the medicolegal professionals cannot know for sure whether the person they receive is, in fact, who she or he claims to be.

As Juston (2016, p. 411) demonstrated in his work on medicolegal professionals, forensic expertise is based on a clearly defined and scientific corpus that is shared with all of the group members regarded as a scientific community. There are precise directives for describing a specific injury or writing a medicolegal certificate. For example, practitioners use the conditional tense to report the victim's declarations, or they prefer to use verbs such as 'seems, looks like . . .' (Perona, 2017, p. 378). This is because respecting these directives and the efforts of the expert to detach himself/herself from the victim's declarations signify to the judicial organs that the content of the certificate is completely neutral. In fact, as I will discuss shortly, the medicolegal certificates primarily address the justice system.

The next part of the certificate reported on the circumstances that led to the violent incident as well as the verbal exchange between the perpetrator and the victim as accurately as possible. The physical actions were described in detail, for example specifying which hand the

aggressor used to hit the victim, exactly where, and how the victim could or could not defend herself. Previous violent incidents were also mentioned, although very briefly. The first section of the certificate closed with a description of the physical and psychological symptoms reported by the patient.

Next, the injuries observed during the physical examination were reported in detail. They were classified based on their location on the patient's body, with descriptions provided of their precise measurements, nature (whether they were cuts, bruises, fractures, etc.) and colours. Photographs taken of the injuries during the consultation were attached to the certificate. The certificate ended with an observation on any alcohol or drug that the patient had consumed along with the result of any test that the police or emergency professionals may have conducted at the time of the intervention, and the size and weight of the patient. To clarify how consultations were conducted to gather the abovementioned details, an example of a consultation in practice is presented further along in this chapter.

Finally, a brief summary of the advice given to the patient by the concerned professional on prevention and further support available at other institutions was reported. The certificate was signed by the professional who conducted the consultation and by a forensic physician who took responsibility for its content. It was specified that the certificate was requested by the patient, who had received the original certificate, with a copy retained in the centre's archive.

Although the contents of the certificate and the language deployed strictly followed the standards of forensic documentation, a sentence was printed at the bottom of every page of the certificate. This sentence stated, 'This document is a medical observation report and is not to be considered forensic expertise'. This statement is not usually used for common medicolegal documentation produced by forensic departments.

This statement was somewhat unexpected, considering the official position claimed by the centre about its added value and unique ability to offer medicolegal support to victims of violence. Why did the centre's staff adhere closely to the principles of forensic medicine, while at the same time denying their certificate the status of constituting expertise? I asked Albert, one of the forensic physicians, to explain this apparent contradiction.

- 'Faten - Why do you emphasize that your certificates must not be considered as a forensic expertise for the court?
- Albert - Because we only describe. We provide a description and not an interpretation. We have only a part of the information (the version of the patient

> who is in front of us and not the other protagonist's version). That is why we specify 'based on the declarations of' the victim, I mean the person who comes to us. We provide a description; eventually, we add the observations done in the emergency of the hospital, and that's it. It is solely taking a photographic view of the injuries at a precise moment, both in the written description and in the photos.' (Albert, Interview, 29 Jan. 2016)

The fact that they did not interpret meant that they did not take a position on the plausibility of the violence or on the veracity of the patient's account of the violent incident. The explanation of this forensic physician echoed what I had been told by the director of the centre and other nurses in response to the same question. It was the institutional discourse: they 'described' and did not 'interpret' as opposed to purely forensic practice. For example, Isabelle, one of the nurses, used the metaphor of a photocopy: 'It is an observation, I would say, rather a photocopy of the situation of the person on the day we saw him or her in the consultation room'.

Also, they only received the version of one of the parties. Albert continued to describe the difference between a forensic expertise and the centre's certificates as follows:

> 'On the contrary, in the case of expertise, forensic expertise, in principle it is the judicial authority or police that asks for the expertise, and provides other information, maybe minutes of police hearings, police reports, etc. etc. And then they ask questions. The classic questions are first, what is the origin of the injuries? Are they caused by a blunt instrument or object, are they caused by a knife or a gunshot, is it this or that etc.? Second, under what circumstances? Is it inflicted by a third person, is it self-mutilation, is it caused by an accident? Third question: does it correspond to the declaration of both protagonists? Does it corroborate the victim's declaration or the suspect's declaration? The fourth question, which is often asked, is the question of endangerment: if the life of the person has been endangered. So, in brief, these are the main questions often formulated for a forensic expertise that we do not answer at all. Another difference is that we produce an observation. It is the patient who asks for it [the medicolegal certificate], it is like a medical report and we are bound by professional confidentiality. We never send the certificate to the police or to prosecutors without a clear request from the patient and when we are released from professional confidentiality.' (Albert, Interview, 29 Jan. 2016)

Here the forensic physician was explaining how the content of their certificate differs from forensic expertise. Evidently, one of the main differences is that forensic expertise is requested by judicial police or subsequently by the magistrates in the court to enable the veracity of a complaint and the gravity of the assault to be determined. For the judicial police, this expertise is required to make a decision on whether to pursue the assault, and for the magistrates it is used during the court session to determine the outcome as an acquittal or conviction. Therefore, a series of precise questions are asked, and a forensic expert is expected to take a position and give her or his account of the facts. However, the staff of the medicolegal centre insisted that they produced the medicolegal certificate at the request of a 'patient'. As Juston (2016) showed, cases entailing forensic expertise are different because the experts have the opportunity to ask inspectors questions and to ascertain the context of the case before performing an autopsy or medical examination on the victim's body. By contrast, as Albert explicitly mentioned, they only heard the victim's version.

A second important point mentioned by Albert concerned the fact that the centre's staff were bound by professional confidentiality and could only hand over the medicolegal certificate to the victim. This is confirmed by Beauthier (2010) in a study of the specificity of medicolegal certification in IPV cases. He states that to avoid any problem or contestation relating to confidentiality, the certificate should be handed over to the victims only so that they can decide what to do with it. Albert's further explanation makes this point clear:

> 'We are really working at the request of the patient. This means it is actually the patient who decides what she or he wants to do with the certificate. She or he can leave it at the centre, or come and collect it, or send it to the police or to the prosecutor. The patient can really do what he or she wants with it. It is not us who send it to the police or to the judicial authorities for example.' (Albert, Interview, 29 Jan. 2016)

It is important here to clarify what these medicolegal certificates are intended to be used for. The certificates were written in accordance with the exigency of forensic expertise so that they could be used normally in a lawsuit, should the victim decide to press charges. Moreover, they could be used also in a civil court, for example, when deciding on who would gain custody of the children. However, sometimes, the certificates were not used immediately. Victims were advised by other institutions, their attorneys, or shelters, for example, to ask for such consultations, even if they did not want to take action by pressing charges or initiating divorce proceedings. This document enabled them to keep an official record of the violence

they had experienced. This was to ensure that if in future the victim decided to lodge a penal complaint, they could procure this certificate. This would provide proof that they had already sought help and reported their experience to an official authority, and it could avoid any suspicions that victims had invented a case of IPV to be favoured in the course of obtaining a divorce or separation during judicial battles. In this sense, the use of medicolegal certificates was consistent with the standard use of forensic documentation. That is, they are the outcome of an activity oriented towards a trial and the exigencies of magistrates[68] (Juston, 2016; Perona, 2017).

This was the reason why some of the professionals interviewed for this study affirmed that their certificates could be considered as 'proof in a way'. Isabelle, for example, conceded that their document could send a message to the magistrates and help them to elucidate a case and make a decision:

> 'It is proof in a way, in that we describe what we see, and then there is a trace of what we see, and it is correct because afterwards the judge would believe our certificate. At least, the injuries I mean. But then, it does not prevent him/her from reading the certificate and the descriptions of injuries and telling himself/herself that something does not match. But this is not our responsibility. Our colleagues in forensic medicine would do that job to see if it corroborates.' (Isabelle, Interview, 9 Nov. 2015)

There was also ambiguity relating to the centre's stated mission of being an institution with the goal of supporting victims of interpersonal violence and providing them with the benefits of medicolegal expertise and its simultaneous claim to 'neutrality' and 'objectivity' based on forensic expertise and exigency. This ambiguity was sometimes a source of tension amongst nurses and some forensic physicians, who were concerned about the potential negative impacts of their certificates for a victim undergoing a juridical battle. For example, the question of the victim's alcohol consumption on the day of the incident was considered problematic. Some nurses feared that stating the percentage of alcohol in the victim's blood at the time of the violence could discredit his or her declarations in an eventual judicial battle.

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[68] Moreover, even though the professionals at the centre stated that these certificates were similar to medical certificates, they were not, for example, used to apply for sick leave. The victims were issued a separate medical certificate by the centre itself to justify a sick leave.

However, the centre's director insisted that this was required forensic information and that they could not make arbitrary decisions on the information they included in the certificate to favour victims. This was in line with the claim to neutrality of the forensic instance and the fact that they refused taking any sides. This was not inconsequential for some types of violence that could be recognized more easily at the expense of others that were deemed subjective or unprovable. I return to this point in a detailed discussion presented in Chapter 6.

These tensions can be viewed as the outcome of bringing together the forensic perspective and the nature of nurses' work to provide care. On the one hand, the nurses tried to provide an attentive hearing and to record and certify the violent experiences of their patients. The following statement made by Isabelle about the roles of nurses and the centre exemplifies this: 'We are caregivers, and we stay caregivers'. On the other hand, the method of questioning and investigating every detail that was applied could highlight certain perceived inconsistencies that subsequently would be more conspicuous during the judicial processing of the case. Added to this was the fact that the credibility of the forensic physicians who corrected and signed the certificate was also at stake when the information provided was not forensically consistent.

In light of the above presentation of general information on the documents used and provided by the centre, it is time now to delve into the centre's practices to examine how a specific category of action for IPV cases was operationalized during an actual consultation. In other words, this examination focuses on how the professional logic of health care, but more importantly the institution's medicolegal expertise, would be enacted in the processing of victims of IPV coming to the centre.

3.3 'Conjugal Violence' as a Category of Action: The Forensic Logic

3.3.1 Formal Definition

As previous chapters have shown, whereas supporting victims of IPV is the shelter's unique mission, IPV is only one of many issues that police forces have to deal with. In terms of the variety of its intervention fields, the medicolegal centre can be positioned in between these two institutions. On the one hand, it does not have an agenda that is as diversified as that of the police, and on the other hand, it does not deal exclusively with the issue of IPV. The centre's medicolegal service is offered to victims of all types of interpersonal violence. Whereas the problematic of violence is at the core of its work, this includes various types of violence inflicted against men and women in public or private sphere, and is not limited solely

to cases of IPV. Consequently, the centre's definition of violence was not based upon the relationship that ties perpetrators to victims; rather, it focused on the nature of violent acts. It was inspired by the definition formulated by the World Health Organization (WHO) as the international agency devoted to public health. The WHO's definition pertaining to all interpersonal violence was printed on the first page of the questionnaire used by the nurses and/or forensic physicians to conduct consultations as follows.

> 'Violence for WHO: the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in, or has a high likelihood of, resulting in injury, death, psychological harm, maldevelopment or deprivation.'[69]

This broad definition encompasses all types of interpersonal violence and is based on the physical nature of a violent act, the threat of committing such an act, and its impact on the victim's health. The physical act constitutes the main domain of action for the medicolegal centre. As previously noted, the main objective of the consultations offered at the centre is to provide the victim with a medicolegal certificate in which the details of the incident are recorded and the bodily impacts of the violent acts are photographed. The photos, in addition to the description of the incident and the injuries sustained, attest to the violence committed against the victim.

The medicolegal centre provided no other specific definition for IPV or of domestic and/or conjugal violence. However, as discussed previously, the centre's staff distinguished and categorized consultations according to their type. First, consultations for victims of violence within couple relationships (any partners or spouses from the past and present) in particular, or within a family relationship in general were distinguished. Second, consultations relating to institutional and non-institutional types of 'community violence' were distinguished. Thus, the following section will focus mainly on the proceedings of what were termed 'conjugal violence' consultations by health care professionals. The objective of this examination is to elucidate how the forensic perspective, with its expectations of objectivity and neutrality, as well as the importance of 'material evidence' and corporal traces of violence, framed their work with victims of IPV.

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[69] Whereas the definition provided in the questionnaires was in French, here I have provided the English version that is published on the WHO website: http://www.emro.who.int/violence-injuries-disabilities/violence/

3.3.2 A Medicolegal Consultation

As discussed briefly in a previous section, the work of the centre is organized around consultations requested by 'patients'. After posing a series of questions aimed at eliciting socio-demographic information about the victim, the perpetrator, and the children, the remainder of the consultation (which lasted two or three hours for IPV cases) was mainly dedicated to recording the last violent experience and the marks it left on the victim's body. The professionals asked very detailed questions in order to reconstruct what exactly had happened, what the person was wearing, which hand the perpetrator used to strike her, where exactly her back hit the door, and so forth. Sometimes, victims would narrate the entire story of their relationships within couples and the psychological context, and they would elaborate on their fears and uncertainties. However, they were always asked to be brief when describing the context in order to have enough time to provide the details of the last incident. Moreover, as previously noted, the professionals used rulers of different shapes and sizes to measure the injuries, wounds, or haematomas on the victims' bodies. They put the ruler next to the wounds and photographed them and then recorded a description of the injuries using a voice recorder.

One of the nurses, Marie-Rose, explained to me what information was privileged in a consultation.

> 'In addition to the details of the last incident, we also ask for information about other previous violent incidents. Regarding the most insidious violence, we try to put it in a few words because the prosecutors and magistrates do not read the report if it is too long. . . . For conjugal violence cases, it is difficult because we cannot include the whole life story of the person, but sometimes this is necessary to understand the atmosphere in the house and the situation. Before, we used to keep more information but now we have decided that what was in relation to the photos would be bogged down in other details. So now we no longer put down all of the other incidents. But we keep them in our folders. When we have long versions with repetitive violence, we put down the last episode and for the others we put down some keywords.' (Marie-Rose, Interview, 5 Nov. 2015)

The centrality of the last incident, which is related to the marks still visible on victim's body, can be traced back to the tradition and perspective of forensic science. Michel Perrot (2010), who has studied the history of forensic medicine and its objectives, has described it as the medicine of judicial investigation, both ante and post-mortem, because it concerns both the

injuries of the living and the bodies of the dead. From its beginnings, forensic expertise has entailed the use of the scientific method in search of judicial truth. The practitioner had to find evidence of physical violence, diagnose any illness, or demonstrate a causal link between the reported incident and its impact on a victim's' body or his/her death. Through their practice, forensic experts developed forensic case law that could enable judges to qualify the crime with more certainty and promote a fair sentence for the offender (Porret, 2010, p. 38). This 'traditional' forensic logic of searching for 'evidence' on a dead or a suffering body to reveal the 'truth' as it happened (Porret, 2010), also sheds light on why, despite their refusal to confirm their role as forensic experts, the professionals at the medicolegal centre attached importance to the last incident and the search for material traces of violence in the procedure implemented during IPV consultations.

The following excerpt from my field notes taken during an IPV consultation illustrates what such a method looks like in practice. The consultation was conducted by Rose-Marie, one of the nurses at the centre, and concerned a woman whom I will refer to as Ms J. Rose-Marie had already asked Ms. J to provide her general contact details and some socio-demographic information. The following sequence of events that she narrated concerned the last violent incident that had brought her to the centre. Rose-Marie wanted her to recount the incident in detail. Ms. J explained that during the evening in question, her husband refused to leave their bedroom while she was putting on her nightdress and getting ready for bed. She narrated the following events:

> 'Ms. J- I asked him to go out because our son was sleeping. He said, "I can't see your body anymore?' And when he says that, I know what he wants. I told him that I was undressing to go to sleep. He said, 'come, I want to talk to you in the living room!' I said okay, but I knew that he was irritated, and I wanted him to leave me alone. But he refused to go out; he stayed and said, 'do you want me to tear it off?' And he started to draw it . . .
>
> Rose-Marie- Did he tear it off to the extent that he could see your breasts?

- Yes, but I had on a bra. I pushed him back and he pushed me on the bed, already with an angry face. He blocked me from the front . . .
- Which part of your body hit the bed first?
- My back.
- Your son was sleeping on the same floor? In the same room?

- Yes, he was sleeping in our bedroom. At that moment, he blocked me on the bed, and he twisted my ear as hard as he could . . .
- Which ear?
- Both.
- At the same time?
- First the right one and then the left one.
- Did you have on any earrings? Did you still have them on at that moment?
- Yes.
- Did you bleed?
- No, it just reddened.'

This sequence of field notes provides a representative example of how a consultation with a victim of IPV was conducted at the centre. The details of each sequence were verified and noted by the nurse in her questionnaire. The listening was more 'directed', with the use of closed rather than open-ended questions, and frequently the nurse would interrupt the victim's narrative. This was done to focus the consultation on the type of information that interested the professionals. What came next in this sequence of narrated events clearly reveals the nurse's interest through asking concrete actions and precise wording and examples. Ms. J continued:

> 'Ms J - Then he stopped twisting my ear and he slapped me. He was talking and I did not answer; that is why he slapped me.
>
> Rose-Marie: What was he saying?

- He said things like, 'You're a bear! You are nothing but trash, you're worthless!' He always controls my mobile phone, my computer. He always says, "If I find something, I'll kill you". He is very suspicious. He repeats the same things constantly. Finally, I managed to free myself and went out of the room so that my son would not wake up . . .
- Wait, how many slaps did he give you on the bed?
- Two on both sides. Then I ran in the bathroom and closed the door, but he pushed it open and entered. I let him in; he had this face . . . of a monster . . . I do not know how to explain. Until then I was silent. Then I said, "What do you want? Do you want me to call the neighbours?" And he said, 'Do you want that I call the neighbours?' I was thinking of our child who was sleeping; otherwise I would have run out of the house. I was afraid of what he would do if I left. I was thinking he

might want to hurt him. What if he took vengeance on our child? He was insulting me. . .

- What did he say exactly?
- He said too many things, I don't remember. I could hardly listen to him.'

Then Ms. J explained that she went out finally to call her neighbour whom she knew, but when she went out the husband closed the door behind her. She said she was afraid for the child and so she went back. The husband let her in, and then,

'He pushed me on to the furniture, and I hit it violently.

- Did he push you with one hand or with two hands?
- With one hand and then he smashed my face. I let him do it. And the phone rang suddenly.'

When Ms. J managed to answer the phone, her husband left her alone and the incident finally ended. She stayed on the phone with her sister for a long time and the husband finally went to sleep. Rose-Marie continued with her detailed questions and went back to the episode in the bathroom to check how many slaps Ms. J had received. Then she verified the episode in the living room again to ask precisely how many slaps and punches she had received and whether this was before or after the call. Did the telephone ring for a long time or not? Was it because of the call that the husband left her alone finally? And so, the questions continued. Ms. J clarified each of them, one by one, explaining that he left her before the call, saying, 'I will go and find something so that I can throw you over the balcony, and you will then lie on the pavement'.

This detailed account of the consultation, which was related to the last episode of violence, and which reflected the degree of precision that was sought typically in the way consultations were conducted at the centre provides clarification on how and to what extent the forensic perspective directs the practices of health care professionals. It also elucidates their attitude towards the victim's narrative. In his work on medicolegal experts, Juston (2016, p. 411) points to the specificity of the discipline in question, which entails the particularity of being exerted on bodies in contrast to psychiatric expertise, for example, which is much more contested. The detailed questions, presented above, were asked to conform to the judicial expectations of such certificates. Juston (2016) illustrates this in the terminology used by legal actors when talking about medicolegal expertise or its certification. They talk about the 'presentation' of facts and events rather than a 'testimony'. As Justin explains, this is done to

emphasize that expertise entails ‘objective facts’ and not a ‘point of view’ (Juston, 2016, p. 411).

Given this perspective it becomes clear why the questions are so detailed. Not only can the nurses and forensic physicians connect the victim’s narrative more easily to traces on her body, but they can also verify the coherence of the narrative.

In the case of judicial police officers, Perona (2017), in turn, shows how medicolegal certificates were expected to extend beyond the professionals’ simple ‘observation’ of an incident. However, they wanted them to use ‘probabilistic penal reasoning’ so that they could verify whether or not the certificate and the attached pictures of the injuries would fit the victims’ story (Perona, 2017, p. 377). In fact, in this case, even if there were no injuries to be photographed, the detailed sequence of incidents recorded by medicolegal professionals would help the inspectors to test the victim’s story and assess whether they would retain the same version or whether they would forget it. In the latter cases, they could doubt the victims’ accusations (Perona. 2017, p. 392).

In the case of the medicolegal centre, even though its professional team did not endorse a role of providing forensic expertise in the face of penal actors, they nevertheless followed the same logic to issue a certificate that could be credible. These certificates were established at the request of victims. Nevertheless, the centre’s staff did not limit their work to a brief statement that would simply repeat the victim’s statement expressed in a broad and vague formulation. In fact, the nature of the insults and acts needed to be registered so that in the event of a future lawsuit, the penal assaults would be identifiable. In a way, the detailed interrogation that was conducted resembled that of police hearings that probed into the details of the incident to investigate the ‘truth’.

This investigation of truth further resembles what studies have shown regarding the hearings of asylum seekers. As Miaz (2017) observed in the case of professionals of the Swiss Sate Secretariat for Migration, the agents similarly proceeded to investigate the plausibility of the stories through an examination of the internal coherence of the narrative of an asylum seeker. In the case of IPV victims investigated here, the details similarly enabled the plausibility of the incident to be verified in relation to the bodily injuries that were exposed to health care professionals. Their attestation within a medicolegal certificate would in turn produce the ‘truth’ at the end of the inquiry (Miaz, 2017, p. 277) because even if the public agents cannot know for sure what exactly had happened during a given incident, they ‘do have access to

what officers and judges think is true' (Fassin, 2013, p. 59). This is explored in detail in Chapter 6, which shows how in the course of this practice, a certain type of victim has emerged as one who is legitimate and can therefore receive state support and protection. By contrast, those whose stories are not deemed tangible enough to pass this investigation of truth—for example, those who have endured psychological violence and threats—are left out of the field of public action against IPV.

Conclusion

In this chapter, I presented and discussed the work of the medicolegal centre, focusing on IPV cases. The chapter followed the same structure as the two preceding chapters. In addition to presenting the 'institutional mood' (Hall et al., 1978) of the medicolegal centre, its team, and work organization, and the documentation that it produced and deployed, I also explored, in the final section, the definition of interpersonal violence, situating the centre's work on IPV within the framework of the general professional and the specific institutional medicolegal logic that prevailed.

As this chapter has revealed, the forensic perspective, with its expectations of 'neutrality' and 'objectivity' guided the formulation and issuance of medicolegal certificates. At the same time, the medicolegal professionals insisted that their certificates should not be considered as forensic expertise that would be provided at the demand of judicial authorities and included the experts' interpretation of the reported incident entailing violence. The detailed investigation and examination of each sequence of events during a consultation followed a logic of investigating the 'truth' by carefully documenting the 'facts' to give a 'precise' picture of the incident that could be related easily to the descriptions of injuries and their photos provided in the final certificate.

Thus, the specific definition of interpersonal violence applied at the centre, which focused on physical acts (and the threats of committing them) should be read in light of the medicolegal logic that frames the centre's work in terms of serving the justice system. In fact, the documentation provided by the centre focuses primarily on recording information that could be helpful for the court. Most of this information entails documentation of visible traces of physical violence, which is considered 'objective' and acceptable from a juridical point of view. Less attention is paid to other types of violence such as psychological pressure, denigration, or economic violence, which could be less acceptable for the justice system. It is

this court-oriented medicolegal logic that frames the work of the centre and delimits its scope to the examination and objectivization of traces of violence.

This judicial-oriented perspective also frames the discretion of health care professionals in the ways in which they detail the incidents of IPV in their consultations. While the compliance to objectivity and neutrality can be seen vague enough to leave some room for interpretation for the professionals, in terms of conducting their consultations and writing up their certificates; in fine, the standardized procedure of conducting consultations, the use of a detailed questionnaire and the authority of forensic physicians to sign the final certificate and to check their contents, are designed to control as far as possible the effect of the vagueness of the principles of neutrality and objectivity. The uniformity of quality and form of the final certificates were actively sought. So that ultimately the discretion of health care professionals was less present in the centre in comparison to the previous institutions.

Part I: Concluding Remarks

In the first part of this dissertation, my aim has been to understand how the institutional logics of the different institutions under investigation, each with their own professional exigencies and constraints, played out in the everyday practices of public agents in relation to victims of IPV. Taken together, the variety of definitions and practices examined in the three chapters of Part I challenged the expectation of a similar identification of IPV as a clear and circumscribed category. This variation presented in the official definitions of these three institutions in charge of handling IPV cases entailed challenges relating to the translation of a public problem from one institutional scene to another (Callon, 1986; Zimmermann, 2003). While the three institutions are part of a coordinated network of assembled institutions constituting the Cantonal Commission for Combatting Domestic Violence under the same political decision makers and the same strategic plan, they do not always recognize the same issues as IPV. They do not define and identify IPV in the same terms and consequently have evolved their own methods of processing such cases. At the same time, these institutions do not work in isolation; as part of a multi-institutional network, they are expected to cooperate with each other and to develop coordinated actions to combat IPV. Consequently, bringing together the findings of these three introductory chapters relating to discursive and practical definitions of IPV provides a more general picture of what IPV refers to as a category of action in the canton under study.

Beyond the nature of the relationship between two protagonists, namely an intimate partnership, which is necessary for categorizing a case as IPV, the definitions elaborated within these different institutions, considered collectively, encompass a variety of actions and incidents conceived as IPV. From the police perspective, the main criterion for taking action relates to the nature of the offence as one that is prohibited under the penal code. This consideration is critical because if an act is not legally prohibited, does not constitute a threat to public order, or to an individual's integrity, it falls outside of the scope of police action. As part of the penal chain, the eventual judicial outcome of cases to be pursued also plays a role in ex-officio police action or pursuit of a complaint regarding an offence. In the case of the medicolegal centre, a forensic perspective, which is also part of penal chain, is pursued entailing the same considerations concerning the judicial outcome of a case. In particular, the information produced as the outcome of specific medicolegal consultations is expected to be 'neutral' and 'objective'. For this reason, physical violence and documenting its visible traces

is prioritized, even though the WHO definition of interpersonal violence adopted by the centre is broader and includes threats of such acts or their psychological impacts on victims. Last, the shelter, as an expert institution on IPV, has integrated a broader range of acts of violence even if they do not threaten the physical integrity of victims. Threats, blows to animals and objects, or controlling household money are all included within the shelter's definition for IPV. This is because the shelter recognizes the controlling intention behind such apparently insignificant or at least not legally prohibited acts. But given that the shelter is an extension of the welfare department and receives public funds, its services are also limited by the criteria of social aid being available for emergencies and crises. Consequently, the allocation of protected accommodation within the shelter to women who run a higher risk of danger is justified on that basis.

Following their elucidation of the criteria entailed in the labelling and definition of IPV at a discursive level within each institution (by formal definitions, procedures, and guidelines), the three chapters in Part I also examined how IPV cases are identified in practice. They reveal that there is ambiguity in the interpretation of these definitions and criteria in the context of the everyday work of the public agents that can reshape what IPV, as a formal category of action, means in terms of outcomes. The findings of Part I enable a shift from discourse and definitions to institutional practices and sometimes discretion. Ethnographic examples highlighted the need to go beyond formal definitions provided by institutions to explain their work, showing the extent to which, these definitions and categories are grounded in practice and how they were interpreted by agents when making decisions on a daily basis. This result endorses Lipsky's (1980) findings on the importance of discretion in relation to 'street-level bureaucrats'. However, my aim here is to extend the analysis beyond simply asserting that public agents have discretion and room for interpretation in relation to rules and laws that define the modalities of their interventions. Specifically, I aim to further demonstrate how this discretion and the complexity of practical circumstances following a specific institutional logic impact on the categorization and effective processing of IPV cases.

These agents do not behave as 'free electrons'; rather, they are contained within networks of particular institutional objectives and missions (Fassin et al. 2015). The practices of some of these individuals are limited by legislation, whereas those of others are constrained by available funding and resource allocations. But their professional perspectives as well as their specific routines and their categories of public action impact on the ways in which these agents respond in relation to their respective beneficiaries. In this work, I look beyond

individual practices, discretion, resistances, and struggles to what underlies those practices and attempt to reconstruct the routines and logics that are 'represented in their institutional rather than their individual' aspects that have a bearing on these practices (Hall et al., 1978, p. 33)

Consequently, whereas the first sections of the chapters were aimed at capturing the 'institutional mood' (Hall et al., 1978) of the institutions under study, the following sections focused on an exploration of the discursive and practical definitions of IPV cases, situating them within their respective institutional logics. This endeavour entails a move towards understanding IPV not only as a public and social problem but also as a category of public action.

In Parts II and III, I will attempt to answer the overarching question that guides this research, that is, how can we understand and explain the differentiated framing of IPV mobilized by public agents that results in a fabrication of presumed 'otherness' and 'difference' between 'us' and 'them'? The first step towards addressing this question is tackled in Part II, which focuses on identifying a general framing of IPV that emerges out of these diverse institutions' responses considered collectively. These institutional responses to IPV are reflective of a gender-blind, individual- and psychologically based category of action.

Part II: The Politics of Silence: De-gendering IPV

In the first part of this dissertation, I introduced the public institutions that constituted the field sites for the ethnography. Each chapter in Part I presented an ethnographic description of the work and the team organization of each institution and elucidated 'domestic abuse' as a category of public action for that institution. The following empirically based chapters in Part II seek to illuminate the general framing of the public institutional responses to domestic violence. Having elucidated the institutional logic within each of my field sites, in this part, I can now focus on the general framing of IPV that foregrounds the individual and psychological dimensions of IPV, both in terms of the conceptualization and explanation of the problem and in the solutions offered by the respective institutions to tackle it. It will show how the social dimensions of IPV in terms of gendered power relations, which are also identified in the literature as explanations for IPV, are silenced and overlooked (Hearn 2013).

Part II's main objective is to unravel 'the politics of silence' (Fernando, 2014, p. 235) surrounding the general framing of IPV in the ways in which it is treated in public institutions in Switzerland. The concept of 'silence' is borrowed from Michel-Rolph Trouillot (1995), a prolific Haitian anthropologist, who in his 'Silencing the Past' examined the historiography of the Haitian Revolution. Trouillot (1995) used the concept to refer to the ways in which the role of slaves' rebellion in Haitian revolution and its importance in the creation of abolitionist movements later, was downplayed in the Western historiography of abolition of slavery. He wrote, 'the ultimate mark of power may be its invisibility; the ultimate challenge, the exposition of its roots" (Trouillot, 1995: xix). In his work he thus laid bare the workings of 'archival power,', which he describes as, 'the power to define what is and what is not a serious object of research and, therefore, of mention' (1995, p. 99) and revealed the silences produced in the process of selection of the events to document and to record by Western historians. Here I link Trouillot's concept of silence to the work of Bacchi (1999) on the construction of public problems. In her specific approach to the analysis of public policies, she recommends investigating not only how a public problem is defined and represented in those policies, but also to investigate what is silenced and overlooked in a specific reformulation of a given public problem to better understand the responses formulated to tackle it.

Accordingly, Part II lays bare the silencing of gendered power relations in the conception of IPV. It will show how the proposed solutions based on such a conception, result in the depoliticization of the problem, which is subsequently attributed to psychological and individual causes rather than a type of violence perpetrated against women. Therefore, politics of silence here refers to the ways in which IPV is framed and as a result depoliticized when gender power relations are silenced in its conception. However, this analysis is not aimed at evaluating any particular interpretation of IPV or explaining what in fact IPV is. I do not intend to demonstrate the validity of one explanation against the other, nor the relevance of those approaches for the work of the institutions, not even the comprehension of IPV itself. This lies outside of the scope of this study. In fact, the literature on IPV reveals both psychological and individual-based elements required to understand this violence as well as structural and social explanations related to gender socialization and power relations. Each of these approaches can help to elucidate this phenomenon and provide relevant inputs for public policy design. Deconstructing the emic distinction between psychological and physical violence that features prominently in the literature on IPV and is also reproduced by professionals and experts (Stark, 2007), is also beyond the scope of my project. As IPV is the object of my observation and not the object of study here, the distinction between the physical and psychological components of IPV, which features in the majority of widely endorsed scholarly and public policy definitions, is reproduced here. While recognizing that this categorization is arbitrary, implying a clear-cut distinction between these components, and that it may not be adequate for illuminating the complex dynamics of IPV as it is experienced and recounted by those who have endured it (Stark, 2007; Voolma, 2015), it is nevertheless useful for the purpose of this work. As I will show in this part of the dissertation, this distinction enables the elucidation of the main obstacles relating to institutional responses to IPV in the context of current modes of its treatment by public agencies. The primary objective in this work is to develop an understanding of a double standard which is used for IPV cases based on how the targets of public action are categorized. My aim in this part is to show how the general framing of IPV is gender neutral and centres on the individual and on psychological factors. This analysis will serve to elucidate what follows in Part III, which examines to what extent the lens applied for reading the cases changes and how a different lens is applied within these institutions in cases involving ‘migrants’.

The three chapters in Part II are organized around three respective themes, which though not the only relevant ones are the most important, as they support the argument that in general, a

gender-blind framing of IPV guides institutional practices and public policies within the canton and reunifies the three institutions to varying degrees. The collective consideration of the three institutions allows for the presentation of a comprehensive image of how IPV is named and framed within these institutional responses. The opening chapter 4 focuses on the psychologization of the social problem of IPV as part of a depoliticization process that is revealed through the individualization of the causes and solutions advanced for treating IPV cases. Chapter 5 tackles the question of child protection in the processing of IPV. The gendered representation of maternal responsibility towards child protection is another indicator of the absence of a gender-sensitive reading of IPV as a form of violence inflicted by men against women and their children. These gendered representations invisibilize and silence the paternal responsibility of the perpetrators, while constituting the victims as institutional targets of public action and assigning primary responsibility to them for exposing their children to the violence of their partners. Chapter 6 presents an analysis of how the key rationale of a separate category of public action against IPV was transformed when psychological violence, although recognized in the discourse cannot be addressed in practice. Consequently, IPV came to be conceived as a situational and isolated physical act of violence; one that is interchangeable with any other form of interpersonal violence (such as man-to-man street fights) that are already recognized within the law in the absence of any specific category of action against IPV. The lack of consideration of the systematic controlling and humiliating behaviour perpetrated by men on the women they know to unbalance the couple's power dynamic, contributes to the framing of IPV as a gender-neutral physical violence.

As previously discussed, my study does not consider the individuality of public agents, their personal motivations, and the meanings they ascribed to their actions. Rather, I have attempted to document the outcomes and consequences of these practices as they pertain to the institutional responses to victims in this context. As the chapters in this part reveal, different singular actions committed for a variety of sometimes understandable reasons by diverse public agents nevertheless produce a specific and coherent general framing, the consequences of which are no longer directly related to the intentionality of public agents. My aim here is to deconstruct this general framing and its underlying normative assumptions.

4 Chapter 4: Psychologization of the Social

In the following pages, I will clarify some of the key theoretical concepts applied in this chapter. This will enable readers to better follow the ensuing discussion based on an examination of my empirical data, which shows how public action against domestic abuse in the canton under investigation is guided by a logic of psychologizing IPV. A process through which the gender-based reading of IPV in terms of masculine domination and gender inequality are silenced in favour of psychological and individual-based dimensions of IPV.

I begin by presenting and defining the core underlying concept of the *psychologization of social problems*. This discussion will clarify the main issue that sociologists have attempted to address through the application of this concept and will distinguish the concept from psychology as a discipline. I will first provide a broader outline of the sociological thematic of psychologization before narrowing it down to show how it has been applied within the specific field of social interventions and within studies of violence against women. Existing definitions of psychologization within the literature have attempted to encompass the different dimensions entailed in this broad concept. Some of these dimensions, for example, depolitization, can be applied to phenomena that extend beyond the intended scope of psychologization. Others, such as individualization, are synonymous with psychologization or convey only one of its dimensions. I will nonetheless use the term 'psychologization' to refer to all of the constituent dimensions because of its prevalence within the literature, thereby bringing them together to be addressed as part of the same problematic. More importantly, this terminology is usually applied within the specific research field which addresses the institutionalization of violence against women as a public problem. For the sake of clarity, the organization of this chapter is aimed at distinguishing between the different dimensions of the psychologization of IPV as far as possible. However, it is necessary to emphasize that these different dimensions (depolitization, individualization, etc.) should not be read as different and separate phenomenon; rather, they converge in the process of identifying the operationalization of psychologization.

It is also necessary to examine more precisely the specific use of the concept of psychologization within the field of social intervention. This is important because following the presentation of an analysis of some of the historical and contextual elements relating to the institutionalization of responses to IPV at the cantonal level that apply to all of the institutions, the remaining part of the chapter focuses mainly on the shelter. Among the three

institutions under investigation here, the shelter is the primary institution where the general framing of IPV can be studied. Whereas the other institutions under investigation tackle the problem of IPV as part of their broader institutional missions, the shelter is the only recognized specialized institution with expertise in IPV. Furthermore, in collaboration with LAVI centres, the shelter organizes specific training programs on IPV for other public agents who handle IPV cases in the course of their work in the canton. Therefore, an examination of the shelter's approach to IPV is essential for analysing and developing an understanding of the general framing of IPV.

I begin to shed light on the IPV psychologization process and its implications through a brief examination of the history of the institutionalization of IPV as a public problem within the canton. This overview enables me to trace the process whereby the root cause of violence inflicted on women has been depoliticized. Next, I discuss individual-based explanations of the causes of the IPV phenomenon. In the last section of the chapter, I show that the solutions that have been designed and proposed to solve the problem of IPV have foregrounded psychological expertise and tools.

4.1 Problematization of a Process

'Psychologization of the social' refers to the process of transforming a social 'thing' into a psychological 'thing' (Bresson, 2012, p. 70). Here, a 'social thing' refers to what is embedded within social structures and embodied within power relations and systems of domination. The 'psychological' refers to individuals along with their subjectivities and psychologies. The concept of psychologization of the social can be defined as 'interpreting a problem in individualistic and psychological terms rather than in political, economic or social terms' (Romito, 2008, p. 69). It entails treating social situations as psychological questions conceptually and/or practically (Demailly, 2006).

What is important to note here is that the concept of psychologization of the social or, more precisely, psychologization of social problems does not target the discipline of psychology; rather, it denotes the process through which all of the other dimensions of a given social problem, such as unemployment, poverty, and IPV are reduced to their individual and psychological dimensions. This concept does not address the legitimacy, or lack thereof, of applying the discipline of psychology in the treatment of such problems; nor does it question the relevance of individual-based and psychological solutions to address these problems.

Rather, it highlights a tendency to consider or address only the psychological dimensions of a given problem, while neglecting the structural ones (Bresson, 2012).

What sociologists wish to highlight and problematize is in fact the political work of psychologization (Bresson, 2012). Psychologization implies a shift in focus from structural problems and power relations to individuals, through a process entailing what Foucault ([1973] 2003) described as a moral and social order based on social control and the disciplining of individuals. Accordingly, the attribution of deviant behaviours and actions to personal and psychological characteristics can be considered an act of depoliticization (Bresson, 2006; Castel, 1981; Romito, 2008). In fact, psychologization entails a desocialized and depoliticized consideration of social problems. Consequently, attempts to transform the world are abandoned (Demailly, 2006), and the solutions proposed to resolve social problems remain at the individual level. Consequently, psychologization resists a sociological approach to social problems as well as their politicization. As Demailly (2006, p. 36, my translation) observed, 'polemically, psychologization is then [the] desocialization of the view, [the] depoliticization of representations, and the incapacity to think about or treat problems in a socio-historical way'.

Empirical examples derived from the works of sociologists on issues such as burnout (Loriol, 2000), school failure (Pinell & Zafiropoulos, 1983), and unemployment (Castel, 1999) that reveal practical processes of psychologizing various social problems can elucidate this concept. Thus, for example, Castel's (1999) study on work and employment shows how public action against unemployment in France no longer targets the conditions or organization of work. Instead, it directs individuals to change themselves and to adapt. Castel showed how there has been a turn to psychology as a new logic for resolving issues that were previously addressed through political, organizational, and social means (e.g., through unions) in the 1960s and 1970s. Accordingly, it is held to be the responsibility of individuals to take care of their careers and to demonstrate the ability to reinvent themselves in case of unemployment or job changes. Castel further showed that public programmes, such as insertion techniques[70], not only enable individuals to acquire new competencies but they also serve to elevate an individual's self-motivation and capacity to undertake projects (Castel, 1999; Castel et al., 2008). These trends are also prominent in the Swiss response to unemployment, although

[70] This refers to strategies to re-integrate an individual in job market.

from the outset, in contrast with the French context, the importance of unions was never as strong (Buffat, 2011).

To understand the reasons for the ascendance of the term psychologization and its relation to psychology as a science, or to psychology in its literal sense, as a generic term that refers to the *individual* level, requires retracing the specific social and historical contexts of the debates that led to its conceptualization. This exercise leads to the consideration of the implications of the concept for the specific field of social work and social interventions and the further zooming in of *psychologization* of *the social* to *psychologization of social interventions*. The political question of problematizing the process of individualizing solutions to social problems and the individual-based measures framed within social policies and applied by welfare state departments that tend to responsibilize and autonomize individuals is indissociable from a specific context characterized by important societal transformations (Bresson, 2012, p, 68).

In the 1970s, in light of the prevailing 'human potential' trend in the United States. and a proliferation of programmes and training approaches for maximizing 'individual potential' and 'personal development', sociologists began to question the spread of a 'new psychological culture', particularly within Europe (Castel, Enriquez, & Stevens, 2008; Vrancken & Macquet, 2006). Castel (1973, 1981) analysed the implications of applying this 'psychological culture' (*culture psy* in French) to the conceptualization of social problems. He showed that the generalization of this 'psychological culture' beyond personal development programmes hid a process of individualization and depoliticization relating to decollectivization, which had been initiated in the 1950s (Castel et al., 2008). Abandoning Durkheim's conceptualization of the 'social' as a structure and external reference, the 'social' was reinterpreted relationally and psychologically within this psychological order. This reinterpretation called forth the classic philosophical question of the relationship between the individual and the society (Bresson, 2012). In this new psychological order,[71] the social was perceived as a network of interactions occurring among individuals or groups. Within analyses of social relations, ideas of individual autonomy and responsibility were consequently privileged, and the significance of the social structure was undermined (Castel et al., 2008, p. 17).

[71] Referring to Foucault's work on techniques of self, Demailly (2006) underplays this idea of novelty, considering it to be more of a trend among sociologists than the actual occurrence of social transformation.

The application of this analytical lens for interpreting social problems (such as poverty or unemployment) as core subjects of social work and interventions resulted in a conception of the failure of the individual as the primary source of the problem. Thus, the analytical focus was on the failure of an unemployed person, a poor individual's lack of conscience, and an individual's inability to adapt, or even his or her lack of will. According to this approach, to resolve social problems, individuals need to be transformed in ways that enable them to adapt to their new conditions.[72] The concept of psychologization of social intervention originates in the history of polemical debates on social work that took place during the 1960s and 1970s (Bresson, 2012). The process of psychologization applied to social work and interventions was criticized on the basis of three main lines of argument. The first argument concerned the purpose of social work itself. Scholars and practitioners of social work who opposed the psychologization process argued that social work should remain anchored within the collectivity, and the causes of social problems should continue to be sought in social structures. Thus, the goal of social work should primarily be a political one focusing on the transformation of social structures to resolve social problems. The second line of argument expressly targeted the science of psychology in relation to the identity of social work. This line of argument drew attention to the identity of social work that could be under threat from the science of psychology as an individual-focused practice and the spread of its methods and tools, as demonstrated by growing demands for psychological interventions (Bresson, 2012; Demailly, 2006). The third line of argument emphasized the importance of sociology as a science of the collectivity to analyse this deviation of social work. In sum, the controversy of the 1960s and 1970s crystalized firstly around the question of the scope of social work as a corrector (or not) of inequalities and secondly around the identity question, including the boundaries to be drawn between psychology and social work (and more broadly sociology) and their place in the education and training of social workers (Bresson 2012, p, 68). Consequently, the concept of *psychologization of social intervention* (or social work) cannot be considered independently from the overall sociological thematic of the *psychologization of social relations* and its genealogy.

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[72] It should be recalled here that proponents of the psychologization trend within social work present it as an approach that is adapted for working directly with individuals, taking the beneficiaries' viewpoints into consideration. They argue that it facilitates the personalization of social work, serving as a counter to stereotypical and homogenizing solutions offered to different social groups and enables the individual's needs, situation, and emotions to be addressed more effectively (Demailly, 2006). Moreover, the fact of speaking up and taking the floor is seen to offer advantages in terms of self-subjectivation (Demailly, 2006). However, my aim in this chapter, and in this theoretical section, is not to evaluate of the usefulness or lack thereof of the process. Rather, my intention is to clarify what the process itself means and refers to.

The psychologization of social intervention through the individualization of social interventions promotes a sense of individual autonomy and responsibility (Bresson, 2012), thereby obscuring a guilt-inducing and moralizing dimension (Castel et al., 2008). The normative assignation of an autonomous, responsible, and self-entrepreneurial beneficiary of social welfare, who is motivated, takes initiatives, embarks on projects, and is independent simultaneously creates a normative vision of what an active and worthy beneficiary should look like. Those who do not conform to this normative vision are regarded as passive and, further, as profiting from social welfare while constituting a burden on society (Castel et al., 2008).

The increasing use of psychological methods and tools, considered as a primary solution that enables individuals to face their situations of vulnerability and social marginalization responds to a real demand (Castel et al., 2008, p. 26) and is aimed at alleviating psychological suffering. Counselling (and listening) is widely applied as a means of tackling psychological distress. The proliferation of listening spaces[73] is one of the consequences of the psychologization of social intervention (Fassin, 2004). In order to 'personalize' the intervention, the individual, his or her biographical history, qualities, competences, and psychological suffering are prioritized. Thus, the psychologization of social interventions can be viewed as the individualization of social interventions. Bresson (2012) advocates foregrounding life course perspectives and life story telling as ways of helping beneficiaries to identify their personal problems. Further, Blum (2002) points to the legacy of the social intervention in the United States that is intended to help beneficiaries through attentive listening on the part of social workers, aimed at eliciting the real needs of their clients that are thought to be hidden within their immediate demands.

Finally, it should be noted that other logics crosscut social work and the modalities of social intervention, operating in parallel or exacerbating the process of psychologization. The introduction into social work of the managerial sciences, described by de Gaulejac (2005) as 'the victory of the managerial spirit' [74] and methods of evaluation (Chéronnet & Gadéa, 2009) have reinforced the logic of individualization entailed in social interventions in spite of criticism of and opposition to this approach (Bresson, 2012). Added to this is a logic of

[73] Lieu d'écoute.
[74] La victoire de l'esprit gestionnaire

pragmatism and efficiency imposed as a result of limitations and constraints of time and means, and the work flow of social workers, that impacts on their work (Bresson, 2012).

In light of the preceding discussion, when I refer to the main elements of the psychologization of the social, or to the psychologization of social intervention in the following pages, my aim is to shed light on the process through which structural and social problems are reduced to their individual and psychological dimensions. This process is the outcome of a tendency to see or address only the psychological dimensions of a given problem to the exclusion of its structural dimensions, not only in terms of the identification of the causes of a given problem but also in the solutions proposed to resolve those problems that remain at the individual level.

The above literature referred to a variety of elements to describe the process that the concept of psychologization of the social is intended to problematize. To clarify the relations among these different elements, I propose to categorize them at two levels. The first level, which includes political, economic, or socio-historical elements that are neglected in analyses, relates to the wider question of depoliticization, that is, the eclipsing of the structural power relations at play that can give rise to a specific social problem. The second level relates to the process of psychologization, which is one of the strategies or technics through which this broader process of depoliticization operates. More specifically, this level relates to the individualization of social problems as well as the solutions envisaged for treating and addressing them. In sum, there are two contrasting pairs of elements: society–social versus psychology–individual. The above described process of psychologization attends exclusively to the second pair, overlooking other social dimensions of the problem. Thus, it constitutes one mode of depoliticization whereby power relations and structural elements are omitted from the analysis of a given social problem both in terms of its conceptualization and the solutions formulated for addressing it.

In the following section, I will draw on the specific literature on violence against women that contains references to the psychologization of that violence once institutionalized. This review subsequently enables the elucidation of my fieldwork findings. The empirical demonstration that follows my examination of the literature entails a three-step procedure. First, I elaborate on the broader process of depoliticizing IPV in the course of its institutionalization as a public problem in the canton under study. Second, I concentrate on the process of psychologization in terms of individual-based conceptualization of the causes of IPV. Last, I examine the application of psychologization as individual-based solutions for IPV,

demonstrating the elevated status of psychological expertise in the solutions offered to victims to address the problem.

4.2 Depoliticization of 'Violence against Women' in the Process of its Institutionalization

Recent decades have witnessed various developments and the implementation of legal, social, and public policies to address violence against women (Hanmer et al., 2006; Hearn & McKie, 2009). Studies on the process of institutionalization of the feminist cause relating to 'violence against women' within various contexts have largely been framed in terms of the sociology of public problems and what Bacchi (1999) termed the 'what's the problem' approach.

Studies on violence against women conducted within different European settings have shown that depoliticization occurs in the process of institutionalizing and professionalizing public action aimed at countering different types of violence against women (e.g., Romito, 2008). This depoliticization strategy operates by eclipsing the gendered nature of the phenomenon. For example, in the French context, Lieber has shown how there has been a shift away from the original conceptualization of women's experiences of violence and security within the public space, inscribed within gender relations and considered as a specific type of violence perpetrated against women. Consequently, this conceptualization has lost ground and even disappeared in the process of institutionalizing public policies directed against insecurity in public places (Lieber, 2003, p. 84, 2008).

In light of these findings, in the following section, I argue that Swiss institutional responses to IPV in the canton under study have followed a similar depoliticization logic which is apparent in the choice of terminology used to talk about the problem, and in what is silenced or at least marginalized in the process.

4.2.1 The Semantic Shift and Choice of Terminology

It should be recalled at the outset that despite the increased scholarly and public interest in the phenomenon of violence against women, there is no clear consensus about the terminology to be used to refer to this type of violence (Roca i Escoda & Lieber, 2015; Voolma, 2015). Various terms have been suggested and deployed that imply different explicative models or that more or less indicate who the perpetrators or the victims are (Roca i Escoda & Lieber, 2015). In a recent study of the institutionalization of IPV as a public problem in the Swiss context, Lieber and Roca i Escoda (2015) showed how the focus has shifted from the conjugal relationship to what is now termed 'domestic violence', entailing the diversification of other

types of violence existing within the family sphere. The resulting marginalization of conjugal violence has occurred in spite of the prominent role of feminists in the 'discovery', visibilization, and conceptualization of the problem (Lieber & Roca i Escoda 2015, p. 5). This 'semantic shift' from violence against women, to conjugal violence, and ultimately to domestic violence, can be viewed as a reconstruction of social reality (Lieber, 2003, p. 87). Lieber has pointed to a transformation in the terminology used to describe this violence perpetrated against women, reflecting a semantic shift from socio-political categories to a psycho-medical terminology. She argues that this semantic shift conceals the fact that more than 90% of IPV is committed by men against women. Moreover, the roles of both partners in interfamilial or domestic violence are no longer a topic of inquiry. Instead of talking about men and women, or perpetrators and victims, the discussion now centres on couples, children, and the elderly (Lieber 2003, p. 87). While the term 'conjugal violence' may also suggest a shift from violence against women, its use has been prevalent ever since the phenomenon was first problematized. It has also been deployed within feminist movements to refer to this specific subcategory of violence within the broader thematic of violence against women. In the same way, the use of the term 'intimate partner violence' in this study[75] relates to the wider category of 'violence against women', with the added advantage that it does not run the risk of confining attention to cases involving married couples. Whereas the term 'domestic violence' entails an entirely different representation of the problem, which is no longer conceived as violence that is specifically perpetrated against women, and that lacks any clear reference to men, who in an overwhelming majority of cases are the perpetrators. A few historical and contextual elements are formative of the institutionalization of IPV as a public problem at the cantonal level, thereby supporting the argument that a similar process of depoliticization has also unfolded in the course of the institutionalization of IPV in this canton.

[75]The terms violence against women, or gender-based violence better encapsulate the gendered dimension of the problem, but they do not allow for distinctions among different types of violence, such as stalking and violence in the workplace, or sexual violence. Although my focus in this study was on violence inflicted by men on their female partners, I opted for the term intimate partner violence (IPV). Even if some of the critiques presented here can also be applied to IPV, as it does not contain any reference to gender, this term entails the advantage of foregrounding the intimate relationship, which is one of the main characteristics of this kind of violence. Of note is the fact that it allows for a definition that is not limited to heterosexual relationships, even if these were the only relationships that I encountered during my study. I also wanted to use one of the available terminologies because this was not the primary issue that I aimed to deconstruct in the study. I therefore opted for a widely accepted term that is also applied by the World Health Organization to refer to the problem worldwide.

4.2.2 A Changing Agenda: From 'Violence against Women' to the Institutionalization of 'Domestic Violence'

Switzerland's federal structure has prompted a heterogeneity of temporalities and modalities of generating public awareness regarding the need to provide assistance and support for victims of IPV. Since the late 1970s and early 1980s, feminist initiatives have been implemented in some cantons with the aim of establishing shelters for women who were victims of 'conjugal violence' (Lieber & Roca i Escoda, 2015; Roca i Escoda & Lieber, 2015). By 1990, IPV had emerged as a public issue at the federal level in Switzerland. Local bottom-up feminist initiatives in Switzerland were bolstered by the achievements of transnational feminist movements that succeeded in putting the theme of violence against women on the agenda of the international community during landmark international events, notably the Fourth World Conference on Women held in Beijing in 1995. Moreover, as a result of subsequent initiatives, such as the action plan of the World Health Organisation (WHO) formulated in 1997 and the European 'Violence against Women: Zero Tolerance' conference held in Lisbon in 2000, the issue of violence against women became increasingly prominent within the Swiss public arena. A clear step that marked its recognition was evident in the adoption of a new law, *Loi fédérale sur les victimes d'infractions* (LAVI), aimed at improving protection for victims of violence in 1993. According to the provisions of this law, each canton was required to establish LAVI consultation centres for providing information and assisting victims of violence (not just victims of IPV).

In 1993, a large-scale research programme, PNR35, was launched with the aim of assessing the situation regarding violence against women in Switzerland. A quantitative study by Gillioz, De Puy, and Ducret (1997) was among the first studies conducted on IPV in Europe that showed that one out of five women endured physical violence inflicted by her partner at some point in her life. The prevalence of psychological violence was even higher (around 40%). In 2000, WHO also declared violence against women to be a public health issue.

In this context, at the cantonal level where I conducted my research, the Cantonal Office of Gender Equality (COGE) commissioned a new study on 'conjugal violence' in 2000. This study was aimed at measuring the extent to which state institutions were confronted with what were then termed conjugal violence cases. The results of the study showed that most public institutions had encountered such cases, but the general perception of their employees was that they lacked the tools and the know-how to address them (Hofner & Viens Python, 2004). In 2001, the cantonal authorities identified six priority measures for implementation in order

to establish a public policy for tackling the problem of conjugal violence. One of these measures was aimed at improving coordination and communication among different public institutions through the establishment of a cantonal commission in 2005 that is managed by COGE and has worked to federate all of the public institutions that deal with IPV. One of the measures entailed the creation of a medicolegal centre in the same year, which, as mentioned in Chapter 3, opened its doors to the public in 2006.

The semantic shift from 'conjugal violence', as a form of violence against women, to 'domestic violence' is reflected first of all in the name chosen for the newly established commission: Cantonal Commission for Combatting Domestic Violence. In an interview, the deputy director of the shelter pointed out that this choice of title was intended to dissociate the Commission from the feminist agenda, which was the origin of the problematization of IPV.

> '"Domestic violence" is a political choice. At first, the issue was labelled "conjugal violence", which still accounts for 85 to 90% of cases of domestic violence. But at a certain moment, politically, there were many who thought that "conjugal violence" was reductive and that we should broaden public policies to include all forms of domestic violence. Because this terminology would remove all of the feminist aspects that had bothered many people and continue to bother them. When we talk about domestic violence, we do not talk about the feminist aspect. It was more the case of "conjugal violence", and worse still if we say, "violence against women". As there were and are many who still do not want to hear [this term] and continue to deny it, we cannot name it as such. Domestic violence has been widely accepted and valorized at the expense of conjugal violence which constitutes the overwhelming majority of cases. When the problematic extended beyond feminist circles and became a larger problem at the level of society, it was transformed into "domestic violence".' (Beatrice, interview, 21 Oct. 2014)

The deputy director's viewpoint was also shared by the ex-director of the shelter, who was among the active members who spearheaded the establishment of the Cantonal Commission. She described the change in terminology as a political decision that they could not really oppose, even if it led to the eclipsing of the gendered nature of this violence.

This changing agenda is also reflected in cantonal public policies in the 2000s. Whereas the six measures identified in the Cantonal Commission's strategic plan for the period 2001–2011 focused on addressing 'conjugal violence' against women, the new measures identified in the

cantonal action plan for the period 2011–2015 no longer focused on ‘conjugal violence’. The term itself had been replaced by ‘domestic violence’, which was considered more suitable, as it was more inclusive as well as less politically charged (Hofner & Viens Python, 2014). Conceived as a way to expand the problematic, the new priority measures now focused on prevention of domestic violence that included children, the elderly, and other family members over the course of the decade of the 2000s. The cantonal public action during the period 2011–2015 focused more specifically on violence among migrants, the needs of children, and programmes for ‘authors of violence’, turning the policy gaze from women to other so-called ‘vulnerable groups’, be they children, the elderly, or migrants. In the words of Bacchi (1999), gender was silenced. Women were no longer the primary targets of public policies, and domestic violence was not considered as a specific type of violence perpetrated by men against women; instead, it was conceived as a family problem that did not mention the sex of the perpetrators or of the victims.

In an interview, one of the founding members of the medicolegal centre, who also played an active role in the establishment of the Cantonal Commission, introduced a pragmatic question in addition to endorsing the unpopularity of the feminist approach and the political strategy of dissociating the Commission from it. This question concerned the difficulty of addressing gender inequality and gender stereotypes in the short term and within concrete programmes.

> ‘One of the issues that was left out of the strategic plan was the provision of information to the public regarding gender stereotypes and raising awareness on gender equality. I think it was not clear enough. We did not know what to do with it. When we talked about the need to address the question of the authors of the violence, we knew what to do, but when we talked of the deconstruction of stereotypes, we did not know what to do concretely. It was difficult to sell, strategically difficult.’ (Pierette, Interview, 11 March 2013)

The strategic question, mentioned above, concerned funding. At the cantonal level, the institutions needed to steer their activities in the direction of public funding and subsidies; the more concrete the measure and the less politically charged it was, it would attract a correspondingly lower degree of resistance and a higher likelihood of receiving public funds. This phenomenon has also been observed in other contexts (Delage, 2017; Herman, 2016). The choice of the term ‘authors’ of violence rather than ‘perpetrators’ or ‘aggressors’ also reflected the same tendency to dissociate this terminology from the usual feminist lexicon used in the initial campaigns to combat ‘violence against women’. Another example that

reveals the public agenda of expanding the mission of institutions funded to combat IPV to other types of violence and 'victims' is evident in the way that the medicolegal centre's mission was originally defined and transformed during the first phase of its establishment.

4.2.3 Changing Targets of Public Action

The need for a specialized medical centre was mostly felt by medical professionals from the emergency unit who were interviewed during the first research phase mandated by the Cantonal Office of Gender Equality (COGE) (Hofner & Viens Python, 2004). The staff of the hospital emergency unit who treated the injuries of evidently battered women complained about the fact that they did not have the knowledge to inform those patients about what they should do. They had little knowledge and experience of how to discuss the women's situation with them, little time, and they were unaware of which institutions these women could approach (Hofner, Viens Python, 2014). For these reasons, a permanent facility was created within the hospital, mainly staffed by volunteer physicians and nurses. The facility was open from Friday to Sunday, which was the period in the week that coincided with the occurrence of most cases of conjugal violence. This facility provided relief for the emergency unit, as the professionals could now treat the injuries and then direct the victims to this facility, where competent personnel would take over, listen to the women's stories, and dispense information.

However, the facility was underfunded and overly dependent on the work of volunteers. It was not sufficiently institutionalized to be well known. In 2004, the forensic department of the cantonal hospital joined the project. Its staff claimed that there was a special need for a medicolegal centre to contribute to the fight against conjugal violence (Hofner, Viens Python, 2014, pp. 70–73). Following a consultation, a medicolegal certificate could be issued by this centre. Such certificates were already being provided by physicians, but their quality varied. With the help of the forensic department, it thus became possible to operate a full-fledged service within the hospital that was run by paid professionals instead of volunteers. What is important to note here is that despite the service's initial objective of taking care of women who were victims of IPV and supporting them by providing them with information, the ultimate aim of the newly opened medicolegal centre was to receive all victims of interpersonal violence. When I interviewed the director of the centre, she told me that it was not acceptable to open a centre in a public hospital that would accept only one section of the population.

> ‘When we opened the centre in 2006, we decided on a consultation service for interpersonal violence that included male and female victims of familial or community violence in the sense of WHO typology. We refused to make a distinction. Conjugal violence against women is an issue which should be addressed specifically, but when we launch a consultation service within the hospital, we should make it available to all adult victims of interpersonal violence.’ (Clara, Interview, 14 Jan. 2016)

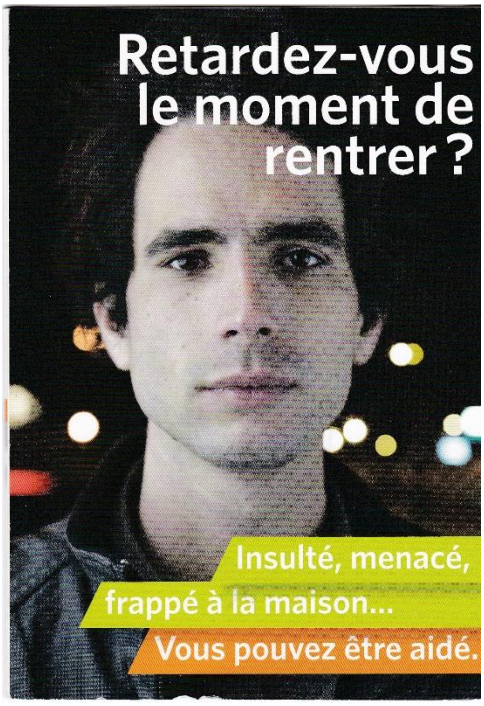

Figure 1- Source: Public brochure produced by the Cantonal Office of Gender Equality

As a result, despite the original intention, the centre did not exclusively cater to victims of conjugal violence; rather, they were included as one group of potential publics. As Chapter 3 has shown, IPV now accounts for one-third of the consultations offered at the centre. The current director of the centre specified that the inclusion of all adult victims of interpersonal violence enabled ‘to put an end to the men–women opposition. We could say that our resources are for both, not only for women. It was also a question of resource allocation’ (Clara, Interview, 14 Jan. 2016). The label of being an ‘activist’ or ‘militant’ when applied to an institution could threaten its credibility. To avoid this label and obtain funding, the medicolegal centre expanded its primary mission to encompass all cases of interpersonal violence.

The recent research agenda of the medicolegal centre also reveals the same orientation, with the inclusion of men who are victims of IPV, or children exposed to domestic abuse, thus reflecting contemporary concerns within the canton under investigation. The brochure depicted in Figure 1, which was designed by the Cantonal Office of Gender Equality, also depicts this shift away from framing IPV as a specific type of violence inflicted on women, specifically targeting male victims of IPV.

I asked the director of the medicolegal centre to explain how and why the decision was made to conduct research on male victims of IPV, when the majority of male victims who consulted the centre are victims of other types of interpersonal violence rather than of IPV. She responded as follows:

> ‘It was the same question of communication; the need to say that our resources are for both men and women. Talking only about women fuels the fire. . . . During conferences, when we talk about IPV, the question, “and what about men?” is always raised. So this responds to a real need. It was not about giving more importance to the question of men—they constitute 12% of our IPV cases . . . but it was a question of communication.’ (Clara, Interview, 14 Jan. 2016)

The ongoing discussion on opening shelters for male victims of IPV in the canton and studies conducted on male victims of IPV are illustrative of one of the routes available to institutions for obtaining sorely needed public funding. Expanding their mission and distinguishing it from an activist feminist agenda is a strategy deployed by directors, who acknowledged it, sometimes explicitly and at other times implicitly during my formal and informal interviews.

In light of this brief overview of the history of the institutionalization of initiatives to address IPV that have been implemented in the canton under investigation, it can be argued that in the process of institutionalization, the cause of ‘violence against women’ was depoliticized. Whereas policies specifically targeting conjugal violence against women emerged in the 2000s, by 2010, the focus had already shifted to domestic violence inflicted on the elderly, children, migrant women, or male victims. The focus of interventions was no longer on male violence perpetrated against women; rather, a family perspective was introduced that placed more emphasis on the location of this violence. Accordingly, IPV was no longer treated as gender-based violence but instead as a ‘neutrally’ framed interpersonal violence that specifically occurred within the family sphere.

In the next section, I examine the choice of a theoretical approach in the canton following the institutionalization of IPV. This approach further illustrates the process through which public policies to combat IPV have been dissociated from a gender-based analysis associated with the original feminist perspective.

4.2.4 An Alternative Conceptualization

Arriving at the cafeteria table for a lunch break in early October 2014, I found Miriam, the director of the shelter in conversation with Hilda, one of the psychologists. They were discussing the public conference organized by the Cantonal Commission for Combating Domestic Violence that had taken place the previous day. Both of them spoke enthusiastically about the intervention of the keynote speaker, a psychotherapist and expert in the ‘systemic

approach' whose work provided a guiding framework for the shelter's conceptualization of IPV.

During the conference, a short film[76] was shown. It was a brief thriller about a woman, who upon being threatened by her husband with a gun the previous night, picks up her two children from school one day and takes them to work before announcing to her boss that she needs to escape before her husband realizes their absence. Miriam and Hilda were pleased that the psychotherapist had subsequently presented the problem from the perspective of each protagonist, thereby not only communicating the woman's fear and anguish, and that of her two children, but also the feelings of the perpetrator. In response to my request to her to elaborate, Miriam provided the following clarification:

> 'He put himself in the husband's shoes who said to himself, "she is my princess. I cannot let her leave; she needs to leave, but I cannot let her go. What would I do without her?"

Hilda and Miriam were happy about the fact that the psychotherapist had brought out the complexity of IPV and the relevance of systemic theory in his presentation. The film's focus on conveying the atmosphere of terror that the woman endures and the uncertainty of the plan she tries to put in place to escape with her children was completed by the keynote speaker's integration of a 'sympathetic' image of the man who was also presented as someone suffering in this situation. Accordingly, he should be considered as such in an effective family therapy in contrast to the dichotomic victim–persecutor construction entailed in a feminist activist reading of IPV.

The systemic theory or a 'family systems approach' to which this discussion referred, is the main theoretical reference applied in the canton for defining IPV and enabling the design of therapies to address it. This approach is advocated by staff at the shelter, considered an institution with expertise on IPV, but also within other institutions that offer couple therapy for family members in general. The training offered by the shelter to other public agents follows this theoretical approach to IPV. The systemic approach is considered an alternative to the feminist reading of IPV as a form of gender-based violence, that is, a type of domination exerted by men on women within the intimate sphere. Its advocates argue that it is an integral

[76] A short film by Xavier Legrand (2013) titled *Avant que de tout perdre* (Just before losing everything) and produced by KG Productions.

approach that does not reduce IPV to social relations that focus on the man–woman social dichotomy. The foregrounding of this theoretical approach in relation to IPV illustrates one of the ways in which the framing of IPV as a type of violence against women has shifted to one in which it is conceived as a dysfunction of communication within a given family system.

In an interview, the current deputy director of the shelter mentioned the controversy around this model from a feminist perspective:

> 'In the 1990s there were feminist writings that criticized the systemic approach for its consequences of putting, at the same level, the question of responsibility for violence. In response to those feminist critics, advocates of the systemic approach revised their theory, proposing two levels. One was the penal level, which recognizes victims and authors for violence. Then, there is a second one, the relational level, in which two persons are involved . . . Our shelter has always asserted a non-feminist approach but one with a systemic orientation. This was the direction that the directors took from the beginning. It has been always a strong identity that the shelter has always claimed and continues to claim.' (Beatrice, Interview, 11 Feb. 2013)

To understand the reason for this choice, I interviewed the previous director of the shelter, who was also an active member of the Cantonal Commission from its inception. She offered the following explanation:

> 'Our model here is a systemic model. Therefore, we do not consider conjugal violence only as a violence of domination, as is the case in other cantons that adopted the feminist approach for the most part. Systemic is a way of reflecting and seeing the world, recognizing that conjugal violence does not occur in a "no man's land"; it touches all members of the family . . . whose interactions should be taken into account. In fact, it requires a particular attention to the interactions between the persons.' (Susanne, 20 Feb. 2013)

Inspired by the work of Gregory Bateson (1979), who extended notions of systems and cybernetics to psychology and behavioural sciences, the systemic approach, applied in the case of IPV, entails a consideration of the couple, and not the perpetrator alone, as a problematic unit. The behaviour of each family member, and that of the partners in particular, are interpreted as 'means to maintain the stability of the whole system . . . what happens, including violence, is never linear: the process is interactive, responsibility is diffuse'

(Romito, 2008, p. 56). Thus, the relationship is analysed in a circular manner and responsibility for the system's dysfunction is allocated to both partners who are engaged in a violent relationship (Dell, 1989; Lamb, 1996). According to the systemic approach, the problem of violence lies in the relationship between two persons. It is this diffusion of responsibility between a victim and a perpetrator within a violent relationship, who are not named as such, that was the main focus of feminist writings criticizing the eclipsing of the gendered nature of IPV (Romito, 2008)

From the beginning, this model was privileged in the canton for addressing the question of IPV. The shelter's director elucidated the specific context of this canton, where a vibrant systemic movement was already present when the shelter was mandated by the cantonal government to take up the mission of supporting IPV victims. The gender-neutral terminology and problem definition offered in this approach was in line with the intention of the previously discussed original public initiatives seeking to distance IPV from an activist women-centred agenda which was 'more difficult to sell'.

In addition, as a concrete model of couple therapy, systemic approach provided an opportunity to work directly with the victims of IPV in contrast to the macro analysis of the feminist approach, which was more difficult to apply on an individual basis. This was explained by the current deputy director of the shelter as such:

> 'The feminist analysis does not suffice for working with women on a daily basis. Unpacking the interactions that lead to violence is important. The aim is not to say the victim is responsible for it but that she is responsible for protecting herself. And to know if a woman reacts or not to the violence, and if it is symmetric or not.' (Beatrice, Interview, 11 Feb. 2013)

The difficulty of considering the impacts of social and political structures on social problems within the professional activities of social workers is evident within the literature (Fluehmann, 2015). Working in direct contact with their beneficiaries, social workers are inclined to consider clients' situations as incidents resulting from their specific biographical trajectories (Keller, 2014, p.7). IPV situations are no exceptions. Therefore, it is not the usefulness of a systemic approach within face-to-face psychotherapy that is the focus of attention here. Such an evaluation is beyond the scope of this work. Especially because while in its discourse, the shelter emphasizes the application of systemic theory as an alternative to a feminist and gender-based conception of IPV, in practice, it receives only women victims of IPV, who, as

victims of this particular type of violence, are provided with help, support, and protection. What is, however, important here is that this model has entirely replaced the terminology related to 'violence against women'. Thus, in line with Bacchi's (1999) approach to the construction of public problems, 'the problematization of and ability to represent the . . . problem are setting the boundaries of what is acceptable and what is not and defining the solutions that can be considered' (Lieber & Roca i Escoda, 2015, p. 2). In this sense, the authority to name the problem itself becomes an issue of contention (Gilbert & Henry, 2012).

As I show in this section, in light of a variety of political and strategic decisions taken during the process of institutionalizing IPV as a public problem, the focus of attention shifted from a problem defined as a form of violence against women to a gender-neutral representation of a familial problem in which neither perpetrators nor victims are named. It can be argued that a semantic shift entailing the adoption of a particular terminology through changing targets of public action, and, ultimately, the emergence of a framework that contrasts with the framework espoused by the feminist movements responsible for the problematization of IPV have prompted a process of depoliticization. This process is the outcome of strategically informed or political decision making at the cantonal level that privileged a gender-neutral reading of IPV, which is no longer conceived in terms of male violence perpetrated against women. In the following sections, I present an analysis that focuses on the psychologization of IPV, both in terms of determining the causes and the solutions offered in the context of its depoliticized institutionalization.

4.3 Psychologization: Individual-Based Causes for IPV

In this section, I return to Bacchi's (1999) study of the construction of public problems, and her famous 'what's the problem' approach, in order to analyse 'ways of talking about' IPV (Hearn & McKie 2009, p. 137). My aim in doing so is not to answer the question of what IPV is or how it should be understood or explained, which is beyond the scope of this study. Rather, my intention is to show which elements are considered and feature in definitions and explanations of IPV. When juxtaposed with the analysis presented in Part III, this analysis illuminates the double-faced representations of IPV, revealing what is silenced in the general framing of IPV in contrast with what is put forward in the specific framing that targets migrants. Through a variety of examples and elements, this section shows how a logic of psychologization takes place when individual-based factors are advanced, taking centre stage in explanations of IPV.

4.3.1 Biographical Incidents, Psychologically Fragile Individuals, and Psychological Pathologies

Public agents, when asked to elaborate more generally on their explicative models of IPV and the reasons for its occurrence, usually only mentioned individual-based factors. To describe and elucidate the phenomenon of IPV, they searched for its origin in terms of the particularity and singularity of each case and within the specific biographical trajectories of the individuals involved. They elaborated on the individual characteristics and life stories of their beneficiaries. The following two definitions, one provided by a psychologist at the shelter and the other by a nurse from the medicolegal centre are illustrative of the general explanations that were usually provided by the public agents whom I interviewed. Thus, the psychologist provided the following explanation:

> 'Violence occurs as blows, insults, and controlling behaviour etc. I think it happens because the wrong persons, in quotes, meet each other at the wrong time. Meaning that when a relatively fragile person who has low self-esteem or low self-confidence meets someone who suffers too, and who does not know how to manage his pain, who does not know how to express himself in any other way than by controlling behaviours and blows, etc., this makes for an unfortunate mix. Then, there may also be less frequent cases in which some authors [perpetrators] go beyond pain. I think these become more pathological cases, with or without sadism or other reasons . . . who I think enjoy making others suffer; those who are not really connected to their own pain.' (Mirka, Interview, 4 Feb. 2016)

The nurse's explanation was as follows:

> 'I think that at the outset, there may be some fragility on both sides in their identity construction. I am not a psychologist, but there is something that relates to their identity construction in their childhood or youth. There are people who are damaged by life, whose life courses have left them with wounds, so they search for compensation elsewhere, and they think they can find this in their relationships with other persons. But finally, it is not another person who can help us to solve our own problems.' (Isabelle, Interview, 9. Nov. 2015)

As both examples show, the fragility of the two partners, their life courses, or childhood wounds, considered individually, and subsequently their relationships with each other are put forward to explain the causes of IPV. IPV situations are often considered to be the outcome of

'biographic trajectory incidents' (Keller, 2014, p. 7). The psychological characteristics of both of the concerned individuals are posited as the primary cause of violence within an intimate relationship.

One reason for the popularity of such individual-based explanations can be found in the literature on social work involving IPV cases. For example, Fluehmann (2015, p. 55) argued that the systemic approach, which prevails in Swiss schools of applied sciences which train social workers, foregrounds the question of 'how" rather than 'why' things happen,' so that the 'technical' and practical aspects of the work 'replace the reflection' on meanings and the elucidation of the phenomenon under study (2015, p. 55). In these examples, the nature of acts, such as blows, or controlling behaviour are in fact modalities (referring to 'how' things happen) through which IPV manifests. The psychological characteristics of both individuals are posited as reasons, but also as explanations of how IPV may emerge within a couple's relationship. In his study of social workers confronted with situations entailing IPV in a Swiss canton, Fluehmann (2015) observed that while the professionals had succeeded in integrating complex know-how that has been extracted from a variety of internal and external information resources, they were less comfortable with generalizing or explicating theoretical approaches used in their work, privileging situation- and case-based practical explanations. He observed the difficulties experienced by his interviewees in their attempts to explicitly refer to a theoretical model to describe IPV. They would convey the singularity of these situations as explicative elements entailing individualized explanations (Fluehmann, 2015, p. 54). He described how social workers' responses to questions regarding their understanding of IPV revolved around intervention tools and models, when the question of 'how one should intervene in face of such a problem or phenomenon' replaced one of how a phenomenon can be explained (2015, p. 54, my translation). A sentence displayed on the wall of the shelter that I had copied in my fieldnotes, brings to mind Fluehmann's (2015) argument that a practice-based approach rather than a theoretical one is favoured in social interventions. The sentence read as follows: 'Theory is when one knows everything and nothing functions, and practice is when everything works, and nobody knows why'.

4.3.2 Violence as a Model of Communication Embedded within Individuals' Relationships

As illustrated above, violence is perceived as being located within the relationship between two psychologically fragile individuals, or, in its extreme manifestations, as an outcome of psychological pathology. In less severe cases in which it is not considered a psychopathological symptom, IPV is located at the level of the relationship. This explanation

is aligned with the systemic approach, which postulates that the problem of violence emerges in the encounter between two individuals whose characteristics, such as fragile psychological formation, together create a dysfunctional system of violent communication (Dell, 1989; Lamb, 1996). The shelter's work charter, titled 'Pedagogical Guidelines for Social Intervention with Therapeutic Effects' (2007) as well as brochures published and distributed during public events held within the canton provide further information that helps to explain this relationship- and communication-based understanding of IPV.

The following excerpt from a brochure published by the shelter (originally in French), further clarifies this point

> 'Our shelter pursues a systemic approach to violence. The person who uses violence is not the problem; the problem is the violence [emphasis in the original]. Manifestations of violent behaviour are not an inherent part of human nature. An individual is not violent in himself or herself, but commits violence in a particular context, or within a particular interaction. The violence is considered a mode of communication that is learned and inscribed within a relation. Adopting aggressive behaviour is considered an individual choice. Each adult involved in a situation of conjugal violence is then responsible for her/his own behaviour and protection.'

The highlighted phrase in the above brochure also features in the shelter's 'Pedagogical Guidelines' which state, 'The person is not the problem, the problem is the violence'. The extract from the above cited brochure, in addition to its explicit reference to a 'particular context' and 'interaction' conducive to a violent 'mode of communication', implicates both parties engaged in IPV situations. The focus of attention is on a dysfunctional relationship. 'Each adult involved', who is considered responsible for 'his/her own behaviour and protection', manifests what the previously discussed literature has problematized as the psychologization of the social. Although individual- and relationship-based factors can have relevance in the analysis and conceptualization of IPV, in these examples, they are the only factors which are focus of attention. The focus is evidently on a set of individual-based elements and factors without any mention of the broader dynamics of social relations of power that also traverse and unbalance intimate relationships that can aid in the understanding of IPV situations. Psychologization of the social refers to the interpretation of a problem in individualist and psychological terms rather than in social and structural terms. In IPV cases, social and structural terms refer to the gendered nature of the phenomenon or to broader power relations that lead to inequalities in the distribution and negotiation of power and to

vulnerability of individuals in couple relationships relating to, for example, economic or residency permit-related issues for foreign national spouses. Thus, what is occurring here can be characterized as the psychologization of IPV.

Moreover, the above framing of IPV also introduces the question of responsibility. Considering IPV merely as a frequent manifestation of a dysfunctional relationship in which both parties are always involved results in the diffusion of the responsibility for its emergence between the two partners. This is evident in the above cited statement in the shelter's brochure: 'Every adult involved in a situation of conjugal violence is then responsible for her/his own behaviour and protection'. In other words, each partner is responsible, one for his own's violent behaviour and the other for her own protection, considered on an equal footing. This perspective reflects the notion of a 'system' and the 'collaboration' of both partners in maintaining an IPV situation, common terms applied in the systemic approach. Whereas responsibility for the violent act is attributed to the 'author', its role in the continuation of the system as a whole is aligned with the responsibility of the victim who submits to it.

Another example from the above cited shelter's pedagogical guidelines reinforces this argument:

> 'Every *adult* who lives in a situation of violence is responsible for her/his own protection and the protection of those to whom one cannot attribute this responsibility (such as children). Every adult is responsible not only for their own violent behaviour but also for their own security and the security of their dependents' (Pedagogical Guidelines, 2007, p. 7, emphasis in the original).

This system encompasses not only the person who acts in a violent manner but also the person who submits to it and neglects her own protection and the protection of her children in such situations. Individuals are responsible not only for their own acts but also for their own security and for their children's protection. In the next chapter, I show how this diffusion of responsibility for violence has influenced the mission of child protection, (re)producing the traditional and naturalist division of labour with its unexamined gendered representations of distinct parental roles for mothers and fathers. However, what is important to note here is the relationship posited between an understanding of violence inscribed within a system, and the communication and relationship dynamics, for which both individuals are held responsible. While this explicative model and its focus on individuals can be relevant to the nature of social work and to the resources and possibilities of daily actions available to social workers,

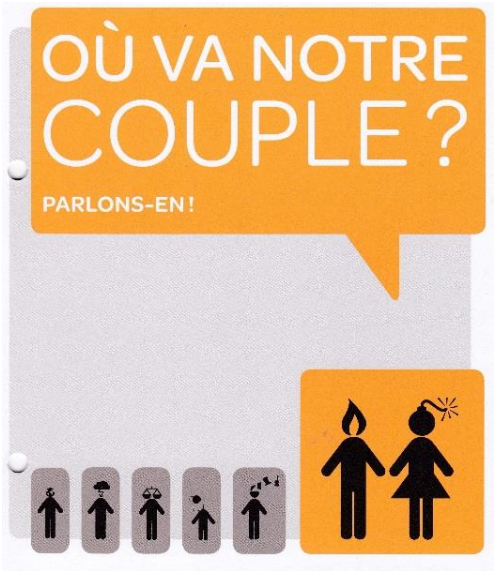

Figure 2- Source: Public brochure distributed by the Cantonal Welfare Department

it entails the risk of the victims being considered as 'complicit' in their own victimization (Fluehmann, 2015; Websdale & Johnson, 2005). Figure 2 reproduces an image that appears in a brochure on therapy offered to couples that was commissioned and distributed by the Cantonal Office of Gender Equality. It is particularly revealing in its portrayal of a bomb that does not explode independently, thus implying the involvement of both individuals in creating IPV situations. It will only do so if it is lit. Furthermore, the choice of whom represent the fire in this picture, the male partner, and whom represent the bomb that would explode, imply more than only a shared responsibility in the creation of a problematic couple relationship. Not only does it focus on the necessity of having two components to initiate the explosion, it points at the woman in particular, as the person who might react disproportionately to the man's behaviour; becoming thus not merely a complicit in her own victimization, but the perpetrator.

4.3.3 Violence as a Result of Problematic Alcohol and Drug Consumption

Another individual-based factor that was frequently identified by professionals in all three institutions, when asked to explain IPV, was alcohol and drug consumption, which are reported to be risk factors in the literature (Killias et al., 2005).

Alcohol consumption and drug abuse strongly support a conceptualization of violence as an individual deviant behaviour, or an uncontrolled reaction to a stressful or frustrating situation triggering violent communication. In the specific context of IPV, police officers often mentioned the problem of alcohol and, less often, drug consumption, as they routinely test alcohol levels during their interventions relating to 'domestic abuse'. Forensic physicians too emphasized the importance of asking about alcohol consumption and recording this information in the certificates, as 'it may play a role in IPV cases'. They claimed that women themselves usually acknowledged that their partner were violent after they had consumed alcohol and that violent acts often went hand in hand with excessive alcohol consumption by the aggressor. This idea led them to insist on asking about the amount of alcohol consumed by the perpetrator, and even by the victim, in the consultations. Sometimes, this question met

with resistance from women. I witnessed situations in which women insisted that there was no relation between alcohol and the violent behaviour of their partners. This denial of a link was either because the partner did not drink or consume any drugs or because these women could not tell whether the alcohol (or drug) consumption of their partners was a factor in their violence, as they could be violent even when they had not consumed alcohol or drugs.

The different factors and examples examined in this section support the argument that IPV has become an individual-based and psychologized problem conceptually and discursively, highlighting a tendency to ignore the influence of the prevailing social structure on IPV, conceived as a social problem (Bresson, 2012; Demailly, 2006). As the following section demonstrates, an examination of these individual or relational causes of IPV includes the psychologization of solutions for treating IPV cases, which focus on individuals as the main targets of public actions and social interventions for combatting IPV.

4.4 Psychologization: The Privileged Status of Psychological Expertise and Individual-Based Solutions

The individualization of the causes of violence leads further to an individualization of the solutions offered to address the problem (Fluehmann, 2015, p. 55). When the origin of IPV is primarily–if not exclusively–situated internally at the level of the individual or couple, then the solutions designed to remove it and to resolve the problem may also be individual-based. Consequently, the consideration of a person individually in her relation can be seen to be the primary determinant of her problem, for which a psychologically-based intervention must suffice (Bresson, 2012; Demailly, 2006; Fluehmann, 2015).

4.4.1 The Privileged Status of Psychological Expertise

As previously discussed, the need for practice-based intervention tools and methods prompted social workers to replace the question of how to understand a phenomenon' by one of 'how to intervene in the face of the problem' (Fluehmann, 2015, p. 54). When questioned about the explicative model of IPV, the professionals referred to specialists in psychology, saying that these individuals were better equipped to provide explanations for IPV.

On many occasions, my interlocutors highlighted the importance of psychology and psychological expertise. For example, on one occasion, a social worker with long-standing experience, observed, 'I just try to listen to them; I am not a psychologist able to give them any advice on their situations as victims of IPV'. On other occasions, when asked during the interviews about the cause of IPV, they tempered their answers with the statement: 'I am not a

psychologist', thereby implying that they were not the ones who had the answer to this question. This observation, coming from highly experienced social workers working at a specialized centre that had a mandate to provide training to other public agents confronted with IPV cases, highlights the privileged status of psychological expertise within this field. For these agents, the solutions were first and foremost psychological ones. Therefore, if they did not hold a psychology degree, they did not consider themselves as experts in IPV. In addition to having psychologists within its professional team, the shelter also required the enrolment of all social workers who had specialized in various areas, such as socio-cultural animation or socio-educative practice within social work, in an additional psychotherapeutic certificate programme. This training enabled them to apply the 'systemic approach'.

The importance of psychological expertise was also apparent in the types of expertise covered during public events organized on 'domestic abuse' at the cantonal as well as federal levels, which I attended during the course of my fieldwork. Besides different institutional actors and practitioners who could be invited to talk about practical concerns relating to IPV cases that they faced in their work, those invited in the capacity of experts, who would provide explicative and comprehensive information on the phenomenon of IPV, were systematically chosen from the cadre of psychologists or psychotherapists. Other perspectives, such as those of sociologists, who could provide structural or social contextualization for combatting 'domestic abuse' were not represented. This suggests a form of selection that while not named as such, is nevertheless indicative of which aspects were focused on and which ones were overlooked. Viewed together, they reveal what was considered a legitimate perspective relating to how IPV was understood in public action.[77]

[77] For two examples of conference programmes organized annually in Bern by the Federal Office for Gender Equality, see the links below. The thematic of the first conference was domestic violence as a public health issue, which explains the high concentration of medical agents, in addition to psychiatric and psychotherapeutic agents, at the conference. The second conference focused on the 'authors' of domestic violence, wherein both socio-educative and psychotherapeutic presentations were made.
https://www.ebg.admin.ch/ebg/fr/home/le-bfeg/manifestations/telechargement-des-actes-de-colloques/congres-national-2014---la-violence-domestique--un-theme-de-sant.html
https://www.ebg.admin.ch/ebg/fr/home/le-bfeg/manifestations/telechargement-des-actes-de-colloques/congres-national-2016-auteures-de-violence-domestique.html
It is noteworthy that in the second conference, there was only one presentation by a sociologist, who addressed the issue of domestic violence in the context of migration. Part III of this thesis will return to a parallel culturalized framing of IPV relating to the emic category of migrants.

4.4.2 Family and Couple Therapies Posited as Solutions

One of the consequences of applying the previously mentioned explicative model that situates violence within a relationship has been the envisaging of couple therapies as well as individual psychotherapies as solutions that could enable both partners, namely the victim and perpetrator, to change their behaviours in a way that would end the violent communication. Consequently, couple and individual therapies are commonly offered solutions within the canton.

In the case of the medicolegal centre, there was always a moment during consultations when different solutions available to women were suggested. The director of the medicolegal centre continually reminded her colleagues that 'We systematically suggest psychotherapy here'. In the case of the shelter, psychotherapies were also suggested by the professionals. As Chapter 2 has shown, women with identified and severe psychiatric symptoms were not accepted by the shelter. The recommendation of psychotherapy or psychiatric treatment for victims of IPV tended to be a common and immediate response on the part of health and social workers that was made even in the absence of any specific symptoms and requests from the women.[78]

Women were usually advised to enrol in therapies available at a specialized centre within the psychiatric department of the public hospital. Adhering to the systemic approach, this centre offered targeted treatment for all types of family-related violence without any particular attention to IPV or female victims. A booklet produced by the psychiatric department that I obtained while conducting fieldwork both at the shelter and at the medicolegal centre specified three target groups:

- 'All persons who had endured or committed acts of violence or abuse in the family,
- Families/couples engaged in violent interactions, and
- Families and teenagers under the judicial mandate of sexual abuse or negligence.'

IPV cases were listed, among other cases, as those entailing a form of violence within the family sphere. Couple interviews, specifically for IPV cases, could be offered at the shelter too. But because of the controversy around couple therapies relating to IPV cases, according to which there is a risk of aggravating violence instead of diminishing it if the interview dynamic was not sufficiently controlled (Fluehmann, 2015; Lussier, Wright, Lafontaine, Brassard, & Epstein, 2008); the shelter followed a standardized protocol for registering

[78] This is also confirmed by Romito 2008 in the Italian context.

couples for such therapies. Both protagonists had to consent to couple therapy and to seek an interview personally. During the period of my fieldwork, there was not much demand for such interviews at the shelter, but its brochures, website, and public presentations always highlighted its availability. This was also one of the fundamental differences between the shelter, which followed a systemic approach, and other feminist-oriented shelters that opposed couple therapies for IPV, according to the current deputy director.

An interview that I conducted with Pierre, one of the social workers who offered couple therapy at the shelter, sheds further light on how such couple therapies were conducted.

> 'Based on our theory, couple therapies, or couple interviews conducted here have the objective of excluding violence from the relationship. So, the aim is to help the couple to find a relational alternative that enables them to avoid using violence. We have this idea in mind that afterwards, there would be security in the couple's relationship. Restoring this security would then enable them to seek normal couple therapy or psychotherapy elsewhere. Here, we work on the violent acts themselves. We work on the responsibility of each person in relation to his or her own actions. Our work focuses on violence and helps them to understand their scheme of action and which sequence of events prompts them to act violently, whether physically or psychologically.' (Pierre, Interview, 9 Dec. 2015)

As this social worker explains, the objective of the couple interview is 'excluding violence from the relationship'. Thus, the aim of therapy is to help the couple to find a relational alternative that enables them to avoid using violence. Based on the understanding that violence is located within the relationship, the responsibility for curbing this uncontrolled behaviour and preventing its emergence is placed on both partners, who are required to alter their behaviour in order to discover a 'relational alternative' in which violence no longer features.

4.4.3 Individual Psychotherapy as a Solution

Professionals recommended individual psychotherapy more often than couple therapies, which were less frequently requested by women in the shelter and consequently offered infrequently. Another interview conducted by a social worker at the shelter with a newly arrived woman illustrates the tendency to suggest individual psychotherapy that I observed during my fieldwork. The following discussion took place during an admission interview held in October 2014. A young woman (hereafter referred to as Ms. J) had been brought to the

shelter by police officers after she called them following a new episode of violence involving her husband. While trying to silence her crying baby by standing up and gently rocking the infant in her arms, she recounted how the police came to her home and advised her to leave the apartment and to press charges or else to attempt a reconciliation. She told the social worker, Josephine, 'I cried a lot at the beginning, but now I feel numb. I have the impression of living in a dream. He arrived here only three years ago, and he has everything now'. Ms. J was particularly upset with the solutions offered to her, for instance leaving the apartment. She angrily observed:

> 'I had to leave the apartment though I pay the rent, and he can also decide when he wants to see his daughter and I should bring her to him. This is unfair! I do not know how in this brief time, he has learned it all, and now he blackmails me; he kept our documents. I have to keep paying the bills and the rent because the apartment is in my name, whereas he is not forced to pay anything yet.'

The situation was particularly complicated for Ms. J, as their common apartment, where the husband still lived, was situated in a rural zone far from the city where the shelter was located. She was upset about the fact that the husband would usually call and ask to see the child, requesting her to bring her to their apartment. But each time, he would see the baby for only five minutes and would then ask her to leave as he had other plans. Another problem was that Ms. J was about to go back to work at the end of her maternity leave. The geographical location of the shelter was not practical for her, and she did not have her family's support to care for her child. When she complained about the situation to her attorney, she was told that she had better not refuse to bring the child or complain about having to do so. Her attorney advised her to let her husband see the child because before any court decision was made, she could not afford to show any resistance relating to this matter as this would harm her case in the subsequent judicial battle. She continued: 'I wonder if you can do something in these situations. I am told that this is the 'law' and I cannot do anything about it for now'.

In response to these complaints about the law and her situation, the social worker first remarked that the father had the right to see his child, so Ms. J should allow it. However, she explained that she did not have to bring their daughter to him; she could ask him to come instead. As for the law, she observed that there was a possibility for the police to expel the husband, but the police did not always apply this option, as it was more convenient for them to bring the woman to the shelter than to face the author's resistance. On hearing this, Ms. J exclaimed helplessly, 'So the system really is against women and favours men then!'.

Josephine responded, ‘Well, with what you have been through, it is normal that you are angry. You express it well. It would be good if you see a psychologist.’

The consideration of violence primarily as an individual matter prompts public agents, and specifically social workers in the case of the shelter, to focus their intervention on providing immediate help for the victim. Again, the question does not concern the relevance of this approach because in their daily work, social workers are required to suggest specific individual measures to the women whom they encounter. As reported in the literature, this individual-focused support can also help to counter the structural impact of violence by increasing women’s autonomy through the provision of financial aid or access to accommodation after the separation (Websdale & Johnson, 2005). My intention here is to explore how this individual-oriented perspective and approach becomes the main focus of public action, entailing the risk of neglecting the role of gender bias in the institutional treatment of IPV and the perpetrator’s role in creating a woman’s situation of dependence and isolation in the case of IPV (Fluehmann 2015; Watremez, 2012). The above interview excerpt clearly illustrates this risk when psychotherapy, as an individual-focused solution, is recommended to a woman whose anger and sense of injustice is attributed to the psychological impacts of IPV rather than being evaluated on the basis of a critical assessment of the handling of her case by public institutions.

Ms. J’s critical assessment of the police intervention and the lack of a legal solution regarding her rental agreement or her husband’s uncooperative attitude in relation to the visits of their child may be indicative of general institutional responses that do not offer a woman sufficient help in her struggle to end her situation of IPV. In the absence of any other alternative, the social worker focused on the woman’s feelings and on her psychological state of mind, not acknowledging her concerns regarding her legal and financial obligations, and her critical assessment of the system that worked in favour of her husband. Instead, she suggested the option of psychotherapy to help her handle the experience, to which Ms. J responded that it was not only the violence but the whole situation and how her case was being handled that made her angry, implying that psychotherapy would not help her.

In the absence of any practical solution for her situation, Ms. J finally decided that she would rather stay at her parents’ home. After her departure, Josephine told me that in her opinion, the woman was exhausted and was having trouble concentrating. She then observed that ‘if we had had a quieter interview [referring to the crying baby], I would absolutely have insisted on her need for psychotherapy’.

Psychological assistance was usually recommended for victims who expressed their feelings of anger and frustration or complained of the injustice of what they were going through, targeting the individual level to alleviate their suffering. My field notes very often tracked the dynamics of conversations in which women's complaints about the unfairness of the system and the law were often tempered by the responses of public agents. Perhaps, these responses stemmed from their inability to address the structural dimensions of the issue, given the entire evolutionary trajectory of social intervention, discussed at the beginning of this chapter. Rather than addressing the underlying structural and societal causes of social problems, social interventions have been developed as a means of correcting individual vulnerabilities. In addition, social workers repeatedly asserted the importance of de-victimizing the women, who, they argued, would not succeed in summoning up the necessary motivation and energy if the entire focus was on everything that they could not do and could not change in their lives. I frequently heard social workers advising women not to concentrate on the negative outcomes of their judicial battle or on their feelings of 'injustice'. When I asked them afterwards why they did not validate the feelings of those women who complained about the administrative, financial, and judicial discrimination to which they were subjected, I was told each time that, 'It does not help them to feel that they are victims of circumstances. This is the reality, and they need to concentrate on the possibilities and strategies that they can put in place as individuals to navigate those obstacles.'

This leads me, finally, to reiterate the point that the usefulness of psychological tools and solutions are not targeted in an analysis framed in terms of the psychologization of social interventions. A last example extracted from an interview that a social worker, Jean-Luc, conducted with Ms. M, a woman who came in for an ambulatory consultation in 2014, exemplifies how social workers practically applied psychological tools to help their clients in face-to-face encounters.

At some point during the interview, Ms. M was explaining that she felt guilty about coming to the consultation without informing her husband. She was not only scared and anxious that he would find out about it, but she also 'needed' more excuses to 'put the label of bad husband and bad father' on her husband to go the whole way and leave him. Jean-Luc remained silent for a few seconds and then asked Ms. M if she had a few more minutes to spare so that he could tell her a story. She agreed. He asked her which wild animal she preferred, and when she answered 'elephant', he continued:

> ‘To domesticate a wild animal, such as an elephant, the hunter shows it a banana and leads it into the cage. The elephant is happy about having enough to eat but unhappy about being in a cage. So, sometimes it tries to escape. But each time, the hunter arrives, making a horrible noise, clanging his metal stick on the cage’s metal bars and beating the animal up. It happens so gradually, step by step, that the elephant would think that it is normal, and that this is normal life. After some time, the hunter does not even need to close the door; a clanging noise on the metal bars is enough for the once-rebellious elephant to become terrorized. A wild animal that could kill a person ten years ago, now does not dare to leave. A mere noise is enough to prevent it from escaping. Even when there are no physical bars. But the obstacles are no longer exterior ones. They are internalized now. When you say I am scared of coming here, this is because you have these internalized bars that you should remove.’

The metaphor of the domestication of a wild animal was aimed at explicating the mechanism of *emprise* whereby a victim slowly and gradually internalizes the fear and anguish she feels so that she cannot see the possibilities of action that remain to her. The psychological mechanism explained here by Jean-Luc is a fine operationalization of Seligman’s (1975) ‘learned powerlessness’, intended to raise victims’ awareness of their situation so that they can better understand their reaction of fear and feelings of powerlessness that results from their situation of being subjected to IPV.

Emprise is the French counterpart (Herman, 2016) to what the American feminist psychologist, Lenore Walker, conceptualized as the ‘battered woman syndrome’ in 1979. Walker proposed the term to theorize the behaviours of female victims in response to their partners, and, more importantly, to answer the common-sense question of why these women do not leave their husbands. In light of the model of ‘learned powerlessness’ (Seligman, 1975), and notwithstanding the terminology of a ‘battered woman’ that was later contested, this theory offers a clear and straightforward explanation of some women’s reactions to IPV. Patrizia Romito elucidated it as follows:

> *‘According to this theory, when a human being (or another animal) finds itself in a painful situation from which it tries to escape, and there is no relation between its efforts and the results obtained, it will end up by developing a sense of powerlessness, characterised by apathy, loss of hope, incapacity to react and lowering of immunity defences. (2008, p. 71)’*

The use of the psychological concept of 'learned powerlessness' allowed social workers to absolve women from guilt vis-à-vis their husbands with regard to their decision to contact the shelter. In this example, this social worker's explanation rendered visible the malevolent intention of the 'hunter' and the process through which he trapped his 'prey'. This explanation clearly identified who was responsible for the violence. The victim was innocent, and it was inevitable that she would submit to the hunter's control after he laid out a gradually implemented and well-prepared plan. Yet, while the terminology of psychological diagnostics such as 'learned powerlessness' (*emprise*), 'battered women syndrome', or other popular concepts applied in IPV treatments of, for example, post-traumatic stress disorder, indicates recognition and understanding of the psychological impacts of IPV, it also reveals the predominance of a psychological vocabulary (Herman 2016, pp. 70–74). This choice and use of such concepts further demonstrate a change in perspective. For example, Herman (2016, pp. 70–74) wrote in the case of the replacement of the term 'domination' by '*emprise*' that whereas the first term denotes a political conceptualization, highlighting structural power relations, the second is a psychological tool mobilized to designate relations of interpersonal dependence that occur in IPV but also in other situations, for example in sects.

In the episode cited above, Jean-Luc's final message to Ms. M, and his suggestion to her to remove the internalized barrier, may be relevant at an individual level and helpful in the context of healing. It is also more in line with the focus of social work, rather than in line with that of penal chain which would focus on obtaining judicial condemnation for perpetrators, for example (Fluehmann, 2015). Nevertheless, as the literature on the treatment of IPV shows, this individual-focused lens runs the risk of placing a heavy burden of responsibility on women while ignoring external barriers that weigh down a victim in her struggle to flee from a violent situation, or the social process that enables the emergence of violence against women (Watremez, 2012). The omission of structural gender-based inequalities means that financial dependence, the difficulty of finding jobs for long-term housewives, uncertain outcomes of judicial battles, the unpredictable reactions of violent husbands towards the victims or their children after separation, and many other issues are downplayed in this individual- and psychology-based orientation. Removing the internal barriers inflicted by the perpetrator does not impact on the external barriers that remain untouched. Social workers' recommendations are evidently intended to be a message of empowerment, but as I have observed elsewhere, this type of individual-based usage of empowerment implies that 'a simple improvement of individual capacities suffices to defy gender-based inequalities'

(Khazaei, 2014, p. 23). It may result in the diffusion of the idea that 'it is up to her' to change her situation (Shalhoub-Kevorkian, 2011). Accordingly, a woman only needs to decide to act, and her problems would then vanish.

Moreover, as Castel et al. (2008) showed, this normative injunction to assume autonomy and individual responsibility hides a moralizing and judgemental dimension. In the case of victims of IPV, their hesitation to choose one of the solutions that they are offered by public institutions could be regarded as their lack of autonomy and responsibility for which they may be blamed. Finally, reading these cases in terms of a psychological process rather than as symptoms of structural gender-based inequalities runs the risk of interpreting ambivalence, lack of self-confidence, or the fear of victims as the potential cause of IPV rather than considering them as consequences of IPV (Fluehmann, 2015, p. 55). This approach can result in victim blaming that, as the next chapter will show, could ultimately create unanticipated or unintended consequences for the women whom public policies are intended to support.

Conclusion: Naming is not Innocent

What are the lessons to be gained here in terms of a general framing of IPV? As Hearn (2013, p. 158) once wrote, 'naming is not innocent'. Inspired by Bacchi's (1999) approach to the construction of public problems, the aim here was to describe and demonstrate what kinds of explanations and approaches to IPV are foregrounded in order to uncover the significance of the politics or rather the depoliticization entailed in this naming and framing process (Hearn, 2013). The very terminology, including 'domestic violence', 'family violence', or 'interpersonal violence' used in the public or expert discourse, the naming of victims or perpetrators, and references (or not) to their sex make it clear that these concepts are not equivalent; rather, but 'vary in how they are explicitly or implicitly gendered, and in their key social and institutional references' (Hearn, 2013, p. 158). These multiple terms for talking about the same social problem in fact 'highlight difficulties in understanding social phenomena outside [of a] social context' (Hearn, 2013, p. 159), while individual or relational understandings of IPV are reduced 'to particular behaviours without attention to meanings or social forces that construct intersectional gender relations' (Hearn, 2013, p. 160).

This chapter's findings illuminate the path extending from the emergence of the feminist cause of IPV at national and international levels to its professionalization and institutionalization within the domains of social work and psychology at the cantonal level,

and, finally, to the abandonment of the feminist conceptualization of the problem and its substitution by a familial and psychological framing. The process of institutionalizing IPV can be characterized as entailing a depoliticization that is enabled through the psychologization of the social problem of IPV by privileging individual-focused explanations and solutions. Through the prioritization of some elements and explanations at the expense of others in the process of naming and framing IPV, the structural dimensions disappear from the view. And there is no sign of masculine domination. Within this framing, the act of violence is assigned psychological and individual origins. In this sense, individual ordeals are presented, for which psychotherapeutic solutions are then suggested (Roca i Escoda & Lieber, 2015). Moreover, the suffering of those individuals is perceived symmetrically as that of victims as well as perpetrators. Ultimately, the solutions entail a shift in focus from gendered power relations that are at work (Lieber, 2008; Roca i Escoda & Lieber, 2015) to those concentrated at the individual level.

This chapter has shown that while the use of psychology is clearly legitimate and helpful for the victims, its core assumption that the solution to the problem lies in the individual, undermines other social dimensions. Prompting victims to focus on their ability to free themselves from the violence and change their lives, while helping them to navigate the hurdles they will have to confront more effectively, does nothing to remove these hurdles. Agents confronted with IPV act pragmatically, focusing on what they can change, that is, acting to serve the immediate needs of the women whom they encounter in the course of their work. Individual and psychological solutions are the only solutions available to them and are therefore the solutions that they advocate. Nevertheless, financial hurdles, issues relating to access to lodging and retention of residency permits, or legal issues can scarcely be resolved at an individual level, even though the shelter offers support for those issues by helping women to access jobs, housing, and legal and administrative counselling. This support does have a partial impact in terms of addressing some of the impacts of structural inequalities faced by some of these women (Websdale & Johnson, 2005), but it does not entail questioning of the structural disadvantages that continue to operate, for example through the type of precarious jobs that are available to the majority of the shelter's beneficiaries.

Moreover, at the public policy level, this approach offers an efficient way of 'doing something' at a reasonable cost. Providing a 'listening space' wherein individual victims can talk about their problems is a cheaper option for public decision makers than tackling the many structural issues that operate on and affect women, determining their ability to free

themselves of IPV (Fassin, 2004). ‘Violence occurs within violences’ and ‘societal regimes of inequality are key to understanding interpersonal violence.’ (Hearn, 2013, p. 157; Walby, 2009). This is the reason why the first feminist intervention models for IPV considered the mission of combatting for social change and political work as the primary goals of institutional actions and public policies, (Rinfret-Raynor & Larouche, 1992); an approach that has been abandoned as shown in the general framing for IPV treatment. Even if attempts to transform individuals to help them to adapt better to their difficult situations are not conducted strategically as depoliticizing tactics, yet, they produce similar effect. This is the crux of the matter relating to the psychologization of the social.

This examination of the psychologization of IPV, presented in this chapter, is necessary to clarify the change of focus and the framing applied in cases involving ‘migrants’ explored in Part III. Before that, the next chapter focuses on one consequence of the psychologization of IPV and its inherent rhetoric of the responsibility and agency of victims in relation to the violence that they experienced. This allocation of responsibility can sometimes be used to ascribe blame to women for what happens to them and consequently to hold them responsible for having exposed their children to a violent environment. The chapter will explore in detail the mission of child protection and how it has been established within the institutions I studied. This will add a second layer that contributes to the understanding of a gender-neutral framing of IPV and its manifestations.

5 Chapter 5: In the Name of the Child

After having showed in the previous chapter how gender is silenced through a process of psychologization of IPV, this chapter elaborates on silencing the paternal responsibility of the perpetrators, while constituting the victims as institutional targets of public action and assigning primary responsibility to them for exposing their children to the violence of their partners. The common gendered representation of maternal responsibility towards child protection in the treatment of IPV cases, is another indicator of the absence of a gender-sensitive reading of this violence as a form of violence inflicted by men against women and their children. But a gender-blind framing of IPV as this chapter will show, does not mean the absence of gender or a gender-neutral treatment of the cases. Gender is strongly present, through different mechanisms including a strong gendered division of parental labour and responsibility, to reproduce and reinforce a gendered power imbalance that ultimately results in blaming women for their lack of protection of their children in IPV cases.

Previous studies have revealed how public policies in general, and social work in particular, are gendered (Cardi, 2010; Lieber, 2008). Specifically, they have shown that while appearing to be framed neutrally, these policies and practices obscure a traditional conception of gendered roles. Because they are conceptually grounded in familyist and androcentric approaches, they actually reproduce gendered roles and representations (Gautier & Heinen, 1993; Revillard, 2007). This body of work, entailing the analysis of discourse and practice, has illuminated the ways in which the familial order, and beyond it, the social order, are intertwined with a gendered order (Cardi, 2010, p. 35).

Further, in the context of problematic situations that threaten the familial or social order, such as IPV in this case, or abuse of children and their neglect, studies have shown that social interventions in relation to families reflect a differentiated conception of feminine and masculine roles. Although they are framed neutrally, representations of ‘parenthood’ are gendered, concealing a normative familial model of a gendered division of productive and reproductive work that prevails within the setting of heterosexual couples. Gendered representations of parenthood entail non-interchangeable roles for mothers and fathers, conveying the subordination of fatherhood to motherhood in terms of child protection or neglect (Valarino, 2016). These gendered representations of maternal and paternal roles have been extensively explored and studied. A brief review of this literature will help to clarify the lens through which the institutional regulation and supervision of the mothering role of

women, and the normative reproduction of motherhood as an institution, are examined in this chapter.

Feminist activists and scholars have contributed significantly to the 'denaturalization' of motherhood (Cardi et al., 2016) as a structuring category or an 'institution' through their insistence that biological and social motherhood are distinct (Neyer & Bernardi, 2011). The first baseline for accomplishing this denaturalization focused on problematizing the historical representation of women as being close to nature (in contrast to the equation of men with culture) because of the reproductive potential of their bodies (Héritier, 1996; Pateman, 1988). This endeavour, which critiqued the notion of the 'maternal body', illuminated how human societies have been constructed and organized around this biological potentiality of reproduction, with women represented as agents whose role is to accomplish the work of reproduction (Ortner, 1974).

In the early twentieth century, feminist movements initially focused on valorizing motherhood, insisting on recognition of mothers' political role in the production of citizens (Knibiehler, 2002) and promoting the construction of the social world based on 'maternal values' of care and altruism (Kristeva, 2007). The second wave of materialist feminists, who emerged in the 1970s, problematized the association between femininity and motherhood, advocating reflection on the historical, social, and political construction of motherhood (Cardi et al., 2016). These feminists criticized the triangulated structure of women's sexual, socioeconomic, and political oppression, which operated through the three pillars of marriage, motherhood, and family within a patriarchal system (Firestone, 1972; Guillaumin, 1978; Mathieu, 1991). For example, the French materialist feminists rendered visible the uncompensated housework and care provided by wives and mothers within the family sphere, problematized from a Marxist perspective as the exploitation of women's labour (Delphy, 1999).

In light of this plurality of approaches to motherhood, regarded as an 'experience' to valorize as opposed to an 'institution'[79] that needs to be problematized, my aim in the following section is to demonstrate how motherhood has been constructed as a normative institution. This allows me to analyse the gendered organization of unequal social roles. Interrogating

[79] Motherhood as institution is understood here and throughout this chapter as normative injunctions applied and imposed to women with children by social, medical and child protection apparatus based on familyist and gendered expectations (Cardi et al., 2016).

these gendered norms, in this chapter, I examine contemporary forms of regulating motherhood (and fatherhood) and by extension family to elucidate the ways in which it shapes normative framework that underlie institutional responses to IPV in Switzerland. Deconstructing the gendered representations of parental responsibility in the treatment of IPV cases, sheds light on another consequence of a gender-blind framing of this violence that results in gendering the blame in case of child's protection, attributing it to victims while silencing the perpetrators' responsibility in terms of creation of the harmful violent atmosphere. This is another indicator of how the general framing of IPV is gender-blind but far from gender neutral.

Furthermore, these enduring gender norms that justify an unequal gendered division of productive and reproductive work among men and women are not solely the outcome of 'gender beliefs' among individuals (Ridgeway & Correll, 2004, p. 513). Institutional conditions in the Swiss context constitute an important factor that propels a traditional gendered familial organization, based on which women are assigned primarily to the reproductive sphere and men to the productive sphere (Valarino, 2016). Le Goff and Levy (2016) coined the phrase 'institutions doing gender' to refer to this situation, calling attention not only to the persistence of gendered norms on the level of representations, but also to the outcomes of a normative institutional framing that reproduces and reinforces the gender-based division of roles and responsibilities of men and women in a variety of contexts. The following pages will show how 'institutional doing gender', to which the above literature refers, manifests in the work of public institutions handling IPV cases. The persistence of a gendered and normative family model in which women are assigned primary responsibility for the education and care of children is reactivated whenever women who are the victims of IPV knock at the doors of public institutions seeking help to flee their violent situations. This chapter demonstrates how, on the one hand, responses to women who are experiencing IPV are oriented by gendered representations of parental roles and responsibilities relating to children, and how, on the other hand, the place of child protection in the work of the institutions that handle IPV cases is a revealing indicator of how they conceive, define, and treat IPV. Methods of assigning responsibilities for child protection to women who are victims of IPV, and of identifying children in danger, coupled with the absence of encounters with fathers can illuminate how IPV is conceived and the role of institutions 'doing gender' in determining the manner in which IPV cases are processed. As will be demonstrated in this

chapter, gendered representations and norms provides insights into the general framing of IPV and the ways in which gendered power relations are silenced but also reproduced within it.

5.1 A Legal Obligation to Detect Children in Danger

Child protection features centrally in the handling of IPV by public institutions. The Swiss Civil Code (Article 314, al. 1 CC together with Article 443 CC) provides for reporting by any individual of a child in danger to the authorities responsible for child protection. This is an obligation for those who have an official capacity unless they are bound by professional confidentiality by virtue of the penal code. At the cantonal level, this obligation extends to the majority of professionals who encounter minors in their work, such as police officers, social workers, and healthcare professionals.[80] Consequently, all of the institutions that deal with IPV cases actively investigate the situation of children, with the aim of ensuring that no child falls between the cracks and remains unprotected.

However, the term 'danger' is not defined clearly within the legislation, and its interpretation is thus left to the professionals' discretion. In the context of IPV, as demonstrated within a large body of literature (see Turner et al., 2017), danger typically entails situations in which children are the direct or collateral targets of acts of violence inflicted by the abuser. Moreover, in recent years, exposure to violence has been recognized as harmful in itself for the development of children, even if they are not its direct targets (Romito, 2008; Turner et al., 2017). Therefore, whenever public agents are confronted with IPV cases that involve the presence of children, they will seek to determine the extent of their exposure to violence and formulate a plan for their protection.

This evaluation is relatively less central and apparent for the police emergency unit. This is because whenever the police force responds to a case of 'domestic violence', a letter is routinely sent to the child protection authorities. This letter is not considered an official report of a child in danger; rather, it is intended to inform the authorities about the police intervention so that they can further investigate it if necessary. The only thing that police officers need to do is to note in their report whether there are any children involved and if they were present during the violent incident. This question just requires a 'yes/no' response in the form of a tick to the question in their document, which asks, 'were children present?' Therefore, police officers are less concerned about examining the situation of children as the

[80] https://www.bj.admin.ch/dam/data/bj/gesellschaft/gesetzgebung/meldepflicht/vn-ber-f.pdf

letter is sent to the authorities in any case.[81] For this reason, this chapter focuses mainly on data gathered from the medicolegal centre and from the shelter.

5.1.1 Simultaneous Investigation of Women and Children Exposed to Violence in the Medicolegal Centre

Because its service targeted all victims of interpersonal violence, the medicolegal centre was at the forefront of efforts to identify children who were in danger. In each case that was reported to them, a child may have been affected directly or indirectly by the violence. In violent incidents involving people who did not know each other, for example a street fight, the healthcare professionals would check if the victim's children had witnessed the scene and would record their names and dates of birth. However, they would not get alarmed, as they would assume that there was little risk of the incident being repeated. Therefore, there would be little risk posed to the children's development. A one-time incident can be forgotten and does not necessarily impact on the healthy development of a child.

In IPV cases, professionals were more concerned about detecting the presence of children, as they considered these situations to present an ongoing risk for the children. They consider the possibility that the children may be direct victims of violence. At the very least, the fact that such children were growing up in an insecure environment could have serious implications for their development. For this reason, healthcare professionals devoted a great deal of effort to collecting as much information as possible during the short time that was available for them to spend with the patient, generally the mother. Whenever professionals became aware of the presence of children in a situation entailing violence, they focused equally on the children and the women during consultations. In doing so, they attempted to discover as precisely as possible how children may have been affected by the violence, and, they asked a series of questions on what the children were doing during the last violent episode, where they were, and what they saw and felt.

As the medicolegal centre usually only provided for two meetings with each consulting 'patient' who was a victim of IPV, the investigation of the patient's situation was intertwined

[81] It should be emphasized here that the less central position accorded to children's circumstances in the investigation only applies to cases handled by the police emergency unit, which intervenes in emergency and crisis situations. This was the unit that constituted the main police field site for this study. The judicial police were more involved in the investigation of children's situations, as cases of sexual abuse of children were handled by inspectors with special expertise. However, as the majority of IPV cases that I witnessed were handled by the emergency unit and did not entail reporting to the judicial police, I do not refer to their practices in this chapter.

with that of the children during the interviews. The following excerpt from my field notes gives an account of two different consultations that reveal how professionals investigated the children's situation. In the first one, a child was present during the violent incident. In the second one, the couple had children, but they were not present during the violent incident. The field notes from which the first excerpt has been extracted were taken during the consultation of a woman who was explaining an episode of IPV that she had experienced to the nurse, Isabelle, who was conducting the consultation. This excerpt clearly illustrates how the presence of children influenced the way in which nurses examined the situation.

> 'Isabelle - I am sorry to interrupt you, but we need to refocus, otherwise I am afraid of forgetting important things. Tell me about the last incident that made you come today, now that I have understood the general situation.
>
> Ms. D - I needed him to be present to help me with the child. During this weekend, my son was not well. I asked him if he could come and help me as I couldn't leave him alone, not even to go to the toilet or to take a shower. I sent him a message on the phone. Then he called and said he would arrive later at 6:00 p.m. I waited until 7:40 p.m., but he didn't come. I was very disappointed and didn't answer his call. I took a bus and went to his mother's place. His mother likes to take care of her first grandson. We arrived at the same time. I entered the elevator quickly, but he was there. He opened the door, entered, and began hitting me. He shouted 'it would have pissed you off to wait for me for two minutes?!' He slapped me everywhere. He held my head and [interrupted by the nurse]
>
> - And where was your child? Was the pushchair between you?
> - He was in front of me and the pushchair was next to me. But . . . [silence] we arrived very quickly because his mother's apartment is on the first floor.
> - Did you get out normally? Who brought the pushchair out?
> - He did. Then he said 'you can go now' and pushed me towards the stairs with both hands and I fell down on the barrier.'

As partly shown in this excerpt, Ms. D attempted to provide a comprehensive report of the chain of events that took place to help the nurse to understand how she ended up at the hospital, but her account was interrupted several times by the nurse's questions regarding the child's location throughout the incident. A little later, Ms. D described how her ex-boyfriend held her by her clothes and raised her up as if he wanted to throw her off the balcony:

> ‘I screamed. He had already threatened to kill me. He used to say that if I were to leave with my son, I would have a bullet in my head. I do not deserve this. I came here so that my son would be near his father. I left my family and friends for him and for my son.’

The nurse interrupted again, bringing the woman back to the incident by saying, ‘then?’ Ms. D answered, ‘He threw me on the ground in the apartment and closed the door’. And the nurse inquired again, ‘Who brought the child inside?’

This excerpt illustrates how the child’s presence during the incident attracted healthcare professionals’ attention, leading them to interrupt the women’s narrative several times to query and verify every detail regarding the child’s whereabouts during each of the sequential events reported by the woman. In some cases, the events affecting the child could take more time to investigate than the violence inflicted on the women themselves. When the concerned women had children, then the centre’s work entailed not only supporting these women as the victims but also simultaneously investigating the situation of the children.

The second excerpt from my fieldwork concerns another consultation during which Jeanne, another nurse, was interviewing Ms. S, a woman who had a child (Michael) from her previous marriage. This example shows that the attention paid to the children extended beyond the situations where the children were witnesses or direct targets of violence. Ms. S was now remarried to another man who was violent with her and who also had a child (Kevin) from another union. At one point during the consultation, Ms. S was explaining how she had undergone therapy for couples for two years with her husband. She said, ‘He is like an alcoholic who says I will give up drinking and thinks everything is going to settle on its own. He is very stressed because of his job. He had a burnout in 2011 following a managerial promotion’. Jeanne then suddenly interrupted the woman’s account to ask:

> ‘Jeanne - Does Michael express himself?
>
> Ms. S - I wanted him to be seen by a paediatric psychiatrist. He is concerned about his own father’s situation.

- Is Michael suffering?
- Partially, but he is well supported by the school. I talk about Michael, but his own son Kevin is fed up with it too.
- Will Michael suffer if you leave?’

Jeanne's insistent queries relating to the child's feelings and thoughts about the situation prompted Ms. S to try to reassure her by saying that her child was well supported at school, and that there was also another child, her husband's, about whom the nurse did not ask. In the situation described above, even if the woman's child did not witness the scene, the nurse investigated his situation, asking questions about him several times in the interview. Concerned about the child's situation, she refocused the discussion on him. During the rest of the consultation, she reminded the woman that it was the duty of the centre's staff to inform the child abuse and neglect service (CANS) at the hospital. She also insisted on having the name and contact details of the child's paediatrician, explaining that the procedure invariably followed by CANS was to contact a specialist who knew the children to discuss how they were doing. Ms. S, who did not welcome such an inquiry, tried to avoid giving the contact details of her son's paediatrician.

Both excerpts are representative not only of the place of children in the interviews but also of the dynamics that their presence introduced. Usually during interviews with women in which children were not involved, the nurses would listen without interruption to a woman's account of violence, allowing her some space before refocusing the discussion on the violent scene. However, when children were involved, they adopted a more directive stance when conducting interviews to enable collection of all of the information on the children required by CANS, as well as all of the information on the women's situations that was needed to produce their certificates.

It is noteworthy that the centre did not in fact collect this information with the purpose of assessing the risk of danger for the children. Instead, they systematically reported all IPV cases to CANS, which had a specialized team based at the hospital with the task of detecting situations of child abuse and neglect and contacting the child protection authorities if necessary. Previously, the medicolegal centre would choose which cases to report to CANS during the weekly meetings of the specialized team. However, at the time when I was conducting my fieldwork, they had changed their practice and would report all of the IPV cases systematically to that team and let them decide on the outcome. When I asked them the reason for systematically reporting all of the IPV cases, they explained that they were respecting their mandate to identify children who were in danger and preferred to leave CANS evaluate the situation and report to the authorities.

The centre's proactive stance for identifying endangered children was also apparent in the organization of the second interview held with women who were victims of IPV. As Chapter 3

has shown, a second interview was always scheduled a few weeks after the first one with victims of IPV. The professionals explained to me that they wanted to avoid risking discovery of the posted medicolegal certificate in the mail box by the perpetrator. They also used this second interview to obtain an update regarding the evolution of the situation since their first meeting. In addition, the second interview provided an opportunity for a member of CANS to engage in a conversation directly with the concerned woman in each case involving children. Women could choose not to attend the second interview without facing consequences and without alarming the medicolegal team. However, it was mandatory for mothers to attend the second interview to reassure the team that the children were not in any danger.

One day, when I was passing the afternoon with Isabelle, we noted that a woman did not arrive for her second interview. That afternoon, Isabelle, who had conducted the first interview, and I were waiting for this woman with Christin, a social worker from CANS. The woman did not arrive at the scheduled time, 15 minutes after the time of the appointment, Isabelle and Christin began discussing what they should do. Isabelle tried to call her on her cell phone, without success. I then asked them what would happen. 'The certificate will rest in a drawer,' Isabelle said, 'but as there are children involved, we will try to renew the contact'. She went on, 'I do not really need to see her again. She will come and collect the certificate later if the court asks for it. But regarding the children, I would have preferred to see her'. Christin then offered to report the case to CANS so that the situation with the children could be monitored. As this example shows failing to attend the second interview would result in the further investigation of the child's situation by CANS. CANS staff sometimes called the paediatrician or school nurse to study the situation of the child in more depth during an investigation. They could also contact the parents together or separately to meet with them and request more detailed information should they decide to complete an investigation before reporting the case to the child protection authorities in the canton.

The importance that the centre accorded to its institutional mission of child protection could extend beyond the will or demands of IPV victims. This was apparent for example in the way that they dealt with cases when women did not want to pursue the consultation because of the limitations of confidentiality. At the beginning of each consultation, nurses always explained to the women that they benefited from full confidentiality. They would never disclose anything to anyone else, unless children were involved. In some cases, they mentioned this exception euphemistically: 'if there are any children involved in the situation, we may need to discuss this with a paediatrician to ensure that your children are protected'. Sometimes,

however, they would be more transparent as the following excerpt from the beginning of an observed consultation illustrates:

> ‘We always say at the beginning that confidentiality is reserved for everything you tell us here; we do not have the right to report it further or to inform any other institutions, such as the police or the court except if any child is involved. In that case, we will discuss it with the paediatrician team at the hospital and they will evaluate if there is any danger for the development of the child. The actions they may take can range between at best nothing and at worst reporting the case to the child protection authorities. Do you agree?’

This disclaimer ensured that the women knew the risk they were taking by explaining their situation. However, if a woman refused to proceed with her consultation because of this potential breach of confidentiality, she could nonetheless be reported to CANS. Some of the nurses whom I interviewed told me that such cases had occurred a few times.[82] In such cases, the medicolegal centre acted in a manner that extended beyond the decisions of the concerned women. This is because their refusal to proceed was interpreted as a potential indicator that the situation posed grave danger to the children.

The investigation of medicolegal practices in relation to child protection revealed that for the professionals, exposure to IPV was considered a sufficient indicator by itself of a situation in which children were endangered. Such cases could be scrutinized and reported to the child protection authorities. A second interview was therefore arranged to evaluate the children’s situation and the women’s actions after the first consultation. Moreover, the confidentiality of the consultations was no longer respected when children were involved. Finally, the proactive investigations of healthcare professionals, and the manner in which they interviewed victims who had children, suggest that their obligation to protect children was intertwined with their mission of supporting victims. This intertwining caused some tension when investigations of children’s situations and the reporting of these cases were not aligned with the will, needs, or demands of victims.

[82] The concerned women had stated that they did not want to have any institutions intervene with regard to their children. In some other cases, the concerned children were those of the women’s partners, and they simply did not want to involve them.

The next excerpt from an interview that I conducted with Laura, a nurse, exemplifies the institutional position on the necessity of overriding victims' demands at times:

> 'Of course, in consultations sometimes we can clearly appreciate that it weighs down the victim, that is difficult to bear for her, but we, as professionals, we have this legal obligation to make the person face her responsibilities. . . because children do not have the capacity to do something for themselves. . . These children did not ask for anything. When one is an adult and gives birth to a child, one has the responsibility to protect that child . . . One of the rights of that child is to prosper in a non-violent environment. We give this much importance and we say this to victims. We know that they are already victims themselves and that they are enduring many things, but never mind. A father, a mother, has a responsibility to their children not only with regard to their healthy development but also because they can potentially reproduce this violence later.' (Laura, 5 Nov. 2015)

During the interviews, professionals usually mentioned this tension in their work with IPV victims, conceding that it was necessary for protecting a child. They justified this either on the basis of their legal obligation to detect children in danger, or as a means of preventing the replication of an IPV situation by these children in their future adult lives. This second reason was linked to the requirement of their public health mission in terms of prevention. In Chapter 9, I will return to the specificity of the centre's work as a public health institution that seeks to prevent IPV in more detail. The point that is being made here is that gendered representations of maternal responsibility would surface whenever a woman experiencing IPV had children. In her encounter with public institutions—in this case the hospital—the representations of 'woman' and 'mother' were conjoined, thereby complexifying the status of a woman, simultaneously conceived as a 'victim of IPV' to be supported by the institution and as a 'mother' who is responsible for protecting her children. This blurred status and representation are not inconsequential when it comes to the services available to women. This is because given their pursuit of a gendered logic of parental responsibility, institutions would expect mothers to put their children's protection above all else such that their own stories and the violence that they had experienced were sometimes considered secondary with regard to their responsibility as mothers. The remainder of this chapter is devoted to elucidating the investigation of a specific institutional process of 'doing gender', focusing on the shelter's work. This case study illustrates and elaborates on the above process in light of the specificity of social work and its entailed institutional logic.

5.1.2 Protecting Women and Investigating Children Exposed to Violence in the Shelter

Like the medicolegal centre, the shelter was bound by law to report endangered children. In this regard, the shelter was similar to the medicolegal centre, even though there were significant differences in the settings of the two institutions. The medicolegal centre received women who could still be living with the perpetrator of violence, and they could assume that there was an ongoing risk for the children, who could become the targets of violence themselves or be damaged through their exposure to the violence between their parents. However, the shelter received women who had already escaped from the dangerous environment. Severe danger posed to the children was therefore a less immediate concern. Nevertheless, in the case of the shelter too, children's interests and their protection were central topics of concern.

As I explained in Chapter 2, women were living in the shelter with their children, and both the organization of the team, and of the space, reflected the children's needs. There was a play corner in every shared space within the shelter. Little tables and chairs were placed in these areas, and dolls and Lego sets were stored on shelves and in boxes. Balls and children's books were also kept there. In addition, a small playground for children, with a seesaw, swings, and slides had been constructed outside in the garden.

This was a material reminder that the shelter was also a living space where children could be present all the time. As a matter of fact, in the majority of cases, women took their children with them to the shelter. Consequently, their needs were considered and accounted for in the organization of space. These play corners were reserved for children even when meetings were supposed to be organized in their absence. The meetings were usually fixed at times when the children were in the kindergarten or at school.[83] However, they could take place when no other slots were available because of the work schedule of the professionals or 'residents'. In such cases, these corners, equipped with toys, were used to keep children occupied while serious matters were being discussed with the women.

Like the shelter's spatial organization, the staff was also organized around the presence of children. More than one-third of the centre's staff comprised members of the Mother–Child team. As discussed in Chapter 2, after arriving at the shelter, every woman was required to

[83]The only exception was meetings held by the Mother–Child team that entailed the presence of a psychologist or an educator who wanted to receive a child himself/herself. Such meetings did not occur as often as meetings held with a woman alone.

attend interviews on a weekly basis. During the first weeks following her arrival, a woman was expected to meet once a week with a social worker, as her referee, and with a psychologist or an educator from the Mother–Child team. Consequently, relatively equal amounts of time were dedicated to working on a woman's IPV-related issues and those related to her children.

During the first few weeks following the arrival of a newcomer, the Mother—Child team focused on urgent administrative matters, such as changing the children's school and informing their old school and teachers, contacting any paediatrician who was involved in the children's care, or helping the woman to find a paediatrician and take her children for a check-up. If the children were small and not yet of school age, the referee would facilitate their transition to the kindergarten located within the building and run by the foundation that also ran the shelter. Beyond these administrative tasks, they also encouraged women to speak with their children and explain to them the reason why they had had to move into the shelter. The reason for this move, they were told, was the problem at home and the fact that violence was not permitted. Consequently, their mother had come here to protect them and put an end to the violence. The team members always emphasized the importance of 'putting words on' what the children lived and on giving them a clear explanation, even if the children were very young. They explained this was very important, because they believed that children understood more than was thought and suffered from being in a hostile climate entailing physical or psychological violence, even if these acts were not committed directly against them. To assist with this process of developing children's understanding, they could use a special children's booklet ('the blue booklet'), which contained simple and clear illustrations that clarified what had happened at home.

The Mother–Child team's internal guidelines, known as 'the intervention protocol' defined their role as follows: 'The role of Mother–Child team is to enable parental competencies of mothers and to ensure the well-being of children'. This concern of the professionals regarding 'enabling' mother's competencies has been discussed in studies on social work and in the general literature on IPV. For example, Hester and Radford (2006) argued that the possibility of the physical and emotional effects of violence on the victim's mothering must be considered by professionals, as those effects could make these women appear to be inadequate or unable to cope as mothers. However, in a safe environment and with support they can resume parenting their children (Hester & Radford 2006). This focus on enabling parental competencies is also consistent with what the previous chapter revealed on the

institution's prevailing position, which emphasizes independence and empowerment of beneficiaries' own competencies in general.

This 'autonomy' of beneficiaries, which is to be obtained by enhancing their 'competencies' is in line with recent developments in the field of social work in response to critiques of the state's tutelary power over the private and familial sphere, famously designated in the literature as the 'policing of families' (Cardi, 2015; Donzelot, 1977). In an attempt to distinguish themselves from interventionist and normative approaches, recent social welfare programmes have demonstrated the will to recognize beneficiaries' rights and competencies and to engage with them more as 'partners' than as targets of welfare measures (Cardi, 2015, p.12). In the case of child protection, the common use of 'supporting parental competencies' illustrates this new trend, which, since the end of the 1990s, is reflected in terminology that emphasizes counseling and support in new programmes offered to parents and families (Cardi, 2015, p. 12). However, as Cardi (2015, p. 11) and others have shown, radical changes are resisted within concrete practices of social work that should reconcile contradictory logics of care and control. Families that are beneficiaries of social aid continue to be seen as being 'at risk' in terms of the social order. In light of institutional objectives of remedying their deficiencies in terms of financial independence as well as parenting practices, they simultaneously become the targets of supervision and even control in the process of receiving support and counselling (Neyrand, 2011; Pioli, 2006).

In the above case, whereas the shelter's primary mission is one of extending support to IPV victims, it nevertheless remains an extension of the cantonal welfare programme. If women accommodated at the shelter were not already receiving social aid as beneficiaries of the programmes of the welfare department, they become so at the time of entering the shelter. By becoming 'clients', they de facto became subject to the scrutiny of social workers, who while prioritizing their support and protection, are nevertheless bound by the principles and requirements of social work. In particular, when the shelter's institutional mission of providing victim's with support and protection becomes intertwined with requirements relating to child protection, the outcome is a concomitant investigation of children's wellbeing during the women's stays there.

Consequently, in the course of their daily work the shelter's professionals did not stop at investigating the impact of violence on the children to offer them and the women help and support. To ensure children's protection and in an attempt to identify any children who were in danger, after initially helping them to adjust to living in the shelter, the professionals paid

special attention to women's mothering skills and observe their relationships with their children. In some cases, they could determine that special measures had to be taken in the best interests of the children.

In the following interview, Alice one of the social workers recollected for example her decision to alert the child protection authorities in a particular case. This example shows the ways in which the social workers saw their child protection duties, and how they saw their work with women as a way to help them become more responsible and better mothers. Alice explained how the woman in question was complaining about her husband's behaviour and violence and was blaming him for putting her and her children in this situation (having to flee their home and live in the shelter). To that Alice responded as follows:

> 'I hear what you say but it is the 'woman' who speaks. What I want to say and clarify is that it sometimes happens that the interest of the 'woman' and the interest of the 'mother', or the obligations of mothers, can diverge and not meet. Our role is to help you to get them to converge somewhere. You may need to go in a direction as a woman but it may alter or disturb your maternal role. At this moment, you are no longer listening to the needs of your children. Therefore, someone needs to take care of them and assume this role, because you are not in a position to do so. This does not mean that you are a 'bad mother'; it only means that you cannot do this momentarily and someone needs to guarantee that this is done. That is why we are reporting your situation.' (Alice, Interview, 3 Feb. 2016)

When women were considered to fail to put their children's interest first, being for instance more attentive to their own needs as women, and not being attentive to their role as mothers, in such situations, the shelter staff could report the case to the authorities. Thus, the call to bring into convergence 'the interests of the 'woman' and those of the 'mother' actually meant that the 'woman' must align with the 'mother' and thus with her children's interests.

Children's best interests were prioritized in the shelter, and women were expected to prioritize them too. This is illustrated in the fact that a decision to report a situation to the child protection authorities could have consequences for the legal battles of the women and their abusive partners over custody of the children and other conditions relating to separation or divorce. Nevertheless, their situation was reported despite this cost for the women. This situation was far from anecdotal, reflecting the broader dynamic that I observed at the shelter. Women were expected to prioritize their children's interests. Those who did not, or could not,

put their children interests first, or who did not do this to an acceptable extent, according to the professionals, could be reported to the child protection service.

Another example of a normative prescription entailing women putting their children's interests first is the implicit expectation placed upon women by professionals at the shelter that they should bring their children with them before coming to the shelter. This is illustrated in the following admission case. This case was recounted to me by a social worker, Nelly, who was present at the staff meeting during which it was discussed. She mentioned this case in the context of explaining the high standards that were applied to women in terms of meeting their 'maternal responsibility'. A woman had fled her home and come to the shelter alone. She had children, but she had left them at home, to be cared for by the father. This behaviour provoked a strong reaction among many professionals who were very alarmed regarding the fate of the children. They condemned the woman's behaviour, as she was perceived to have put her interests before those of her children. However, some professionals, including Nelly, took up her defence, speculating that she may have fled from death threats, but all of them were similarly concerned about the children.

> 'Nelly-I think it was difficult not to judge her at first. Because we thought that she is a mother with three children. How can she arrive here and be separated from her children? . . . For example, when women dare to come here without their children, because they do not have the courage to take them, this is something that can be very guilt-inducing for them. The fact that they have left their children behind with somebody whom we consider to be potentially dangerous disturbs us. The women might have done this to save their own lives. . .When we speak on the phone with a woman who would like to come without her children, in such a case, we ask her, 'do you consider them to be secure with their father?' If she wants to come alone, then she comes alone and that's it. But there is an expectation that a woman should not arrive alone.
>
> Faten - You mean that we expect them not to arrive alone?
>
> - Yes, we expect them to sacrifice themselves to protect their children.' (Nelly, Interview, 16 Dec. 2015)

Studies on abused children in IPV situations in which their mothers are also victims of the abuser have traced the origin of the expectation that women should put their children's well-being before their own safety to a common belief shared by child welfare advocates and victim protection workers alike. Accordingly, 'mothers are not only expected to be the

primary nurturers and caregivers of their children but also are presumed to possess a maternal instinct that leads them to protect their children with little or no concern for their own safety (Terrance et al., 2008, p. 874; see also Enos, 1996; Panko, 1995).

Thus, women who came to the shelter with their children to protect them from a toxic environment were commended. The example below further illustrates the kind of situation that corresponded to the type of discourse and behaviour expected from women in the shelter. This situation was presented to me by the social worker who had to conduct an emergency admission interview with a woman who was accompanied by her five children. Listening to her story, the social worker whom I refer to as Alice, learned that the children were sometimes present during violent scenes and that they had witnessed them. This is how she described the interview and her reaction to the fact that children were exposed directly to violence,

> 'There were five children involved. I was going crazy. I was observing and it was unmanageable. I was observing the children and at the same time listening to the lady and taking notes. I was thinking that there were some of the children who have been already impacted and the lady was very positive, responding to my questions. Then I came back to the question of children and asked: "How do you feel about your children? How you think they have been touched by it?" And she was just perfectly appropriate in her answer. She said, "But I am here because of that. When I saw my daughter intervene putting herself between me and my husband, I told myself that I do not want this destiny for my eldest daughter". Well, she was there really in child protection and so perfectly appropriate.' (Alice, Interview, 3 Feb. 2016)

As this excerpt shows social workers were particularly concerned about children who had been exposed to violent scenes. The fact that the women left their home in order to protect them was an indicator of having their children's best interests in mind. As Dunn and Powell Williams (2007) showed, social workers in charge of supporting victims expect women—and not their abusers—to make the necessary changes to eliminate the violence. Thus, this woman's reaction and her acknowledgment of her responsibility to protect her daughter was completely in line with what was expected from her in terms of meeting her responsibilities towards her children in an IPV case.

What is more, as only women were hosted in the shelter, professionals would observe and monitor women's behaviour towards their children with the aim of 'enabling' parental—read

maternal—competencies. As women lived in the shelter with their children, sometimes for a period of several months, this allowed the shelter's professionals to investigate more in detail other aspects of the children's well-being.

5.1.3 Monitoring parental (read maternal) competency.

One Monday morning, I attended a staff meeting, which was an occasion for going through the list of residents and checking whether there was anything about their situations requiring attention that had been recorded by the watchman or watchwoman in the shared digital notebook during the weekend. It was the turn of Luiza, one of the social workers, to moderate the session. When she reached the name of Ms. R, she read out the following from the digital notebook: 'During the last round of checking every floor conducted by Agatha, the watchwoman, the children were still playing at a late hour, while the mother was on the phone'.

This observation relating to Ms. R's attitude towards her children as well as the behaviour of the children themselves were the kinds of events that were frequently discussed during various staff meetings at which issues and concerns were shared. These meetings were also occasions for brainstorming, requesting feedback, or simply informing others about an exceptional situation. Comments on how women treated their children and how 'appropriate' they were as mothers were particularly common.

Conversely, a nineteen-year-old woman was under greater scrutiny by her social worker referee because 'we saw the child dirty and the woman completely overwhelmed'. During my observations at the shelter, I heard several similar comments. Later, I inquired about these remarks in the interviews I conducted with all of the professionals working at the shelter the following year. On many occasions, the professionals conducted evaluations of 'parental competencies' spontaneously. On such occasions, I was able to gather additional information on their practices and the rationales for their monitoring. The following excerpt has been extracted from the transcript of an interview held with Hilda, one of the psychologists. She addressed the subject spontaneously at some point, and I prompted her to elaborate further.

> 'Faten - Would you please tell me more about this evaluation of mothers' competencies?
>
> Hilda - Well, I will tell you what we try to do during the whole stay. We can examine how she receives what we discussed using the blue booklet, what she does with it, and so on. Then it can be . . . all we can see here. What we observe in the

> life of the shelter. Because we pass by floors where children participate in activities, we check if a mother comes to get them or not, if she arrives a little bit late, if she is interested or not in these activities. All of these small elements of the everyday life of the shelter complete the image that we have of a mother. Sometimes, we hear a colleague say 'ah this floor is terrible, there is always this mother shouting at her children'. That kind of thing.' (Hilda, Interview, 17 Nov. 2015)

Hilda's explanations shed light on the possibilities open to professionals at the shelter to observe women's behaviours and to discuss these behaviours with them. Of course, these possibilities are exceptional because of the particularity of the shelter where close relationships and observations are possible. But also, as noted previously, this monitoring follows the normative assumption underlying social work to handle familial risk and investigate and remedy nonconformist practices. The observation and evaluation of a child's well-being and women's ways of caring for their children extended into details of sleeping hours, clothing, and hygiene. In fact, in terms of child protection and reporting about children in danger, it was not only a matter of how and how much a child might have been affected by the violence he or she had witnessed or suffered at home but also a matter of how she or he has been taken care of by her/his mother afterwards in the shelter. Given the sharing of all knowledge among shelter's professionals, situations could be followed up on day and night, even if the main referee was not available at the shelter. The professionals inserted their observations and comments in their shared digital notebook. If they considered something worth noting down, such as a woman's delay in bringing in her children or, as Hilda, remarked, her lack of sufficient interest in the activities of her children, they could record this observation and share it with others. Taken together, these observations were formative of 'the complete image of a mother' for these professionals.

In Chapter 8, I will return to a more detailed evaluation of maternal competencies and will systematically present the categories and indicators used at the shelter. This will enable me to sketch out the contours of representations of 'appropriate' mothers and the ways in which 'migrant' mothers were excluded from this category. My intention in briefly noting examples of the monitoring practices of the shelter's professionals here is to explore the possibility of contrasting these practices with those applied for monitoring (or, in practice, not monitoring) father's competencies. An exploration of this contrast will shed light on this chapter's focus on institutions 'doing gender'.

The question of child safety in situations of IPV has been extensively discussed within studies in the field of social work. Edleson (1998) pointed to the way that children's safety was prioritized by social workers in IPV cases, sometimes at the expense of women's protection or demands. While 'it is true that the legislated goal of child protection is child safety', Edleson questioned 'how this safety is achieved if the child's primary caregiver herself is unsafe' (1998, p. 294). Moreover, he challenged the rhetoric of the child's best interests and the way that the burden of ensuring the child's safety is placed on women's shoulders. Consequently, he asked 'how the mother's safety can be assured if the person perpetrating violence against her and/or her children is so often left untouched by interventions' (1998, p. 294). For example, he criticized the ways in which cases of IPV or child protection are often listed under women's names who become 'almost always the focus of efforts to make children safe' (1998, p. 295). These illuminating questions and insights can be explored further through an investigation of how the abusers' paternal role was assessed by public institutions and how the question of fathers was considered.

5.2 Responsible Mothers and Invisible Fathers

The previous section showed how by becoming 'clients' of social work women become targets of monitoring in terms of their parental competencies with aim of ensuring the children's well-being as institutional and professional obligation. More, the life setting in the shelter made it easier for the professionals to observe women's relationship with her children. If the professionals were uncomfortable about some issue, they could then discuss the matter with the woman and either offer help, or, in some cases, warnings. If at this point there was a divergence in the interests of the children and those of the woman, at least in the view of the professionals, they would prioritize the children's interest and could even alert the child protection service. These evaluations were not without tensions. Few professionals referred to their discussions on maternal skills in the interviews I conducted with them and considered some of their indicators to be based on standards that were 'much too high'.

It can be argued that professionals in pursuit of their legal obligation of detecting and reporting on children in danger[84] mostly adopted the same perspective as that of child welfare advocates and child protection workers. That is, their primary concern was the 'best interests' of children (Cummings & Mooney, 1988). They focused above all on children's safety. The

[84]Children in danger were defined by my interlocutors as those whose development could be threatened by their unhealthy environment.

social work literature relating to child protection and domestic violence showed that this emphasis could sometimes lead to situations in which consideration and protection of the women who parented the children and who had fled from violence could be overlooked (Terrance et al., 2008; Echlin & Marshall, 1995; Edleson, 1998). Those studies showed additionally that emphasizing the 'best interests' of children but not considering the abuse inflicted on the mothers of these children has resulted in the belief that 'men who abuse and their female victim partners may be equally perceived as unfit parents' (Terrance et al., 2008, p. 871). Furthermore, the perpetrator is ultimately rendered 'invisible', because the onus for the abuser's actions is placed on the 'mother' (Terrance et al., 2008, p. 871). The final section of this chapter is aimed at illustrating the gender bias entailed in this assessment of the 'best interests of the child'. Contrasting with the professionals' interventions relating to mothers, their treatment of fathers will show how 'women are held to different standards than men' (Edleson, 1998, p. 295). First, however, I will explore the observed practices, subsequently elaborating on their underlying rationalities and gender representations. Last, I will offer conclusions relating to the general framing of IPV in light of the gender relations that they reveal.

5.2.1 In the Name of the Best Interests of the Child: Visiting Fathers

In terms of the assumption of responsibility for their children's situation and their protection, the fathers were not the main targets of the actions of the institutions in charge of processing IPV cases. It is important to point out that the main beneficiaries of these institutions are women victims of IPV. This is evident in the case of the shelter. In the case of the medicolegal centre, even if the centre's design allows for the reception of both men and women for IPV cases, as previously discussed in Chapter 3, the overwhelming majority (88%) of those who consult the centre in IPV cases, are women. This would imply that these institutions do not deal directly with fathers as often as they do with mothers. This last section focuses on the ways in which professionals addressed the 'father question'.

Once a woman was admitted to the shelter, one of the first subjects that members of the Mother–Child team would discuss with her was the question of the arrangement of the father's visits. This was also highlighted in the intervention protocol of the centre, and was listed among the objectives of the team's work,

To evaluate the psychological state of mind of the child, to evaluate the quality of the mother-child relation and the bond and connection the child has with his/her father . . . and to support

and to preserve the parental relation with the mother and with the father as far as possible (by organisation of father-child visits inside the shelter) (Intervention Protocol, 2014, p.).

Favouring and preserving a child's relationship with both parents complies with the recommendations of child protection authorities who refer to psychological studies on children's development that necessitate the preservation of relationships with both parents. In the Swiss context, however, the importance of what have come to be known as 'fathers' movements' that have permeated arguments concerning the unequal treatment of fathers' rights within family law, even among professionals, should not be discounted. Different associations promoting fathers and/or men's rights in Switzerland, similar to those in North America or Europe, were organized as a reaction to feminist movements and the struggle for gender equality and its (even partial) recognition through societal and legislative reforms (Schiess, 2007). One of the main thrusts of their activism in Switzerland has focused on family law and the question of joint parental custody that they have sought based on the argument that fathers have been awarded parental custody in only a small proportion of court decisions (see Ben Salah, Deslauriers & Knüsel, 2016). Since 2009, a number of important legislative reforms have been instituted in Switzerland partially to advance the case for joint parental custody in response to the view that the father's role and the man's place within the family sphere[85] have been undermined as a result of the insignificant proportion of fathers who have been awarded custody. Some of these arguments were also articulated by the professionals I encountered. Furthermore, as the shelter accommodated women and not men, the degree of institutional scrutiny of de facto fathers was lower compared with that of mothers. This would result in a double standard pertaining to the perceptions of the quality of men's and women's relationships with their children.

In the name of the child's best interests, the visits were very rapidly organized for the father to see the children. This was done even for cases in which the duration of the woman's stay in the shelter was just a few weeks until a court decision. There were different options that could be proposed to the women. The professionals would ask a newcomer if the father had visited the children. They would insist on the importance of keeping up the relation with the father for the sake of the children. Hilda, the previously introduced psychologist, explained to me how the situation of the father would be discussed from the outset with a newcomer.

[85] https://www.bj.admin.ch/bj/fr/home/gesellschaft/gesetzgebung/archiv/elterlichesorge.html

> ‘Very rapidly we address the question of the father. To know what the relation is between the father and the child. To see if they are attached to each other, if they are used to doing things together, if everything goes well when they are together, if the father enjoys doing things with the children, or if he never looks after them. So, it can give us an idea of how things are at home, because all variations are possible. For instance, you can have a father who never does anything and cannot even feed the child or put him/her to bed, nothing. It gives us some indications regarding future visits.’ (Hilda, Interview, 17 Nov. 2015)

The question of the father’s bond to the child was discussed from the beginning, to evaluate the quality of this relation, but this evaluation was not about the ‘appropriateness’ of a father’s behaviour or his shortcomings in relation to his child. It was systematically followed by the questions about how ‘future visits’ should be organized. In fact, the eventual harmful impact of fathers on the child and the question of the violence was rapidly discarded as soon as the woman confirmed that the father was not directly violent towards his children. In those cases, an internal visit in the shelter would still be possible. Here the question of violence was not even brought up by Hilda. Her further explanation clarified the fact that questions on paternal competencies are evaluated but only for organizing the modalities of visits:

> ‘Here also we try to dig a little for details on what he usually does, what he knows about what to do, if he can put them to bed, if the children accept going to bed if the mother is not there, and so on. So, this is a question that we tackle very quickly to see if the mother can consider the visits of the father taking place outside of the centre.’ (Hilda, Interview, 17 Nov. 2015)

Professionals first verified what the father ‘knows’ and ‘can’ do for the child to determine whether or not, the child could be left with him during the night. This is because children could spend one out of two weekends outside of the shelter with their fathers. Fathers’ visits were considered by the shelter’s staff even in cases where children were unwilling to see them. Hilda further specified what was done in case of a child’s refusal to see the father.

> ‘We also verify with the child whether he wants to see his father. If he says “yes”, it is less problematic. If he says “no”, we try to evaluate why he is saying “no”. Sometimes, this is because of some trifles: because the father said he was not allowed to play with something or took away a toy. Sometimes it is more serious. So, we try to evaluate together with the mother and then also with the child, and in

those cases, we can suggest the father-child space that we have in the shelter, in case a mother does not want to hand over the child to the father or if she is afraid of leaving the father alone with the child.' (Hilda, Interview, 17 Nov. 2015)

In cases where a child was unwilling to see the father or in cases where the mother is afraid of leaving the child alone with the father, a room was provided within the shelter to enable the visit to take place,[86]

'These visits are organized while we are waiting for the decision of the court. The ideal situation is to be able to put in place the visits as soon as possible, because in general, this calms the father down, especially if he wants to see his child. If the father does not show up, the mother can always suggest to him 'do you want to see the kid? I can suggest this or that option' by sms or e-mail, because in general, the mothers, they don't want to contact him the fathers directly. So, these are the things that we evaluate rapidly to try to put something in place. I assume anyway that it is something important for the child, so that she or he can keep up a relation or a link with her/his father. And it is important with regard to the father himself as it can even be a reason for changing his behaviour.' (Hilda, Interview, 17 Nov. 2015)

In cases where the woman's discourse on the father-child relation was not alarming, those visits could be arranged outside of the shelter and unsupervised. And when fathers were directly violent towards children or if there was a risk of kidnapping for example, the visits took place inside the shelter.

In the interviews, I referred to this insistence of putting in place visits with the father as soon as a woman arrived in the shelter. The results of my analysis of the responses were conclusive. Apart from one exceptional case, the professionals believed that a man who perpetrated violence against his child's mother could still be a 'good father'. For example, Katia, one of the educators on the Mother–Child team, responded as follows when I asked her directly for her opinion on the matter:

'Oh yes, I think he can be a good father. I think at some point in a specific familial context, when he used violence against his wife, and in presence of his children, he

[86] It is not a trivial matter for a shelter for victims, to let the violent partner enter its precinct, as it is a secure and protected building to which the abusive partners would not usually have access. Consequently, these visits were organized under some conditions, such as the fact that a father was not permitted to use the child to send a message back to the mother or to badmouth her.

was not a sufficiently protective father for having exposed his children to that. But I insist that at some point, precisely because of modifying the context, with the wife no longer there, he can see his children. He can nevertheless have good parental competencies. I think there can be bad husbands who can be good fathers.' (Katia, Interview, 11 Jan.2016)

The literature on child protection in IPV cases highlights a paradox that stems from holding fathers and mothers to different standards (Fish et al., 2009). Thus, on the one hand, conscientious investigations of children's exposure to violence were conducted, and women in the shelter were reminded of the gravity of an IPV situation for the children's development. On the other hand, the perpetrator's visits were arranged as soon as possible. Providing abusers with continuing access to children during the separation or post-separation process implies that 'violence towards the children's mother poses no real risk to the children' (Edleson & Williams, 2007, p. 13).Yet, the professionals repeatedly stated that children are affected by IPV 'whether or not they are themselves directly abused' and mothers are expected to protect them from it (Edleson & Williams, 2007, p. 13). Moreover, the possibility of the perpetrator using these visits as an instrument to maintain ongoing control over his victim, which is discussed in the literature (Lapierre, 2007) is overlooked. Therefore, this issue is not problematized in the visits organized outside of the shelter. I will return to this subject later in the chapter.

Edleson and Williams explained that 'a man who perpetrates domestic violence can at the same time be thought a good father to the couple's children flies in the face of common beliefs about quality parenting' (2007, p. 13). In fact, the roles of fathers and mothers are not subjected to the same levels of scrutiny (Fish et al., 2009, p. 6). In light of these common gendered beliefs, 'any involvement by fathers with their children constitutes *good-enough* fathering' (Eriksson & Hester, 2001, p. 791, original emphasis; Devreux, 2004). Studies that have focused on court decisions in cases of IPV within different contexts have also found that violent partners could easily be described as 'loving' fathers.[87] In those judgments, depriving a child of contact with the father was considered more harmful than exposing him/her to violence (Hart & Bagshaw, 2008, p. 299). Edleson and Williams documented court and policy decisions in the American context where the upholding of this belief resulted in violent men

[87] In the French context, see, for example, Le Collectif Onze, *Au tribunal des couples. Enquête sur des affaires familiales*. Odile Jacob, Paris, 2013. For the Western Switzerland context, a thesis by Fiona Freidli on this subject is ongoing at the University of Lausanne.

being given 'continuing access to the couple's children post-separation' (Edleson & Williams, 2007, p. 13).

5.3 Mothers' Obligations and Fathers' Rights[88]

Gendered representations of parental roles in which women are assigned primary responsibility for the education and care of children persist and are reproduced in the work of the institutions that process IPV cases. Considering women as the primary caregivers also means that they are the first to be held responsible when something goes wrong with the children. Viewed as being primarily responsible for their children, women are held traditionally to high expectations as mothers to the extent that 'the ideal of a "good" mother is a familiar cultural figure: she is nurturing and self-sacrificing, always placing her children's welfare before her own' (Fish et al., 2009, p. 5). Accordingly, in the context of IPV, women may be blamed for their children's situation and their exposure to violence, even if they have not inflicted harm (Fish et al., 2009, p. 5). By contrast, 'men do not experience the same kind of pressure to be good fathers' (Fish et al. 2009, p. 7). The scant references to the parenting capacity of fathers within the studied institutions can be attributed to these normative and gendered expectations.

The lack of scrutiny of fathers by social workers, which results from the shelter's specific victim-oriented structure has previously been discussed as an explanatory factor that accounts for the shift in social workers' attention from the fathers to the mothers with whom they have direct contact. However, this shift can also be partly attributed to the lack of available resources for dealing with violent fathers (Jackson and Mannix, 2004). As a matter of fact, the Cantonal Commission for Combatting Domestic Violence lobbied for the integration of a legal obligation as part of a new cantonal law on domestic abuse, with the aim of forcing male abusers to undergo at least one consultation after they have been evicted by police officers from their domicile following a 'DOME' intervention. This demonstrated the will to remedy the fact that the abusers were missing and left untouched by interventions in this canton. This omission also makes serial abusers harder to track (Edleson, 1998).

A final example of a conversation I had with Alice, the social worker, enables to resume the discussion on the differentiated scrutiny of parental competencies and the underlying

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[88] This has been borrowed from the title of Anne-Marie Devreux's (2004) article: Autorité Parentale et Parentalité: Droits des Pères et Obligations des Mères ?. *Dialogue*, nº 165(3), 57-68.

rationales for this differentiation. This situation concerned a woman who underwent ambulatory consultations at the shelter. The woman had been a resident in the shelter previously on five separate occasions. This time, as Alice recounted, she 'convinced her' to contact the child protection authorities to help her in her relationship with her children. Arriving at the meeting at which the woman was accompanied by representatives of the child protection authority, Alice observed,

> 'I arrived and saw the social worker who conducted the interview relatively well, I would say. She tried to put the focus on the child. It is her job. And this mother always answered by repeating the deficiencies and shortcomings of the father. Then the social worker tried every time to refocus the discussion on the child and at some point, she finally said, "But I am talking about your son and you answer me speaking about your husband again!" And at that moment, I said to myself, "shit, the woman does not understand that she is cutting off the branch that she is sitting on".' (Alice, Interview, 3 Feb. 2016)

The social worker at the cantonal office of child protection investigated how the mother protected her child and noted her discourse about her husband. In sum, she conducted her interview in the same way that she would for any routine report of child abuse or neglect received in the office. But this case was not the usual kind of child abuse or neglect case with which these authorities usually dealt. In this particular case, a woman who was a victim of IPV had sought refuge in a shelter on five previous occasions. Alice then provided a concrete example that clarified what she meant when she said that the way in which the woman answered the questions of the social worker who worked with the child protection service amounted to 'cutting off the branch she was sitting on'.

> 'Then the social worker succeeded in refocusing the discussion on the child. Later, the strength of the conflict between the adults and its impact on the child was discussed. For example, there was the question of an iPad with which the child played, and which the mother also used. There was an application on this iPad for communicating with the father. She had forbidden her son to use this application, but when messages arrive, their content appears on the screen. The child playing with the iPad sees 'I will not pay the rent' and things like that. So, he was really affected; he is seven years old. The social worker mentioned this, and the mother went on "but he does it on purpose [meaning the father]. He sends the messages on this application though he knows he can send them directly to me on my mobile

> phone". I could put myself in the shoes of the social worker who would say to herself "but it is you who have downloaded the application on the iPad!" And I could perfectly imagine that she would write in her report that we were in 'parental alienation'. Because that mother could not construct a positive image of the father with regard to her son as a result of all the experiences she had had as a woman, as a wife, as a battered woman, and so on. But the problem is that, and I know it because I worked for the authorities of Child Protection that this is one of the criteria for withdrawal of the custody of a child.' (Alice, Interview, 3 Feb. 2016)

This account offers an accurate example of how blame and responsibility could be ascribed to women who are victims of violence in their encounters with public institutions. A particular chain of logic unfolds from two statements. The first is that mothers must defend their children's interest before everything else, and the second is that exposure to violence is harmful for the children. Notwithstanding his wife's demands, the father used an application to which the child had access to send her offensive or threatening messages, such as 'I will not pay the rent or things like that'. These messages were considered offensive by both the child protection agent and the shelter's social worker. The fact that the child saw his father's messages was seen as harmful: 'He was really affected'. Consequently, the mother was blamed because she failed to prevent the son from seeing her husband's harmful messages: 'It is you who had downloaded the application on the iPad'[89]. Moreover, the mother was also blamed for her inability to 'construct a positive image of the father with regard to her son', a positive image that was considered to be in the best interests of the child. But it was the mother's responsibility to construct or maintain that positive image of the father for the child, despite the father's actions. By contrast, there was no mention that the abusive partner was the one who created this harmful environment in the first place. As Edleson rightly asks 'Why not ask about the abuser's willingness and capacity to initiate change and eliminate the danger he has created?' (1998, p. 296) In fact, although the father's action in this case was interpreted by all of actors present as affecting the child in a harmful way, he was not blamed.

What is more, the father's unconditional right to see his child was protected by interpreting the mother's behaviour through the lens of 'parental alienation'. It is essential to dwell on this

[89] Material circumstances are left out of the analysis. The woman should not have shared the iPad with her son if she needed to use an application on it to communicate with the father, or she should not have used the application.

highly contested but generalized psychological concept that is extensively used in the canton, not only by the child protection authorities but also by the professionals at the shelter.

The parental alienation syndrome was first elaborated in 1987 by Richard Gardner, an American psychoanalyst and forensic expert, who worked as a consultant in the assessment of child sexual abuse. According to Gardner (1987), in a case of reported child sexual abuse, a child's refusal to have any contact with his/her father (the non-custodial parent in Gardner's terminology) during the child custody battle is not because the child is afraid of the father. Rather, it is because he/she has been alienated from the father by the mother, who may level a false accusation as a strategy of excluding the former. While his work has been highly contested at a scientific level (Myers, 1997; Sherman, 1993) and also on ethical grounds (Romito, 2008),[90] the diagnostic use of the parental alienation syndrome can still be found within the field of child abuse and not just in the American context (see Eriksson & Hester 2001). According to Cardi (2015, p. 18), in the French context, the popularity of concepts such as parental alienation must be understood in the context of a generalized discourse relating to parental support facilities that condemns 'increasing maternalism'. This maternalism leads to the disqualification of fathers through a series of organizational, legislative, and social measures (such as assigning custody to mothers) but also through the actions of the mothers themselves. To remedy this situation, the father's place in the life of his children must arguably be restored.

The intervention protocol of the Mother–Child team refers also explicitly to the parental alienation syndrome as a form of 'dysfunction of the familial system' that is often encountered in their work. Such dysfunctions include 'loyalty conflict, parental alienation, child's instrumentalization, parentification,[91] and children's psycho-socio-affective disorder' (Intervention protocol, 2014).

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[90] Gardner was additionally considered a supporter of paedophilia, because he stated that children also have strong sexual needs, and an act of incest may not involve violence. Interventions suggested by Gardner in books and training programmes distributed by his own publishing house, Creative Therapeutics, include therapeutic work conducted with fathers to improve their self-esteem through the explanation offered to them that 'there is a certain amount of paedophilia in all of us' and the misfortune of the father is to be born in a wrong time and space where it is seen as a deviance (Gardner, 1992, p. 593). In addition, in cases of domestic abuse, he portrays women as masochistic or as responsible for the abuse inflicted by their husbands on their children, because they have refused to be intimate with the husbands, thereby forcing them to seek intimacy with their children (Gardener, 1992).

[91] Parentification refers to a situation wherein children are seen as to be more mature than would be expected for their age. For professionals, this is illustrated as protective behaviour demonstrated by children towards their mothers. I will return to this in more detail in Chapter 8.

Loyalty conflicts, instrumentalization of children, and parental alienation all refer to situations in which children side with their mothers and do not want to visit their fathers or are afraid of them. The concern regarding not involving a child in the 'couple's issues' and not alienating the other parent, which was frequently mentioned, discounted the male abuser's behaviour. It was child's refusal to see his or her father or a woman's complaints regarding her husband's violence that were usually interpreted as the manifestation of the parental alienation syndrome or of the child's instrumentalization. The abovementioned example illustrates one of the ways in which this contested concept can be mobilized by professionals in IPV cases.

However, the shelter's professionals were aware of the harmful instrumentalization of children by the abusers, and the denigration of their female partners' mothering that sometimes featured centrally in abusive men's exercise of control over their victims and their humiliation of them. This was evident in the institutional conditions laid down for the use of the father-child space in the shelter. The visiting fathers were asked to sign a form in which they gave their assurance that they would not denigrate the mothers and would not attempt to instrumentalize the children to harm them, for example, through the transmission of threats and messages. Also, I have been told frequently that one of the objectives of shelter staff was to increase the self-esteem and self-confidence of women in relation to their mothering competencies, as the abusers usually denigrated these skills.

This experience-based concern of professionals is supported in the literature on IPV inflicted on women and children. Indeed, as Lapierre observed, 'Mothering is central in abusive men's exercise of control and domination and expression of authority and power over their partners' (2007, p. 151). Fish and colleagues showed that 'driven by a desire to dominate his partner, an abusive man can use the institution of motherhood against a woman by exploiting the physical and social demands placed on her in her role as a mother' (2009, p. 8). It is not accidental that abusers denigrate women's mothering abilities, as this is something that victims try to preserve above all else and is one of the last sources of positive identification in their experience of humiliation and denigration that results from living in a harmful relationship on a daily basis (Mullender et al., 2002, p. 158). Consequently, it is not surprising that research has shown that 'Men who abuse their partners are more likely than non-abusive men to fight for custody (Terrance et al., 2008, p. 873), and that they 'tend to take an interest in their children when it is convenient' for them (Bancroft and Silverman, 2002, p. 32), in terms of their strategies that are 'deliberately used to undermine mother-child relationships within the contexts of domestic violence and child sexual abuse' (Fish et al., 2009, p. 11).

Nevertheless, in spite of this experience-based knowledge and expertise, as discussed above, by making mothers primarily responsible for child protection, and by placing the onus of the abuser's actions on them, responses to IPV victims could be described as manifestations of what Phares (1992) describe as mother-blaming, which is a gendered 'bias toward studying mother's contributions to child and adolescent mal-adjustment [while] ignoring similar contributions by fathers' (cited in Jackson & Mannix, 2004, p. 150).

Conclusion: De-gendering the Problem and Gendering the Blame[92]

The previous chapter revealed a psychologized and individualized framing of IPV entailing the use of a systemic approach that silenced gendered power relations operating in the intimate sphere. Consequently, the discourse centres on couples, children, and family, and avoids terms such as men and women, or perpetrators and victims. The current chapter began with a discussion of the consequent share of responsibility attributed to both partners for the occurrence of violence with the aim of examining the outcomes of such a postulate, namely the manner in which child protection has been instituted and influenced the processing of IPV cases and the responses to victims.

Through an analysis of the institutions' assessments of children at risk or in danger, I showed in this chapter how the institutions in this study problematize exposure to IPV as a risk factor for child protection. Moreover, because of their legal obligations, they actively investigate the situation of children to assess the extent to which they have been directly victimized or exposed to violence. However, in this process, men and women, as fathers and mothers, are not held to the same level of scrutiny and to the same standards in terms of their responsibilities towards their children's well-being. A gender bias is evident, which reactivates a gendered attribution of familial roles. Consequently, these institutions focus on women as mothers who are regarded as the primary caregivers and held responsible for protecting their children from harm. This representation is consistent with a stereotypical portrayal of an 'adequate' and 'appropriate' mother who is perceived to be able to overcome all obstacles to protect her children and who is willing to sacrifice her own interests, even at the price of putting her own safety in danger. Thus, women are reduced to their mothering role, and are no longer conceived as individuals, women who are victims of IPV.

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[92] This has been borrowed from the title of Nancy Berns' (2001) article: Degendering the Problem and Gendering the Blame: Political Discourse on Women and Violence. *Gender and Society*, 15(2), 262-281.

Consequently, they become both the target and lever of interventions (Cardi, 2010). Held responsible for protecting their children, they become the subjects of observation and action. They are advised to leave the perpetrators and seek refuge along with their children, or else their custody could be withdrawn, and their children could be taken away. They are 'accompanied' to reconstruct their 'maternal competencies' to be able to correctly evaluate their children's' needs and to prioritize these needs over their own. In the course of the assessment of these maternal competencies intended to empower them, they become the subjects of evaluation and monitoring.

At the same time, in the name of the best interests of children, a continuous interaction with their fathers is encouraged. The question of the father's violence is rarely debated, or else this question is rapidly discarded. Instead, the mother is expected to keep his image positive and to refrain from complaining about his violence and his shortcomings as a husband and father in front of their children. Moreover, women have to ensure that their actions do not harm the children. Maintaining continuous and immediate contact with fathers is predetermined to be a necessity and is not assessed on a case-by-case basis. It is also postulated that abusive husbands—in spite of being the instigators of the violence, who created the harmful situation in the first place—can be good fathers. They are perceived only in terms of their rights in contrast to mothers, who are perceived first and foremost in terms of their obligations.

Overall, this analysis of the discourse and practices of public agents has revealed the ways in which the familial order, and, beyond it, the social order, are conceived in relation to a gendered order (Cardi, 2010). Through the reactivation of a familistic perspective based on a traditional assumption of gendered roles, rights, and responsibilities, blame and protection are attributed in such a way that victims of IPV are viewed ultimately as being 'complicit' with the perpetrators for having exposed the children to their violence and for failing to protect the children. The fact that they themselves are victims of violence is not considered to be an attenuating circumstance that attenuates their responsibility with regard to their children; rather, it is perceived as an aggravating condition. This point is endorsed in the literature, with one study suggesting that abused women could be held more accountable than women who have not been abused in cases where their male partners display violence towards the children, because the former were aware that their partners were abusive but did not protect their children (Terrance et al., 2008).

Thus, following Cardi (2010), it can be argued that eclipsed behind the neutral term, 'parenthood', a gendered consideration of risks and interventions is institutionalized by the

reframing and redefining of IPV. This term masks not only the unequal and gender biased attribution of roles to men and women but it also conceals how mothers and fathers are targeted differently within public interventions in ways that ultimately (re)produce gender differences and inequality (Cardi, 2010). This is what I intended to convey when I referred to institutions *doing gender* in the introduction to this chapter.

To return to the main argument of Part II, a final point to note is that while the 'de-gendering' of the problem of intimate partner violence, in Berns' terms, was investigated in the previous chapter, this chapter revealed a process of 'gendering the blame'. The latter process occurs through an institution's reframing of its discourse and practices in such a way as to silence 'men's violence while placing the responsibility on women' (Berns, 2001. p. 262). In other words, by psychologizing and individualizing the question of IPV, both men and women are held responsible for the violence. Subsequently, by a gendered order, women are held solely responsible for their children's harm and protection.

The next chapter continues this investigation of the general framing of IPV. It brings to light new indicators that inform this de-gendering process of IPV framing and examines further how gender is silenced in the everyday work of public institutions with victims and perpetrators.

6 Chapter 6: When the Body Speaks

This chapter investigates they ways in which some forms of IPV, namely psychological violence is silenced and overlooked in favour of physical form of violence in the institutional treatment of the cases. It will be shown how through a logic of biopolitics the physical acts of violence take centre stage, while the systematic controlling and humiliating behaviour perpetrated by aggressors to unbalance the couple's power dynamic is silenced. It will be argued that through this process gender power relations are silenced and IPV becomes equal to a gender-neutral physical violence.

I have already discussed formal definitions of 'domestic violence' and its operationalization as a category of public action by the three public institutions examined in this study. I showed that notwithstanding some differences, formal definitions applied by all three institutions not only include physical violence, but also psychological violence entailed in domestic abuse situations. In the following pages, I return to an exploration of the practices of these institutions, which reveals that while at a discursive level, these institutions do not restrict their recognition of IPV to physical blows, in practice, they tend to pay greater attention to blows and other forms of physical violence that leave visible and documentable bodily traces. In the final section of this chapter, I consider different rationalities that can shed further light on this trend. However, it is important to note at the outset that this trend is not without consequences for those whose experiences of violence do not correspond to this delimitation of the category of action. Victims of psychological violence and control, denigration, non-provable threats, and many other forms of IPV are more likely to be excluded from available public services and support against IPV. The practices discussed in this chapter can be seen to legitimize a specific category of victim, constructed through a logic of biopolitics, whose demands can be met by public institutions because they fall within their field of action against IPV. Physical and visible traces of physical violence are the main prerogatives for this legitimation process. Furthermore, an examination of this process enables conclusions to be drawn regarding the general framing of IPV and the ways in which its gendered nature are overshadowed and neglected in practice.

To explore this process further, I begin by laying out the theoretical background for the analysis in the first section of the chapter, introducing key concepts of the politics of life and the government of bodies. In the following section, I assess the importance of physical violence for the work of the police and the shelter. Next, I analyse the work of the

medicolegal centre to explore the implications of the importance given to physical acts of violence as the basis for providing victims of IPV with medicolegal certificates. In the third section, I present different examples extracted from my ethnographic and interview data that elucidate the significance of such practices and the consequent exclusion of some cases from the ambit of practices of the institutions under study. In the final section, I discuss the implications of the exclusion of non-provable and immaterial psychological violence from the sphere of public action against IPV. This discussion is crucial for eliciting recognition of the general framing of IPV as a degendered problem. By focusing on situational physical violence and neglecting manifestations of systematic coercive control exerted by perpetrators on victims, the sphere of public action elides a wide range of situations and cases that are characteristic of this type of violence against women. As a result, gendered power relations are eclipsed in the identification of IPV.

6.1 Politics of Life

In connection with Foucault's concept of biopolitics, Fassin (2006) has argued that despite the word's etymology, scholars, including Foucault, have in fact discounted the substance of life itself. Fassin (2006) argues that more than life itself, Foucault's focus was on the social practices imposed on bodies and populations, that is, 'a government of bodies and populations rather than a government of life' (p. 36). That is why he drew on and linked two lines of inquiry, namely those of Georges Canguilhem and Hannah Arendt to grasp the substance of a politics of life. In an attempt to clarify what is captured under the designation of a politics of life, and to delimit its territory, Fassin (2006) distinguishes between the life of the living, as studied by Canguilhem, and life as it is lived by those who are alive, as analysed by Arendt. The first line of inquiry focuses on biological and material data, and its fields of study are laboratories and bioinformatics, clinical immunology and genomic sequencing, and medically assisted procreation (e.g., Rabinow, 1999). The second line of inquiry introduced by Arendt focuses on the question of social and experiential reality and its representations and practices. Examples of its fields of study include camps, refugees, and the displaced and social protection and security programs. However, Fassin (2006) emphasizes that the line between these two domains is not impermeable. He illustrates this point with some anthropological studies, such as one by Adriana Petryna (2002) on the aftermath of the Chernobyl catastrophe, in which the location of biomedical science and the spaces of everyday life are intertwined. He argues that the linking of the two aspects of biological (bare) life and social life enables a reframing of the theory of biopolitics, so that a politics of life is now conceptualized in a way

that encompasses both the living and the lived. He attempts to link biological life with social life, which for him is 'at the heart of contemporary biopolitics' (2006, p. 40). In his empirical studies of refugees in France and AIDS in South Africa, he links the 'living and lived' to think about life also in terms of 'inequalities and legitimacies' (2006, p. 45). For example, in his work with D'Halluin (2005) on the management of foreigners in France, they study the development of humanitarian reason in response to restrictions on immigration where political asylum subtly gives way to medical expertise in the granting refugee status. For Fassin, 'such an investigation, conducted at the boundaries of bare life and social life, the living and the lived, where biology meet politics, calls perhaps for a new orientation in the exploration of biopolitics'[93] (2006, p. 40).

6.1.1 Governing of Bodies and Institutional Responses to IPV

In this chapter, I analyse how the practices of public institutions affect the Swiss institutional response to IPV. My analysis is facilitated by Fassin's (2018) perspective on binding 'social reality' to a 'politics of body'. Specifically, the link that he draws between studying bare life and social life is integral for examining the significance of a public institution's contribution to the protection of IPV victims. To operationalize Fassin's (2006; 2018) theory of a 'politics of life', I draw on his concept of the 'government of bodies'. However, the meanings of the two components of this concept—body and government—require clarification.

As noted by Fassin and Memmi (2004, p. 17), 'The body is a social construct' (see also Butler, 1990). Its meaning can be found in social relations and in what the body represents rather than in its biological materiality. In this chapter, I focus on one of the multiple forms this social construction takes, that is, 'the constitution of the body as both the subject and object of government' (Fassin & Memmi 2004, p. 17). While my intention is not to neglect other dimensions, 'political investment in the body'[94] is particularly relevant for a study of the institutional response to IPV. Consequently, my use of the term 'government' is aimed at 'leaving open and available all types of possible public interventions on living and populations: judicial management, institutional framing, surveillance, moralization but also

[93]All translations from French into English are my own. Throughout this chapter, I will provide the original French citation in footnotes. 'Une telle investigation, aux frontières de la vie nue et de la vie sociale, du vivant et du vécu, là où la biologie rencontre la politique, appelle peut-être une orientation nouvelle dans l'exploration des biopolitiques'.

[94] 'L'investissement du corps par le politique' (Fassin & Memmi 2004, p. 17).

operations of recognition and qualification, classification and categorization'[95] (Fassin & Memmi, 2004: p. 20). This chapter takes as its subject the entire constellation of activities situated along this spectrum, although to varying degrees.

Finally, Foucault's work has revealed that the body is one of the crucial domains upon which power is exercised, showing how it becomes the object and subject of regulations, surveillance, and control. Fassin's (2006; 2014) work extends this concept further by reincorporating Foucault's under-examined notion of the politics of life. The connection drawn between two distinct Foucauldian fields of disciplining bodies and regulating populations allows for a more refined operationalization of biopolitics. Specifically, it allows for a study of bare life or biological life in relation to social life. This linkage is particularly important for a study of the responses of the police and the medicolegal centre to victims of IPV. On the one hand, documentation of injuries and the traces they leave on a victim's body, their measurement and photography from a medicolegal perspective, and police and penal jargon applied in their descriptions is associated with bare life and the material and biological aspects of violence. On the other hand, its significance and function enter the domain of social—and even political—life as it provides a social and administrative recognition of victimhood. By recognizing only some forms of violence, namely physical forms, but not other forms that are psychological, medicolegal expert knowledge, like the police and judicial framework, legitimizes some interventions while excluding others. In the following sections, I demonstrate how this recognition is aligned with the dismissal of gendered power relations and its linkage to IPV, hence, exemplifying another aspect of politics of silence that invisibilizes those gendered power dynamics underneath some controlling behaviours of perpetrators.

6.2 On the Importance of Physical Violence

6.2.1 Police and the Protection of Bodily Integrity

Chapter 1 revealed how police guidelines led to the classification of domestic abuse cases into three categories based on the degree of their severity. The gravity of violence was found to be

[95] 'Laisser ouvert et disponible tout le spectre des interventions publiques possibles sur le vivant et les populations : l'encadrement juridique, le formatage institutionnel, la surveillance, la moralisation, mais aussi les opérations de reconnaissance et de qualification, de classement et de catégorisation (Fassin & Memmi, 2004, p. 20).

one of the main criteria prompting police officers to examine cases during their interventions and influencing their decisions on whether or not to launch the 'DOME' procedure for these cases. In other words, their discretion relating to the adoption of a particular category of action in domestic abuse cases is framed by their consideration of the severity of violence (Lipsky, 1980).

As previously demonstrated, the assaulted body becomes a key factor in police assessments of the severity of violence, which then directly relates to the gravity of a case from the perspective of police work. This has been demonstrated too in studies of police work that found that the assaulted and bruised body is pivotal in determining the legitimacy of police intervention. In fact, bodily integrity is one of the most apparent dimensions of the logic of police action (Perona, 2017, p. 363).

In the example of a police intervention, discussed in Chapter 1, the explanation offered by the police officer in charge of the case involving a man who had thrown several full bottles of wine out of the window of his girlfriend's apartment, testifies to the centrality of bodily bruises in legitimating the action that police officers take against the perpetrator. In the assessment of their decision not to initiate the 'DOME' procedure, and not to pursue the man in relation to his female partner and her son in that intervention, Romain, the police officer in charge said, 'sometimes, it is not wrong to do wrong'. His meaning was that they could have decided to launch the procedure for domestic violence, even if some criteria such as the community of life were not fulfilled, but he emphasized the following point:

> 'I mean it was wrong because the criteria were not fulfilled but . . . it was not wrong to do wrong because it wasn't a very serious situation. It would have been wrong if the man had punched her in the face and she had a broken tooth. In such a case, it would have been wrong to say, "It is the first time, so we do not launch the domestic abuse procedure".' (Romain, Interview, 2 July 2016)

That intervention illustrated how the classification of degrees of severity of assaults (A, B, or C) impacts on how police officers interpret the severity of situations and accordingly decide on their intervention. 'It is not wrong to do wrong' meant that if during that intervention, the violent act was judged to be sufficiently severe, such as punching the victim in the face and breaking her tooth, they would have pursued the case ex-officio as a DOME because their guidelines would have permitted them to do so. This would have been done despite the fact that the criterion of having a shared address was not clearly fulfilled in this case. In Eric's

explanation, the seriousness of physical injuries, as the most visible outcome of a violent act, are central for interpreting his discretion and assessment of the severity of the violence as per the categories in the police guidelines and frameworks. This example illustrates clearly the centrality of bodily injuries and the protection of bodily integrity from the police perspective. Moreover, as discussed in Chapter 1, their importance is exemplified in articles of the penal code that guide police interventions with regard to domestic violence.

This incident was not an isolated or unique event. Such decisions were apparent in other situations, for example, in a case involving a man who used a sharp shovel to destroy chairs and tables in the garden of his previous apartment where his ex-companion still lived. Ultimately, this act was not pursued as a violent action committed against the woman living in the apartment. Instead, it was registered as an act of damage to property. The police officers eventually launched their 'DOME' procedure for this case, but it was not because of this act of breaking furniture; rather it was because of declarations of the protagonists who recounted other events that could be considered as clear instances of domestic violence. I will return to a more extensive discussion of this intervention in the following chapter. In alluding briefly to it here, my intention is to clarify that neither the severity of the act in itself, nor its psychological impacts on the victim, nor the intention of the perpetrator were deemed sufficient for the incident to be considered as a case of domestic violence. This categorization required that the act was committed directly on the victim's body.

In both of the above examples, the respective acts, namely throwing several full bottles of wine out of the window and destroying tables and chairs in the garden, were not considered by the police emergency unit, at least at that stage, to constitute threats towards the victims. In fact, based on the penal code, which is the main reference for police work, in the absence of any physical act of aggression shown toward the victim, a threat issued by the perpetrator was considered the only offence that could justify pursuing him ex-officio. While the act of throwing out bottles, even if they were not thrown directly at the victim, or of violently destroying furniture in front of the other victim could have been considered as threats against them, this interpretation would not have been based on material evidence. It would have been only one way of perceiving these actions. In fact, the possible outcomes had the police not arrived promptly, or had they not been called soon enough, did not play any role in the assessments of the severity of the violence. Only the actual acts that were committed were considered when interpreting the gravity of the situations, leaving aside any consideration of

their impacts on the victims or of how the situations could have evolved in case of non-involvement or late involvement of the police.

These incidents and many more that I witnessed during the fieldwork made it clear that the risk of a serious assault or of psychological harm that could not be demonstrated easily and materially proved were less decisive factors for police officers' interpretations of the category of domestic abuse cases. This would leave out their ex-officio pursuit of a wide variety of behaviours entailing psychological pressure and control. The police classification of degrees of severity (A, B, and C) did not provide for action taken against this kind of indirect violence committed to frighten or to control a victim, even though these acts entail specific forms of violence that are characteristic of IPV (Johnson, 1995; Stark, 2007).

Studies on IPV have critically examined this focus on physically violent acts, demonstrating that female victims of IPV rarely suffer from just one form of abuse (DeKeseredy et al., 2006) and that psychological violence is just as damaging as physical violence, if not more so (Adams et al., 2008). In fact, research on IPV has demonstrated that neither the incidents of physical violence nor their severity can reliably serve as criteria for identifying IPV. A conclusive finding of this research is that IPV is a multilevel phenomenon (Heiskanen & Piispa, 1998; Piispa, 2002; Schröttle, 2008; Walby & Allen, 2004; Watson & Parsons, 2005).) Behaviours characteristic of IPV are integral aspects of a context in which perpetrators (the overwhelming majority of whom are men) retain power and control, seeking to control both their relationships and their partners (mostly women) (Gloor & Meier, 2012, p. 12). A characteristic of this pattern of gendered violence is that acts of violence are not isolated; rather, they constitute a pattern of global and durable strategies and tactics that are aimed at restricting the female partners' freedom of action, creating and maintaining an atmosphere of control entailing the abuse of power (Gloor & Meier, 2012). Consequently, some scholars have proposed using other terms such as 'intimate terrorism' (Johnson, 1995), or 'coercive control' (Stark, 2007) to correct the common sense association of 'violence' with physical acts and to highlight the need to understand IPV 'as a continuous process' or 'as an ongoing course of conduct' (Stark, 2007, pp. 101–102).

Violent behaviour manifested in IPV assumes numerous forms (Gloor & Meier, 2012). These forms encompass emotional and psychological abuse, such as tormenting, humiliating, denigrating, insulting, blaming, isolating through the denial of social contacts, and treating the person as if she was mentally ill. They also encompass economic violence, which includes depriving individuals of access to money and forbidding or forcing them to work as well as

intimidation, obsessional stalking, suicide threats, and spying, monitoring and following the other partner. All of these behaviours are forms of IPV that may or may not include physical aggression (Gloor & Meier, 2012, p. 11). My field notes include numerous examples of such incidents, as illustrated by the following fieldnote's excerpt from an ambulatory interview conducted with a woman in the shelter:

> 'He installed himself in my apartment and started to control everything, including what I wore to go to work, accusing me of wanting to flirt with the doctors. I wanted to do well so that he could not begrudge me for anything. He used to force me to stay awake until 3 am when he knew I had to go to work the next morning, saying he wanted to spend time with me. I was so exhausted that I finally quit my job, as he wanted.'

The focus on physical violence also elides the gendered nature of IPV. In their examination of surveys on victimization administered in the nineties, Dobash et al. (1992) found that only violent acts and incidents were counted. They criticized the survey findings of a controversial symmetry in men's and women's experiences of violence within heterosexual couples' relationships as entailing a gender-blind conception of violence. They famously demonstrated how the exclusive focus on violent 'acts' ignored the actors' interpretations, motivations, and intentions, thereby omitting the contexts of violence and the wider context of the relationship as a whole (1992, pp. 76–77, 83). Thus, they showed how conceptualizing IPV exclusively as physically violent acts ultimately does not allow for its differentiation from 'conflict between two men in a bar'; rather, this conceptualization 'obscures all that is distinctive about violence against wives which occurs in a particular context of perceived entitlement and institutionalized [gender-based] power asymmetry' (1992, p. 83). However, as Hearn observed, this reading of IPV ignores the fact that

> *'The practice of violence is itself a form of social inequality, an unequal and unequalizing social structural division and relation of its own. Violence is a social distribution of who does what to whom. It is often a means to an end, in men's control of women and maintaining patriarchal institutions and power, and other intersectional systems, and, at times an end in itself, 'autotelic', for its own sake (Schinkel, 2010). Violence is a means of enforcing power and control, and power and control in itself. . . Men's violence to known women is [the] structure, practice, process and outcome of domination.' (2013, p. 164)*

Stark's definition of coercive control, provided below, is therefore an attempt to explicitly integrate the gender dimension to avoid the reduction of IPV to physical violence in its common-sense usage. Thus, he defines such control as

> *'A strategic course of self-interested behaviour designed to secure and expand gender-based privilege by establishing a regime of domination in personal life. . . This definition incorporates three facets of women's experience that are obscured by the violence model: that the oppression involved is "on-going" rather than episodic (a "course of conduct") and [the] resulting harm is cumulative, that it is multi-faceted, and it involves rational, instrumental behavior.' (2013, p. 21).*

Thus, Stark challenges an approach that prioritizes physical and incidental violence, which, in his view leads to responses based on discrete episodes of assault and evaluation of its severity based on a 'calculus of physical or psychological harm', exemplified by responses within the arena of criminal justice and police action (Stark, 2013, p. 19). Through his examination of extensive evidence, Stark shows how IPV is characterized by 'low-level assaults' perpetrated over a significant period of time (Stark, 2007). He subsequently demonstrates that the calculus of physical harm to assess severity results in insufficient attention paid to the 'hostage-like components' of women's abuse that could lead to murder even without any previous reporting of severe physical injuries (Stark, 2007, p. 3; see also Voolma, 2015). This argument resonates with the experience reported by Julian, a police officer, as discussed in Chapter 1. He described previous police interventions involving a couple that were classified as 'simple couple disputes' and were not pursued further. A few months later, he was painfully jolted when he had to intervene in an incident that involved the murder of the same woman by her husband. Thus, Stark's (2013) argument entails the understanding that 'abuse is typically a chronic rather than an acute problem, that the *pattern* is the appropriate target for assessment and intervention, not a discrete episode; and that the related harms are cumulative rather than incident-specific' (pp. 19–20). In this sense, Stark links coercive control of women, and IPV, in general, to broader gendered power relations and postulates that 'ending coercive control and establishing [gender] equality are inseparable' (2013, p. 32).

The corporal dimension of violence and the importance given to the materiality of its traces on a victim's body are in part related to its potential for proving a victim's claim, which is critical for future judicial battles. Previous studies of police work have documented how the assessment of cases by police officers, and more precisely by the inspectors of judicial police organs, is strongly linked to their consideration of the possibility of obtaining a conviction in

the court (Perona, 2017). In her work on investigations of rape cases within the penal chain, Perona demonstrates how police officers define a good case, that is, a case that can lead to a conviction and sentence in court (2017, p. 380). Anticipating the needs of judicial organs, police officers define and manage their own case work in advance. This anticipation of judicial outcomes and the risk of dismissal of their cases in court compel police officers to rely on the strength of corporal proof that can back up a victim's story and their own investigations of the hard facts. Consequently, availing of medicolegal expertise becomes essential for documenting bodily injuries and marks (Perona, 2017). That is why the next section of this chapter focuses on the work of the medicolegal centre in more depth.

However, before embarking on this exploration, it would be pertinent to emphasize that the importance of bodily injuries and physical violence was decisive not only for the work of police officers in my fieldwork. The bruised body, or to use Ticktin's (2011) term, the 'suffering body', also played a critical role in the services offered by the shelter to victims of IPV. The definition of 'conjugal and familial violence' used in the shelter entailed recognition of various kinds of behaviour, including psychological violence, as discussed in Chapter 2. However, the shelter's assessment of women's demands of admission and the possibilities they could offer them were also closely linked to recognition of their beneficiaries as victims under LAVI law. Thus, in the following pages, I will first examine the role of this specific federal law which frames the possibilities of what a shelter can offer women by way of assistance and the ways in which it brings the question of physical violence to the forefront.

6.2.2 The Shelter and LAVI Provisions

In practice, the first consideration of social workers when evaluating a woman's situation is to determine whether or not she can be categorized as a victim under the provisions of LAVI. This was the first concern of the shelter as it set the stage for the form, duration, and funding available for eventual admission. The following excerpt from my field notes introduces briefly some important impacts that LAVI provisions produced on the work of the shelter. The excerpt is from an ethnographic non-registered interview that I conducted with Theresa, one of the social workers who conducted admission interviews with women to evaluate whether or not they fulfilled the conditions for admission to the shelter. First, she described who came under the LAVI provisions and then she explained what possibilities such recognition entailed for the shelter and for the woman in question.

> ‘In order to be considered a victim under LAVI, the offenses prohibited in the penal code are crucial. This means any physical violence is sufficient to justify the application of LAVI; even a punch is enough. But in the case of psychological forms of violence, it is more complicated as they are not all recognized in the penal code. That’s the case for denigration for example. Death threats are recognized as an offence in terms of the penal code, as are coercion if they can be proved. But insults are not recognized by LAVI, even if they are prohibited in the penal code. In the case of sexual assault, it is difficult to prove that it was a matter of coercion. Someone who knows the victim would not necessarily beat her in order to have intercourse with her; he may wear her down by insistence, for example. If the victim is blocked on the bed they often say, ‘yes, I was fed up with it and accepted finally’. The judicial officers would not necessarily accept it as a coercion; they could say ‘yes but you could go and sleep elsewhere’. Then, we cannot consider it a severe form of violence. If there is any trace of an injury, which shows that physical violence accompanied the sexual act, it would be easier to be accepted by LAVI or to get a conviction.’ (Theresa, non-registered interview, 2014)

Based on Theresa’s statement, it is clear that enduring a physical act of violence could be sufficient for a woman to claim admission in the shelter. This is because a woman who had suffered physical violence was easily recognizable at a LAVI centre, so from the time of her arrival, her stay would be taken care of, giving social workers some time to work with more serenity. Theresa’s statement that ‘even a punch is enough’ once again reveals how the materiality and tangibility of an act of physical violence framed the work of the shelter’s staff with victims of IPV, even if, in contrast to police work, recognition of a woman’s status as a ‘victim of IPV’ was not assessed solely in relation to legal conditions at the shelter. Nevertheless, this recognition entailed the provision of important resources for the shelter’s professional staff to support women’s demands. Theresa enumerated some of these advantages later in our conversation.

> ‘The LAVI evaluation is key. If the Federal Law on Assistance to Victims of Offences (LAVI) is applicable to a woman seeking support and protection, she can have three weeks of accommodation free of charge in the shelter. If it is the LAVI centre itself that sends us a woman, they will also pay for four hours of legal consultations with an attorney. LAVI additionally provides vouchers for some psychotherapy sessions. They will take charge of the lock change if a woman is

> granted the family housing by the court. All transportation fees and translation charges are also taken care of for victims under LAVI. These women will have a right also to what is called emergency help for a minimum of social welfare financial assistance. Otherwise, in the case of a woman who is not considered a victim with regard to LAVI, the translation charges are not refunded. The civil court procedure for less serious cases of violence is not free of charge etc., etc.' (Theresa, non-registered interview, 2014)

The conditions mentioned by the social worker are not exhaustive, and there are also women whose situations differ and who can be admitted to the shelter for longer or shorter periods of time without being considered victims under LAVI. However, this only applies to a minority of cases. Based on the previously mentioned report that was released in 2014 by the Federation of Women's Shelters in Switzerland (*Fédération solidarité femmes de Suisse et du Liechtenstein;* DAO), the majority of women residing in IPV shelters in Switzerland are recognized under the stipulations of LAVI. In 2013, the proportion of LAVI cases was above 90% for the majority of the shelters, with a few exceptions, namely, Winterthour (83%) and Grisons (with 89% of cases). Seven shelters have registered 100% of their residents as LAVI cases (Stern et al., 2014, p. 30)

The advantages enumerated by Theresa show how this identification can influence the degree and kind of help and support provided to victims. Such financial assistance without the obligation of any repayment on the part of women who receive it was crucial for many of them who did have sufficient financial means of support independently from what their partners provided. If they were not considered victims under LAVI, they were required to meet accommodation fees, or any other charges incurred in relation to their housing in the shelter. If they did not have any income, these charges constituted a social debt that was reimbursable, in case of solvency, for up to 10 years following their departure from the shelter.

Recognition under LAVI also influenced the duration of a woman's stay. If a woman was considered a LAVI victim, she could stay at the shelter for up to three weeks without any important administrative justification being required from the shelter. Otherwise, the women's housing had to be financed through available social welfare funds. In such cases, social workers were required to justify every item of expenditure after documenting and justifying why they had admitted a woman who was not a victim under the legal provisions and was not recognized as a victim by the LAVI centre. Moreover, being recognized as a victim under

LAVI provided validation during judicial battles that could lead to greater acceptance of the plausibility of a woman's report of the violence inflicted on her by her partner. This was a crucial factor, as lack of validation would result in the omission of the question of violence as an issue in judicial battles. In such cases, women's demands for divorce or separation would be assessed in the same way as in other cases of separation or divorce in a civil court, and the question of violence would not be taken into consideration in reaching judicial verdicts. Moreover, in the case of migrant women whose residence permits had been granted on the basis of family reunification, this could have important implications on their right of residence. Their situation is explored in detail in Chapter 9.

Overall, these points lead to argue that different kinds of violent acts did not receive equal recognition. In the shelter's case for instance resulted in a hierarchy of violent situations.

> 'Even if we do not want to, we finally have to hierarchize the violence. We are conditioned to this hierarchy. The psychological violence is serious; we know that very well here. But we search for physical violence, as it is easier to show, to prove. It is easier to work with. And indirectly or involuntarily, we also give it a sort of priority, even if theoretically we know that psychological violence is much more destructive.' (Pierre, Interview, 9 Dec. 2015)

As previously discussed, the shelter's definition of IPV in which the same value was accorded to physical and psychological forms of violence, provided that they were committed with an intention to control an individual, entailed recognition of a broader categorization of such situations. Contrary to police work, the shelter could more easily provide help for women who had suffered from IPV but who did not have substantial visible traces of physical violence inflicted by their partners. However, the shelter remained relatively bound to the more constrained approach of the penal code through funding requirements and privileges granted to women by LAVI centres in cases entailing their recognition as victims under the LAVI law. Therefore, while the shelter sought to support victims of a broader range of violence, the physicality of the violence retained a primary position in terms of the allocation of a room in the shelter and impacted greatly on the types of support that could be offered to victims.

This reliance on physical acts and the materiality of their impacts could result in a variety of cases and situations being discounted in the absence of manifestations of physical violence or visible traces that could be used as material proof to support a victim's claim, which is necessary from a police and legal perspective. This is where services such as medicolegal

consultations would play role because this was the institution for which the materiality of a violent act constituted the main field of agents' interventions. Thus, the prioritization of physical forms of violence over psychological forms was more clearly apparent in their practices.

The following section return to this prioritization of physical violence at the expense of psychological and less visible types of violence in the work of the medicolegal centre. This will provide insights about the general framing of IPV in practice within these institutional contexts and the ways in which it results in differentiated recognition of victims of IPV.

6.2.3 The Medicolegal Certification of IPV

> 'Nape: at the upper right of the neck, at the edge of the scalp, a linear reddish skin abrasion, obliquely situated down and inward, measuring 5 x 0.2 cm (in relation to the above-mentioned facts, according to the declaration words of the person concerned), photo attached.'96

A ruler, a bevel square, a professional camera, and a voice recorder would not be expected to appear in a hospital's medical consultation kit. Yet, these objects were present and used to take measurements, photograph physical traces, and record the descriptions of 'patients' who came there to recount their stories of violence and to seek medicolegal documents that certified the nature of the violence they had undergone. These accounts were recorded using a specialized jargon that was difficult to decode as the opening quotation testifies. This section presents an assessment of the significance of this documentation of visible traces of physical forms of IPV on victims' bodies through an examination of the medicolegal practices of IPV certification.

As has been discussed earlier, health professionals conducted consultations with victims of IPV in order to issue medicolegal certificates that attested to the violence they had undergone. This document could be used by victims in court in case of any judicial pursuit of the case, be

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[96] Excerpts of field notes taken during a forensic consultation where the nurse was dictating the details of the injuries sustained on her voice recorder while examining the body of a woman victim of IPV for issuing the medicolegal certificate. The original in French is provided here: '*Au niveau de la nuque: à la partie supérieure droite de la nuque, à la limite du cuir chevelu, une abrasion cutanée rougeâtre linéaire, à disposition oblique vers le bas et le dedans, mesurant 5 x 0.2 cm (en rapport_avec les faits susmentionnés, selon les dires de l'intéressée) photo*.'

it in a penal court against the perpetrator or in a civil court to dispute the conditions of separation or divorce.

As discussed in Chapter 3, during the IPV consultations, the health professionals asked the concerned woman to recount her story of the relationship of the couple right from the beginning. They asked her to describe the context of her marriage or cohabiting relationship, the violence, and how and why it began up to the present. Subsequently, the woman was asked to describe in detail the last incident that brought her to the centre. For some of the women, the hospital was the first institution they contacted, and these consultations also marked the first occasions when they opened up and recounted their experiences of violence. This was one of the reasons[97] why the consultations were usually considerably extended, lasting from two to three hours compared with the one hour to one and a half hour long consultations held for victims who had undergone other kinds of interpersonal violence.

Having attended some very long IPV consultations, I expected the final certificate to be very long too, reflecting all of the different types of violence that the women described in their nearly three-hour long interviews. Consequently, when I saw a medicolegal certificate for the first time, I was very surprised by its brevity. This excerpt from my field notes captures my recollections at the time.

> '23 February 2015 at 11:30 a.m.
> Persons present: Marie-Rose [a nurse] and me
> Location: Consultation box no. 2 reserved for medical violence consultations held in the hospital
> After the consultation this morning, I asked Marie-Rose what information is important for them to include in the final certificate, because the consultation had lasted too long to fit all of the information into the format of a certificate. Marie-Rose showed me a finished certificate. I was very surprised to discover that there was only one paragraph dedicated to previous episodes of violence, the context, and the story of the couple's life. It also had a few lines about the health situation of the concerned person. Most of the certificate was dedicated to a description in a very long and detailed section about the last incident of violence, including a description of the physical injuries presented in forensic language.'

[97] This was in addition to the long investigation of children's situations, as discussed in the previous chapter.

The length of the final medicolegal certificates indicated that there was no proportionality between the time dedicated to an issue during the consultation and the space dedicated to it in the final document. Women could speak at length about their life experiences, their relationships with their partners, and the psychological and economic violence they had experienced during the consultation, but these topics would amount to just a few lines in the medicolegal certificate. By contrast, marks and traces of physical violence could be described extensively in the certificate, which depicted high quality pictures of injuries, bruises, and cuts adjacent to rulers that indicated their size.

Although the centre acknowledged all dimensions of IPV in its official mission (including psychological, economic, and sexual violence and their impacts on victims' health), the fact that hardly any space was devoted to portraying these dimensions of violence in the certificate was indicative of the centrality of the physical dimension of IPV in the centre's work. Healthcare professionals offered many practical reasons to explain the length and conciseness of the certificate, but at the same time, the fact that they had to leave out a lot of contextual, psychological, and emotional details from their reports often prompted debates and tensions among them. This was a concern for professionals, especially because this practice could penalize victims who did not have any physical traces to show, did not come to the hospital soon enough, or took out sufficient time for the wounds to heal before deciding to speak out. Considering recurrent discussions on this matter among health professionals, I incorporated this issue in the interviews that I conducted with them after my observation period. Jeanne, who was one of the most longstanding nurses at the centre explained to me:

> 'I think what is more difficult for me is the psychological violence, and yet these are the aspects which are less recognized. Though one feels sorry more easily for a woman who has a black eye or has got her arm broken, the psychological violence is more fearsome. . .It scares me more and is more insidious. And well, it goes hand in hand with conjugal violence.' (Jeanne, Interview, 23 Nov. 2015)

Here, the nurse was explaining her discomfort at having to leave out all of the psychological violence, denigration, or other pressures imposed on victims by perpetrators, and how it was more difficult to make them recognize this, even though it is a common feature of IPV cases. She then continued,

> 'If they arrive with some injuries, I mean, I am even somehow relieved! When you see a person, who has real traces on her body, you see she has been held by arms

> etc. etc. I tell myself, 'yes, I can relate to that, it speaks to me'. At least I can prepare a beautiful certificate! On the contrary, in front of a woman who tells me, 'no, no, he never lays a hand on me, but he threatens me, puts pressure on me, denigrates me, but I do not have even one scar to show you, whatsoever'. It is much more complicated. We do not do any medicolegal certificate for that case.' (Jeanne, Interview, 23 Nov. 2015)

Jeanne's explanations echoed other nurses' concerns and revealed a tension between the stories of violence recounted by victims, and the psychological dimensions of their partners' violence that went 'hand in hand' with IPV, as she put it, and the directives that guided her work as a nurse at a medicolegal centre. For professional staff at the medicolegal centre to be able to help a woman and establish 'a beautiful certificate', it was necessary for the woman to fit into their category of action. This category focused on traces of physical violence; consequently, certificates could be issued only for women who could demonstrate them.

As I have already explained in Chapter 3, from their inception, the medicolegal perspective and forensic expertise emerged as a practice for linking the reality of violence to observable traces left on a body, dead or alive (Porret, 2010). In spite of the tension around medicolegal and judicial expertise, described by Juston (2016) in his thesis, medicolegal certificates produced by forensic experts are nevertheless highly appreciated in judicial and police assessments of victims' claims of violence (Perona, 2017). In the case of judicial police inspectors, for example, Perona showed that important clues could be entailed in medicolegal certificates that provided credence to victims' claims of rape.

If these certificates are considered much more credible than normal medical certificates by police and judicial organs, this is because they are seen as being more 'objective' documents that are 'free of subjectivity' because forensic physicians can measure and document traces without even needing to listen to victims' stories (Perona, 2017). As demonstrated in Chapter 3, the detailed sequence of incidents and the use of conditional clauses in the text of certificates and, of course, the pictures resulted in the invisibilization of the affects and emotions (D'Halluin, 2008). This gave the documents more credibility from a police and judicial perspective[98].

[98] Here, I would like to reiterate that the medicolegal centre that I studied differed from the usual forensic departments of hospitals that featured in studies by Perona (2017) and Juston (2016). Certificates issued by those institutions are considered as expertise and can be used as proof in the courts, whereas the medicolegal centre

As Jeanne clarified, in cases of psychological violence, and in the absence of visible bodily marks, a medicolegal certificate was not issued.

> 'In these cases, we prepare something that we call a "consultation report" and we put in a few words on the chronology of the facts and what the patient says she felt, but it does not exceed one page, you know. It is very succinct. Sometimes it is the story of 15, 20 years of a shared life and we put it all on one page. Well, you have at least this possibility, but I am not comfortable with it, because I can feel it. I can feel very well what she describes and can very well imagine the atmosphere in the house. But I always see the look on the judge's face in my head or that of the persecutor who will read it and say, "Well, but he did not even touch you, Madame!"' (Jeanne, Interview, 23 Nov. 2015)

Despite nurses' compassionate understanding of the atmosphere of control and psychological pressure, they were nevertheless asked to consider the way in which the judicial apparatus interpreted such events. This was very often a subject of discussion between forensic physicians and nurses, as in front of the women whose stories could not be backed up with any evidence of physical violence, nurses felt uncomfortable, while forensic physicians considered such situations as 'the limit of their possibilities'.

Here Jeanne refers to this anticipation of penal outcomes and judicial assessments of their certificates as in the case of police officers. 'I always see the look on the judge's face in my head' exemplifies her concern regarding the downplaying of a victim's demand in the absence of bodily marks and the disregarding of her credibility. Moreover, 'the consultation reports' to which she refers are not accorded the same recognition as a medicolegal certificate. Perona (2017) describes these reports as 'silent' certificates, because they are similar to those emanating from any other routine medical or psychiatric consultation that would neither prove nor disprove the existence of violence.

This is not inconsequential to the way in which a victim's demand is received and her complaint is treated within the penal chain. This inability of public institutions to act with

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under investigation here differentiated itself from the forensic department to which it was attached and positioned itself as a consulting service responding to the demands of patients. Nevertheless, as discussed in Chapter 3, the practices of forensic physicians clearly followed the logics of forensic expertise even if they did not endorse the same role.

regard to forms of violence other than physical ones has been extensively described in the literature on the treatment of female victims of violence, and especially of sexual violence and rape. The experiences of those victims who attempt to report the incident and to seek support or press charges against their abusers endorse Jeanne's concern about the admissibility of psychological pressure by the judicial apparatus (Perona, 2017; Salmona, 2013). Studies have documented very low conviction rates for such assaults, indicating how material proof of violent acts such as slapping, kicking, and choking play a key role at the expense of psychological impacts, such as anxiety, depression, fear, or attempted suicide on the victim's health (Zoellner et al., 2000). For example, Shalhoub-Kevorkian (2011), explains how evidence of physical injuries and the severity of assaults are required to prove the validity of victims' claims in their encounters with police-judicial organs. This body of research has shown that 'what cannot be attested by experts cannot be recognized by judicial institutions'. In the case of conjugal rape for instance, 'the absence of bruises and traces implies the absence of the rape, in a procedural sense' (Perona, 2017, p. 394).[99]

Two other examples from my own fieldwork can shed more light on the abovementioned consideration of likely legal outcomes by medicolegal professionals and police officers alike. The first relates to a discussion that I witnessed between two nurses and a forensic physician. The discussion focused on an IPV consultation that Laura, one of the nurses, had conducted with a woman who had been sexually abused by her husband and had fled the house and moved to a shelter for victims of IPV. Laura required the confirmation of the forensic physician, who would sign the final certificate, about the information to be included in it. I refer to the physician as Carla.

Laura started to explain the case by recounting how she became concerned about the gravity of the situation because the woman had refused to let her take pictures of her previous injuries. The woman had been assaulted sexually by her husband this time. He had raped her, while threatening to kill her. Laura clarified, 'He told her that he would kill her if she resisted'. At that point, Carla, the forensic physician, who was not totally convinced, said, 'maybe you should not go into the sexual details'. Patricia, one of the administrative assistants, who was familiar with the case, opposed her saying, 'but she is here for the sexual

[99] 'Ce que l'expert ne peut attester ne peut être reconnu par l'institution judiciaire: l'absence de traces et de lésions implique l'absence de viol, au sens procédural du terme'.

violence!' Carla continued, 'So she had two incidents of sexual violence and another physical one before going to shelter?' The other two confirmed this. Carla asked if there was any wound, any scars or marks on her body and warned, 'the only thing that counts for sexual incidents are traces of physical violence, not the sexual one',[100] and she prompted Laura to ask more detailed questions about the sexual assault. Laura resisted the idea of returning to the subject with the woman and argued that she had already asked enough, and that it was difficult to go into so much detail, especially with the interpreter. She said that the woman could not bear anymore. Carla's response to this was as follows:

> 'You should note the question even if she does not answer. If you say that you cannot ask more questions because she cannot stand it, you should write that down. . . Concerning the sexual abuse, we want to know where the violence lies, not about the sexual act. If you say she was sodomized, that is not enough. Couldn't she move? How was she held, by her neck or what? Did he ejaculate or not? So, we must ask precise questions. Otherwise, we will be in a soft focus101, very vague, which is not in favour of the woman.'

According to the forensic physician the act of sodomy, performed without consent, was not considered relevant information for the certificate if they could not find traces of physical violence. This does not mean that the physician only recognized rape involving physical violence. But as this discussion reveals, her job, as a forensic physician, was to ensure that useful information was compiled for a medicolegal certificate, as there was little space provided for recording non-physical forms of violence in the certificate. In fact, some forensic physicians opined that just writing a 'good' certificate that would help to advance the case, could help victims (Juston, 2016; Perona, 2017). Therefore, this incident of rape entailing death threats created some tension between the nurse, who wanted to base the certificate on the sexual violence, whereas the forensic physician in charge endorsed only physically violent acts and their traces for the medicolegal certificate.

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[100] Clarification of what Carla meant here may be useful. Professionals at the centre drew a distinction between sexual violence accompanied by physical violence and sexual violence without physical violence accompanied by other types of constraints, such as death threats in this example. Sexual violence with physical violence leaves physical traces that can be observed and photographed, while sexual violence without physical violence (according to their categorization) leaves no physical traces, and thus falls outside of the scope of the centre's field of action. For incidents involving rape, it was usually the gynecological emergency unit that took care of the patients, as there were also some other measures required to guard against the risk of pregnancy or infection with sexually transmitted diseases.

[101] Flou artistique

Even if it can be argued that leaving such cases that do not entail traceable violence out of medicolegal certificates would not necessarily imply that they are not severe or recognized as violence, a question arises nevertheless about the kind of portrayal of the victim which is conveyed by such expertise and by the medicolegal certificates. In fact, discounting experiences that do not entail traceable violence entails legitimization of another category of victims through medicolegal certification. This is because women who are subjected to non-physical violence that does not leave corporeal wounds or scars experience much more difficulty having their claims recognized as they could not be certified. Accordingly, whatever the reason offered to justify the focus of the medicolegal unit on physical violence and observable corporeal traces, one thing is clear: the medicolegal expertise should certify the victim's narrative of the violence they experienced. This requirement of certification is precisely at 'the heart of contemporary biopolitics' that Fassin (2006) refers to, wherein biological life is linked to the social. In the same way that medical expertise on a severe disease and its certification becomes one of the main justifications for granting refugee status, superseding political claims and narratives of asylum seekers' life histories, here medicolegal expertise becomes a crucial means for attesting the experience of victimhood, replacing the victim's narrative of her experience. The materiality of the bare life constructs the legitimacy of the social life.

6.3 Casualties of Care [102]

The importance given to physical violence and the degree of its severity assessed through material bodily traces resulted in less importance being attached to psychological and immaterial (and therefore unprovable) violence. It would be helpful to briefly describe a second empirical example as this elucidates the significance of the prioritization of physical violence in relation to the general framing of IPV in Switzerland.

I attended an IPV consultation in March 2015 conducted by Anastasia, one of the forensic physicians, whom I was accompanying that day. I sat in with her and we received a young woman in her early twenties, I refer to her as Ms. L. She had been a victim of severe physical violence inflicted on her by her ex-companion a few days earlier, and she had pressed charges against him three times in the past. After the usual greetings and conveying of introductory information, Anastasia asked Ms. L to give us a little contextual information and to relate

[102] This has been borrowed from the title of Miriam Ticktin's (2011) book: *Casualties of Care: Immigration and the Politics of Humanitarianism in France*, published by the University of California Press, Berkeley.

what had happened to her during that last incident that had brought her to the hospital. Ms. L explained that on the previous Tuesday morning, at half past seven, she was going to the train station when she stumbled upon her ex-companion on the street. He approached her and threatened to disfigure her someday. She was scared and called the police, but he left before the police arrived. The police officers arrived a few minutes later and advised the woman to take the bus. As he was no longer present and no act had been committed and no material threat was evident, the police officers did not pursue the situation any further. However, they asked Ms. L to call them immediately should she see him.

After the departure of the police officers, as she continued on her way, she sensed that somebody was following her. She looked back, and it was him again. 'He approached me, I told him to stop, otherwise I would call the police', she continued. But the man denied following her, saying he was going to take the train too. After a few steps, he restarted the threats, finally pushing her against a wall. Using his left hand to block her movement, he punched her three times in the head, covering her nose and mouth with his hand so that she could not breathe for a few seconds. Then, he grabbed her head, pulling her in with both hands, kneeing her so violently that she felt the upper row of her teeth break. 'At that moment I started to scream, and he let go of me and left. I was bleeding everywhere, and I was scared, I shouted and there was a lady who arrived and called the police, who called an ambulance. They went to fetch him at his address this time and he has been arrested'. When Anastasia asked her, what had happened with regard to her previous complaints, she explained, 'He denied all in court and gave an opposite account of everything to the extent that the judge did not know who to believe anymore, and it would lead nowhere, so I withdrew the complaints'.

Besides the severity of the assault, what concerned Anastasia and her colleagues was the fact that the woman had already called the police several times and had pressed charges three times prior to the incident in question. This last incident happened after she left her companion. One of the previous complaints was made on the day of her moving because he had threatened her with a knife. During the brainstorming break that took place in the middle of the consultation before the next phase of the physical examination, in response to Carla's question of whether the woman wanted to press charges, Anastasia answered, 'Yes, she has already done it, three times up to now; she has regularly called the police!' Then Carla looked back at me and said regretfully, 'here we see the limits of the system. We needed to wait until her head got smashed before reacting'.

The last physical incident that brought this woman to the centre was severe and visible enough to be acknowledged under the category of police action that entailed arrest of the perpetrator and for the medicolegal centre to issue a certificate for her. Yet, the previous incidents, such as the assaulter's implicit threat of displaying a knife on her moving day did not result in any recognition of the danger she was in. In the absence of any physical and provable traces of violence, her claim was not legitimized. This is what Carla meant when she said, 'we needed to wait until her head got smashed'. In the case of physical assault, the victim's report elicited a response, whereas when she previously reported psychological violence, there was no response.

Similar situations that I encountered during my fieldwork confirmed that the abovementioned incident was not exceptional. For example, in an interview that I conducted with Jeanne, whom I previously introduced as a longstanding nurse at the centre, she recounted the story of another woman, expressing her fear that she would read about this woman 'in tomorrow morning's newspapers'. During her consultation, this woman had reported the latest incident of violence inflicted on her by her ex-husband, who kept following her and her children in his car to let her know that he was always watching them with aim of intimidating them. On that particular day, when one of the woman's adult sons finally went to talk with the father, asking him to leave, he was repelled by the man with pepper spray. Witnessing this, the woman moved forward. The ex-husband grabbed her arm suddenly, trapping it by pulling up the car window, and then started up the ignition. Jeanne was affected not only by the injuries she saw on the woman's body but also because the woman's earlier requests for protection during her divorce case were not met by the court. She recounted to Jeanne how she felt that she had not been 'taken seriously' by the judge who did not believe what she said about her ex-husband, who behaved in a very calm and considerate way during the trial. Consequently, the prevailing judge did not accede to her request for a restraining order. It took several years, culminating in this violent incident before she was granted the restraining order. The death threats made against the woman in the first example when she decided to leave her boyfriend and the intimidating stalking of the ex-partner in this case, following the divorce, illustrate the dimension of control and the abuse of power that some perpetrators continue to exert even after separation has occurred to demonstrate their control over the relationship and their partners. A gender-blind reading of IPV, viewed as a physical act in these cases, resulted in this dimension of threatening intimidation being neglected and in the delayed intervention of public institutions.

A final incident illustrates how a 'legalist ethos' internalized by some institutional agents can explain some of the responses to victims (Miaz, 2017, p. 155). This incident concerned police work relating to an intervention that was reported directly to the judicial police because it was assessed as a type C offence by the responding police officers from the emergency unit. The intervention concerned a woman who called the police emergency number to report that her husband had grabbed her legs and lifted her up as if he wanted to throw her off the balcony. When she resisted, the husband was forced to drop her on the ground, but this time, he grabbed her by the hair and pulled her into the toilet where he pushed her head into the toilet bowl. He then tried to strangle her until she was choking. Given its gravity, this case was classified as a type C offence, and was transferred directly to the judicial police to be dealt with by them. The chief of the brigade in charge of domestic abuse cases informed me afterwards that they also accompanied the woman to the hospital to consult forensic doctors and to have a medicolegal certificate issued for her, as there were some visible marks of the attempted strangulation on her neck. He further told me that the man was very agitated and did not collaborate with the police officers. Consequently, they had to immobilize him to calm him down. He was then detained for subsequent interrogation by the inspectors.

The following day on my way out of the police station, I bumped into the inspector, Claudine, who was in charge of the case. I asked her if she knew anything about its outcome. She told me that the prosecutor who was designated for the case did not charge the man and decided to let him go based on the inspector's report on the hearings. Seeing my look of surprise, she continued:

The prosecutor's decision is based on the report of the forensic doctors at the hospital. The case was not finally considered grave enough, with regard to penal code, as there was no life-threatening danger. The examination of the woman's neck showed that the husband did not go so far as to put in danger her life. The traces were superficial.

She then explained that as the woman did not think that he would really throw her off the balcony, and did not want to press charges, the prosecutor made this decision. In fact, even though it was possible for the persecutor to pursue the case without requiring any charges to be filed by the victim, he finally decided to suspend the ex-officio procedure, and because the case was not ultimately assessed to be of sufficient gravity, he decided to let the man go. Moreover, the perpetrator had declared to the police that it was her wife who was jealous and that she had insulted him and wanted him to stay home all the time. Consequently, an incident that was categorized as type C by the emergency unit, and was processed subsequently by the

judicial police, was dropped in the end without any judicial follow up. This was because the prosecutor judged that the act was not severe enough, as the medicolegal expertise issued by the forensic department was not conclusive regarding the presence of any life-threatening danger of for the victim. Consequently, as 'what cannot be attested by experts cannot be recognized by the judicial institution' (Perona, 2017, p. 394) the perpetrator was free to go.

This incident and other similar cases that I encountered in the field support the argument that parallels exist between the medicolegal certification process, as discussed in Chapter 3, and assessments of requests for asylum in Switzerland. As Miaz (2017) has shown in his study of the work of public agents in charge of processing the requests of asylum seekers, the internalization of a legal rigueur[103] can be discerned in the work of some public agents when it comes to evaluating the provision of protection to victims. He posits the development of a 'legalist ethos' in relation to a 'ethos of suspicion' that systematically questions the veracity of victims' claims that must be assessed in a very 'objective' and 'neutral' manner with regard to legal provisions and conditions (Miaz, 2017, pp. 213–214). This internalization of legal rigueur entails restrictive interpretations of legal conditions. Sometimes it takes only a few details that cast doubt on the plausibility of the violence reported or the perception that danger exists for the victim for the case to be dismissed by judicial actors and, by extension, by all actors in the penal chain, such as police officers and medicolegal experts (Perona, 2017). It is partly because of this underlying perspective that medicolegal certification and the materiality of visible traces of violence on victim's body are prioritized over the psychological violence reported by the victim and subjectively attested in consultation reports that can be issued by the medicolegal centre as well as by other psychiatric or psychological practitioners and departments. The relevance of this analysis is also apparent in the recent campaigns of the cantonal commission against domestic abuse. The commission has focused on legal reforms at the cantonal level, which it views as the only way of raising the awareness of judicial actors, such as prosecutors, attorneys, and judges about the specificities of IPV and avoiding the 'casualties' of a system put in place to care for and protect victims. These causalities produced partly as a result of a process of selection that relied on the demonstration of material proof of physical violence that a victim could show so that her claims would be admitted, and she could be granted protection.

[103] Rigueur juridique

Conclusion: Crime without Punishment

Drawing broadly on Foucauldian biopolitics and especially on 'the politics of life', this chapter has revealed how broader issues play out in the specific case of handling IPV cases. My investigation of institutional responses to IPV, which straddles the frontier of bare life and social life, leads me to argue that the boundaries between the medical and the social are blurred when medicolegal expertise plays a role in the delimitation of public action aimed at addressing the social problem of IPV. In terms of the link between bare life and social life, the case of medicolegal and police responses to IPV should be thought of in terms of legitimacies, as suggested by Fassin (2006). The investigation of the living (the body of the victim) and the lived (the experience of violence) is at the frontier of biology and the social. In this case, the materiality of the impact of the violence on a body legitimizes the protection of the individual who experienced that violence. By contrast, the lack of bodily impacts delegitimizes claims relating to an experience of violence, the consequences of which cannot be grasped in a material and tangible way. The body speaks in place of the victim and constitutes the legitimacy of her claim.

This phenomenon indicates the designated legitimacy of bare life over the social life. The recognition of a person's claim of the violence she has experienced (her social life) and her experience of a social problem passes through the recognition of physical suffering that she endured in her body. In other words, social life is reduced to the biological or bare life. This reduction happens when a story that an individual narrates and the claim, she reports to an administration for attesting her history of violence has less legitimacy than a bare life that she exposes before a forensic physician or a nurse to show a bodily injury.

As in a number of other studies on medical treatments, such as breast cancer (Knobé, 2008), women infected by HIV (Fargnoli, 2016), medical evaluations of individuals demanding asylum (Fassin & D'Halluin, 2005; Ticktin, 2011), and debates in Switzerland on the determination of the ages of non-accompanied minors demanding asylum,[104] the person disappears. This happens in the sense that her/his biographical history (emotions, lived violence, or psychological damage) disappears and/or is downplayed in the process of

[104]https://www.rts.ch/info/suisse/8156667-critiques-sur-les-pratiques-pour-determiner-l-age-des-migrants-mineurs.html

searching for ‘the truth told by the body’. In the same way, in the process of institutional treatment of victims of IPV, the individual is overlooked in the procedure; only her body remains, only her body speaks in her place. Violence is constructed as a medicolegal or police truth based on specific technologies—to use a Foucauldian terminology—which are visible within a hermetic language and in the protocols of detailed evaluations that put an anatomo-physiological conception of the body centre stage. By doing so, the measures put in place to help victims of violence instead generate concrete repercussions and contribute to the creation of serious obstacles to the judicial recognition of victims who cannot provide proof of a suffering or injured body. Consequently, victims’ protection is sacrificed in favour of a government of bodies, wherein the logic of governing is prioritized over one of protection. However, compared with the above-mentioned medical treatments, what is specific to the processing of IPV victims is a shift in legitimacy from social life to bare life, which is described in some of the above-mentioned studies. For example, in the case of asylum demands in France, recent restrictions relating to immigration policies have entailed a shift in legitimacy from social life to bare life (Ticktin, 2011). Prior to this, recognition of political reasons was evidenced only in asylum seekers’ narratives regarding their experiences. As a result of recent restrictions on immigration, these practices increasingly gave way to exceptional cases of recognition of asylum demands for medical reasons, as attested by medical staff (Ticktin, 2011). However, in the case of IPV, since the inception of its institutionalization as a public problem from 2000 onwards, the focus of public policies aimed at combatting IPV has been on the legitimacy of a suffering body evidenced by traces of physical violence. In this case, the discussion should centre not on a shift of legitimacy but on the de-gendering process that has occurred. When IPV was recognized and institutionalized as a public problem, there was a shift in authority relating to its naming and framing away from the activist and feminist social movements that were the source of its problematization. In the process, IPV increasingly became the subject of public action against physical and incidental violence, as described in this chapter. Consequently, its structural dimensions, manifested in gendered power relations and in men’s coercive control over their female partners, which featured in its original definition as a form of violence against women, were ignored.

It can be argued that through these practices, these institutions reframed public action against IPV and redefined the category of this type of violence itself. In the process of police and medicolegal searching for evidence, and through a focus on bodily injuries at the expense of other forms of violence, the definitional frontier of violence is redrawn ultimately to be

associated exclusively with physical violence. This then becomes a process of fabrication and legitimation of some categories of 'victims'. As a result, victims of IPV are separated into two categories. The 'legitimate' ones are those who have bruises and injuries, who fit into the designated categories of public action and can benefit from the provision of assistance by the state. By contrast, the 'illegitimate' ones are those who have no traces of violence to show and thus do not fit into the categories of action framed by the police and the medicolegal institutions. Consequently, they are excluded from state protection. So even if as in the case of the shelter, victims of psychological violence can receive help and support, these measures are framed in important ways through the logics of biolegitimacy that restrict the possibilities available for them. What is ultimately produced in the process is the redefinition of IPV. Despite the discursive recognition of all of the types of violence that an individual can be subjected to within an intimate relation, in practice it is only physical violence that is documented and attested. Those who suffered from other types of violence may be received and heard, and even helped, but they are not recognized (Fraser, 2005). Consequently, in its institutional meaning, IPV, or 'domestic abuse' is reduced to physical violence.

This focus on physical violence in efforts to tackle violence against women, of which IPV is a specific component, has been documented in many studies and in the policy, arena as discussed (Johnson 1995; Stark 2007; Voolma, 2015). Drawing on this body of literature, in the context of my findings, it can be argued that by problematizing IPV mainly as blows and strokes, and by silencing the psychological violence, denigration, or other non-provable reprehensible but non-penal controlling behaviours, Swiss institutional responses to IPV, according to the politics of silence traced in this part, ultimately produce a gender-blind framing of 'domestic abuse'. Accordingly, the findings of this chapter contribute to the overall investigation of the general framing of IPV by public institutions in this second part of the dissertation. That is, IPV is not framed as a symptom of unequal gender power relations; it is framed as an individual and psychological phenomenon, (Chapter 4). Consequently, victims are blamed because they are held responsible for their children's protection (Chapter 5). Intentions of control and domination expressed in perpetrators' actions toward their female partners are neglected, leading to their impunity unless they commit acts entailing serious physical violence. Only victims of such violence can be offered protection if it is not too late (Chapter 6).

The contribution of the chapters in Part II to the overall thesis through their elucidation of a gender-blind framing of IPV will become clearer when contrasted with the extensive use of

the rhetoric of gender equality by public agents processing migrant victims of IPV. This rhetoric and its consequences are explored in Part III.

Part II: Concluding Remarks

Revisiting the research question that has guided this study elucidates the mirror construction privileged in the architecture of this thesis. How can we understand and explain the dual framing of IPV, conceived as an individual and psychological phenomenon, in the context of Swiss or broadly European cases on the one hand, and as a gender-based cultural problem when dealing with cases that involve foreign (non-European) nationals or so-called 'migrants'?

The structure of this thesis and the presentation of the argument in parts II and III mirror these contrasting framings of IPV. The multi-sited ethnography of the three institutions presented in Part II has enabled a general framing of IPV emerging from a consideration of the work of these institutions taken together. In this part of the work, a specific pattern pertaining to public institutional responses to IPV in Switzerland, and specifically in the French-speaking canton under investigation, was identified. Part II traced the ways in which gender is silenced in the general framing of IPV. It revealed how IPV is institutionalized and problematized as an individual-based and psychological issue; a problem that stems from individual deviant behavior or problematic relational and interactive communication within couples. The juxtaposition of the logic of psychologization, the gendering of blame, and a reading of IPV based on physical evidence and incidents that are entailed in the public category of action against 'domestic violence' yields a clear and detailed portrayal of a politics of silence resulting in gender-blind framing of IPV. Gender inequality, male domination, gendered power relations that prevail in the intimate sphere, and structural inequalities that lead to the placement of men and women on an unequal footing, including in intimate relationships, are absent within this framing. Instead, the individual and psychological-based dimensions of this violence in terms of its conception, the explanations offered in its problematization, and the solutions proposed to tackle it are foregrounded. Consequently, the origins of the conception of IPV as a social problem, which lies in the gendered and structural dimensions of power relations are cast into the background.

The three chapters in Part II have demonstrated how IPV has been depoliticized and how gendered power relations are silenced in the 'processes of policy formation and implementation regarding "domestic violence"' (Hearn & McKie, 2009, p.136). 'Different namings, framings and definitions feed into and suggest different explanations [for IPV] that

are also more or less gendered' (Hearn 2013, p.159). Chapter 4 revealed how institutions' responses 'encouraged a narrow conceptualization of violence in [individuals and their] relationships' (Hearn & McKie, 2009 p.136) It demonstrated the application of a logic of psychologization framing individual-based causes and solutions relating to IPV, conceived as deviant individual behaviour. Whereas victims' 'psychological suffering' provides legitimacy for the creation of 'listening spaces', these spaces are also indicative of how a sociological reading of the problem is superseded by psychological conceptions and categories (Cardi, 2015, p. 16). In Chapter 4, a process of psychologization was evident in which individual incidents were emphasized and disengaged from what is actually a structural and social problem, thus contributing to the silencing of the social conditions and power relations underlining IPV (Cardi, 2015, p. 16). In Chapter 5, the gender-neutral framing of institutional responses as a gendered multi-level and institutional action was deconstructed. This chapter showed how a seemingly gender-neutral framing is in fact gendered 'in so far as the focus is mostly on women' (Hearn & McKie, 2009, p. 137). The prominent place of child protection, which is conjoined with the rejection of a feminist framework for engaging with IPV—considered as male violence against women (and children) and reinforced by gendered representations of traditional maternal responsibility towards children—is indicative of another facet of the politics of silence around gender-based nature of IPV. This discussion was concluded in Chapter 6, which showed how, in practice, 'domestic violence' as a category of public action does not entail the recognition of controlling and dominating behaviour as sanctionable forms of IPV, which is conceptualized instead as situational and isolated physical violence. The chapter also showed another consequence of a gender-blind framing that does not differentiate between IPV and any other form of interpersonal violence. In this general framing, violence is not considered as symptomatic of the structural and gendered social positions of intimate partners. Instead, violence is displaced and broken down into 'biographical pieces' (Hall et al., 1978, p. 115) comprising incidents that are contingent on the biographical trajectories of the protagonists (Keller, 2014, p. 7). Consequently, the narrative of violence is often interpreted as indicating unique experiences rather than symptoms of gendered domination which is silenced in the process (Horsburgh, 2005; Fluehmann, 2015)

By contrast, the gender-based dimensions of IPV are brought in and mobilized in the case of 'migrants', as Part III will show. Therefore, application of the same criteria used in the analysis presented in Part II, namely a feminist and gender perspective, to investigate the situation in Switzerland is justified. As noted earlier, this analysis is not intended to be merely

a normative evaluation of Swiss public policies against IPV. An analysis of the inadequacies in institutional responses to IPV from a feminist perspective is necessary to render explicit the implicit standards by which institutions evaluate and qualify an imaginary situation in migrants' cultures or countries of origin.

It is by showing how gender is silenced in the general framing of IPV, that it becomes possible to demonstrate how gender becomes an instrument of differentiation that provides a basis for a racialized reading of IPV. Through the politics of difference underneath this re-gendering of IPV via culture, institutional responses to IPV contribute to the marginalization and othering of the constructed category of 'migrants'. To elucidate how this instrumentalization of a gender-sensitive analysis of IPV is effected, it was necessary to show first how and by what means IPV is constructed differently within public debates and expert discourses and practices. It was only by revealing how the general framing of IPV is gender-blind and anti-feminist that Part III can succeed in problematizing the contribution of this new gender-sensitive framing to a form of benevolent and sometimes unintended racism.

Part III: The Politics of Difference: Re-gendering IPV

Part III of this work presents an investigation of a parallel framing for IPV that is applied when the targets of institutional responses to this public problem are categorized as 'migrants'. In the three chapters that comprise this last part of the thesis, an alternate lens that is used to frame IPV as a social and gendered phenomenon, a symptom of masculine domination, and as one manifestation along a continuum of violence against women is explored. However, as I will show, this framing is only deployed via the mobilization of 'culture' for those victims of IPV who are labelled as 'migrants', thereby situating IPV in such cases within unequal gender power relations deemed inherent to the cultures of this particular category of victims. Thus, in the case of 'migrants', the logic of psychologization and individualization behind the general framing of IPV is replaced by culture, so that they are no longer considered as individuals but rather as representatives of their cultures and communities. This reading is fundamentally different from the general framing of IPV presented in Part II, with its underlying silences. To spotlight the gender-based dimensions of IPV, even though this is done via the mobilization of culture, while it has been discounted in the general design of public policies, is applying a different lens for viewing the same problem. This shift in focus indicates the presence of a double standard that leads to a dual framing in which a gender perspective becomes an instrument of differentiation that racializes IPV. The construction of differences between categories of IPV victims that is consequently used to justify the differentiated treatment of 'migrants' with regard to IPV, ultimately constitutes a mechanism for othering those belonging to the category of 'migrants'.

Each of the following chapters, focusing on one of the three institutions, presents case studies that exemplify these differentiated practices. As I have previously noted in the methodological chapter, the case studies and empirical examples that I have presented here were selected from among the innumerable stories recorded during my fieldwork, as they best encapsulated and illustrated my overall findings. Far from being anecdotal, they represent the overall tendencies and patterns identified in the analytical phase of the study. To preserve the richness of ethnographic presentation, I have limited the examples provided in this last part of the dissertation to two main events extracted from my fieldwork in each institution that best reflected the institutional patterns and categories of action. These case studies from each of the three institutions could thus be presented in sufficient detail to illustrate, effectively, the identified patterns of interpretations and practices. They provide opportunities for analyzing

the logic of the racialization of sexism entailed in the practices of the three institutions, highlighting the ways in which IPV is constructed as a problem pertaining to 'others', namely 'migrants'.

My ethnographic investigation of concrete institutional practices enabled me to extend the analysis beyond a simple identification of the logic of the racialization of sexism in the discourse offered by public agents on IPV involving migrants, which constitutes a first step in this examination. After culture is shown to be foregrounded as the primary explanation of IPV at a discursive level, I next analyse the practical implications of this conceptualization and its consequences for the processing of cases. My analysis of institutional practices enables me to disentangle the complexities of the processes that ultimately generate the differentiated treatment of victims of IPV within each institution, following a specific logic that is embedded within specific professional and contextual conditions. I show how this differentiation follows different paths and logics in each of the three institutions and how it is produced through complex processes rather than through a simple binary construction in the minds of public agents.

Chapter 7 shows how a logic of the racialization of sexism is entangled with a particular mode of professional reasoning applied within the institution of the police. Specifically, it shows how the intertwining of an IPV case involving Sri Lankans, which was a defining experience for the police corps under investigation, with police reasoning pertaining to the categorization of clients, influence police evaluations of the dangerousness of the cases to be processed. Moreover, I subsequently show that this evaluation is carried out differently when the clients of police interventions correspond, or not, to a certain figure of 'Sri Lankan case' relating to IPV, which has connotations of grave danger.

Chapter 8 traces another manifestation of the process of the racialization of sexism that is conveyed through an intercultural institutional framework at the shelter. In this framework, an understanding of the cultures of others is foregrounded in the professionals' work with 'migrant' victims of IPV. I examine how the shelter's professionals, who seek a better understanding of the behaviours of their migrant beneficiaries and a recognition of their right to cultural difference, apply culture as an explicative tool that ultimately obscures other elements in the reading of the cases. Culture is prioritized over their own expertise relating to IPV as well as the psychological or administrative conditions of this category of beneficiaries. Returning to the example of child protection, I show how the shelter's practices lead to

differential evaluations of undesirable maternal practices in the case of 'migrant' beneficiaries through associations drawn between these practices and cultural behaviours.

Finally, Chapter 9 presents a case study from the medicolegal centre that reveals how the racialization of sexism takes the form of medical recommendations promoting Swiss law and the possibilities available to migrant patients in Switzerland. Guided by a medical logic of prevention and treatment, healthcare professionals attempt to raise their patients' awareness regarding the gravity of IPV to avoid their repeated visits to the hospital. The chapter reveals how IPV is presented as a non-Swiss phenomenon within these awareness-raising messages formulated for migrant patients. Consequently, the solution proposed for victims of IPV who are categorized as migrants is to choose to emancipate themselves from their 'cultural' trivialization and acceptance of IPV as a norm by availing of the possibilities that can be accessed through Swiss law and institutions. Thus, different messages are conveyed to migrant and non-migrant victims of IPV.

Part III, then, illuminates the different and tangible forms that the logic of racialization takes within three specific institutional settings. It sheds light on institutional processes through which the practices of public agents, who are benevolent and often consciously reject racism, result in the differential treatment of a certain section of the population, ultimately nourishing racism. Thus, it shows how regardless of their individual dissociation from racist ideas and rhetoric, professionals within the three institutions under investigation navigate the institutional logics that ultimately reproduce differentiated practices towards migrants.

Theoretical Concepts

This introduction to Part III presents an occasion to clarify the theoretical concepts that guide the analysis in the final three chapters of this thesis. I begin by discussing the concept of racialization, explaining how and why I chose to use it. Next, I turn to an examination of the concept of culture, which is indispensable for a critical exploration of the frequent mobilization of its common-sense usage by my research participants. I conclude this clarification exercise by explaining how I situate culture in the process of racialization, narrowing down the concept of racialization to that of the racialization of sexism. Finally, I present some brief contextual information to clarify the place of gender, culture, and the racialization of sexism in Switzerland's history of migration.

Racialization

Hochman (2019) in his recent defence of the concept of racialization argues that the language of racialization helps to better avoid the reproduction of 'false beliefs about the naturalness of racial classification than standard race-talk' (2019, p. 1254). While some scholars, for example, Lentin, defend the use of the concept of 'race' not 'for what it is but for what it does' (Lentin, 2015, p. 1404); as a social construct that becomes 'significant in social relations, via the organization of power, institutional arrangements, and social, cultural, economic, and psychological practices[105]' (Bilge & Forcier, 2016, p. 13 [my translation]), 'race' continues to be 'a category in question' and an 'object of skepticism' (Hochman, 2019, p. 1257). The origins of what Lentin and Titley (2011, p. 70) have referred to as 'repudiating race' can be found in the political context that arose in the wake of the Second World War in Europe, when the horrors of the Nazi Holocaust, committed in the name of the race, came to light (Balibar & Wallerstein, 1991; Lentin, 2014, p. 1274). As a consequence of attempts to become 'race-free' (Goldberg, 2002), race, now primarily associated with the Nazi Holocaust in Europe and with slavery in the United States (Goldberg, 2006), was denounced and relegated to history because it lacked any scientific basis (Lentin & Titley 2011, p. 231). Thus, several scholars contested the concept and argued for its abandonment within sociology so as not to reify the existence of an 'empty signifier' that has no factual reality (Barot & Bird, 2001, p. 601). However, as Balibar (1991) has argued, the erasure of racial language did not lead to the eradication of racialist thought. Despite these attempts to question the biological determinism underlying the concept of race, racism endured (Trouillot, 2003, p. 112). El-Tayeb (2011) has characterized this outcome as a peculiar form of 'raceless racism' that while unspoken and invisible was far from being neutralized in post-war Western continental Europe (El-Tayeb, 2011; for the Swiss case, see Michel, 2015).

In this context, some scholars have suggested that the concept of racialization offers an interesting alternative to the category of 'race' and its companion concept, the racial formation (Hochman, 2019, p.1254). More precisely as Garcia explains, while race can be understood as something one *has*, 'racialization is something that is *done* to a group, *by* some social agent, *at* a certain time, *for* a given period, *in* and *through* various processes, and *relative* to a particular social context' (2003, p. 285). In addition, 'racialization is an ongoing process',

[105] Accordingly, even if 'race' as a 'category of practice' in a Bourdieuan sense, may not be relevant in some contexts that contrast with the American and Anglo-Saxon ones, this does not mean that it is necessarily irrelevant as a 'category of analysis' (Bourdieu, 1972).

whose mobilization allows to account for the 'processual nature' of the categorization, 'not only the historically contingent production of racialized groups, but also the developmental and context-dependent production of racialized individuals' (Hochman, 2019, p. 1250). Considered as such, one can also avoid restricting the operationalization of racialization to biological attributes. Which whether real or assumed, results in a limited conception that fails to incorporate other linguistic, religious, and cultural attributes that are operative in the process of racialization in different contexts (Bilge & Forcier, 2016). In fact, one of the arguments made for replacing race-talk in Europe centred on the idea of newness or a 'new racism' that constituted a form of culturalism (Balibar, 1991). Given that this new culturalism or 'cultural racism' had no clear connection with a genetically based 'racial code', it was seen to represent a break with a biologically characterized racism (Hall, 1997). However, scholars like Balibar (1991) and Hall (1997) have questioned this alleged newness, arguing that to assert that the biological component of racism is its main characteristic is to ignore its ability to bind connotations to a variety of signifiers or markers of difference, thereby ultimately naturalizing them by rendering them immutable. If the 'old' and 'new' racism can be differentiated in any way, their difference lies in the fact that the latter is able to 'essentialize cultural differences' (Lentin, 2014, p. 1280) without resorting to what Hall (1997) refers to as a genetic racial code. In their interrogation of the relationship between culture and racism, scholars like Balibar (1991) have argued that biological determinism and the 'package' of racialist projects could not hold in the absence of an essentialist notion of culture. The relationship between 'race' and 'culture' in the construction of racist notions remains unquestioned in the conceptualization of the so-called new or cultural racism (Lentin & Titley 2011, p. 70). In reality, race has always been about culture and the ascription of inferiority to some human groups compared with others, justified with reference to their differential 'achievements'. Trouillot (2003), who defines racism as 'a structuring activity with political purposes' (p. 111), has argued that the initial racialist project always implied 'an essentialist take on racial, religious, or geo-ethnic clusters projected as cultural isolates' (p. 113). A notable example of the tight relationship between race and culture can be found in European anti-Semitism entailing the treatment of Jews as a race apart while 'the tropes of their difference were cultural as often as they were "biological"' (Lentin, 2014, p. 1272).

In this reading of racism, the taboo associated with the hierarchical classification of groups of people along state-centred or geographical—if not biological—lines has been abolished in the context of the contemporary meaning ascribed to culture, making it possible to talk about

difference as a problem in a time 'when race is taboo' (Lentin & Titley 2011, p. 73). In this view, racism not only endures, but it has even 'turned culture into an accessory' (Trouillot 2003, p. 112) and made it an integral component of the racialization of social problems such as gender inequality or IPV as the following chapters will show.

Racialization in this sense accords better with my understanding and interpreting of my data, as it entails a consideration of the historical variations and changes that assume significance in relation to the process of categorization. It puts the focus on the process of othering rather than on the content of the category of 'race' itself. In doing so, it allows for a consideration of other categories that could be used to operate the categorization. As will be shown in Chapter 7, the reproduction of the language of 'race' and genetics constitutes only one example of how, despite the lack of explicit race-related terminology in current public debates in Switzerland, racialization manifests in the discourse of law enforcement actors (Lavanchy, 2015). The concept of racialization enables the fabrication of difference in Switzerland to be examined by showing how this fabrication 'relates to' but also 'differs from' the broader framing of European 'raceless racism' (Michel, 2015, p. 410). The following chapters will show that racialization operates through culture, a fuzzy idea of gender equality (Korteweg, 2017b) or gender (Fischer & Dahinden, 2017), or sexism (Hamel, 2005), or violence. All those categories along which the process of racialization takes place and the differentiated practices of public institutions acquire legitimacy.

Korteweg's (2017a) definition of 'racialization' which, in turn, draws on the work of Murji and Solomos (2004), Essed (1991), and Omi and Winant (2014) effectively conveys this process:

> *'Racialization describes the process of grouping people into categories based on perceived innately shared attributes. Rather than 'race' and its attribution of certain group practices based on interpretations of phenotypical distinctions, racialisation describes the social process that creates these categories.' (Korteweg, 2017a, p. 432)*

To this definition, however, I would add the notion of hierarchy. Thus, drawing on Honegger (2013), I would define racialization as a process of categorization that is constituted through the mechanisms of essentialization, naturalization, and inferiorization of humans that can be operationalized via different markers such as 'race', ethnicity, origin, nationality, culture, gender, or religion (Honegger 2013, p. 21).

As the following chapters will show, it is necessary to extend the investigation further into the past beyond the history of migration to Europe to trace some of the representations, images, and narratives mobilized by public agents to explain their practices. Scholars have attempted to capture the 'continuities' of 'knowledge, images, attitudes, practices and commodities [that] circulated in the colonial context' within places apparently situated outside of the ambit of colonialism (Purtschert, Falk, & Lüthi, 2016, p. 293; see also Lavanchy, 2015; Purtschert, 2012). An enduring self-perception of Switzerland as a 'colonial outsider' has been refuted by these scholars (Lavanchy, 2015; Michel, 2015; Purtschert & Fischer-Tiné, 2015). Thus, a focus on 'racialization' entails situating the historicity of the rhetoric of difference mobilized by my research participants at the centre of this inquiry.

This concept also elucidates another empirical finding in this third part of the thesis; that of the evident fuzziness of the category of 'migrants' and their 'incompatible culture' that contrasts with the perception of Swiss 'values'. Because my research did not focus on a pre-defined population category (e.g., 'migrants', specific foreign nationals and ethnicities, or Muslims), my findings reveal what is at stake in the justification of the differentiated practices of public agents with regard to IPV. They show that it is not the content of categories of difference, such as 'race', religion, culture, nationality, and ethnicity that counts in the rhetoric of difference used by institutional actors in this study. In fact, all of these categories come together and are used in undifferentiated ways to construct a dichotomy of 'us versus them'. The deployment of such a rhetoric necessitates attentiveness to the process of 'othering' and the manufacture of differences rather than focusing on boundaries and categories for determining who does or does not belong to an inclusive community of 'egalitarian' Swiss nationals. Therefore, following Mills (2007), my aim has been to be attentive to the fact that the 'differences' perceived among different cultures or groups of people within a given state is not so much caused by differences among them as it is by systematic differential treatment (Lentin & Titley, 2011; Mills, 2007, p. 97).

In the next section, I will clarify the concept of 'culture' and critically examine its use not as a scientific concept but as one applied outside of the academy within the domain of 'common sense'. As the following chapters will show, from a common-sense perspective, culture is a central factor that is frequently mobilized by public agents to make sense of their differentiated framing and practices towards 'migrants'. I will also discuss the instrumentalization of gender in the racialization of violence against women.

Linking Gender, Culture, and Violence

Within academia, culture is understood as an empirical question that relates to how people impart meaning to their world. However, its common-sense usage in relation to the above description of racism for endorsing conservative political projects in Switzerland and beyond has been criticized on several grounds. The first criticism relates to an essentialist take on culture (Abu-Lughod, 1991; Dahinden, 2011; Grillo, 2003; Wicker, 1996; Wikan, 2002; Wimmer, 1996). This essentialist logic connotes inherent, immutable, and stable characteristics existing within individual patterns of thought and action that constitute 'an inadmissible reduction' from a sociological perspective (Neubauer & Dahinden, 2012, p. 21). This deployment of culture tends to obscure and replace other axes of difference such as social class, gender, and age. Accordingly, culture is perceived as the main category of difference that explains all of the important differences among given societies (Neubauer & Dahinden, 2012, p. 21).

Second, predefining groups of people and individuals in terms of particular ethnicities, nationalities, or religions entails discounting their heterogeneity. A holistic conception of culture, considers groups of people as coherent and homogenous entities, thus neglecting their diversity and contradictions. Within academia, the categorization of cultures in terms of nation-states, ethnic groups, or territories entailing the pre-identification of cultures along ethnic, national, or religious lines has been criticized (Alber, 2002, p. 37; Barth, 1969; Neubauer & Dahinden, 2012, p. 21). Wimmer and Glick Schiller (2002, p.302) problematized 'methodological nationalism' within the social sciences, 'understood as the assumption that the nation/state/society is the natural social and political form of the modern world'. Accordingly, nation states are classified as containers for social processes and are used (and reproduced) as unit of analysis (Dahinden, 2016; Wimmer & Glick Schiller, 2002).

Third, when the agency of members of a presumed 'culture' is denied, dynamisms and transformations also become unthinkable (Neubauer & Dahinden, 2012, p. 21). In her account of the main issues relating to the utilization of the concept of culture, Abu-Lughod (1991) demonstrated that this deployment of culture draws on abusive generalizations of human behaviours, presenting them as submitted to independent laws of their will. The humans' actions are conceptualized as the automatic reproduction of their traditions and customs. By decontextualizing actions and neglecting historical processes, those behavioural patterns presented as 'culture' become timeless principles that are eventually naturalized.

Scholars who have critiqued this deployment of culture have suggested that while the conceptual kernel behind 'culture' can be defended, the word 'culture' when applied as a catch-all term 'quite often . . . blurs rather than elucidates the facts to be explained' (Trouillot 2003, p. 115). This capacity of the common-sense concept of culture to blur rather than explain helps to elucidate the empirical findings presented in this final part of the thesis. Specifically, these findings show that some of the representations of 'culture' that are mobilized by the professionals to make sense of their beneficiaries' actions end up racializing undesirable practices extending from IPV to child abuse or sexism in general.

Alongside culture, gender may become a tool of racialization. This is where the concept of the 'racialization of sexism', can facilitate the analysis in Part III. Previous studies have already demonstrated the significant role of the 'gender equality' discourse in the process of racializing various unwanted minorities across a range of contexts in the Global North (Abu-Lughod, 2013; Delphy, 2006; Fassin, 2006; Guénif-Souilamas & Macé, 2004; Hamel, 2005; Korteweg, 2017a). As I have already discussed the different lines of argumentation of these studies in my literature review, here I focus analytically on a point that is critical for understanding the process of racializing IPV in Switzerland.

When it comes to the field of men's violence against women, the process of racializing sexism entails the prioritization of some problems over others (Montoya & Agustín, 2013). As observed by Ticktin (2011), some types of violence that can be denounced as 'cultural pathologies' have taken centre stage. Female genital mutilation, forced marriages, honour-based violence, and human trafficking have emerged as telling examples of social problems. The manner in which such problems have been framed to incorporate only some exotic practices and customs that are placed, a priori, outside of the borders of the West and introduced into the West by 'others' reveals the mechanisms and outcomes of the racialization of sexism. However, in her work on the French context, Ticktin has postulated that 'domestic abuse' does not constitute a good topic for public debate to justify the exclusion and racialization of migrants. The reason, she suggests, lies in the fact that domestic abuse is also a problem for the white French nationals as revealed by the French ENVEFF survey.[106] What is intriguing in the Swiss context, by contrast, is the fact that the same process of the racialization of sexism unfolds in domestic abuse cases, as revealed by my ethnography. The

[106] The *Enquête nationale sur les violences envers les femmes* (*ENVEFF*) survey was conducted in 2000 by *l'Institut de Démographie de l'Université Paris* (Jaspard, 2003).

application of a gender-based framing of IPV is a way of marking a difference between IPV 'here' in Switzerland and 'there' in 'certain countries and cultures'. Thus, it is not only 'exotic' problems that are framed as 'cultural pathologies'. As I will show, the same social problem, IPV, takes on a different significance in relation to different social categories and becomes racialized.

Finally, it is necessary to contextualize the work of Swiss institutions and their specific relation to migration. This becomes salient in an analysis of institutional responses to IPV, which is aimed at elucidating the reasons for the above-mentioned double standard. Thus, for one group of IPV victims categorized as Swiss, gender power relations are silenced and psychologization is emphasized, whereas for another group of IPV victims categorized as 'migrants', these relations are emphasized, and 'othering' is prominent.

The Swiss Context of Migration

In the last part of this introductory section, I will identify a number of historical elements that have shaped the discourse on 'cultural difference' and the perception of the incompatibility of 'migrants' in the Swiss context. Following the formation of the modern Swiss state in 1848, there was a rise in discourses on '[those] who genuinely belong to the Swiss nation and those who do not' in the late nineteenth century (Fischer & Dahinden, 2017, p. 8). The integration of four distinct groups within the new federal state based on language and locality, namely French, Swiss German, Italian, and Romansh speakers[107], led to the generation of discourses on *Sonderfall Schweiz*, or 'the exceptional case of Switzerland' (Arlettaz & Arlettaz, 2004). Consequently, a 'Helvetic identity' was forged, signifying harmonious coexistence of these diverse groups that were nevertheless considered to share the same origins and nationality (Dahinden, 2011; Honegger, 2013). This fragile unity was simultaneously reinforced through the exclusion of 'foreigners' who were cast out from the imaginary community of the Swiss nation (Dahinden, 2011; Honegger, 2013). It has been argued that the internal heterogeneity of Switzerland generated a particular principle of exclusion of immigrants, termed 'foreigners', along national lines to justify and reinforce the country's self-image as a 'nation' (Arlettaz & Arettaz, 2004; Dahinden et al., 2014).

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[107]It should be noted that the integration of Romansh, as the fourth national language, occurred later in 1938. It is included here to reflect the current situation in Switzerland. I do not intend to imply that all four of these languages followed the same historical development process towards their recognitions as Switzerland's official languages.

The important influence of the colonial mindset in the formation of a Swiss national identity and in subsequent debates on immigration should not be neglected (Bader, 2018; Purtschert et al., 2012). Writing about the context of nineteenth-century Swiss evangelical missions on the African continent, Harries (2007, p. 35) observed that 'the Swiss, a people deeply divided by differences of language, religion, region, and class saw themselves reflected as a group in opposition to what they saw in Africa'. The origins of the myth of the 'true' Swiss ancestors was traced to farming and pastoral settlements in the Alps (Bader, 2018, p. 48; Schär, 2012, p. 315). Subsequently, in the early twentieth century, the Swiss anthropologist and eugenicist, Schlaginhaufen, conducted a study on Swiss army recruits with the aim of documenting the physiological characteristics of what has been termed *homo alpinus helveticus*, deemed as the 'pure Swiss race' (Bader, 2018, p. 48; Mottier, 2000).

The transposition of the colonial binary representation of 'us' versus 'them' to the Swiss migration context also shaped debates in this field. In this context, migrants performed the role of the 'other' excluded from membership within the national community (Bader, 2018). Switzerland's immigration and naturalization regime is among the most restrictive in Europe (Fischer & Dahinden 2017) despite the fact that in this multilingual federal state the 'population with a migration background'[108] accounts for a substantial share (37.2 %) of the total population. [109]

The image of these foreigners, considered as outsiders within the Swiss nation, has historically evolved to encompass different categories of people who migrated to or took up residence in Switzerland. However, what has endured is the distinction made between the 'genuine Swiss' and 'foreign others' (Fischer & Dahinden, 2017). The notion of *Überfremdung* (over-foreignization), was first articulated in a brochure produced by Carl Alfred Schmid, an employee of a welfare institution that provided 'relief for the poor' in the canton of Zurich, in 1900. This notion was aimed at drawing attention to the social costs for Swiss society incurred through increasing numbers of foreigners entering Switzerland and to the threat that these increasing numbers of immigrants posed to national autonomy.[110] The rhetoric of 'over-foreignization', considered as a threat to Swiss society, resurfaced during

[108] The 'population with a migration background', as defined by the Federal Office of Statistics, includes all foreign nationals and naturalized Swiss citizens, with the exception of those born in Switzerland, whose parents were both born in Switzerland as well as those born as Swiss citizens whose parents were both born abroad.
[109] https://www.bfs.admin.ch/bfs/en/home/statistics/population/migration-integration/by-migration-status.html
[110] See https://www.swissjews.ch/fr/en-savoir-plus/factsheets/entre-deux-guerres-1918-1939-lueberfremdung-une-doctrine-antisemite-suisse/

different periods of Swiss history and has featured in political debates. Commencing from 1917, it assumed prominence in the post-World War 1 context in light of the activities of the 'Police for Foreigners' or the 'Aliens Police' (*Fremdenpolizei*)[111] (Fischer & Dahinden, 2017) aimed at controlling the numbers of refugees and foreigners, for example Jews[112] from Eastern European countries (Honegger, 2013, p. 25). According to Fischer and Dahinden (2017, p. 12), the late 1960s and 1970s marked anotherturning point in Switzerland's historical construction of differences between the native Swiss nation and foreign others, when the cultural dimension of *Überfremdung* took centre stage. Consequently, the debates on immigration shifted from an emphasis on economic concerns to 'cultural aspects and issues of national identity'. During this period, the 'mores and customs' of immigrants were problematized as having 'little in common with what is considered typical for Switzerland' (Bunderstrat, 1967, p. 90), and the issue of gender relations was presented as an example of the challenges that 'culturally different others' would introduce into Swiss society (Fisher & Dahinden, 2017). The need to protect the integrity of Swiss women and girls was raised as an issue for problematizing the threat posed to Swiss mores and values by the 'brown sons of the south' (Maiolino, 2010), namely Italian nationals coming to work in Switzerland (Fischer & Dahinden, 2017, p. 13). This situation recalls to mind Spivak's (1988) seminal analysis of the British Empire's use of women's status to justify its rule in India. The discourse of 'protecting' women parallels that of the British colonial regime, with its stated intention of 'liberating' colonialized women from patriarchal traditions such as *sati*. In the Swiss context, the legacies of colonial conceptions of gender relations (Lavanchy, 2015; Nader, 1989; Montoya & Agustín, 2013) gained new momentum, reinforcing the notion of 'an imagined community of Swiss citizens'. The racialization of sexism was once again mobilized to mark foreign others 'as culturally different and inferior' and to construct 'migrants' as neo-colonial gendered subjects (Fischer & Dahinden, 2017, p. 13; Dietze, 2009; Roggeband & Lettinga, 2014).

As noted by Fischer and Dahinden (2017), the1990s witnessed an important shift in the rhetoric of 'the construction of migrant others'. With the signing of the agreement on freedom of movement between the European Union and Switzerland, a discriminatory policy known as

[111] The Police for Foreigners was in charge of monitoring and controlling the development of the foreign population in Switzerland in response to fears of 'degeneracy' and the 'impoverishment' of the *Swiss Volk* that related to the perceived threat of 'over-foreignization' (Honegger, 2013, p. 25).
[112] The Jewish cross (*Juden-Kreuz*) was used in Switzerland in 1911 to mark administrative documents belonging to Jews long before it was deployed by the Nazis (Honegger, 2013).

the ‘three-cycle model’ was implemented, regulating access to the Swiss labour market. Accordingly, nationals of the European states are prioritized within the ‘first circle’ comprising those from EU and the European Free Trade Area (EFTA) member-states, followed by a second circle comprising Americans, Canadians, Australians, and New Zealanders. The third circle comprises ‘the rest of the world’, categorized as ‘third-country nationals’, who are excluded from privileged access to legal immigration (Honegger, 2013; Piguet, 2013).

Within this new migration regime, nationals belonging to the first and second circles are considered to demonstrate cultural affinity with the Swiss, enabling them to assimilate Swiss ‘values’. This marks a shift from the public discourses of the 1960s and 1970s. At present, third-country nationals coming from the regions of the Global South have been discounted as a result of being deemed culturally distant because their values are considered to be incompatible with Swiss values. Thus, they are considered unassimilable in relation to Swiss cultural values. More recently, the rhetoric of ‘over-foreignization’ has been deployed within right-wing popular initiatives that have had a significant impact on Switzerland’s current migration regime, influencing the general public’s representations of ‘migrants’ as outsiders who threaten Swiss values and the national identity, which can only be shared by those who are fully assimilated and ‘integrated’ within Swiss society (Dahinden et al., 2014; Kury, 2003). The key issue of concern in anti-immigrant discourses is not only the perceived threat of foreign outsiders outnumbering Swiss people, who belong to a small country, but also a perception that these migrants constitute a ‘cultural and spiritual danger’ to Swiss identity (Arlettaz & Arlettaz, 2004). Moreover, as Castles (1993) observed, cultural proximity or distance is conflated with geographical proximity or distance. The rationale provided by the Swiss government (Swiss Federal Council) for the above-mentioned policy hinges on a rhetoric of unassimilability and cultural difference directed at those individuals coming from the third circle, with the idea of ‘cultural closeness perceived as a guarantee of assimilation’ (Honegger 2013, p. 27). ‘European culture’ is thus considered to be sufficiently close to Swiss culture to give those who share this culture access to the Swiss national community. Ultimately, Switzerland’s current migration policy entails what is effectively a two-cycle model.

Whereas various categories of difference have been used in the past in this process of designing others as outsiders, as discussed above, the racialization of sexism is one of the main tools deployed in recent years to designate those whose values are deemed incompatible

with Swiss values. As previously noted, this phenomenon, which has also been described as ethnicization by some scholars and/or as the Islamization of sexism (Durand & Kréfa, 2008; Dustin & Phillips, 2008; Fisher & Dahinden, 2017; Neubauer & Dahinden, 2012) reflects the standpoint that gender equality is an already achieved and established Swiss (and more broadly Western) cultural characteristic. By contrast, the original societies of immigrants are considered inherently patriarchal, traditional, and moored in religion. Many scholars have demonstrated the importance of a gendered rhetoric deployed to justify the 'Western civilizing' agenda since the time of the colonial era (Abu-Lughod, 2002; Collier et al., 1995; Ticktin, 2011). This gendered rhetoric of differentiation, as a 'signifier of cultural Otherness' (Ticktin, 2011, p. 153) that consequently determines the content of 'Swissness', has been increasingly mobilized since the 1990s, fuelling various debates also within the Swiss public arena. One example of its deployment can be seen in the reference to the equality of men and women as a Swiss principle and a requirement for evaluating the degree of 'integration' of migrant candidates. A second example relates to debates on the insertion of new articles into the Swiss Civil Code to combat forced marriages (Neubaeur & Dahinden, 2012), which deem 'unequal gender relations' among migrants to be incompatible with Swiss values formed within a liberal democracy (Dahinden et al., 2014). This is because as for cases of veiling or female circumcision, the perpetuation of these practices 'in a "modern" country such as Switzerland is . . . often represented in public discourse as a sign of "backwardness" attributed to a lack of integration' (Bader, 2018, p. 51). A final example relates to the continuous mobilization of gendered representations of immigrants to fuel right-wing political campaigns that led, for instance, to the banning of minarets in 2009 and the deportation of criminal foreigners in 2010. Ticino's addition of a 'burqa ban' to its cantonal Constitution in 2013, or the introduction of a new law on the secularism of the state in Geneva (*la loi sur la laïcité de l'État*) accepted in the voting of February 2019, serve as contemporary examples of 'white men saving brown women from brown men' (Spivak, 1994, p. 93). These campaigns have capitalized on prevailing images of veiled Muslim women or racially marked bodies to illustrate differences between such migrants and Swiss nationals entailing their cultural incompatibility (Michel, 2014). The resurfacing of the old rhetoric of saving women from religious/cultural obscurantism in relation to these 'cultural' practices time and time again and their condemnation because they 'threaten' Swiss national values, namely women's rights and gender equality, holds no surprises. They continue to assume prominence whenever the process of othering racialized migrants comes into play. What is critical is the effect of these representations, as they 'maintain the fiction of the Otherness' of the non-Western migrants

that signal, in turn, ‘the distinction, civility and desirability’ (Ticktin, 2011, p. 191) of the Swiss nation-state. Hence, it is precisely the effects of these representations on the practices of the three institutions under investigation that will be empirically examined in Part III of this dissertation.

7 Chapter 7: The Making of the Sri Lankan Case: A Case Study from the Police

This chapter examines the rise of a new framing of IPV within the police corps that is applied in cases involving individuals who are categorized as 'migrants'. This new framing considers IPV as a form of violence against women, interpreted as a symptom of unequal gender power relations, and emphasizes its cultural dimensions and social dimensions. This framing is in marked contrast to the individually and psychologically oriented framing of IPV, identified in Part II of this dissertation.

To develop an understanding of how this changing perspective has manifested in the context of police work and its effects on concrete practices and the processing of IPV cases, the first section of this chapter will focus on the discourses of public agents with the aim of tracing how such changes in perspective emerged. I begin by providing a brief overview of findings within the literature on police work and discrimination, which serve as a starting point for a specific case study to analyse the differentiated discourse and practices of the police force in relation to 'migrants'. This case study, which I will refer to as 'the Sri Lankan case' drew on a prevailing narrative in the police institutional context, according to which domestic violence commonly occurs among Sri Lankans, who are viewed as particularly dangerous. Thus, the adoption of different practices was justified when dealing with them. To enable an understanding of the elements of this 'Sri Lankan case', the second part of the chapter will present a defining encounter between officers of the police corps and a Sri Lankan family. I will then explain how this encounter intersected with the practices and institutional logic of the police, and especially the practice of constructing categories into which they slotted the sections of the population that they worked with to constitute a 'figure of clients' that facilitated their decision making in the field.

An analysis of this case study foregrounds not only macro-level explanations offered on the broader discursive context of foreigners in Switzerland and discrimination within police work in general but also meso- and micro-level factors. It reveals the complexity and diversity of the logics and mechanisms that enable the construction of a narrative on Sri Lankans and the mechanisms inherent in its formulation and operationalization. This case study elucidates how a differential framing of IPV becomes possible, even though the category of action, the public institution, and the cantonal territory remain the same as for other IPV cases.

Finally, I present and compare two instances of police interventions in order to demonstrate how the constructed Sri Lankan narrative and the culturally based framing of IPV are mobilized in practice and with what effects. As I will show, the first intervention unfolded, as expected, according to the prevalent conception of IPV described in the second part of this thesis as well as in line with the police procedure outlined in chapter 1. It provides a basis for comparing the second intervention, which in contrast to the first one, cannot be grasped solely on the basis of the discussed general knowledge of police interventions relating to IPV cases. I argue that the officers acted according to a specific 'Sri Lankan case' that justified their differential intervention.

7.1 Police Work and Discrimination

A brief review of the literature on police work and discrimination constitutes a relevant starting point for an analysis of differentiated police discourses and practices in relation to the public. As I have briefly discussed in Chapter 1, the majority of studies on police work have been strongly influenced by Skolnick's concept of a 'police culture', which he developed in *Justice without Trial*, published in 1966. These works have presented highly critical assessments of police work. They portray a 'police culture' that valorizes conservative political opinions, such as sexism, racism, and a preference for a tough stance against crime and delinquency over other tasks, combined with a general suspicion towards the general population (Pichonnaz, 2017, p. 17).

Discriminatory practices have been the subject of inquiry within two main bodies of research. The first relates to the above-mentioned classical literature. Following earlier studies on racial prejudice manifested in police work, more recent works have conceptualized 'racial profiling', which refers to 'the use of race as a key factor in police decisions to stop and interrogate citizens' (Weitzer & Tuch, 2002, p. 435). Racial profiling was first formulated in 1985 in relation to police-initiated traffic stops of African-Americans in the United States (Weitzer & Tuch, 2002). As part of a strategy to stop the interstate flow of drugs within the United States, certain official police guidelines clearly identified some racial categories and ethnic origins as common characteristics of drug couriers, thus creating a basis for 'pretextual stops' by the police (Engel, Calnon, & Bernard, 2002, p. 251). These pretextual stops denoted the practice of using legal pretexts such as illegal lane changes to stop vehicles, thus establishing a legal basis for conducting searches for illegal drugs (Engel, Calnon, & Bernard, 2002, p. 251). At the time, advocates of the policy highlighted the efficiency of the measure

that would increase the likelihood of success in relation to crime control to a greater extent than random stops involving the majority group of citizens (Engel, Calnon & Bernard, 2002, p. 251). By contrast, opponents of the policy developed the concept of racial profiling, arguing that on the one hand, the main reason for introducing such a practice was because 'a majority of whites see blacks as prone to crime and violence (Swigert & Farrell, 1976) and use this argument to legitimize police suspicion and surveillance of African-Americans' (Weitzer & Tuch, 2002, p. 437). On the other hand, they argued that such traffic stops are not factually based; not only they do not result in more drug seizures and arrests than random stops that include 'white drivers', but the practice of racial profiling 'itself creates a self-fulfilling prophecy because it results in higher [rates of] arrest, conviction, and imprisonment of blacks' (Engel, Calnon, & Bernard, 2002, p. 251). Higher rates of arrest and conviction for visible minorities and socio-economically disadvantaged groups in different contexts are now well-established despite the existence of contextually based disparities among the target groups (e.g., Fassin, 2013 and Le Goaziou, 2013 for the French context; Pichonnaz, 2017 and Wa Baile, Dankwa, Naguib, Purtschert, & Schilliger, 2019 for the Swiss context).

Scholars associated with the second more recent strand of sociological studies claim to have refined the thesis of discriminatory police practices by separating discrimination and racism as one example to show that one (racism) does not necessarily result in the other (discrimination) (de Maillard et al., 2016). They argue, on the one hand, that limited availability of empirical studies on racial profiling hinders an examination of the racial patterns entailed in police stops (Weitzer & Tuch, 2002). On the other hand, the majority of existing studies have failed to explain how and why police officers make their decisions (Engel, Calnon, & Bernard, 2002, p. 251). However, there are recent exceptions such as Fassin's (2013) ethnographic study of the French police corps.

Scholars who have contributed to this second body of research, for example, de Maillard et al. (2016) have advanced the idea that even if their discourse is racist, police officers do not necessarily engage in discriminatory practices, because their practices are bound by procedures and professional ethics. In turn, discriminatory practices are not necessarily derived from racist stereotypes (de Maillard et al. 2016, p. 284). To refine police discrimination theories, these authors refer to a distinction drawn in the literature between 'probabilistic discrimination' and 'categorical discrimination'. The former relates to the rationality of controlling (stop and search) practices, which are legitimized through experience, meaning that based on their experience, police officers choose targets that present

a greater likelihood of yielding results. Categorical discrimination refers to discrimination based on the negative prejudgement of a given social group that is aimed at punishing those perceived to belong to that social group (de Maillard et al., 2016). This body of research contests the conclusions of the first line of studies, according to which, it is difficult to imagine that cognitive and emotional activities would have no influence on social practices (Fassin, 2013). They assert that contrary to what studies on 'racial profiling' have shown, the importance of racist assumptions and hostile ethno-racial stereotypes of police officers must not be overestimated, as these officers believe in the rationality of their control measures when they apply stereotypical reasoning. Consequently, the choice of police targets principally follows a probabilistic logic of discrimination.

Police officers whom I met were aware of the public debates on racial profiling and provided explanations that were similar to this second line of argument, reflecting the formal institutional discourse of the police. The next excerpt from an interview with Romain, one of the longest serving police officers whom I interviewed, is illustrative of that institutional discourse that was repeated to me on multiple occasions when the topic of 'racism' and the discriminatory practices of police officers was raised in discussions.

> 'Faten – You said that after a few years of experience some . . . stereotypes maybe . . . can help you . . . because for you it is based on experience. . .
>
> Romain – Yes for us it becomes a habit to say, 'okay, if we intervene with these people this would happen'. Is that what you mean?

- Yes, exactly. Because from the outside, one would say that it is not correct to say so, but I would like to know if and how this is helping you in your work and if you can elaborate more on that. . .
- That is absolutely the case. It is even very positive for us. Because it is not done in a negative way; it is not done to judge people. That's because unfortunately in the majority of cases, it helps us a lot because what would happen is very much the same as what we predicted. So, it is something that is a habit. For example, if you are a salesperson in a telecommunication store, the same type of people always come, who are never happy; they always complain, and, you know. When you see someone, you know 'this person would be cool' and 'that person would cause me problems', and surprise! It happens exactly that way, and the person you expected to complain would complain. So, it is exactly the same. These are stereotypes, but

they are not only in the police, they are everywhere, and it is something that helps us to prepare ourselves.

- So, it is a matter of being careful?
- Exactly! It is a bonus for us, the stereotype. People think that police have stereotypes. They call it a "nasty-face offence[113]", meaning that we arrest some people because of their appearance. But this helps us; it is something that helps us on the street. When we see someone, and we inspect him, because he said something, or he looks like someone, he has the look of . . . well, a dealer, for example, and poof! We would find drugs on him. Or a thief or a pickpocket, he has that look and right on target, we find something on him. That is what makes our job, in the case of DOME [domestic violence interventions]. The Sri Lankans are a perfect example, because we know that unfortunately they can be very deceitful, because they often consume huge amounts of alcohol, and they have those habits and customs and we know that would be hard to manage.' (Romain, Interview, 2 June 2016)

Such statements are consistent with what has been discussed above regarding the rationale of control and the legitimacy of experience that is put forward to justify probabilistic discrimination. This police officer referred to 'habit' or 'experience', 'what makes our job' to illustrate the specific reasoning applied by police officers when choosing targets of control based on experience. The notion of 'Sri Lankans' as a category that is indicative of a specific type of intervention that has the potential to be problematic as this police officer observes, can then be explained partly in light of this logic and the police reasoning to which I will return later in the chapter.

It should, however, be noted that the majority of the above-mentioned literature concerns proactive police work. Two different police work 'styles'[114] or models, namely legalist and order maintenance have been distinguished (Wilson, 1978). The legalist model refers to the coercive function of police work relating to control, including practices such as stop and search and the proactive pursuit of offences and crime by police squads. The order maintenance model, by contrast, refers to situations where police officers intervene at the demand of the general population and are asked to resolve disputes and disagreements

113 *Délit de sale-gueule* in French.
114 'Style' encompasses general ways of doing along with choices of priorities and targets (Wilson, 1978)

occurring among different parties. The domestic violence interventions of the police are therefore basically positioned within the model of order maintenance to use Wilson's classification, wherein police officers act upon and in response to calls or demands made by members the public. The application of the above discussed model of choosing the target or prioritizing certain valorized tasks over others, as discussed by Monjardet (1996), is less apparent in the case of police interventions relating to domestic violence because they have less influence in terms of the choice of the type of case or section of the population with which they will interact. Therefore, in the case of domestic violence interventions, it is more a matter of what Lipsky (1980) termed procedural discretion that must be investigated to capture the ways in which representations are activated within police officers' actions rather than the choice of cases and populations that have mostly been examined within the literature on discrimination and police work.

In addition, black feminist scholars have problematized research and activism on 'racial profiling', which, they argue, primarily focuses on violence experienced by racialized men within public spaces (Crenshaw, 2016). Consequently, public attention to 'racial profiling' has discounted the experiences of racialized women (African-American women in this critique) that reflect the entanglement of structural violence with domestic violence (Crenshaw, 2016; Ritchie, 2017; Wa Baile et al., 2019). This lack of attention to racialized women's experiences with the police within the domestic sphere is all the more striking, as previous studies have revealed how poor/black domesticity has been criminalized as a space of social risk relating to future delinquency (Davis, 2003; Hall et al., 1978). Consequently, the homes of poor, racialized, and disadvantaged groups have always been the sites of public/police interventions (or intrusion) (Donzelot, 1977; Richie, 2000, 2012). The stories of racialized women and their experiences of IPV, which are entangled with intersecting institutional and state violence, slip through the analytical grid, as they do not conform to the common understanding of racial profiling (Wa Baile et al., 2019, p. 17). In light of these insights, the next section clarifies some of the above-mentioned representations around domestic violence interventions, before proceeding further with an analysis of procedural discretion.

7.2 Domestic Violence as a Cultural and Gendered Phenomenon

During the interviews I conducted with police officers, our discussions very often converged at some point on the difficulties of their IPV interventions. At that point, the agents nearly

always mentioned ‘migrants’ from ‘other cultures’. Speaking of the difficulties of handling those cases, Bruno, a young police officer made the following statement:

> ‘Louis - Honestly, I think there is not even one intervention where we do not have an issue with cultural difference. . . It is more often the case of people from different cultures, and it causes us many problems because it is always a mess.
> Faten – What kinds of problems do you mean?
> - Well, first there is this cultural shock. And then I don’t know, I can give you an example of somebody who comes from Pakistan, or I do not know where. Once again it is the husband who makes all the decisions and the wife—she does not even have the right to talk with us or to look us in the eye.’ (Bruno, Interview, 25 June 2016)

Along the same lines, Jules, another police officer, made the following observation:

> ‘We are very often involved, if it is Europeans— people from Eastern Europe, Portuguese—and for other migrants we have Indians, Africans or . . . who seem, I don’t know, to have a very different vision. I am not saying that domestic violence does not happen for others. We have all nationalities, but it is true that certain cultures, certain nationalities, more than others, are present at such interventions, much more. If you remember my colleague saying yesterday that some populations—I do not know if it is in their genes, or in their customs, in their culture, in their education—anyway, when we need to intervene in domestic violence cases, we are sure four times out of five that it concerns such people. Let’s say we are not surprised when we discover their nationality.’ (Jules, Interview, 21 June 2016)

These examples are illustrative of prevalent representations of migrants’ cultures, and of the unequal power relations between men and women that those cultures advocate, among police officers. As these examples show, in such cases, IPV is framed as a cultural/social phenomenon beyond the individual level and relational characteristics of the concerned couples. ‘Again, it is the husband who makes all the decisions’ clearly points to the perception of non-symmetrical gender relations in the intimate sphere—even if this is not articulated in such terms—that were absent in general explications of IPV, as shown in Part II. This cultural reading of IPV occurs in conjunction with another representation, entailing the presumption that sections of the population whose cultures differ from that of the majority population are

more concerned with IPV, or their cases are more severe and difficult to process, requiring a specific problematic intervention on the part of police officers that is captured in the statement of the above cited police officer: 'it is always a mess'.

The emic category of 'migrants', which is associated with problematic IPV cases in the public agents' discourses, reflects an ambiguous classification in which a variety of categories are put forward by agents to construct a specific figure of 'clients' who are more involved with IPV. The category of 'migrants', as used in the narrative of police officers, does not entail a distinction between recently arrived first-generation migrants and those who are Swiss passport holders from different countries of origin. The nationalities or countries of origin to which they refer also correspond to the diversity of the non-national resident population in Switzerland. Individuals from different Southern and Eastern European countries, but also extra-EU nationals, are clubbed together without considering any a priori specific communality that characterizes them—be it ethnicity, religion, or nationality—other than the status of being a 'foreigner' and resident in Switzerland.

Thus, there was a prevalent notion among the police officers whom I met and interviewed that the majority of IPV cases handled by police officers concern foreigners rather than Swiss nationals. However, as discussed in the introductory chapter, based on crime statistics provided by police officers in different Swiss cantons, the Swiss Federal Office of Statistics (FOS) reported that of the victims in cases handled by the Swiss police, 51% were Swiss nationals as opposed to 49% who were foreign nationals residing in Switzerland. Of the suspects/perpetrators, 45% were Swiss nationals and 55% were foreign nationals in Switzerland (FOS, 2017). These figures reveal that the difference between the proportions of Swiss and foreign nationals in cases reported by police officers in the canton under study is not significant. However, as also noted previously, this discourse endures within the Swiss public arena because these statistics show that the proportion of such cases is higher among foreign nationals, who account for nearly half of these cases, while constituting 21.1% of the resident population of Switzerland (FOS, 2017).[115] Here, I will not repeat the findings reported in the literature reviewed in my discussion of the problematic addressed by this thesis, which relate to the concomitance of risk factors, such as age and socio-economic vulnerabilities as well as greater exposure to and detection by public institutions. Such factors could account for such disproportionality in foreign nationals' involvement in police

[115] https://www.bfs.admin.ch/bfs/en/home/statistics/population/migration-integration/foreign.html

interventions. The question of the plausibility of such explanations is not pertinent to this discussion. For example, contrary to the representations and beliefs of my interviewees, the majority of police cases that involved foreign nationals concerned European nationals, mostly from Portugal, Italy, and Germany, followed by those who were nationals of the former Socialist Federal Republic of Yugoslavia and then those from so-called third countries (FSO 2018). However, it is beyond the scope of this work to determine, statistically, whether there are more 'migrants' involved in police interventions in the canton under study and whether their cases are really more violent than those involving Swiss nationals. Rather, my aim here is to question what these discourses *represent.*

Another factor that helps to clarify such representations can be found in the explanations of some police agents, who admitted that IPV also occurred within the communities of the majority Swiss population. In such cases, they presumed that the violence was less severe and problematic because it was not a common cultural practice, as a result of which Swiss women would react immediately and would not allow the case to go any further. This view is apparent in the statement of Simon, another police officer:

> 'It is true that there is domestic violence among people from here too, but in any case, I have not seen many such cases. Really, or it is nothing, just insults and that's it. It is as if here the woman says, 'if it is like this, I will press charges because he insulted me' and then 'I will call the police' and that's it. It won't go that far. This is often the case.' (Simon, Interview, 14 June 2016)

By contrast, IPV in 'problematic' cases involving 'migrants' was understood to be a common and accepted as 'custom' that was also endorsed by victims. This interpretation is illustrated in the following interview excerpts:

> 'For domestic violence interventions, for example, we get very annoyed because in their country, in their customs, it is unfortunately normal to be mistreated. Women are used to being battered by their husbands. . .' (Simon, Interview, 14 June 2016)

Or:

> 'I'm sorry to say it's like this, but it is very rare to have domestic violence among families from here, the Europeans, the "normal" ones [*he indicates the quotation marks with his hands*]. Most of the cases, at least those that I have seen from my experience, were cases involving the African or Muslim communities. Because they

> are extreme, and the women were treated as less than nothing.' (Jules, Interview, 21 June 2016)

The perception of the normality of violence within these cultures, where women are treated as 'less than nothing' and where they admit to 'being mistreated' contrasts with that of IPV within the majority population, the 'normal' group, which rarely extends beyond 'insults'. These evoke the right response from women, who call the police to end the situation right away. The positing of 'culture' and 'gender-based violence' as explanations of IPV, in conjunction with nationality/country of origin, region (Southern and Eastern Europe and Africa) and, as revealed in the last excerpt, religion (Muslims), can be understood in light of what has been problematized within the literature as the racialization of sexism in the case of gender-based violence. As previously discussed, wider local discourses in Switzerland and the historical role of 'gender', or more precisely an idea of 'gender equality', in the construction of an imaginary community of Swiss people differentiated from 'others' can also contribute to an understanding of these representations (Fischer & Dahinden, 2017). The potential influence of nation-state categories that are embedded within the representations of the general public in shaping actors' discourses and actions cannot be neglected (Dahinden, 2016; Waldinger & Fitzgerald, 2004); nor can the colonial legacy and the continuity of its narratives and representations in contemporary anti-immigration debates (Michel, 2014; Lavanchy, 2014; Purtschert & Fischer-Tiné, 2015). The specific context, which includes 'specific discourses, "cultural repertoires", regulations and institutional settings which are simultaneously located in specific places, at both the nation-state and supranational levels' (Dahinden, 2017, p. 1482), can shed light on the ways in which these police agents describe and understand differences in IPV among 'migrants'.

A broader analysis of police works in terms of racial profiling as well as categorical vs probabilistic discrimination (de Maillard et al., 2016) within police practices provides additional macro-elements required for understanding the above-mentioned racialized discourses on IPV. However, the police officers' explanations regarding the utility of stereotypical reasoning for their work and the importance of the dynamic of intervention should not be neglected. Observation of police practices enables the analysis to go beyond these macro-level explanations of police discourse to provide a more fine-grained understanding of how and on what basis police officers make their decisions in concrete situations. My analysis of such instances will help to elucidate a range of institutional logics

and professional experiences that shed more light on the differentiation of IPV cases along the lines of nationality/country of origin.

7.3 First Clues from the Field and a Further Investigation

Despite the variety of nationalities referred to in discussions with police officers, one category stands out clearly. During my fieldwork with the police, I very often got caught up in discussions about the specificity and difficulty of interventions involving 'Sri Lankans'. The first quotation by Romain, who was explaining the use of stereotypes for police work, was one of the ways in which the case of Sri Lankans was introduced in relation to domestic violence interventions of the police. There are many examples of such statements in my field notes. Here I will mention two of them.

One example was a casual conversation that I had early one morning at 4 am with the assistant of the captain who was in charge of the section. It took place over the course of several hours that I spent in the front office with the commanding team. The nights were long, and these shifts were calmer. There were usually only a few calls made to the police emergency number, and the patrols outside usually cruised around the sleeping city just to ensure that there was no breach of the law being committed in the public space that remained unreported. Those long night hours were sometimes tedious for the commanders and their assistants, as calm moments in terms of patrols, also meant few works for the front office. This brings to mind Fassin's (2013) observation regarding the anticrime squad of a French police corps that he observed. He also recounted how the night seemed endless to those police officers when they did not receive a single call or observe any notable incident. He referred to the illusion of police candidates in their early days of service regarding the action and adrenaline entailed in police work and the contrasting reality of their mundane work following their appointment. In such situations, having me as an observer somewhat changed the monotonous rhythm of their night shifts. Such moments were then occasions for discussions that were more informal than usual with the front office team. They would provide me with spontaneous explanations and interpretations of a domestic violence intervention and the way it had been processed by the police corps. They would also distance themselves more easily from the 'controlled narrative'[116], described in the literature, that police officers often

116*Récit maîtrisé* in French.

provided during regular interviews that they were invited to conduct with researchers as well as journalists during one-off encounters (Pruvost, 2008, p. 73).

That night the issue of alcohol consumption and its role in police arrests came up and Blaise, the assistant to the section chief, turned to me saying 'you know, if there is one group that cannot handle alcohol, it is the Sri Lankans!' Even though I refrained from any further comment, not being used to such direct statements from my interlocutors, my expression somehow betrayed me. The sergeant-major noticed that his announcement had surprised me. To justify it and convince me of its veracity, he continued:

> 'It has been proven that biologically there is something in their genes that make them unable to tolerate alcohol. Many of our homicide cases relating to domestic violence happen among Sri Lankans who keep it secret. They do not talk about violence, and they are used to dealing with it among themselves. There was this case that happened when I had just entered the police corps; a guy had drunk so much alcohol to finally give himself the courage to kill his wife.'

Another discussion on a different occasion with Romain, a police officer in the emergency unit, also hinted at this narrative about Sri Lankans. He was explaining to me how they had decided on the number of patrols to be sent for an intervention. He continued, expanding on the idea that they could easily be overwhelmed in domestic violence interventions:

> 'Sometimes we cannot predict, I mean, everything is calm, you enter the apartment and you see there are six people. They do not even necessarily assault us directly, but they are shouting and all, so two agents are not enough to calm the situation down and to say, "calm down, stop shouting". To investigate properly what has happened, it is really . . . yes, we are easily overwhelmed.' (Romain, Interview, 2 June 2016)

Then he introduced the question of the seriousness of the calls and announcements on their radios that could give them a hint about how they should intervene. He added,

> 'There is also the origin of the people. I imagine that you have already been told that we know that for the Sri Lankans, things like that, it is not easy. . . It is the experience; we know that those cases can be very complicated. Always complicated.' (Romain, Interview, 2 June 2016)

I encouraged him to elaborate further on his point by asking: 'You mean for those interventions you prepare yourself differently?' He answered confidently:

> 'Yes, if I go for the same degree of severity. . . let's say a punch, it is not the same thing for a Swiss, a French, or German family as it is for a Sri Lankan family. It is not the same. This applies to our mental preparation, but it is also the experience and the feeling.' (Romain, Interview, 2 June 2016)

Police officers usually explained that Sri Lankans were particularly dangerous and particularly prone to alcohol consumption. But why were Sri Lankans mentioned explicitly? What was the concern that prompted police officers to prepare themselves differently if they had to deal with 'Sri Lankans' rather than with other nationals?

Those kinds of conversations triggered my curiosity to pursue the thread of this Sri Lankan narrative. I had completed my fieldwork in the shelter and in the medico-legal centre without encountering any particular mention of Sri Lankans, but this type of remark was not singular among police officers. While many agents brought up the issue of the difficulties they faced when working with those termed 'migrants', very often spontaneously, during the entire period of the fieldwork and in each of the institutions, what was intriguing was that 'the Sri Lankan case' had never caught my attention until then. As the Sri Lankan Tamil refugees constitute the majority of non-European migrants in Switzerland (McDowell, 2011), it is conceivable that public agents would mention them while naming different categories of migrants in Switzerland. Yet, this was not the case until I commenced fieldwork with the police. I was convinced that there was something to be discovered about this narrative and sought to understand what this specific narrative meant in terms of the experience of police officers and what it revealed about their differentiated practices for processing cases of domestic violence.

The investigation of hereafter the 'Sri Lankan case' requires a meso-level of analysis as it stems from a specific experience of the municipal police corps that I studied. In the next section, I will explore the making of 'the Sri Lankan case' to elucidate further this institution's collective memory and experience with IPV cases.

7.3.1 Two Memorable Events

Further investigation revealed that two events involving two families from Sri Lanka had had been inscribed in the collective memory of this police corps. Their impact can be understood

as being in part attributable to the new training modules that have been established for police candidates in western Switzerland following the introduction of a new procedure after the Penal Code was amended in 2004. Coincidentally, these events closely preceded the entry into force of the already discussed legislation that mandates the ex-officio pursuit of domestic violence cases—without requiring the victim's official complaint—within a specific procedure formulated for domestic violence interventions by the police force. Therefore, these events happened at a time where the modalities of police actions relating to domestic violence were being modified. The subject may consequently have been more prominent at this time than previously.

The first significant event was an intervention concerning domestic violence that took place in the house of a Sri Lankan family. Entering the apartment, the officers found several members of the family engaged in a discussion in the living room, while the body of a deceased young woman was lying on the floor in the adjoining kitchen. This case is included in the police training module on domestic violence. It was chosen in light of the post-mortem photographs of the body taken during the forensic examination.[117] The body of the victim was covered with huge haematomas. Her shaved head revealed traces of new and old blows that, over time, had gradually distorted the shape of her skull. As the trainer who showed these pictures to me explained, 'The harshness of the pictures should raise their [the trainees'] awareness on the severity of domestic violence cases', thus confounding the aspiring officers' stereotypes of these interventions as 'benign' and 'normal' incidents that occur when couples quarrel. The trainer recounted the details of this case to the candidates as an example of a 'lived experience'.

The second event occurred around one year later and was even more critical for the framing of police procedures for domestic violence interventions, as it has significantly recalibrated the modality of their interventions.

A particular police intervention was publicized within some of the regional journals in Latin Switzerland. This intervention involved two police officers and took place in the apartment of another Sri Lankan couple. The situation turned chaotic and resulted in the shooting of a man by one of the police officers. The man was killed, and an investigation was launched. Coincidentally, this incident occurred just a few days after the new Penal Code came into

117 The sergeant-major assigned to coordinate my internship in the police force, showed me a copy of the training material developed for police candidates.

force. This case was also incorporated in the training curriculum developed for police candidates, leading to the establishment of a highly protocolled, securitized, and formalized procedure for domestic violence interventions that had not been implemented until then. Some guidelines were framed at the cantonal level to regulate the details of the new interventional procedures. Romain, one of the police officers already in service prior to the above-mentioned incident and before the amendment of the Penal Code, explained the impacts of these changes as follows:

> 'It has changed—it has changed our way of intervening. Before, when we intervened in a couple's dispute, we used to send only one patrol, two police officers. If there was something wrong during the intervention, then we would ask for some more support. Now we try to intervene in force. This means that a second patrol comes anyway to support just in case . . . now we try to . . . if there is the eventuality of ongoing violence, or if we suspect that a weapon is involved, we intervene with two, or sometimes even three patrols.' (Romain, Interview, 2 June 2016)

However, these changes were not only the outcome of the new legislation, as confirmed by his response to my question: 'When you say that has changed recently, you mean after the amendment of the law?'

> 'Since the new procedure, yes, but also because of a case of conjugal violence that we had in [the address and the name of the city]. I can talk about it with you because it has been reported in the newspapers and I think you are aware of that; the case where there was a death following the aggression of the assaulter against two policemen. After that incident, the bullet-proof jacket that we use during interventions, like the one you put on when you come with us, became mandatory. Since the time of that event . . . the fact that we intervene with two patrols, at a minimum, has also become a requirement.' (Romain, Interview, 2 June 2016)

The security of the police officers became an important procedural component of domestic violence interventions after that incident. A separate module regarding domestic violence interventions was added to the training course developed for police candidates, with role playing by actors creating a fictive domestic violence scene. These exercises are intended to put the candidates in situ, in situations that are similar to those they may encounter in the field. The police candidates are told to separate the protagonists immediately; the assaulter

should be immobilized somewhere far from the kitchen where dangerous objects are accessible. As already mentioned in Chapter 1, when asked to talk about their domestic violence interventions, police officers repeatedly explained that this was one of the most stressful types of interventions, as they found themselves in the living environments of the protagonists. They referred to this second case, pointing out that they had been warned about the fact that the protagonists knew their apartments better than they did. Consequently, these interventions could potentially be very dangerous for them.

The impacts of both interventions in the collective memory of the police corps, especially for longstanding officers, and its inclusion within a training course for newly recruited agents, importantly shaped the discourse and the representations of police agents. This was evidenced by the emphasis that police officers whom I interviewed at the end of my fieldwork placed not only on the dangerousness and the seriousness of these interventions but also on their brutality. These characteristics were used by some officers as an indicator of how some 'cultures' are more permissive of violence in general, and of violence against women in particular.

To understand how this incident shaped the representations of the police agents and contributed to a highly significant shift in their work related to domestic violence cases, I approached one of the police officers who participated in that intervention. He regularly conducted courses on post-traumatic stress for future agents held for the entire French-speaking region of western Switzerland, to share his experiences of that intervention and how it impacted on his personal and professional life.

The details of that intervention and how it was experienced first-hand by a police officer can set the stage for developing an understanding of how and why the institutional narrative of the 'Sri Lankan case' emerged within the police corps. I will then discuss additional elements of the Swiss public discourse on 'migration' to show how such representations of police officers were also rooted in specific local discourses on 'migrants' and their 'culture' at a macro level. Subsequent sections will clarify the ways in which these discourses fuel the racialized reading of IPV by mobilizing the notion of 'culture' and the gendered dimension of domestic violence brought in by police officers in relation to some sections of the population that results in a dual framing for IPV cases.

7.3.2 An Intervention Gone Wrong

What happened at the intervention in question was recounted by Benoit, one of the police officers who was present. He began by sketching the layout of the apartment where it took place, explaining to me how that day they had received a call from a woman regarding a domestic violence case in which she had been slapped by her husband. 'That's all', he told me. 'You see the severity of the case?' I nodded answering, 'Yes, so there was only one patrol with two policemen, the normal mode, no emergency . . .'. 'Exactly!' he exclaimed. He continued, recounting that they had entered the apartment, pointing to where exactly everyone was standing in his drawing. The two police officers were facing the corridor with their backs to the front door, a man was facing them, and a woman was standing behind them, next to the door. He indicated a point next to a small drawer located in the corridor alongside the wall and said, 'I started here, that's me. They are Sri Lankans. I'm not racist, okay? But as you will see, it's a bit strange'. He carried on explaining how the woman seemed calm, but they noticed that she had been crying. 'He is calm too. His face is bland, no expression, nothing. You can't have a situation calmer than this one. It's impossible', he insisted. Then he said that they started asking the man some questions without receiving any answer. According to Benoit, the entire episode took place over a period of just thirty to sixty seconds, 'a really short time' he specified.

> 'And then he makes a sidestep, and there, from on top of the drawer, he takes something. I can't see what it is, because he is in front of the drawer; the kind of drawer on which you leave your keys or hat—those kinds of things. And actually, he had hidden a large kitchen knife there. He takes it, and in a quick, fluid, circular motion, he stabs me right here in the heart, [pauses]. I didn't see it coming. Absolutely nothing. It was a sidestep like this and he did it like this [mimes the movement]. I can tell you, at the reflex level, it was impossible to do anything. It's unimaginable, total surprise. So, he stabs me straight in the heart, and I stumble into this part there, okay? This is a bathroom [he shows another door]. My colleague sees me getting stabbed in the heart. And the man who stabbed me, starts to advance towards him, making movements with his arms. My colleague backs away and keeps backing further and he shouts his injunctions. Finally, he is cornered against the kitchen fridge, and he cannot go back any further. He sees the aggressor who just stabbed me advancing, intending to attack him. When my colleague falls, hitting the fridge, he takes out his gun and shoots four times. Two double shots. He

> shoots until the aggressor standing very close to his feet falls down.' (Benoit, Interview, 23 June 2016)

Benoit explained that his colleague thought he was dead as he watched him being stabbed and fall down, but in fact he was saved by a tiny metallic plate inscribed with his matriculation number, which he had worn that day under his uniform. He explained that he was actually behind the man, pursuing him with his baton when his colleague, who had not seen Benoit, had shot the man, and so he received one of those bullets too. This time, he was saved by his protective bullet-proof jacket, which he happened to have put on that day, even though it was not mandatory to wear this back then.

> 'So, the story is simple. Within a timespan of a dozen seconds, I was stabbed in the heart and received a bullet in the lung. And I survived! I was not even injured! I had a large hematoma, and it took month to disappear, but I wasn't hurt. So that's the story that we lived through.' (Benoit, Interview, 23 June 2016)

After talking to this police officer and reading the media reports and the training materials for the police corps as well as following up with commanders, officers, and candidates, it became clearer to me why Sri Lankan nationality was mentioned repeatedly when police officers spoke about their domestic violence interventions, describing their specificity.

The simultaneity of these events and the introduction of the new legislation, the brutality depicted in pictures of the victim's corpse in the first event, and this second sensational intervention resulting in the shooting of a perpetrator of domestic violence after he attempted to kill two intervening agents were decisive coincidences. They helped not only to raise consciousness among police officers about the seriousness of such offences, but they also prompted the incorporation of various security protocols into the newly established police guidelines for domestic violence interventions.

This 'experience' leads to an empirically based understanding of the narrative surrounding 'the Sri Lankan case'. Here, the concept of 'experience' suggested by Cefaï and Terzi (2012) can be helpful. The authors of this edited volume titled '*L'Expérience des problems publics*' (*Experience of Public Problems*) that applies American pragmatism (see, e.g., Dewey, 1927) elaborate a new research direction for studies on public problems. This approach contrasts with the constructivist sociological approach that has been traditionally applied in investigations of public problems, and which examines the social construction and conditions of possibility of the emergence and reconfiguration of new situations as problematic within

the public arena. Instead, Cefaï and Terzi call for a consideration of 'the field of experience' that relates to real-life situations and individual experiences behind these public problematizations. These authors reiterate existing criticisms of the sociological approach to public problems, that is, constructivism, which offers an arbitrary and artificial abstraction that neglects the concreteness of a specific social experience and the life situations of the key individuals concerned (Hacking, 2001; Mathieu, 2012).

Cefaï and Terzi (2012) claim that 'public problems' such as the problematization of drunk driving are inseparable from the field of experience of the people affected by it who may spearhead public mobilizations or empathy for the cause that has already emerged within the public arena. Consequently, the editors make a case for integrating personal feelings and experiences of individuals facing a troublesome situation with efforts to trace the processes whereby a situation becomes publicized as a public problem. Read in this light, the personal experiences of a few police officers relating to some domestic violence interventions can be seen to be significant for steering a new direction in the understanding of police officers' actions and their attitudes towards a particular section of the population involved in their interventions. The importance of this personal experience becomes clearer in light of the consideration of other incidents simultaneously reported by the media.

The above highly publicized and sensationalized affair was not the only incident of this kind to occur during this period. For example, the media also reported extensively on the murder of Marie Trintignant, a French actress, by her partner Bertrand Cantat, a singer in a famous French rock band, Noir Désir. This incident had occurred only a few months prior to the case in question, on 27 July 2003. The actress had received nineteen blows, of which four were punches to the head,[118] and had consequently died. Bertrand Cantat did not call an ambulance or take her to the hospital until the next morning. This incident was widely reported in the French media, which was also followed in French-speaking Switzerland. It played a role in the recognition of domestic violence as a public problem cross-cutting all social strata.[119]

A second incident occurred in April 2006, exactly two years after the above described police intervention, and once again in Switzerland. Corinne Rey-Bellet, a well-known Swiss alpine skier who was pregnant and newly separated from her husband, was shot and killed in her

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118 http://archive.wikiwix.com/cache/?url=http%3A%2F%2Fwww.leparisien.fr%2Fune%2Fla-justice-lituanienne-20-02-2004-2004772041.php

119 As reported in an interview with one of the founding members of the Cantonal Commission for Combatting Domestic Violence.

parents' chalet in Valais. Her husband, Gerold Stadler, a private banker with Credit Suisse and captain in the Swiss Armed Forces[120] killed his wife and her brother, injured their mother, and later committed suicide using his military weapon. This case was also highly significant, prompting an institutional engagement aimed at combatting domestic violence, viewed as a public problem. On this occasion, the fact that a Swiss celebrity was involved attracted public attention across the entire country and all social milieu, given the fact that this incident had occurred in a model 'Swiss family'.[121]

The above examples show that the facts relating to IPV cases, to which both the police and the media referred, were not unique; nor was the sensationalism relating to some of those incidents. However, it can be argued that the personal, life-threatening experience of the police officers in the 'Sri Lankan case' had a deeper impact on the institutional framing of IPV interventions for this local police corps. This is evidenced by the fact that more than a decade later, nearly all of the police officers whom I met, mentioned this incident in one way or another when asked to talk about their domestic violence interventions.

As an outcome of the above incident, in which two police officers were attacked by a member of the general public, domestic violence interventions were given more attention within police work. They were no longer dismissed as mere familial disputes that were less valorized by police officers because of the perception that they required more social and relational competencies than physical and 'military' competency that were more highly regarded within the professional logic of the police (Pichonnaz, 2017).[122] This serious, life-threatening experience changed the stature of 'DOME' interventions for police officers and elevated those interventions to potential 'big cases', to use their own terminology, for which police action was deemed legitimate and worthy.

These out-of–the-ordinary experiences with Sri Lankans are not, however, sufficient in themselves to grasp the importance associated to this narrative within this police corps. The

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[120] http://news.bbc.co.uk/2/hi/europe/4961784.stm, http://news.bbc.co.uk/2/hi/europe/4972212.stm

121 As reported in the same interview, referred to in note 7, conducted with one of the founding members of the Cantonal Commission for Combatting Domestic Violence

122 The impact of the experience recounted above was all the more consequential because, as classical studies on police work have long shown, it also exacerbated the perception of police officers of the hostility emanating from some parts of the population towards them, as a result of seeing them as the enforcer. These studies concluded that the police are constructed as a closed social group, 'in which collective action is organized for self-protection and [against] an attack from the outside world' (Fassin, 2013, p. 113), in response to hostility that could in turn justify their own hostility toward the public (Skolnick, 1966).

'Sri Lankan case' became so significant because these experiences interacted with the professional logic of the police at the institutional level and because of the ways in which the severity and dangerousness of a case was evaluated by them. The next section will therefore attend to these professional logics.

7.4 Police Reasoning

The mode of police reasoning notably reflects the categorization of 'clients', which can be considered as a police tool. Previous studies have demonstrated that the institution of the police creates categorizations of its public that can be considered a practical cognitive competence that facilitates agents in conducting their activities, also illustrated in the above explanation provided by Romain during the first cited interview (Boussard, Loriol & Caroly, 2006). As Boussard et al. (2006, p. 211) have emphasized, the categorization of clients must be considered an outcome of the professional activity of police officers. The categories they use are not 'objective' data that exist out there but are constructed and operationalized by a specific professional group. Consequently, Borzeix (2000) suggested examining different 'figures' of clients, insisting on the need to consider them as elements of discourse and representation within police corps. According to this specific reasoning, a link can be drawn between stereotypes (racial, ethnic, class-based etc.), the construction of suspicion for police officers, and the practices of control that derive from this suspicion (de Maillard et al., 2016). This reasoning can then be invoked to explain the disparities and overrepresentation of visible minority groups in police arrests in different contexts (de Maillard et al., 2016).

The literature on police work in a variety of contexts, (e.g., de Maillard et al. 2016; Fassin, 2013 on Germany and France and Pichonnaz, 2017 on Switzerland) shows that police officers mobilize several types of clients to whom they provide different 'services' (Boussard et al. 2006, 2010). Further, Monjardet (1996) showed that police officers' feelings of being misunderstood and unappreciated by the general public consolidate their image of themselves as a group disconnected from the population and constituting a separate world. While this perception results in a somewhat undifferentiated image of the general public, the associated image of the public nevertheless includes a series of distinctions 'that form the basis of differentiated attitudes and behaviors of police officers (Fassin 2013, p. 101).

This is illustrated by an experience I had one night when I was aboard one of the police vehicles returning to the police station from an intervention relating to property damage in a poor neighbourhood, Simon, the patrol chief explained to me that there were particular

neighbourhoods in which the police intervene the most. ‘Yeah, often we intervene in special foyers for asylum seekers or in social welfare buildings’; while he explained that their encounters with people from ‘rich neighbourhoods of the city’, were confined to reports on burglaries or property damage.

The ‘figure’ of the client coming from a rich neighbourhood would more often reflect the segment of the population that the police are charged to protect, while the people they are ‘out to get’, to use Fassin’s phrase, comprised an entirely different category of individuals (Fassin, 2013, p. 98; van Maanen, 1973). Apart from the differentiation of neighbourhoods and territories, which can be considered class-based, other criteria such as dressing style, physical appearance, and attitude, also come into play in the production of the category of the ‘client’ and in the identification of those ‘to be got’ by the police. There are various references to street wear, hip hop, or urban styles in different contexts within the literature on the police, which in some cases are spontaneously linked by police officers to drug deals, as well as individuals’ presence in some identified place for such activities. Other studies have shown that dressing styles have become a racialized variable more than a social status and class, as linkages between these different criteria are partially constitutive of the creation of suspicion that is used by police officers to justify their differentiated practices towards some visible minorities.

This mode of police reasoning and the practice of categorizing the population in relation to the engendering of suspicion are particularly important here for developing an understanding of the construction of the ‘Sri Lankan case’. Scholars have shown that the black urban style in the US context and the youth of social residential neighbourhoods in France (Fassin, 2013) and Germany (de Maillard e al. 2016) have been constructed as a category suspected of delinquency. In this case too, a similar logic has prompted the construction of the ‘Sri Lankan case’ relating to a particular population that is strongly equated with severe cases of domestic violence.

As discussed at the beginning of this chapter and exemplified in the first quote by Romain, police officers believe in the rationale of control and they apply stereotypical reasoning. They referred to the usefulness of stereotypical reasoning in their work (Romain observed, ‘that is what our job is made of’) and they justified their differentiated practices using the argument of experience-based categorization. At the same time, as Romain further explained, they provided a more nuanced explanation of the impact of these stereotypical categories on their everyday practices:

> ‘It is not systematic; we do not say to ourselves “Ah these are Blacks so . . .” We do not have these kinds of reflections. But categories are anchored in our minds and allow us to . . . they do not create obstacles. If we intervene with Africans and suddenly, they are super . . . If they have hit each other but they are very welcoming and sympathetic, then the stereotypes would vanish of course. And finally, if our intervention runs smoothly, we would also lower our guard and we would process it as normal.’ (Romain, Interview, 2 June 2016)

It can be argued that, the ‘Sri Lankan case’ follows the line of reasoning applied by the police in terms of the categorization of different figures of ‘problematic’ clients in their discourse and representations. According to this professional logic and the specific experience of this police corps, the above quotation illustrates that the dynamic of the intervention and interaction is another determinant of the differentiated practices of agents towards some part of the population that needs to be explained and understood.

The next and final section of this chapter presents two interventions that I observed during my fieldwork with the police. In revisiting and comparing them, I show how the above factors converged in the production of differentiated practices towards situations that were similar in terms of the violence entailed.

7.5 Contrasting Interventions

In this section, I compare and contrast two police interventions that I witnessed. The first intervention was a relatively ‘classic’ one, meaning that it proceeded as anticipated according to the general framing and understanding of IPV outlined in the second part of the thesis. The second incident was altogether different and cannot be understood without uncovering another framing of IPV in which IPV associated with Sri Lankans was interpreted as being culturally banalized. I will present both cases successively and then identify and compare major constitutive elements that shaped them. The two events centred on domestic violence interventions carried out by the police emergency unit, and in both cases, I accompanied the intervening patrols. The first case concerned a Swiss–Norwegian couple in which the male partner was a physician and the female partner was an engineer. The second case concerned an Indian couple, in which the woman was a housewife and the man was a waiter.

The first case occurred on a relatively calm Monday evening. I was at the headquarters when we received two calls from the same address. The first call was from a man, who announced that he had gone to his old apartment where he used to live with his ex-partner. He said that he

wanted to pick up his stuff, but the ex-partner was not letting him enter the apartment. The second call was from a woman informing the police that her ex-partner was in the yard, wrecking her garden.

Our single patrol was despatched in the 'normal' mode, meaning that the siren was not turned on, and the officer driving the car adhered to the city's speed limits and red lights. Our destination was a well-maintained old building located in a well-to-do neighbourhood. While getting out of the car, we heard a very loud sound; something resembling a gunshot. Suddenly the atmosphere changed. Sophie, the chief of the patrol, gestured to me to stay behind as she put her hand on her holster, ready to use her gun if needed. She yelled at a man who was breaking garden tables and chairs with a shovel. His actions had caused the startlingly loud noise that we mistook for a gunshot. The man was in his early forties, and though his face was red, and he looked angry, he smiled upon seeing the police officers. He began to move toward us, saying 'Ah, you are here, it was me who called you!' Sophie shouted at him to stay where he was, ordering him not to move. He complied. The two police officers went towards him and asked him to sit down on a bench in the yard; the only one that was not yet broken.

Sophie left her colleague to speak with the man, while we went towards the apartment's entrance and asked the tall, blond woman inside, who was also in her early forties, to open the door for us. She did so, and we entered. Sophie asked her to tell us briefly what had happened. She guided us toward the kitchen, where we sat down at a table. She explained that the man was her ex-companion, for whom she had left her ex-husband. She explained how the companion had started to stalk her; on one occasion, he had confined her in the kitchen. He had also sent her many text messages that she perceived as threatening. Sophie asked to see some of them and determined that they were not direct threats. On another occasion, he had punched her in the back while she was sleeping. She recounted how finally after a very bad fight in front of her children and some friends, she decided to leave him. On the day of our intervention, he had come with the excuse that he needed to pick up his stuff. She told us: 'but I knew that he wanted to punish me; he doesn't want the stuff, he wants to destroy everything, and when I saw him like that in the garden, I was afraid to open the door, even though his name is still on the lease. That's why I called you'. She explained that she was an engineer from Norway and that he was a Swiss doctor whom she had met here in Switzerland. She also informed us that her ex-companion was addicted to marijuana. She recounted how he had promised to quit, and she felt that 'by quitting it suddenly, I think he may have developed some kind of psychoses'. Sophie asked her if he was undergoing treatment for it. She

explained that he used to take some medication. Moreover, they had already had some couple-based therapies, but the therapist was afraid of him and his reactions, so she sent them for couple therapy at a specialized centre (the same shelter where I conducted a part of my fieldwork), and they had a few sessions there.

Afterwards, Sophie went out to check on her colleague talking to the man in the garden who was sitting there in front of the police officer. He was now crying, accusing his ex-companion of wanting to take everything away from him. After consulting the front office, Sophie said, 'we will launch the domestic violence procedure' but she qualified this as follows: 'as both are accusing each other mutually, we will hear the woman as both a suspect and victim and we will convince the man to go to the psychiatric emergency department of the hospital before having his hearing'. They let him leave his bicycle near the apartment to return and fetch it later and asked for a new patrol to accompany him to the hospital.

Before presenting an analysis of this case, I will first present the second one, which occurred on a Sunday afternoon. While present in the front office at the police headquarters, I heard on the radio that a woman had called the emergency number and asked for an intervention for 'domestic violence'. She had informed the police that her husband had already left the house. I accompanied a patrol with two policemen who were despatched in the 'normal' mode, as the assaulter had already left the apartment and there was no sense of an emergency. When we arrived at the premises, we found a young woman with a two-year-old boy in a ground-floor apartment. She was crying as she let us in and Florian, the chief of the patrol, began asking the usual questions to determine what had happened and what type of domestic violence case this was.

We learned that the concerned couple was Indian and that she was twenty years younger than her husband, who worked as a waiter at a restaurant near their house, while she was a housewife. She told us that he had punched her before leaving the house. After some further investigation, and because she had specified that this was not the only violent incident that had occurred, the police officer decided to launch the 'type A' domestic violence procedure.[123]

However, during the discussion, the woman shared her concern about what her husband would do if he became aware that she had called the police after his departure. The police

123A 'type A' domestic intervention refers to a relatively benign case, entailing simple physical offence, the practical outcome of which would greatly depend on the will of the victim to proceed further and to press charges or not, as previously discussed.

officer then became alarmed, asking her if she was afraid of her husband's reaction. The woman said he could react violently because 'I have exposed the family's secrets'. In addition, the apartment was situated on the ground floor and the husband could see us from the window should he return early from work. A few minutes later, a new piece of information emerged that completely changed the course of the intervention, prompting Florian, who was becoming increasingly concerned, to change his initial classification of the intervention as type A. The woman mentioned threats that her husband had made on the phone. She explained that sometimes he would call her mother (his mother-in-law), threatening to kill his wife. This had happened two or three times already, she told us. Equipped with this new information, Florian changed his mind and ultimately decided to take the woman to the police headquarters to conduct a hearing. He also called the judicial police and convinced them to consider the incident as a 'type C'[124] case of domestic violence. He said that there had been some death threats and that the woman 'seemed' to take them seriously.

Consequently, we transferred the woman and her son to the police headquarters to conclude her hearing and then proceeded directly to the restaurant where the husband worked. We waited there for judicial police inspectors to arrive and arrest him. While waiting, the chief of patrol explained to me: 'You know, Indians, Sri Lankans are famous for this; they are all smiling and cheerful and then they stab you suddenly just a few seconds later.' He explained that he preferred not to take any risk, choosing to have him arrested right away by the inspectors because 'one should take their threats seriously'.

The juxtaposition and comparison of these two interventions reveals some similarities between the actions resulting in police interventions for both cases. Consequently, an analysis of how these police officers made use of their discretion (Lipsky 1980), resulting in differentiated responses becomes possible. In both cases, violent acts, namely, punches in the first case and furniture breaking in the second case, were enough to launch the domestic violence procedure but not severe enough, in the police officers' opinion, to consider these cases as type C offences. What changed the course of the second intervention was the matter of threats. This was however a common factor in both cases. In the first case, the notion of a threat entailed stalking messages sent by the ex-partner to the woman's mobile phone and death threats made by the husband over the phone to the victim's mother and reported by the

124 'Type C' refers to the most severe cases of domestic violence, the processing of which would be directly transferred to inspectors. Representatives of the judicial system would also be contacted directly at the outset of the case.

latter in the second case. Both threats were reported by the respective women, who were concerned about the reactions of their (ex)partners.

In the first case, while the police officers themselves witnessed the aggressive behaviour of the man, whom they caught in the act of breaking things in the yard with a shovel, they did not consider the declarations and fear of the woman to be sufficient evidence of the need to take the threats seriously and launch a type C investigation. In addition, as the man had also called the police and accused the woman, the police heard each of the parties symmetrically as suspect and victim. The man, being agitated, was sent directly to the hospital. Though, he was allowed to leave his bicycle there, meaning that he would return to collect it. The officers explained to the woman that they could not prevent him from coming back because he was not officially a resident there, so they could not officially expel him. They only registered her statements and told her to call back should he return and act aggressively.

The second intervention started with a report of two punches that did not leave any visible traces on the woman's face. This incident could have been considered as a type A case. Despite the absence of any physical trace and tangible evidence, the threats reported by the woman were considered sufficiently seriously for the concerned police officers to reclassify the case as a type C category. Consequently, they informed the judicial police inspectors right away and took the woman to the headquarters to report the case to the inspectors. Moreover, they did not leave the inspectors to proceed, on their own, to fetch the man from his workplace; we arrived there first and waited for the inspectors, while keeping an eye on the restaurant and on the man working there to ensure that he would not leave the restaurant before the judicial police inspectors arrived.

In light of the facts provided up to this point, the reaction of the police officers in the first intervention was somewhat predictable. As chapters 1 and 6 on the institutional framework and requirements of police work have shown, the severity of physical violence is the main criterion that justifies the classification of a case as type B or C, enabling the penal pursuit of a suspect. In this intervention, there was no severe violent act reported by the victim, and the breaking of furniture in the garden was considered as damage to property. In addition, as explained in Chapter 4, the general framing of IPV led to the attribution of this type of violence to the psychological and individual fragility of the protagonists. Violence was interpreted as a loss of control on the part of the man, and in the absence of severe physical violence, the police officers, drawing on this understanding of IPV, sent the man to the psychiatric emergency department of the hospital to enable him to calm down and to let the

crisis pass. The fact that they registered the woman's declaration as that of a victim and suspect at the same time is also consistent with an understanding of IPV that is rooted in the dynamics of a couple relationship for which the two individuals engaged in that relationship were considered responsible. At the end of the intervention, Sophie summed up the case as follows: 'Unfortunately, domestic violence cases are very complicated because we never know the truth and they both accuse each other mutually'. The acts of the man, breaking things with a shovel in front of the woman, who locked herself into the apartment and did not dare to open the door, were not interpreted as being threatening or intended to scare the woman. Their case was interpreted as the quarrel of two individuals that did not threaten public order and did not qualify for consideration as the crime category of police intervention. Thus, it was acknowledged as an IPV case but without serious follow up.

The second intervention proceeded differently. That incident was considered severe enough to launch a type C intervention and to inform the judicial police inspectors and a prosecutor. This response contrasts with what could be anticipated for this case. Despite the absence of severe violence (cases involving punches without traces are not considered severe and dangerous enough to classify under type C offences), and without any tangible proof of the threats apart from the victim's declarations, the case was transferred to the judicial police and the suspect was immediately arrested. The police officers did not wait for the man to return home; nor did they settle for his eviction. Instead, they went to his workplace to fetch him on the spot.

This case was one of the rare cases that I have witnessed that was transferred to the judicial police. The other such cases included, one discussed in Chapter 1, which concerned a series of actual murder attempts in which the suspect tried to push the victim off the balcony, suffocate her in the toilet, and strangle her. The other such case that was transferred to the inspectors was the case of a man who had used a knife to threaten his wife. He had scratched the wall with it and had finally plunged it into a cushion next to her face. The use of a weapon and the evidence found at the crime scene was conclusive enough for the case to be transferred to the judicial police. The present case did not present such clear clues; therefore, there was more room for interpretation. Even if death threats could justify a type C procedure, as demonstrated in Chapters 1 and 6, there should be sufficient evidence to warrant this. A victim's statement could suffice for a case to be treated as a more serious one, but usually it would lead to the case being elevated to type B based on the risk factor. As already noted, such a case would still be handled completely by the emergency unit, eventually resulting in a

prosecutor being informed, but without entailing the immediate involvement of the judicial police. For a type C case, by contrast, the involvement of the judicial police had other effects, such as the possibility of arresting the perpetrator directly and conducting the interrogation at police headquarters. The suspect could even be held in jail until he was heard by a prosecutor. This latter option was chosen for this intervention.

So, how can officers' interpretations of the severity of the threats entailed in these interventions be understood? The second intervention involving an Indian couple can be better understood in light of my analysis of the different elements comprising the specific concern of police officers focusing on what I have termed as 'the Sri Lankan case'. In fact, the differentiated processing of the second case, despite the Indian nationality of the protagonists, corresponded to a specific category of 'clients', whose handling required specific vigilance.

This specific figure of 'client' associated with 'the Sri Lankan case' was in fact linked to another framing of IPV cases in the representations of police officers. In this new framing, IPV was considered a specific form of violence against women that had to be contextualized in terms of unequal gender relations, male domination, and the sexism of the protagonists, more specifically that of the male perpetrator. For such cases, IPV did not simply entail a loss of control or a couple's quarrel for which both would be heard symmetrically as victim and suspect. IPV, in this case, was read contrastingly as a tool used by men to control their wives, inscribing violence into gendered power relations between men and women in the intimate sphere, thus being positioned at a 'cultural' and supra individual level. Accordingly, the declaration of the second woman and her fear of her husband's threats needed to be taken seriously in the eyes of the police officer. This necessitated the arrest of the perpetrator on the spot, even if they only had the woman's declarations as evidence, lacking any material proof. By contrast, the Swiss–Norwegian couple, living in a well-to-do neighbourhood and coming from a privileged social background—one being a physician and the other an engineer—did not correspond to the figure of the 'client' that the police officers are 'out to get', as revealed in the literature on police work (Fassin, 2013: p. 98). This raises the question of how the police officers would have interpreted the woman's declaration of fear in the reverse situation, if the Indian man was intercepted by the police officers breaking furniture in the garden with a shovel. Would they have still let him go and sent him to the hospital instead of arresting him or transferring his case to the judicial chain?

Finally, it should be noted that the 'Sri Lankan case' does not refer to an actual category within the population that coincides factually with a Sri Lankan nationality, as it is referred to

in police officers' discourse. Instead, this term should be understood as referring to a certain figure of a 'client' for which specific precautions and preparation should be considered. The intervention presented here did not happen within a Sri Lankan family but rather in an Indian family. However, it was sufficient to invoke the 'Sri Lankan case' as an explanatory framing. This is because public agents do not refer to the precise idea and image of people from the country of Sri Lanka. Moreover, they include additional groups within that framing. The construction of what I have called 'The Sri Lankan case' in this chapter, needs to be considered in light of the above discussion as a specific client 'figure' that is associated first and foremost with 'complex' or 'problematic' domestic violence interventions to use police agents' terminology. In fact, the content of this category not surprisingly extended beyond people who are actually from Sri Lanka, or who have Sri Lankan nationality. The registered interviews as well as the analysis of informal conversations reveal a link drawn between the emic categories of 'migrants', their 'different cultures', and the question of violence against women in the agents' discourse. Considered from this broader perspective, the Sri Lankan case was only used as an example to show how some groups of the population were cast out as 'others' and how violence and IPV against women were conceived as a marker of that 'cultural difference' that was used to exclude them from the imaginary of the Swiss/West European population with whom they had little in common.

Conclusion: A New Framing Arises

The previous part of this work focused on an investigation of the general framing of IPV by Swiss public institutions, more specifically, those situated in a canton in western Switzerland. As demonstrated in the previous chapters, unequal gender power relations were not present – they were silenced – in the framing of IPV which was conceptualized and framed mainly as an individual and psychological problem.

My aim in this third and final part of the thesis is to show the emergence of a new framing, that in contrast to the previous one, is closely linked to a culturalized reading of IPV, as evidenced in the processing of some cases by public agents. This chapter focused on an investigation of the case of the police institution and the ways in which the rhetoric of gender power relations entered into their explanation and assessment of IPV cases via 'culture', entailing the labelling of certain individuals as 'migrants' or 'foreigners'. In this process, various dimensions of micro practices (those occurring during interventions) and meso

variables (professional logic and institutional reasoning along with routines) were conjoined with contextual macro elements relating to migration in Switzerland.

On a macro level, the process entailing the racialization of sexism (Hamel, 2005) and 'culture-talk' (Hannerz, 1999) provided the starting point for the analysis. The emergence of a gender-based framing of IPV, and the consequent production of differentiated practices and discourses relating to IPV among police officers, can be understood based on what is already known within the literature on culture-talk. According to which the protagonists in their cases were representative of a specific figure of the 'foreigner other'. The homogenization and essentialization underlying the perception of a common culture and its internalization when associated with violence against women, contrasted with what were perceived to be much less problematic cases of IPV involving those categorized as 'us', 'Swiss nationals' (and all others with compatible values). Moreover, all figures of 'otherness' demonstrating differences of nationality, ethnicity or religion and lacking any commonality among themselves, apart from the fact that they are all categorized as 'others', are thus encompassed within one figure through this process of racializing sexism, and IPV by extension. This process of categorization also becomes clearer when it is considered in the Swiss context entailing a historical rhetoric of gender and migration. The rhetoric of 'over-foreignization', in which the figure of the 'foreigner' along with the representation of 'cultural incompatible' migrants were posited as threats to Swiss social cohesion and values often overlapping with gendered representations (Fischer & Dahinden, 2017).

Therefore, although this figure of threatening and culturally incompatible others has emerged as a divergent one over the years, the underlying mechanism of its production remains similar, as hinted at within the narratives of police officers discussed in this chapter. In this sense, the recurring articulation of 'the Sri Lankan case' within the discourse of police officers and its continuation over more than a decade following the occurrence of the first incidents, can be understood in the context of the public discourse on the incompatibility of migrant's cultures, considered as divergent from the 'Swiss' culture, for example, with regard to violence against women. This discourse enables police officers to argue that while they do have to handle IPV cases involving Swiss nationals or Europeans, IPV is first and foremost a migrant problem that was imported into Switzerland by culturally different and incompatible others. Thus, IPV cases in which these others are involved belong to a specific category that requires the taking of more precautions than do 'normal' cases to use the police officers' terminology. In other words, police officers are less concerned about the 'missteps' of Swiss/European citizens than

they are about violations by non-Swiss others that occur on Swiss soil (Ticktin, 2011, p. 170). Taking into consideration the previously mentioned literature on black women's experiences with the police and domestic violence, it becomes clear that violence that occurs within the intimate sphere cannot be separated from forces of structural violence, including those related to the state or to poverty (Hearn, 2013; Khazaei, 2019a; Richie, 2000). Consequently, it can be argued that pursuing racialized men to a greater extent than other men, should not be read as implying 'better' protection for racialized as opposed to European women. This is because the protection of a section of a racialized group occurs at the expense of members belonging to another section of the same group. Ultimately, this results in the stigmatization and exclusion of all members of the group, as occurred in the French context through the campaign to 'liberate' young Muslim women from their veils and from the domination of their men. An examination of the intersection of the different systems of prejudice to which these women are subjected clearly reveals that considering them only as victims of their partners' sexism leads to a misinterpretation of their experiences and discounts the fact that 'violence occurs within violences' (Crenshaw, 1989; Hearn, 2013, p. 157).

However, the aim of this chapter was to extend beyond merely confirming what is already known about institutional racism within the police force to investigate the relationship among the racialization of sexism, culture-talk, and ultimately the production of differentiated practices based on these representations. While it is difficult to conceive that such representations and cognitive activities would have no influence on police officers' practices (Fassin, 2013), this chapter has delved deeper beyond the logic of the racialization of sexism to examine the concrete practices of police officers, thus complexifying existing knowledge. This investigation has contributed to a better understanding of how such a logic unfolds and becomes complex when intertwined with the institutional and professional perspective of police work that ultimately produces a specific way of differentiating practices.

It becomes important to investigate the mode of reasoning of police officers when investigating their procedural discretion in conducting similar interventions but for segments of the population that are perceived differently. This is because more than why, it is the ways in which such a differentiating discourse impacts on the everyday practices entailed in the processing of IPV cases by public agents that is focus of inquiry in this study. This gender-based framing in which IPV is located within the 'culture' of the protagonists unfolded in alignment with the institutional experiences of police officers revolving around two memorable events that coincidentally involved Sri Lankan nationals. The life-threatening

experience for the police officers involved in one of these cases reinforced the police reasoning in terms of the purportedly useful role of stereotypical categorizations for interpreting the degree of danger entailed in cases, which constitutes the basis of their actions and decisions. Body returns again, but in this case, it is the police officer's own body—the embodied danger known to some and experienced by others—that enters the evaluation of danger and the police treatment of cases and clients. It is a crucial site for exerting power, whereby the import of the bodily integrity and 'life' of police officers extends beyond biological materiality and assumes meaning in their social relations with their 'clients', determining evaluations of danger and risk in their everyday work. Application of these categorizations and experiences result in a differentiated evaluation of cases and measures to be taken.

Through its attention to the meso and micro analytical levels, this chapter has shed light on the concrete operationalization of the process of the racialization of sexism, an understanding of which is required to make sense of police officers' differentiated discourses and practices in relation to IPV cases. This also enables the specific 'other-making' practices within the institution of the police to be differentiated from those of other institutions under study here. Through an investigation of the shelter's institutional logic, the next chapter shows how another specific mechanism of 'othering' unfolds within the processing of IPV cases. A different professional and institutional logic guides the shelter's practices; one that is based on the will to communicate with and to understand those 'cultural' others. As the chapter will show, in the process of seeking to develop a better understanding of 'migrant' women's needs and reactions, 'culture' becomes again a central element in the shelter's interpretation of cases, which creates its own process of differentiating 'us' and 'them'.

8 Chapter 8: Violence, Motherhood, and Culture: The Case of the Shelter

Following the main objective of Part III to show how IPV is differently framed in institutional responses to beneficiaries categorized as 'migrants', this chapter analyses a specific operationalization of the logic of racialization of sexism in the shelter's case. It will be shown that with the aim of understanding the specific situations of their 'migrant beneficiaries' the shelter's professionals pay a particular attention to 'cultural differences'. An emphasize on culture which was absent, as Part II has shown, in the shelter's individual and psychological-based framework when it came to their general conceptualization of IPV for Swiss public and their designed responses to it.

Here, I investigate how professionals refer to and locate culture and the meanings that they impart to it in their work on IPV cases. I then situate the shelter's specific take on culture within their professional logic and its requirements of an emic mobilization of 'intercultural social work'. Following a presentation of the shelter's institutional perspective on their work with 'migrant' beneficiaries, in light of my identification of the shelter's conception of culture, I revisit the practices of child protection already analysed from a gender perspective in Chapter 5. This provides a useful case study for analysing how those theoretical and discursive conceptualizations of culture are actually operationalized in the shelter's professional's practices. The focus of this case study is on what professionals look at in order to assess the situation of children. This examination reveals normative prescriptions underlying what are deemed as 'appropriate' practices other than those relating to gender that have already been discussed. I show what is revealed or overlooked when professionals pay particular attention to the 'cultural distance' that they perceive between themselves, their norms, and their labelled-as-migrant beneficiaries.

8.1 The Shelter's Perspective on Working with 'Migrants'

As discussed in previous chapters focusing on the shelter, under the current policy framework pertaining to social work that guides the work of the shelter and its professionals, social workers are encouraged and expected to 'activate' their beneficiaries and incite them to become autonomous, especially financially, as soon as possible (Swiss Federation of Social Welfare Departments CSIAS, *Conférence suisse des institutions d'action sociale*, 2005, p.

23).[125] Towards this end, the underlying goal of social work, and of the actions of its practitioners, is to identify, prevent, and act on the obstacles and difficulties encountered by the concerned beneficiaries to free them from their dependence on social welfare and on the various types of personal and material assistance that they receive from these public services (CSIAS, 2005)[126]. IPV as well as discrimination are examples of obstacles that may impede the beneficiaries' autonomy and that needed to be identified and addressed by social workers in order to relieve the associated burden placed on public finances (Fluehmann, 2015). When it comes to the shelter's specific public, as 'migrants' constitute a large proportion of its residents[127] as I have noted in Chapter 2, an extra set of considerations were added to the above general principles of social work.

In fact, an entire section of the shelter's pedagogical guidelines (2007, p. 21) was dedicated to the specific thematic of 'migration and interculturality'. It began with the following statement (translated from French):

> 'The reception of numerous migrant women necessitates a specific conception of the relationship among cultures that admits to a view that migration is not a problem. It entails different problems, but it is a phenomenon that has always and will always be associated with humankind.'

The foregrounding of migration in the history of human societies reveals an attempt to disrupt the common public discourse in Switzerland, which associates migrants with various cultural, economic, or ideological problems. It nevertheless acknowledges that working with migrants could be problematic. Therefore, the document recommends a few principles that can frame the work of the shelter's professionals with 'migrants':

- 'The recognition of distinct and different cultural entities,

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[125] https://skos.ch/fileadmin/user_upload/skos_main/public/pdf/richtlinien/Aktuelle_Richtlinien/2017_SKOS-Richtlinien-komplett-f.pdf

[126] https://skos.ch/fileadmin/user_upload/skos_main/public/pdf/richtlinien/Aktuelle_Richtlinien/2017_SKOS-Richtlinien-komplett-f.pdf

[127] Although the shelter did not maintain separate statistics on different permit types or on ambulatory and resident populations, my interviews with professionals as well as my observations nevertheless revealed a clear difference between these populations at the shelter. The ambulatory beneficiaries were more often Swiss nationals or foreign nationals who were well established in Switzerland. They had benefited from the provision of settlement residency permits, and from long-time residence in the country. By contrast, the resident population more often comprised beneficiaries of family reunification with non-permanent permits or recently arrived asylum seekers and refugees, who were very often recipients of social welfare even before they had been admitted to the shelter.

- Affirming that those differences have the right to exist and accepting the contradictions that their survival might entail,
- Recognizing the evolution of these differences in relational modes, which extends the interaction between different cultures and safeguards the identity of each one of them.' (Pedagogical Guidelines, 2007, p. 21)

Acknowledging distinct and distinguishable cultural differences, the shelter's guidelines affirm the right to difference and demand from the professionals to accept eventual contradictions. This recognition does not question the determined and fixed character ascribed to the culture of a given group (in this case, migrant women), but the possibility of change is considered in the encounters and relations with professionals under conditions of preserving both parties' 'identities'. In addition, the right to difference is validated in later sections, where terms such as 'reciprocity', 'mutual validation', and 'interest in the values of others' are mentioned to highlight the importance of communication and mediation between 'one and the other coming from different cultures' (Pedagogical Guidelines, 2007, p. 21).

The shelter's guidelines also acknowledge the weight of professional's representations in organizing 'the relation' between the beneficiary and the professional. They are expected to give their beneficiaries time to adapt to the changes that they are undergoing. The professionals are warned not to use 'paternalistic or moralizing' language with phrases such as 'now you are here, and this is the norm here' or to force migrant beneficiaries to adapt to their new environment abruptly (Pedagogical Guidelines, 2007, p. 21). Consequently, a mutual and reciprocal understanding between both partners in interactions with beneficiaries is promoted in the guidelines, which clearly state that 'having basic knowledge of cultural norms to which women from different origins adhere is necessary for the professionals and the institutions' (Pedagogical Guidelines, 2007, p. 23). Different cultural systems are attributed to migrant beneficiaries and professionals as well as a need for the latter to communicate and decentre their points of view to understand that of the beneficiary. This is aimed at ensuring a negotiation to find an interim solution that entails respect for both parties' beliefs and views in relation to problems that eventually arise based on those cultural differences. Culture, then, is considered an important element in encounters with 'migrants'.

A number of these recommendations in the shelter's guidelines refers explicitly to the requirements of an 'intercultural social work', an emic principle which is also taught as an

indispensable tool in the trainings for social workers in Switzerland (Fluehmann, 2015). This approach is derived from Cohen-Emerique's (1993)'s [128] premise that encounters between two individuals from 'different cultures' could result in misinterpretation and misunderstanding that is detrimental to interventions. Accordingly, although these cultural differences are considered a potential source of contradiction and conflict, negotiations between social workers and their service recipients could enable solutions to be found that lead to successful interventions (Béday-Hauser & Bolzman, 2004). According to this perspective, recipients of social services should be considered as partners whose points of view are as legitimate as those of social workers, as long as the 'values' that each party subscribes to are respected (Cohen-Emerique, 1997). At the core of these recommendations is the requirement for social workers to actively decentre themselves from their own 'culture' so that they can 'discover' the other's 'cultures and values' (Cohen-Emerique, 1993). This decentring is aimed at placing the social worker and the 'migrant' beneficiary on an equal footing to foster their mutual understanding (Cohen-Emerique, 1993).

What stands out in the shelter's guidelines, in compliance with the above professional principle, is then the centrality of 'culture' and its assumed importance in work with 'migrant beneficiaries'. The sections of the guidelines that specifically define and frame the shelter's work relating to the problematic of IPV in general does not mention any of the cultural dimensions of IPV or cultural beliefs. As demonstrated in Part II of this thesis, the individual and relationally based characteristics of IPV were put forward to guide and frame the shelter's work with victims in general. Attending to cultural aspects concerning Swiss/non-migrant beneficiaries was not mentioned as a necessity. In contrast, this exclusive reference to cultural dimenions relating to the shelter's work with migrants assumes and emphasizes its importance for understanding the demands and needs of 'migrant' beneficiaries.

In addition, the guidelines imply the existence of a distinct 'culture' existing between professionals and 'migrants', considered as closed and homogenized social groups. They further imply that professionals as well as migrant beneficiaries share in-group similarities and a certain culture, leading to clear distinctions between each group in relation to the other. This acknowledgement of different and distinguishable cultural entities is nevertheless

[128] It should be clarified that 'interculturality' here is analysed and referred to as an emic terminology used within the shelter to describe a professional principle. I do not refer to it as a theoretical concept, an etic category of analysis, which is why I do not discuss the current scholarly debates surrounding the concept and its relation to the paradigm of multiculturalism and so on.

accompanied with the requirement to respect those differences. Professionals are expected to try to understand their beneficiaries and not to judge or enforce their own 'cultural values' on them. However, understanding those beneficiaries necessitates learning about and understanding their cultures, as noted in the closing sentence of the section: 'Having a basic knowledge of cultural norms to which women of different origins adhere is necessary for the professionals and institutions' (Pedagogical Guidelines, 2007, p. 23).

Accordingly, the shelter's director occasionally organized trainings on ethno-psychiatry and ethno-psychology for the team, which entailed a specific modality of working with migrants, aimed at providing professionals with synthetic information on the specificity of different cultural groups and their beliefs (for example they had a training on recourse to some magic rituals in some African communities). The shelter also worked closely with a specialized association in the canton that provided not only community interpreters but also 'cultural mediators' to help professionals to acquire an understanding of cultural differences in their work with migrant groups.

The above principles were more or less directly referred to in the interviews but also in the informal conversations that I had with the shelter's professionals. The majority of professionals[129] confirmed that 'culture' was the basis of their work with migrant beneficiaries and that it was indispensable for understanding their cultural viewpoints in order to tailor their work with them. The next excerpt illustrates a common modality of this position held by professionals. While presenting her own view, a social worker whom I interviewed at the centre offered the explanation that recurred in the discourse of many professionals regarding the place of 'culture'. This excerpt, extracted from an interview that I conducted with Paola, is an example of how and why culture and different cultural viewpoints were only mentioned with regard to non-Western migrants:

> 'What is different for those cases involving migrants is that what makes sense to us, in our Western society, does not make sense in another culture. So, we should take

[129] Only two professionals actively criticized the centrality accorded to 'culture' within their framework. Both were social workers, one of whom said he would avoid talking about culture unless the beneficiary herself mentioned it. The second professional noted that there are many other elements that lead to the relativization of the importance of culture, such as the personal character of an individual, her experiences, and the resources available to her to cope with difficult situations. For this individual, cultural beliefs did not have an explanatory value. However, he mainly conducted ambulatory interviews that did not involve very much working with the category of 'migrant' beneficiaries. The second social worker resigned from his job at the shelter after one year of service.

> into consideration this aspect too. . . For example, asking for a divorce or separation in some cultures does not have the same connotation as it does in ours. So, we should ask ourselves how and when to touch on the subject.' (Paola, Interview, 20 Jan. 2016)

Taking into consideration the previously discussed institutional 'intercultural' perspective and this type of explanation, an effective and comprehensive communication with migrant beneficiaries requires then attending to their cultural beliefs. The homogenization entailed in the common-sense use of culture, was evident in the professionals' common discourse on migrants. Culture was considered a commonality shared within a given social group but differing from those of other social groups. This cultural difference was referred to more or less explicitly in Paola's example, wherein she made a clear distinction between what could be 'migrants' culture and that of professionals from a 'Western society', the understanding of which could pose challenges for the beneficiaries.

The application of a cultural lens to better understand and explain the situation, behaviours, or viewpoints of migrant victims of IPV contrasts clearly with the previously discussed individual-based factors put forward within the professionals' discourse and the shelter's guidelines alike. As migrants' behaviours are read through a cultural lens, IPV cases are also considered first and foremost a form of cultural behaviour. Consequently, a cultural lens and, through it, gender norms, become the focus of attention in relation to the emic category of migrants. Furthermore, migrants' behaviours are considered as representative of their community, interpreted as a collective characteristic, reminding Volpp' (2000) analysis of *blaming culture for bad behaviour* in case of migrants, while similar behaviours from the majority group are characterized as individual incidents with no link to community, collective identity nor any culture of the majority group. Accordingly, in the case at hand IPV is considered a cultural behaviour, and not a psychological or individual-based behaviour which is located in the interaction between two individuals at a given moment. The next section will elucidate the importance of a cultural lens applied in relation to migrant beneficiaries and its conjunction with representations on gender relations among migrants.

8.2 Domestic Violence as a Cultural and Gendered Phenomenon

Part II presented an analysis of the general framing of IPV, showing how gender relations and, more specifically, male domination, were not posited as important for understanding IPV

dynamics at the shelter. However, gender relations are pertinent for explaining the occurrence of IPV through the mobilization of 'culture' for some beneficiaries of the shelter.

I often encountered a shared assumption among the professionals at the shelter that a link could be drawn between some people, their cultures, their countries of origin, and the specific gender relations that should be considered for developing an understanding of the occurrence of IPV among them. Such assumptions endure within representations framed according to a logic of the racialization of sexism that prevail in the Swiss public sphere but also among the shelter's professionals. Accordingly, gender relations were only considered in case of beneficiaries from non-Western cultures, which were implicitly assumed to be more unequal and less progressive than Westerns. In such cases, the occurrence of IPV was problematized and understood in terms of unequal power relations between men and women from certain cultures. The use of this alternative lens was justified based on the assumption that men held power over women in some cultures. Different legal norms were put forward as proof of the differential status assigned to women that could be attributed to the cultural norms in those countries. Accordingly, men were endowed with authority over their wives, considered subordinate to them, and their use of violence to enforce this authority was culturally condoned.

The next excerpt from an interview that I held with Anna, one of the longstanding social workers at the shelter, encapsulates and illustrates my overall argument. Specifically, it shows how this differential framing, which applied specifically to 'migrants', was referred to within the discourse of the shelter's professionals and the extent to which it contrasted with the general psychologized and individual-based explanations of IPV as discussed in Chapter 4.

> 'There is something about domestic violence that is related to the view of the man on the status of the woman. Something about the right and the authority that he gives himself upon his wife or his female partner. This is more the case for some cultures than for others; some countries more than for others. I was hesitant to name it at first because I used to think I would be taken for a . . . I am not racist at all, but I have nevertheless observed this. Yes, one of my colleagues told me once that we should be able to say it. It is a reality that in some . . . men have power over women; it is like this. For example, a woman is less protected in the case of separation; the law favours the man. Maybe here in Switzerland, the law is too much in favour of women, but in any case, there is something more in favour of women in the case of separation, custody, etc., so it is difficult, because I do not

> want to say that it is cultural, but there are some countries where there is a history of masculine domination over the woman that we cannot easily erase. And how to say this; it gives more authority to men or legitimizes their violence against women because they think that women are inferior, to put it simply.' (Anna, Interview, 8 Jan. 2016)

The terms used by Anna to qualify IPV signal a change of focus. Here, the focus is clearly on the question of gender power relations. IPV is conceived as having something to do with 'the view of the man on the status of the woman'. The 'right' to inflict violence 'upon the woman' is understood in terms of the 'power' or 'authority' that a man 'gives himself in relation to his wife or his female partner'. The reference to 'masculine domination' elucidates social workers' reference to cultural banalization of violence against women. Because men dominate over women, they can use violence to enforce their control of them. What is clear is that the focus shifts from psychological, individual, or relational factors that could explain the emergence of IPV to its social and gender-based dimensions. However, this gender-sensitive reading of IPV only surfaced in discussions on the situation of 'migrants', and only via culture, which was always brought up through references to 'their' or 'some cultures'. In other words, it was not associated with gender relations considered as a structural dimension of social relations that are common to every society. As this example reveals, representations regarding masculine domination, and IPV as its direct outcome, were considered to apply to 'some cultures more than others'.

Nevertheless, social workers were aware of the possible risk of homogenizing and racializing IPV as a cultural problem associated with migrants. Therefore, as this excerpt shows, they tried to nuance their explanation and were reluctant to contribute to these racializing discourses. Similar to the social worker cited above, many of the professionals at the shelter were concerned that their assumption could be considered 'racist' and took care to avoid implying that violence against women did not exist outside of these presumed 'different cultures'. Nuanced phrases such as 'I do not want to say that it is cultural, but . . .' or 'I am not racist at all but' illustrate the concern of professionals at the shelter to avoid adopting a hierarchical position towards their beneficiaries. These concerns will be explained through presentations of some of their professional perspectives further along in the chapter.

In order to justify their position and to make it more nuanced, these professionals referred to some examples that could logically support the idea of a prevailing difference between women's and men's status in various countries. Observations such as 'in Switzerland the law

protects women, maybe too much' implicitly suggest a common belief and justification that clarifies why these cultural explanations were not considered relevant in the Swiss case. One of the most commonly provided illustrations for the existence of different gender regimes related to differences in legal regimes from one country to another. Laws on available protection for women or the severity of sanctions against IPV were mentioned to determine whether a particular legal regime ignored violent behaviours inflicted by men on women, or, conversely, prohibited them. A country's legal regime was thus seen as a manifestation of its culture. Countries with legal regimes that 'favour the man' were thus countries where culture was in part responsible for IPV. Conversely, if the legal regime was more in favour of women—as was assumed to be the case in Switzerland—the country's culture was thought to be intolerant of IPV, which could then be explained by other factors (such as psychological, relational and individual ones).

It is important to note, however, that these categorizations and evaluations of legal regimes were not based on factual knowledge but rather on representations. Furthermore, as Part II has shown, IPV was also not sanctioned within the Swiss legal regime as an offense against women; nor was it legally framed as entailing protection offered specifically to women. Not only was the law gender-neutral, but the practices of the institutional actors also led to the omission of a variety of IPV cases from the category of public action, because they did not represent the level of severity relating to physical violence that would legitimize penal chain interventions.

In the above example, Anna mobilized the Swiss legal procedure relating to separation and custody to show that Switzerland has a legal regime that favours women, thus implying that it has a culture that protects women. This assumption contrasts with what Chapter 5 showed in terms of the relegation of women to the reproductive sphere resulting in victim blaming. Nevertheless, because it was assumed that gender equality had already been achieved in Switzerland, or at least that women were better protected by law, IPV was not considered part of 'Swiss' culture. Rather, it was to be understood in relation to 'some cultures' and was posited to occur only among those who were presumed to share those non-egalitarian cultures.

The shelter professionals' consideration of IPV as a cultural behaviour for a certain section of beneficiaries sometimes impeded their work with those beneficiaries. This is because the representations that were derived from racialized readings of IPV also featured in the professionals' interpretations of 'migrant' women's behaviour. For example, it was envisaged that women experiencing IPV and originating from non-Western countries might accept their

situation in accordance with their cultural norms. The unequal gender relations within some cultures were considered responsible not only for creating violent men but also submissive women, with the latter being the primary concern of the shelter's professionals who worked with them. This reminds criticisms addressed to white feminists' representations of the 'third-world woman' (or the Muslim woman) as a passive victim of her patriarchal culture (Mohanty 1984; Spivak 1988; Abu-Lughod, 2013)[130]. There was a shared assumption among these professionals that there were specific cultural barriers in relation to gender issues that arose when they had to work with these potentially submissive women. Because of these cultural differences, they could be reluctant to accept the professionals' help and solutions because these were tools that emanated from 'Western culture'.

The following interview that I had with a young psychologist, Elise, provides an example of this kind of discourse. She was explaining the situation of a recently arrived woman from Kyrgyzstan. During the interview, she recalled how differences in gender relations in Switzerland and Kyrgyzstan would complicate their work with 'migrant women':

> 'Indeed, there are different cultures in Switzerland and in Kyrgyzstan. The status of women is very different. Here, there is some status for women; there are laws and there are rights. First, I will explain a little bit about the system here to give some information . . . and then we try to see how the woman feels about it. How does she understand things? Does she see herself living under such a system? Hers is often anchored from her childhood onwards. It is not only by talking about the chasm and about our differences that we can work with her. . .' (Elise, Interview, 5 Feb. 2016)

As this excerpt shows, the social worker assumed that there are differences in laws and rights for women in Switzerland and Kyrgyzstan, with women lacking the same status or rights in the latter compared with the former country. She assumed that this difference existed because she did not actually know about the legal system as it applies to IPV in Kyrgyzstan, then she took this assumption to be evidence of the cultural difference between the two countries and subsequently between all individuals who come from there. This cultural difference is assumed to be shared by all Kyrgyz and is also essentialized as it is 'anchored from her childhood onwards'. This cultural difference, in turn, is seen as a potential constraint in the

[130] Chapter 9 will return to these representations more extensively as they are central to the work of the healthcare professionals. To avoid the repetition, I do not dwell on them in this chapter where they are mentioned but not central in the argument.

work of the professional. This is because this woman may not be willing to 'live under such a system', which is assumed to be specific to Switzerland. A woman from Kyrgyzstan may be unaware of Swiss laws and the protection it offers her and should therefore be informed. However, she may also oppose this system and resist any changes, preferring to live with her system. In light of this potential outcome, the professionals should not take it for granted that the beneficiary shared their objectives; they had to investigate the beneficiary's culture to try to build a bridge with her. 'Culture' was seen as the prominent tool for understanding eventual differences between the perspectives of the professional and the beneficiary.

Beyond its role in reifying a locally and historically anchored discourse on 'gender equality', according to which migrants' cultures are 'incompatible' with Swiss culture, as is also argued in several European countries (e.g., Korteweg, 2017a), this centrality of culture is also specific to professional mission and perspective of the shelter. Concerns about perceived cultural differences between Switzerland and some of its beneficiaries' countries of origin are enmeshed with the professionals' will to connect with their beneficiaries. In addition, contrary to the very short temporality of a particular police encounter, the shelter's professionals are given some time—although this is limited—to follow the situation of their beneficiaries. In light of the promotion of a mutual understanding between the social worker and the beneficiary in the field of social work, 'culture' assumes a prominent place in the work of the shelter with their 'migrant' beneficiaries. Because failing to consider the cultural factor could lead to the imposition of solutions that while logical from the perspective of 'Western culture' could actually run counter to that of the beneficiary, thereby adversely affecting their situation or their relationship with the professionals rather than improving it. The next excerpt illustrates this institutional position in favour of the importance given to the beneficiaries' cultural viewpoints.

> 'Pierre- I don't think that. . . I have troubles with generalizations, even more when we talk about cultures; you see, I am talking about Maghreb and Middle East; they are vast!
>
> Faten- I know!
>
> - There is not *one* culture. Not just one. Here in the shelter we are constantly confronted with such traps. For me, this is a trap when we culturalize violence because our theory of violence is after all very much a Western one, shaped by Western civilization, with *our* idea of manhood and womanhood. I would like to say sometimes "who cares, if, based on our point of view the woman is exploited,

> when she herself is okay with it?" Because I learned something while working with deaf–blind individuals. I remember someone who had some minor obsessive-compulsive disorder. We discovered that he had a cataract, which meant that he had the possibility of seeing better should he undergo a surgery. Well, we suggested the surgery and he did it, but he had a terrible decline with his obsessive-compulsive disorder after that. It became much more frequent and severe. The psychiatrist told us: "It is normal. He just underwent surgery. This happened because he can see well!' And this made me think. In fact, this person had long been living in that environment. It is true that in my perception of blindness, it is obvious that the environment is threatening if you do not see anything. When you cannot hear things well, see things well, then the environment becomes threatening. But for him it was seeing that was more threatening in the end. And I think there is something we should learn here, and that is the fact that our sense of ethics is not enough for our work. The environment of the person that we have in front of us, she is 30, 40, 50 years old, she has a whole generation, her own, and many more before her that transmitted to her an image of her life, and also of her ideals, and we do not have the right to break it simply because ours is better.' (Pierre, Interview, 9 Dec. 2015)

Acknowledging the limitations of some common geographical generalizations present in the public discourse, some social workers, for example, Pierre, emphasized the variety of cultures (in the Middle East and in Maghreb in this example) to counter those generalizations and the subsequent cultural homogenization. Moreover, the imposition of a 'Western' point of view on IPV and the resultant solutions that are offered to victims, was also problematized as the above quotation demonstrates. For this social worker their 'idea of manhood and womanhood' is associated with Western civilization. Despite the fact that this forms the basis of the construction of a 'theory of violence' at the shelter that implicitly acknowledges contrasting gender relations among 'migrants' and 'Westerners', imposition of unilateral solutions is rejected, notwithstanding their perception that their beneficiaries may be in exploitative situations according to this 'Western theory of violence'. Accordingly, professionals should first investigate their beneficiaries' cultural beliefs and check that the proposed solution is acceptable to them. They should determine whether they can improve their situation, not from the professionals' 'Western' point of view but from the women's own cultural perspectives. It is conceived that for these migrant women, the situation may not be considered as exploitative or as violent as perceived by the social workers with their 'Western' ideas of 'manhood' and

'womanhood'. Therefore, finding a common ground between two presumably contrasting sets of cultural values features as one of the specific principles for working with migrants in the shelter; one that discursively acknowledges the right to difference. Consequently, a paternalistic and moralizing imposition of 'Western civilization' or professionals' ideals upon migrant beneficiaries was called into question.

In addition to this institutional perspective, social workers mobilize a variety of logics that they blend together in a 'creative manner', as shown by De Jonckheere (2001). A variety of ideas and principles co-exist and stem from the logic of social work. Chapters 2 and 4 have shown how accompanying beneficiaries on their own individual paths towards autonomy is a common requirement of social work. In this case, social workers find it helpful to listen attentively to their beneficiaries, foregrounding their experiences and individuality in their interventions. The above cited interview also illustrates how counselling and listening practices, which are characteristic of social work, are mobilized in conjunction with the emphasis placed on the cultural standpoints of the beneficiaries that must be taken into account, thus reinforcing the 'intercultural' social work's principles promoted in the shelter. The example cited of a professional's earlier experience with a blind person, whose condition worsened after gaining sight, is indicative how social workers explain the centrality of the beneficiaries' needs and perspectives on solutions that they deem to be convenient for them. It conveys the importance they place on not imposing their own ideas on the situation, even if these solutions are logically considered 'better'.[131]

8.3 Culture in Practice

Culture emerged as a central theme in the discourses of the shelter's professionals when discussing their work with migrant beneficiaries and victims of IPV. This foregrounding of culture was the outcome of their application of a combination of institutional logics, mainly entailing an institutional intercultural framework and a client-focused approach to social interventions situated within a broader logic of the racialization of sexism. Culture in their sense was considered part of the essence of those migrants and guided their actions. But this, in itself, is not sufficient for understanding the professionals' practices. There are certain questions that remain unexplored, for example, what would it be like to deploy 'culture' as a

[131]The example of blindness provided by the social worker serves as an interesting metaphor with reference to migrant women victims of IPV.

working concept, as a category of practice? What happens in practice, and what other factors are entangled with these discursive explanations in the processing of IPV cases?

As I did in the previous chapter on police practices, I now delve deeper into the ethnographic details of how the shelter's professionals processed cases to investigate how this culturalist reading of violence involving non-Western foreign nationals manifests in practice. An examination of empirical examples enables the identification of different paths and complex logics that play a part in the mechanisms of differentiating IPV cases at the shelter.

The next section returns to the practices of child protection, providing concrete examples of the ways in which the shelter's professionals deployed 'culture' as an explicative tool in conducting their mission in relation to victims of IPV. The task of comparing the institutional processing of IPV cases involving Swiss nationals versus 'migrants' in the shelter is challenging given that different populations within the shelter call upon different services that it provides, thus making a comparison difficult. As previously discussed in Chapter 2, and reiterated here, Swiss nationals and long-term residents usually requested ambulatory consultations with the shelter, whereas recently arrived foreign nationals with more unstable and non-permanent permits mainly comprised the resident beneficiaries of the shelter. The ambulatory consultations were occasions for observing how IPV was identified and what kinds of explanations were offered when discussing the situation with victims. As Chapter 4 has shown, the professionals deployed psychological tools in their work with victims of IPV, and usually with Swiss nationals. However, the interviews conducted with resident beneficiaries at the shelter very often focused on administrative issues. These issues covered a wide range of administrative tasks that included letters to be written and calls to be made relating to searches for housing and jobs, medical insurance applications, correspondence with the welfare department, extension of permits, and court-related documentation. These administrative obligations left little time for work that focused specifically on the violence. Consequently, it was difficult to investigate psychological versus cultural explanations around IPV in such cases. Violence was rarely foregrounded in interviews with the residents I witnessed, as the most urgent administrative matters needed to be addressed during the weekly one-hour-long interview with each resident.

However, as I will show, returning to the question of child protection provides a relevant case study for understanding the shelter's differentiated practices towards their 'migrant' beneficiaries. Because the question of children's protection and well-being was an institutional priority, it provides an analogy for all of the ambulatory and resident cases. Also,

in cases of interviews with resident 'migrant' beneficiaries as well as a few Swiss beneficiaries that I encountered during my fieldwork, the administrative issues were not fully addressed in the interviews of the mother-child team members with the resident women. Thus, the onus was on the team of social workers to discuss these issues with the women. In the mother-child interviews, a substantial portion of the discussions was devoted to practices of motherhood, and the impacts of IPV, which could be studied and compared. This investigation enables an analysis of how behaviours were interpreted and whether they were read as cultural or not in a context where the importance given to the victim's viewpoint was undermined in face of the institutional mission of protecting children, considered as a non-negotiable principle.

In addition, this further exploration of child protection allows for completion of the analysis presented in Chapter 5. The place of child protection in Swiss institutional responses to IPV has been demonstrated. I argued that gendered assumptions and representations reproduced a normative gendered idea of parental responsibility, an examination of which spotlighted the general framing and gender-blind conceptualization of IPV. However, the picture is still not complete. Returning to the same case study here allows me to argue further that the difference was not only constructed between men and women in terms of their parental roles. A reading of these previously discussed practices from an exclusively gender perspective runs the risk of ignoring the fact that a focus on 'maternal competencies' also created divisions and differences among 'women' themselves (Cardi et al., 2016). It is true that all women were relegated to the reproductive sphere, but among these women, some were more marginalized when they became the primary subjects of institutional normalization practices around 'appropriate motherhood'. Gender and culture evidently operated in an intersectional dynamic, but for analytical reasons and to maintain the clarity of the argument, I have separated the investigation of these elements in two separate parts of the thesis. In this part, my objective is to investigate further the divide perceived by professionals between educative practices that are considered 'acceptable' and those that are not in order to identify the educative norms that guide the shelter's professionals and the ways in which they are entangled with their perceptions of their beneficiaries and their cultural differences (Serre, 2012, p. 52).

8.4 Social Control, Culture, and 'Appropriate Motherhood'

At the beginning of the 1970s, critiques of social work drew attention to the ways in which the work of social workers participated in 'social control', in a Foucauldian sense, that entailed exerting a disciplining function on poor families (Donzelot, 1977; Verdès-Leroux, 1978). The 'examinations' conducted by social workers, which encompassed an assemblage of observations, technics, and documentation, were criticized for transforming individuals or families into 'cases' to be trained, corrected, classified, normalized, or even excluded (Foucault, 1975, p. 193[132]; see also Cardi, 2006, p. 82). In response to these critiques, the field of social work underwent a transformation, with professionals emphasizing the 'emancipatory' dimension of their work for their beneficiaries (Baillergeau & Schaut, 2001). Transformations in family law across Europe were indicative of a process of democratization in which individuals were given more autonomy, traditional familial roles were challenged, and state interventions in the private sphere of families were reduced (De Singly, 2000). In the case of social workers' child protection mission, the 'competencies' of parents were foregrounded, and the role of social work became more one of offering 'counseling' as opposed to imposing constraints on families (Cardi, 2015). This evolution of social work is even more relevant for the present case, which pertains to a shelter for victims of violence, the role of which is demonstrably supportive.

However, the issue of control remains. Analyses of practices within different social services have called for a more nuanced approach within the new paradigm of democratization (Cardi, 2015). Prescriptions of autonomy and financial independence, and the increasing urgency attached to disengaging beneficiaries from social assistance as soon as possible, reflect a revival of the corrective and educative role of social work, which resurfaced in the form of 'correcting' some of the beneficiaries' perceived shortcomings. In addition, in the case at hand, there is the institutional obligation of protecting children and ensuring their wellbeing that cannot be compromised. Consequently, the role of social workers cannot be limited to counselling and support. As the literature on social work and on child protection has shown, professionals also consider their interventions to be aimed at correcting familial practices that have been identified as 'inappropriate' (Serre, 2012, p. 52). As assessments of danger are based on a cause-and-effect relationship that connects parental behaviour and a child's

[132] 'Le cas […] c'est l'individu tel qu'on peut le décrire […] c'est aussi l'individu qu'on a à dresser, ou à redresser, qu'on a à classer, à normaliser, à exclure (Foucault 1975, p. 193)

situation, the practical modalities of normalization hinge on how institutional agents perceive their beneficiaries (Serre, 2012, p. 55).

The question remains as to who the primary targets of these practices of control and correction, or of 'normalization' are (Foucault, 1975). Normalization is mobilized to a greater or lesser extent in different cases, and all beneficiaries are not targeted in the same way. Thus, the process through which this control is imposed and the elements through which it is exercised, and to what extent, remain to be determined. The first factor to be considered would be the characteristics of the population that is the principal target of social work, namely poor families in need of social assistance (Cardi, 2015; Donzelot, 1977; Serre, 2012; Verdès- Leroux, 1978). In the case at hand, it was recently arrived, non-Western foreign nationals who were victims of IPV and who comprised the main resident population in the shelter. Thus, it was this population that was, de facto, the primary target of the institution's normalization practices. This led to the targeting of some families more than others for a greater degree of normative supervision because they were perceived to be more prone to social risks (Cardi, 2015).

The question of culture was intertwined with the prescriptions of intercultural social work relating to 'migrants', entering into the professionals' interpretation and reading of the behaviours of their clients in some cases. The mission of control entailed a specific set of practices toward 'migrant' women. These practices were linked to the perceptions of the migrant women by the social group of professionals and their distances from them (Serre, 2010, p.152). This perception and its constitutive elements are the focus of the last section of this chapter, which shows how distances between women's educative practices and the norms promoted by the shelter were understood in 'cultural' terms when it came to migrant beneficiaries.

Two different evaluations of cases are presented below. The first is a case that was assessed positively by a professional at the shelter, who deemed that it was not necessary for the institution to take any measures relating to the woman in question. A contrasting evaluation was made in two other cases that were considered problematic by the professionals, who organized staff meetings to discuss the matter of reporting for one to the child protection authorities and issuing a warning to the concerned woman in the other. An assessment of these cases and their analysis enables the identification of the factors that play a role in the classification of desirable versus undesirable maternal practices and to understand their meanings and consequences.

8.4.1 'The type of residents whom we adore'

Here, I discuss an episode that occurred during my fieldwork that relates to a first meeting between a resident of the shelter with her referee in the mother-child team. As the psychologist referred to the woman in question as 'the type of the residents whom we adore', I also conducted a non-registered interview after the meeting and requested clarifications from the professional in order to understand better the elements that featured in her assessment of a satisfactory case. I selected this interview because it best encapsulates and illustrates the overall findings relevant to the discussion presented here.

I had an appointment that day with Jane, a psychologist within the mother-child team. We were to meet with a woman in her thirties. She had arrived at the shelter two days earlier with her three children. She was one of the few Swiss nationals residing at the shelter. She had previously worked for an audit company but had resigned from her job in order to come to the shelter and prepare for her judicial battles following her separation from her partner.[133] The appointment fixed for that day would be her first encounter with her referee within the mother-child team, as she has previously had ambulatory consultations before requesting admission to the shelter. Preparing for the interview, Jane informed me that the first point that she would check with this woman would be what the children had witnessed of the violent episode. 'It happens very often that women, they do not talk about it spontaneously', she observed. She said that this case was not a very serious one because the husband had only blocked the woman on the floor. Nevertheless, she said that this was not a good thing for the children to witness. She was more concerned about another incident that had happened in the shelter. One of Jane's psychologist colleagues had witnessed the woman in question, whom I will refer to as Ms. B, pushing her son ahead of her towards the meeting room in what was judged to be an aggressive manner. Jane said, 'We'll see' and we went down at the reception to fetch the woman.

After exchanging greetings and asking for her permission for my presence at the consultation, we went to a small meeting room near the cafeteria where her son, who had accompanied her, could play with toys in the corridor next to the room. After briefly explaining the work of the two teams of social workers and the mother-child team, Jane emphasized that the relationship

[133] It was the only occasion during my time in the shelter when I was given detailed information regarding a woman's professional status. This is not a trivial point as it is indicative of how the professional perceived her. I shall return to this issue later.

between the mother and child was her main concern and started to clarify 'urgent matters, such as school transfers for children'. 'I have already contacted the school of my eldest son; he is five', Ms. B replied. Jane smiled and complimented her for being proactive and asked if she knew how long she planned to stay. 'What is your preferred schedule for using the childcare service?' she asked. 'A couple of hours a day may be?' Ms. B replied. This response was also positively received by Jane.

Later, Jane requested permission to speak with the child, who was still playing outside the room. She explained that she would use the blue booklet which was a tool prepared by the shelter for interactions with children. Ms. B accepted and called her son who came and sat on her knees. Jane started to explain to him, showing him pictures in the booklet: 'Mummies come here because of bad and serious things that have happened in the house, and they come to protect themselves and their children'. The woman became more and more uncomfortable, and she turned red when we arrived at the pages with drawings of a violent scene between a man and a woman and began stroking her child's back. The child tried to turn the page and avoid the subject, but Jane insisted on staying on the page and said 'what you see happening here on this page, and what has happened in your house is forbidden. If it happens, one should go and see the judge'. Clearly troubled, the child said, 'but mummy lashes out at me all the time'. Ms. B explained gently to him 'Mummy should say that this situation should stop. There are many things changing and it is difficult for Mummy, but you are the elder brother and you help me a lot'.

Jane then announced that the time was up, and we should end the meeting there. She asked the child to rearrange the toys and put them back in their places. Meanwhile, Ms. B asked which terms she should use to talk about the situation to her children. Jane repeated, 'it is important to tell them that violence is forbidden and that is why you are here; that it is not their fault and that Mummy could not stand the situation anymore, and that it should stop.' She listened carefully to Jane while taking notes and then said goodbye and left with her son. While going upstairs to Jane's office, she turned to me and said in a very satisfied tone 'this is the kind of the resident whom we adore'.

8.4.2 The reverse side of normalization: undesirable educative practices

The examples of problematic cases involved a Syrian woman and a Tunisian woman, both of whom had recently arrived in Switzerland. I selected the first case because it frequently came up during the interviews that I conducted in early 2016. This case concerned a woman who

was the mother of three young children aged between one and three years. This case had apparently resulted in numerous discussions during staff meetings and had prompted further reflections among the professionals on the ways in which they evaluated maternal competency and the dangerousness of a situation for a child.

Nelly, one of the social workers involved in this case, introduced it as follows:

> ‘These days we have a situation here: a woman from Syria who has three children, all young. On the one hand, she is overwhelmed a bit I think, and on the other hand, she does not have the same vision as, for example, a Swiss mother would have for her three children of the same age.’ (Nelly, Interview, 16 Dec. 2015)

The professionals were concerned because the young children were left unattended, and sometimes they went to play near the stairs or on the balcony of their studio apartment, creating situations where accident could happen.

The second example was mentioned by Lisa, a social educator, when she was explaining what kinds of cases could be seen as problematic in terms of child protection and how they were assessed at the institution. She gave an example of a case in which she herself was the referee. This situation concerned a resident at the shelter who was a mother of five children. Katia described the situation as follows:

> ‘There was a situation recently that comes to my mind and that we discussed it a lot with the team. I used to say it was a cultural matter. It concerns a mother who has been here since August. So, it is a long stay, with five children. They are Tunisians and they had just arrived from Tunisia before ending up here. We are two referees who take care of the case because of the number of children involved. There is one eight-year-old girl and the others are all teenagers. It happened very often that we complained to the mother about some observations of her children. Well, they are teenagers, but sometimes the mother leaves the children alone here. They make a lot of noise, sometimes they are up until 1 am . . . and then once when I warned her about it, she said, “Let me tell you how things were when we were in Tunisia! First, they used to play outside a lot . . . They used to play football, they used to come back whenever they wanted, and we did not eat all together always at the same time”. I remember she once said, ‘Here we are in a structure where there are many rules; everything is so regulated” . . . And it is complicated for them to assimilate

all that; she herself said, “For me it is complicated!”’ (Katia, Interview, 11 Jan. 2016)

The question of culture was brought up by this social worker in response to her colleagues’ complaints about the children’s lack of discipline and routine. She wanted to urge her colleagues to consider the woman’s ‘reality’. She made the following statement to explain what she meant by the woman’s ‘reality’, which she implied differed from that of the professionals:

> ‘Not only should they adapt to Switzerland, but also to our framework and norms here in the shelter with its special context. . . There is this cultural aspect that it is not at all like before with regard to the relation with the children. . . In fact, there are too many rules for them to learn. And I felt that when I validated her perception of her reality, it helped us to understand each other [better]. I do not have any other concrete solution except to say, “Tell me how things were in your country”. “I need to know how things were there in order to understand because it does not make sense to me otherwise”. And then I can talk to her about how *we* do things here. And maybe we can meet each other somewhere in between.’ (Katia, Interview, 11 Jan. 2016)

These examples open up a discussion of a number of indicators and expected behaviours but also problematic ones that professionals look for in their evaluation of the children’s situations. The information provided by Jane and what I myself observed during the first meeting enabled me to enumerate a number of important behaviours deemed desirable by professionals and considered ‘appropriate’ as follows.

- Talking about violence with one’s children,
- Being autonomous and anticipating administrative procedures and obligations
- Showing warmth to children
- Asking children to be responsible and to arrange their toys
- Respecting professionals’ expertise (taking notes, granting attention to what the professionals says, listening carefully)
- Limiting the time children are left in the day-care facility

There were also some behaviours to be avoided:

- Corporal punishment or aggressiveness, and

- Not parentifying the child, that is, giving them too much responsibility or not protecting their childhood

Contrasting with the first example of 'the type of residents whom we adore', most of the interactions that I observed during my fieldwork entailed discussions of disapproved behaviours. This is because the so-called 'problematic' situations were more often discussed during staff meetings or bought up in interviews with me or with the residents. The disapproval of certain practices mostly appeared to follow a particular logic and pattern entailing more or less institutionalized criteria that I identified based on an analysis of my field notes and interviews. The most commonly cited behaviours that attracted the attention of the professionals and needed to be avoided were as follows:

- Being overwhelmed by one's maternal tasks,
- Leaving children unattended (letting them play alone),
- Not regulating children's bedtime (letting them make noise until late at night),
- Not ensuring balanced and healthy nutrition for children or not clothing them properly
- Being too fusional with one's children and not letting them socialize with individuals other than their mothers, breastfeeding them for too long and sleeping with them in the same bed
- Finally, not being a 'mummy', one who puts limits and who cuddles

These lists illustrate how socially situated professionals' expectations of 'mothers' are. In the first set of criteria that demonstrate desirable maternal practices, the injunction to autonomy is the most salient one for social workers as well as for psychologists when assessing a case. This was not only dictated by the guiding principle of social work, which is to propel all beneficiaries of social aid towards independence, but the rhetoric of emancipation and empowerment was also promoted by many shelters for IPV victims (Herman, 2016; Serre 2012). On many occasions, the shelter's professionals reminded me that their actions were intended to activate and 'de-victimize' their beneficiaries in a way that enabled them to reclaim mental and financial control over their lives. Of course, depending on a violent partner was a danger that jeopardized the norm of autonomy supported at the shelter. An examination of what exactly was encouraged and demanded at the shelter is indicative of a particular conception of autonomy that is socially anchored in a specific life style and conditions of existence that require the possessions of certain resources, such as those for seeking and finding a job (Herman, 2016; Serre, 2012).

Contrasting with the first list, the second one that sets out undesirable practices represents the reverse side of the 'normalization' of appropriate and acceptable educative and maternal practices advanced by the shelter's professionals. These criteria point to other socially situated practices. Attending to them enables an examination of 'undesirable' and 'inappropriate' behaviours as perceived and constructed by the professionals. Most of these requirements and expectations are shared with the social welfare agents and child protection services examined in previous studies (Cardi, 2007; Serre, 2010). The range of norms to which the above list refers warrants attention. Some of these are grounded in more immediate and apparent health-related concerns, such as ensuring balanced and diversified nutrition (conforming to current dietary norms stipulating the consumption of five fruits and vegetables a day), clothing that is properly cleaned and suitable in relation to the temperature to avoid sickness, monitoring their playing so that they don't hurt themselves, and respecting their own sleeping rhythms.

Other norms have more explicit 'symbolic connotations', to borrow Serre's terminology, such as avoiding an overly fusional relationship between a mother and a child, overextended breast feeding, or sleeping in the same bed (Serre, 1998, p. 114). However, underlying all of these norms is the principle that parents should educate their children by teaching them to respect a spatial order (division of space) and a social order (child–adult division) (Serre, 1998, p. 116). Boundaries should apply to children so that they do not invade the spaces of others by shouting, crying, or not respecting the objects. A child who sleeps late, watches too much TV, and does not have a proper school routine is considered one who has entered the world of adults too early. A child who is very attached to his or her mother is not ready to enter school and socialize within the external world, thus undermining the rule of autonomy. The mother who does not comply with these norms, who seems to be 'overwhelmed' by her maternal duties is considered incompetent or 'inappropriate' to use the professionals' terms. Therefore, each of the elements observed by the professionals serve as a symbol that is selected and interpreted against norms, including psychological norms, that are widely diffused in child protection circles. As previously studies have shown, they tend to negate the material and social conditions of the parenting exercise (Cardi, 2006, pp. 82–83).

The norms underlying the above 'undesirable' practices as well as the previously presented example of a case that was evaluated as being satisfactory both suggest the significance of a 'distance' existing between professionals and their clients and the ways in which it influences their reading of a situation (Serre, 1998, p. 111). As Serre (1998) showed, the relation between beneficiaries and professionals is characterized by different kinds of social distances that are

based, first, on competency (professionals versus profanes) and, second, on the social positioning and socio-economic and educative backgrounds of the beneficiaries as well as on their nationality or ethno/racial positioning (1998, p. 111).

In light of these explanations, I can now return to the previous examples and analyse how in the first case, even if the incident concerned the psychologist prior to the interview, the woman in question was eventually characterized as 'the type of resident to be adored'. Moreover, I will explore what was wrong with the second set of cases, which were deemed problematic in terms of child protection.

In my subsequent non-registered interview with the psychologist I wanted to acquire a better understanding of what usually caused them to become concerned about a situation and to consider it alarming. In particular, I wanted to know why she did not mention to the Swiss woman the incident reported by her colleague, in which she had pushed her child aggressively into the meeting room, given that she was very concerned about it before the meeting. To these questions she responded as follows:

> 'I did not consider this situation alarming. She took her child on her knees, and she stroked his back all the while. Even though we could see that the child was parentified, the mother listened carefully, taking notes, even to know how she should explain the situation to her son'. (Jane, non-registered interview, 2014)

Jane explained that Ms. B was very concerned about her children's wellbeing. She had already called the school. 'Here, women do not usually do that. Husbands take control of everything and they (the women) let them do it'. She insisted that 'here we should let them take care of their administrative tasks, otherwise we would be making a professional mistake'. Finally, she resumed, 'We should be indulgent; she has just arrived'. After a long silence she observed pensively 'It is good to have such reflections with you, because sometimes we do things intuitively without really knowing why'.

Anticipating administrative procedures and tasks (changing the child's school in advance), respecting professional expertise (listening carefully, taking notes, and asking questions), privileging dialogue in interactions with the professionals and school but also with the child himself (explaining the reason why they left the house) points to a perception of social proximity on the part of the professional, who seemed reassured by the woman's attitude towards the professional and her child. Ms. B was professionally active and worked at an accounting firm before coming to the shelter. Moreover, she spoke French very well and

clearly. She was autonomous and asked for little help from the professional or the institution (limiting the time her children would spend in the day-care facility). Further, she was familiar with the education system in Switzerland and the obligation to arrange a school transfer for her five-year old child immediately. During the interview, her bodily and verbal expressions revealed her conformity or acceptance in advance in relation to the professional's eventual requirements. Even if some of her present and past reactions were of concern to the professional, such as the incident before the meeting or the fact that her chid seemed to be 'parentified',[134] according to the psychologist, she nevertheless opined that 'we should be indulgent'.

It can be argued that in this example, the woman's performance during the interview corresponded to the professional's expectations based on socially situated indicators. The professional's perception of a reduced distance in terms of her expectations, the norms pursued at the shelter, and how the woman behaved during the meeting reassured her to the extent that the incident that had concerned her before the interview was not raised and the question of her child being 'parentified' was not mentioned. Furthermore, she was considered the type of resident that the mother-child team 'adored'.

By contrast, the two cases that were considered problematic and worrisome exemplified what were considered 'inappropriate' attitudes on the part of the mothers. These empirical examples help to clarify how some perceptions of beneficiaries by the professionals introduced new elements for explaining those practices identified as 'inappropriate' that should be remedied through the institution's intervention.

During the discussions on the Syrian woman's children on the necessity or not of reporting her case to the child protection authorities, the professionals resorted to deploying 'cultural' differences to try to understand her behaviour. 'Cultural' aspects were usually introduced in the assessment of women's maternal practices when professionals gave examples of non-Swiss nationals who were resident in the shelter. In the first example, Nelly the social worker, explained this 'inappropriate' behaviour by noting that the mother was overwhelmed; she had too much on her plate to be able to deal with everything, but also she was Syrian. Therefore,

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[134] She addressed the child, giving him some responsibility as the oldest child and asking him whether he comprehended his mother's situation, saying 'There are many things changing and it is difficult for Mummy, but you are the elder brother and you help me a lot'. This remark was considered by the professional to undermine the division between the adult's world and the children's world, illustrating what was termed being 'parentified' in the shelter's terminology.

she had a different vision of what she should do with her three children than what 'a Swiss mother' would have done. This implied that a Swiss mother's vision of this situation would be that she should not leave her children unattended or else they could put themselves in harm's reach.

The vision that a 'Swiss mother would have' also reveals professionals' perceptions of proximity/distance when they tried to interpret the educational and maternal behaviour of a woman towards her children. The implication is that such a vision is shared by all Swiss mothers, who would behave in similar ways in the same situation. Conversely, a Syrian mother's vision of this situation could be different. She may not be aware of the danger that her children could put themselves in if she left them unattended. This reasoning leaves little place for the first explanation of the situation provided by Nelly, namely that the mother may have been overwhelmed. Would a Swiss mother who was overwhelmed deal with the situation differently?

In a different interview, another social educator, Katia, shared her reflections on the same case with me:

> 'I think it is always challenging because there are many cultural aspects that are important too. . . What worries or scares me does not necessarily worry others. So, we should find some zone of intersection that we can agree on to understand why the other person thinks like that.' (Katia, Interview, 11 Jan. 2016)

This reflection confirms the conclusion derived from Nelly's reasoning that Syrian mothers would not necessarily be as concerned about the above described situation as a Swiss mother would be. Other reasons that could be considered in attempting to understand why this mother was not worried about the situation during that particular moment were considered secondary to the fact that she had a 'Syrian vision'. The possibility of her being momentarily overwhelmed because of the violence she had undergone or because she had three small children ranging between one and three years in age were not sufficient to explain her behaviour. It was her culture that would explain it best.

The second is a fair illustration of the most common ways in which the thematic of culture emerged in professionals' evaluation of children's situations. In this situation the woman's reaction and the way it was understood and interpreted by the social educator reveal some of the assumptions held by professionals. This interpretation occurs because of a perceived distance and difference between the professionals and their beneficiaries. The presumed lack

of a shared vision is not measured by the distance between these women's behaviour and the social positioning of the shelter's norms; rather, it is evaluated based on an imaginary cultural distance constructed between the professionals or the Swiss mothers and the 'migrant' mothers.

The Tunisian woman, whom I will refer to as Ms. L, had five children, four of whom were teenagers, who shared two small connected studios. When Ms. L was confronted by the professionals about her children's behaviour, she explained the changes they had undergone and all of the new rules they had to respect now; something that was not easy for her teenagers to handle. To explain this change, she spoke of 'how things were in Tunisia'. By that she might mean the freedom her children enjoyed back then, the practices in their family, or how she thought things were generally done in Tunisia. It was this last explanation that registered with Lisa, who consequently understood this situation as a cultural conflict, although she had resorted to culture to defend this mother.

As Katia herself explained, Ms. L had just arrived in Switzerland and had come to the shelter with her children, so the woman's reference to Tunisia could have referred to their earlier situation when they lived in their own apartment and had the freedom to play alone and had more flexibility regarding when to return home. But this reference to Tunisia was interpreted by the professional as a reference to a specificity of Tunisian culture. This can be understood from her benevolent question: 'Tell me how things were in your country'. She does not ask 'how things were before' or 'at home' but 'in your country'. Thus, she draws an association between Ms. L's maternal practices and where she comes from instead of linking these practices to her present situation in the shelter. In her attempt to 'make a step towards the other' she reduces and essentializes the behaviour of Ms. L, ascribing it to her cultural and/or national origins. Here, Katia falls back on the principle of their intercultural framework and attempts to direct the attention of her colleagues towards the specific cultural viewpoint of the woman.

Lisa's comment that 'I need to know how things were there, otherwise it does not make sense to me' points to her benevolent attempt to decentre her own point of view and to try to understand her interviewee's point of view, in accordance with what would be recommended for an intercultural social intervention. However, this resulted in a homogenized reading of the situation in Tunisia based on an assumption that all Tunisians would behave in a similar manner. Consequently, it is assumed that for the professional to understand the woman's behaviour, the latter should explain the specific cultural norms that guide her practices. In

doing so, the singularity of Ms. L. situation is not considered, and she is reduced to her category of national belonging as a Tunisian (Salès-Wuillemin, 2006). The social educator wanted to add this cultural specificity to her colleagues' assessment of the situation of Ms. L. However, she accorded a central place to the woman's 'Tunisian culture' in her attempt to understand her behaviour towards her children. Even if this is done with the intention of considering the beneficiary's 'reality', it could result in a conclusion that the non-compliance of this woman's children with the shelter's administrative and institutional rules was 'culturally' based, which in turn needs to be related not only to the shelter's regulations but also to those of Switzerland, as she remarked. This is because when it comes to the children's safety, the 'right to difference' acknowledged in intercultural social work is unsettled, and the institution's normative function of correcting 'problematic behaviours' should prevail, bringing to mind the distinction between redistribution and recognition introduced by Fraser and Honneth (2003).

This detailed deconstruction of the above interview excerpt was aimed at illustrating a common cultural centrism in the work of the shelter with regard to their 'migrant' beneficiaries. It is possible now to see how the assessment of those educative practices that were apparently informed by professional expertise on children's developmental needs corresponded in reality to how one social group perceives other social groups (Serre, 2012. p. 108). This perception was not only informed by gender norms, as demonstrated in Chapter 5. In addition, a specific representation of 'culture' emerged when the women in question were categorized as migrants. The ways in which distances between women's educative practices and the norms promoted by the shelter were measured coincided with how culturally distant they appeared to the professionals.

The centrality of 'culture' as a primary explicative tool for working with IPV cases involving migrants was enhanced by the imbrication of two other factors. Both of these factors were driven by the principles that guided the work of the institution and its professionals. The first one relates to the democratization of social work as response to the condemnation of it as an organ of the state apparatus exerting control on poor families. This foregrounded the beneficiaries' own needs and viewpoints in relation to the mission of social workers. This new prerequisite required that social workers accompanied their beneficiaries, making an effort to understand their viewpoints and tailoring their actions according to their needs. The second factor is the shelter's own intercultural framework, which postulates that any encounter between two individuals coming from two presumably different cultural backgrounds could

result in misunderstandings and contradictions, requiring a mutual effort to understand each other's viewpoints. Therefore, acquiring a better understanding of migrant beneficiaries' needs necessitated an understanding of their culture, which was posited to be collective in nature and by definition.

Consequently, in those cases, there was a shift from attempting to comprehend the beneficiaries as individuals towards comprehending them as members of a group whose behaviours, needs, and plans could be seen to be the result of their culture. During the assessment of the first case involving the Swiss mother, neither her culture nor her nationality was put forward to explain her behaviour. The judgment and evaluation of appropriate and inappropriate maternal practices was made along cultural lines when foreigners' behaviours were being evaluated. In fact, in those moments, 'culture' was not only a theoretical concept for explaining violence to which they turned when they were asked to explain the origins of IPV. It also became an operational tool that they deployed in their interactions with the women. If those women did not educate or control their children properly it was because they had different cultures, which had to be first understood before attempting to dialogue with them and correct those undesirable practices.

Conclusion: Culture Explains Everything

The literature on social work has demonstrated that the norms guiding social work are socially situated (Cardi, 2015; Serre, 2012). In parallel to the supporting role of social work, the aspect of 'control' is one of the remaining ways for the state to intervene within the private sphere of the family (Modak et al., 2013).The normative function of social work mainly entails detecting beneficiaries' difficulties and problems and supporting them in overcoming these hurdles by educating, emancipating, autotomizing and eventually correcting their practices. The standards and indicators against which these practices are measured is directly dependent on how those difficulties and problems are defined and identified, their perceived roots, and the suggestions formulated for overcoming them.

The mission of child protection is at the heart of what social workers are tasked with, serving as an organ of social control. The literature had shown that while practices of monitoring and control are de facto directed towards a specific public as beneficiaries of social welfare, those facing important financial constraints, aggravated by diverse inequalities relating to the job market, housing, or access to healthcare or education become the main targets of scrutiny and

normative prescriptions (Dubois, 2012). Studies have demonstrated how socially situated norms advocated by social workers result in the construction of marginalized women, who are potentially risk prone, and therefore requiring closer supervision and monitoring (Camus & Oria, 2011; Cardi et al., 2016; Cardi, 2007, 2010; Serre, 2009; Vozari, 2012).

In the case at hand, the specific conception of 'culture', viewed as a specific pattern of practices shared by all members of a homogeneous group residing in a particular country is entangled with normative prescriptions of 'appropriate' maternal practices and children's maintenance. Consequently, the shelter's professionals appear to perceive their normative prescriptions as practices shared by all Swiss mothers, as a 'Swiss' way of taking care of children. Moreover, in the context of the specific public of the shelter, when a 'migrant', 'non-Swiss' mother's practices and reactions do not meet the professionals' expectations, those practices are explained by the 'culture' of these beneficiaries.

Thus, cultural distance was mobilized by the professionals in their attempts to understand their beneficiaries' reactions. The example of the Syrian or the Tunisian woman, whose professional or educational backgrounds were never even mentioned, is indicative of how the social distance between professionals and beneficiaries was understood and explained in terms of cultural distance when they had to deal with 'migrant' beneficiaries. The explanation for why they do not conform to what professionals deem as desirable mothering is seen to lie in culture, which replaces all other explanations. Moreover, the distance between the professionals and their public is understood mainly as a cultural distance.

This emphasis on cultural difference eclipses other differences. Social distance and living conditions, the violence endured, or the immediate conditions of the women's housing at the shelter are only mentioned in passing. These 'inappropriate' practices are first and foremost considered a problem of 'cultural' integration relating to a 'Swiss' vision of doing things or being mother. Culture's use in this sense is based more on a perception of a beneficiary and her situation rather than on its description (Lavanchy, 2015).

Following the recommendations of Fiona Williams, whose work marked a turning point in theoretical discussions on racisms within social welfare work, this chapter sought to analyse the production of categories of difference, such as 'culture', 'nationality', 'migrant' or 'class' rather than taking them for granted (Williams, 1987, 1989, p. 189; see also Honegger, 2013, p. 49). It has shown how a Swiss way of mothering was constructed as a desirable norm against which what were perceived as culturally-driven and non-conforming practices of migrant

mothers were measured, It further showed that while the professionals' specific reading of culture and its application reflected their desire to incorporate the 'cultural' dimensions of women's situations with the aim of enhancing mutual understanding, this approach obscures rather than advances their understanding of these women's situations. What was gained and what was lost through the process? At the risk of reducing everything to culture and discounting the asymmetrical relations existing between migrants and professionals (Bolzman, 2001; Sancar-Flückiger, 1997) the professionals viewed a focus on culture along with normative prescriptions of good mothering as a means of resolving those problematic practices attributed to a cultural deficit. In this reading, culture replaced psychology, violence, and social class when the case involved beneficiaries categorized as migrants. In doing so, it participated in a specific mechanism of 'othering' that was produced at the crossroads of the supporting and controlling roles of social work, entailing tensions and contradictions. This reflected the professionals' intention of acknowledging the right to difference, while also following the normative prescriptions of 'appropriate mothering'.

The next chapter will provide more details on which conditions, precisely, are eclipsed through the deployment of the rhetoric of the 'Swiss' way of things by different professionals in their attempts to 'emancipate' and 'empower' the migrant victims of IPV whom they encounter in their work. This final chapter of the thesis presents another investigation of the process of 'making other' through a specific logic of racialization of sexism as it is reproduced in the institutional discourses and practices of healthcare professionals.

9 Chapter 9: Promoting Swissness: The Case of the Medicolegal Centre

This final chapter continues the investigation of the parallel framing of IPV that brings the gender in when migrants are targets of institutional responses. The previous two chapters demonstrated how by re-gendering IPV, it became a symptom of masculine domination and a form of violence against women, an interpretation that was silenced in the previously discussed institutionalized individual-based framing. I now turn to an examination of how the logic of the racialization of sexism underneath this dual framing plays out in the specific institutional context of the medicolegal centre. In doing so, I show how application of this logic leads to the differentiated processing of IPV cases involving 'migrants' in this medical setting. I present a specific example of the 'exclusionary aspects of Swissness' that centres on the 'othering' of individuals labelled as 'migrants' (Mottier, 2005, p. 262). This othering process is revealed through an analysis of a certain rhetoric of 'Swiss law' that is mobilized by healthcare professionals during some of their IPV consultations.

This chapter studies the ways in which 'a particular understanding of national identity is recommended as part of medical advice' provided to migrant patients consulting the centre in connection with IPV cases (Ayuandini & Duyvendak, 2018, p. 390). Through a close examination of exchanges between nurses and forensic physicians and these patients, and the explanations of the former that were subsequently offered during my interviews with them, this chapter will show how an idea of Swissness is enacted and promoted by healthcare professionals in the practical setting of a medical consultation. Specifically, I look at how a specific rhetoric of the prohibition of violence in the Swiss law is employed in a way that links the anticipated reactions of some patients to IPV to an idea of 'Swissness'.

9.1 Healthcare Professionals' Attitudes towards Different Patient Groups

As Part II has shown, the problem of IPV has been framed first and foremost as a psychological and individual-based problem that is usually explained on the basis of the characteristics of the victim and the perpetrator. This was also evident in the case of healthcare professionals. However, the question arises as to whether this framing was applied to all IPV cases and for all categories of patients.

It is now well established that patients' variables impact on clinical judgments (e.g., Danzinger & Welfel, 2000; Lopez, 1989; Preece, 2008). Since the 1960s, researchers have studied the impacts of race and socio-economic status on clinical judgments, and from the

1980s onwards, the impacts of age and gender have also been investigated (Lopez, 1989; Preece, 2008). It has been shown that healthcare professionals may also be biased in the way that they conduct diagnoses and treatment interventions (Danzinger & Welfel, 2000). Stereotypical assumptions and underlying values and beliefs inevitably impact on their interactions with their patients (Katz, 1985; Preece, 2008; Vogel et al., 2003). Studies have also shown that these stereotypical assumptions are important for investigations, as they could play a significant role in determining a healthcare professional's objectives when he or she meets a 'migrant' woman during a consultation (Ayuandini & Duyvendak, 2018). The impacts of stereotypical reasoning have been documented especially in relation to the attribution of responsibility for the problem that is presented, the formulation of the problem, its diagnosis, and treatment planning (Lopez, 1989; Nelson, 1993; Nutt, 1992; Preece, 2008).

In light of the above research findings and sharing the same cantonal and national context reported previously in the case of police and shelter, one can anticipate that healthcare professionals at the medicolegal centre operated a logic of the racialization of sexism through the mobilization of a culture-based interpretation of IPV in the case of their category of 'migrant patients'. The assumption of a different gender regime that demands the submission of women to masculine authority was among the specific considerations that healthcare professionals also reflected upon when they discussed IPV cases involving 'migrants'. Cultural differences were usually mentioned as complexifying factors that could result in consultations that were more difficult to handle. Laura, one of the nurses at the centre, clarified this for me as follows:

> 'When I have a patient who says I come from Turkey, I say to myself immediately, this person has grown up in a culture other than mine, with another way of seeing family, another way of seeing men in the society, individual freedom, and the capacity of expressing herself. . . So, it is spontaneous. I cannot go into a consultation without immediately considering this aspect. When I go into the waiting room and find a young woman of 35 who apparently has the same cultural origin as mine, I will see this spontaneously. And if I see a woman who does not speak my language, or wears a scarf, or who lowers her eyes at the sight of me when I say hello to her, I will perceive this immediately.' (Laura, Interview, 5 Nov. 2015)

In order to advance beyond mere repetition of what has been shown in the previous chapters in terms of representations and the racialization of sexism, which was also clearly present in

the discourse of healthcare professionals, I immediately begin to elucidate the ways in which such representations are entangled with the institutional logic of a medical service and to what effect. Ethnographic data enables this progression beyond the affirmation of the existence of such a discourse to the documentation of the process through which such representations enter the practices of a medical setting and impact on the concrete processing of IPV cases.

9.2 Legal Prohibition of Violence as a Specificity of Swiss Law

When an individual contacts and visits a hospital, he or she does so for a specific reason, namely a health issue or situation that arises. From a medical perspective, the objective of healthcare professionals is to treat the injury or diagnose and cure the sickness that brought the individual there. They also provide medical and professional recommendations whenever possible regarding self-initiated actions to prevent the sickness or injury from recurring, so that the individual concerned does not come back to the hospital for the same reason.

As I have discussed in previous chapters (specifically Chapters 3, 4, and 6), recognition of IPV as a public health issue by the World Health Organization (WHO) signified the role of the medical-industrial complex as a crucial site for detecting/diagnosing and treating IPV (Hofner, Viens Python, 2014). The conclusion drawn within multiple studies, funded in different countries, was that 'domestic abuse' was among the leading causes of injury for women aged between 15 and 44 years (Hofner, Viens Python, 2014; Durazo, 2016). Victims and/or survivors of IPV were transformed into 'patients' who presented with an injury/medical need (Durazo, 2016).

Following its institutionalization and construction as a publicly recognized medical issue, IPV was now perceived as an 'epidemic' (Durazo, 2016). Specifically, it was viewed as an epidemic that needed to be taken care of, following a medical perspective and a range of tools. These tools covered the entire spectrum from diagnosis (the naming of a disease and establishment of its cause) to prevention, treatment (taking care of injuries) and research (gathering information on the patients) as well as establishing risk factors and causal relations between the characteristics of patients and the occurrence of IPV (Durazo 2016).

This medical framing of IPV was also applied during consultations sought by IPV victims at the medicolegal centre. Applying their medical training and practice, healthcare professionals treated these patients as they would do for any other patients coming to hospital for any type of health issue. They treated the injuries, filled out questionnaires, photographed the injuries,

and prepared medicolegal certificates. However, they also gave advice and recommendations with the aim of preventing another visit of their 'patients' to the hospital for the same reasons.

In light of the principle of prevention that public health institutions were required to follow, one of the tasks that healthcare professionals were expected to perform was raising the awareness of their 'patients' regarding the seriousness of their situation. Their interventions relating to IPV 'patients' were constructed as 'acts of sensitivity', similar to those provided in connection with other health matters (Durazo, 2016, p. 188). For example, they would perform the same 'acts of sensitivity' relating to the alcohol consumption of some young men, who frequented nightclubs during the weekends and got involved in street fights. In such situations, the professionals gave advice and used different tools, such as a small quiz that enabled the patient to evaluate the frequency of his own alcohol consumption. The professionals would provide recommendations aimed at raising the awareness of these young people of the fact that their heavy drinking was more likely to make them the targets of those seeking to indulge in street fights.

During IPV consultations, a series of specific questions were asked rapidly to determine whether patients were aware of the dangerousness of their situation and whether they had taken measures to change the situation that had brought them to the hospital. This happened more often for IPV consultations than for other types of cases because the nurses and physicians were more concerned about the possibility of the patients being subjected to another episode of violence, as they knew and lived with their assaulters. My field notes, taken during the consultations, revealed that the healthcare professionals used a few questions listed in the questionnaire as indicators for evaluating and ensuring that the patients would apply measures to prevent further episodes of violence. First, they would check whether the individual concerned had come to the hospital on her own initiative or whether she had been sent there by another institution such a shelter or a police unit. It was also possible that she had been identified by professionals at the emergency unit of the hospital and sent to the centre on the same day. Second, they would ask the patient whether she had pressed charges against the perpetrator or planned to do so: "Do you want to press charges?' or 'Have you already pressed charges' was one of the first questions that nurses or physicians asked the patients. If the patients planned to file for divorce or had decided to separate, such information was received approvingly by the professionals during this evaluation.

If an individual comes to the centre on her own initiative, and if she plans to separate or to press charges, the healthcare professionals would be reassured and move on to other items in

their questionnaire. They would conduct their consultations routinely to gather the information they needed for issuing a medicolegal certificate. In these cases, they would be confident that the patient in question took the situation seriously and would have made sufficient efforts to prevent it from recurring.

Conversely, if the concerned individual was hesitant to press charges or answered the question negatively[135], the professionals would become alarmed, assuming that the patient was still not considering taking any official steps relating to her situation. In such cases, they tried to make their patients realize that their situation was abnormal and harmful to their health. They then used different tactics and phrases to raise the awareness of their patients regarding the necessity of acting in a way to end the violent relationship. The way that healthcare professionals tried to raise the awareness of their patients and to enable them to recognize their experience as that of a 'victim of IPV' seems to be an apt entry point for the present analysis. In the next section, I delve into those practices, considered as a privileged site, to study the professionals' representations and assumptions about their patients and to explore how these influence their practices aimed at encouraging patients to take steps to prevent further IPV incidents that would bring them back to the hospital.

9.2.1 Violence is Illegal

When the patients were not proactive about penal pursuit, and their reactions and responses to the questions did not match the professionals' expectations by demonstrating their intent to put an immediate end to the violence, at some point during the consultation, the professionals brought up the point that violence was forbidden by the law. They would use the 'legal prohibition of violence' argument to convince their patients of the gravity of the situation.

The explanation offered by one of the forensic physicians, Anastasia, illustrates how and when they used this explanation:

> 'It depends on how people arrive here. If they are here by themselves, if they themselves have decided to come, you do not need to tell them about the law, I think. Because they know that it is forbidden and that they do not deserve it, I avoid doing this. But sometimes they come by force of circumstances. Because they were at the emergency department, and we identified them and pushed them to come and

[135] The patients were sometimes surprised by this question, as they did not expect to hear it from a healthcare professional and to have to make a decision or to answer on the spot.

> they ended up using our service. In such cases, you feel that if you do not say things that may shock them a bit, shake them up, they won't—and they may never—use their certificate, leaving it in a drawer. And they come back another time in the same condition.' (Anastasia, Interview, 15 Dec. 2015)

This example reveals one of the above-mentioned indicators used by professionals, which relates to the arrival of the patient by chance rather than contacting the centre themselves. In such cases as well as those corresponding to other indicators (pressing charges, divorce, etc.) professionals confided to me that they found it necessary to 'shock the person' or 'take them by the shoulders and shake them'. This was because they presumed that the person possibly did not realize the seriousness of her situation and needed to be sensitized about it.

This perception of the need to sensitize or 'shake' IPV victims originates in the first institutional initiatives taken in hospitals in relation to IPV cases. Initial exploratory studies confirmed the same observations already made in other contexts such as in the United States, namely that healthcare services were one of the main sites where IPV situations were detected prior to being declared by the concerned individuals and their decisions to seek help outside of their immediate circles of family members or friends (Hofner, Viens Python, 2014; Durazo, 2016). This observation subsequently provided justification for the launch of trainings and programmes for medical staff to enable them to detect those patients who did not declare themselves as victims of IPV but who showed symptoms recognizable by medical staff (Hofner, Viens Python, 2014; Durazo 2016). Consequently, this knowledge entered the tool kit of some professionals, including those in the centre under study that patients sometimes did not disclose IPV themselves and the professionals needed to encourage them to open up.

My analysis of how and when the rhetoric of the 'legal prohibition of violence' was brought up during my interviews with the professionals as well as during the consultations that I witnessed shows that this rhetoric was not mobilized in all cases where a patient did not appear to have taken measures to prevent the violence from recurring. A particular concern of the professionals linked to their representations of their patients categorized as 'migrants' was evident in cases where such patients hesitated to lodge a complaint. 'Migrant' was an emic category that was based on an assumption of shared characteristics and deployed by the professionals for a specific group of patients (Choffat & Martin, 2014). The rhetoric of the 'legal prohibition of violence' was frequently mobilized in such cases involving 'migrants', whereas in others, usually involving Swiss nationals, this rhetoric was not brought up in a systematic manner. The next section will present an investigation of how this specific

representation of the category of 'migrant women' influenced the healthcare professionals' practices towards women assigned to this category. Subsequently, I will present a comparison of two consultations; one involving a foreign national woman and the other a Swiss national as examples of such differentiated discursive practices.

9.2.2 Here in Switzerland

The interviews that I conducted with the healthcare professionals indicated that the legal prohibition of violence could be brought up with reference to many different types of violence and during consultations with a variety of patients: men and women as well as Swiss and foreign nationals. Some of the professionals stated that they would raise the issue of the law with all patients, irrespective of who consulted them. They argued that any differences that might arise in their practices could be attributed to the patients' reactions and not their own practices.

The next excerpt, which is from my interview with Isabelle, a nurse, clearly reflects this viewpoint:

> 'I do not make any difference or changes in the way I conduct my consultations, but I realize that depending on their cultural origin, people do not live these events in the same way. They produce a different analysis of what they live through. There are things that are more tolerated in one culture compared with another. But my interview, I conduct it in the same way with everyone; the difference is in their response. . . So, we have the impression that these women recount what they have lived through, but they do not consider it a serious problem for themselves. They do not realize that what happens to them is not normal,
> - What do you do in such situations?
> - Well, I try to get the message across . . . that in any case, violence is forbidden in Switzerland. There are laws here, and we do not have the right to hit somebody. This is unacceptable for me, so I try to get this message across for everybody that it is not to be tolerated, and if you desire, there are options to help you.' (Isabelle, Interview, 9 Nov. 2015)

Despite this professional's insistence on mobilizing the rhetoric of the legal prohibition of violence for all consultations, during interviews, professionals' references to this question always occurred in association with 'migrant' women. In particular, the emphasis on this legal

prohibition of violence being a fact and a specificity of law 'in Switzerland' was made specifically in case of their patients who were categorized as migrants.

The following example from an interview that I held with Jeanne, a nurse, illustrates one of those frequent moments when the professionals brought up the category of 'migrant' patients when seeking to explain how they came to mobilize the rhetoric of 'violence is forbidden'. This nurse was explaining different 'typical' categories of IPV patients who usually came to them.

> 'Well, as I was telling you, I see *the* migrant woman, who does not speak French, etc. In those cases, I often spend a moment during the consultation explaining a bit about the law and the fact that violence is prohibited by law and the WHO terminology for it.' (Jeanne, Interview, 23 Nov. 2015)

The 'category of migrant' women that professionals referred to conveyed important information that was put forward when they wanted to present a situation to their colleagues. In fact, they would categorize their patients as migrants based on their country of origin, including those who were Swiss nationals but had migrant backgrounds. The country of origin was the first piece of information, and sometimes the only one, relating to a person's nationality that was provided when, for example, nurses interrupted the consultation to seek a brainstorming session with a forensic physician.[136]

As in the previously discussed police or shelter cases, not all foreign nationals were the targets of these specific discursive practices; only those who seemed to be 'culturally distant' from Swiss nationals. For these professionals, as for others, this cultural distance was apparent in a presumed banalization of violence against women within some 'cultures. In turn, they held that the reluctance of those patients to report their partners, press charges, or separate from them could be attributed to this cultural banalization. These 'options', provided by Swiss law, which many of the professionals referred to, were intended to encourage these 'migrant' victims of IPV to seek help and end their violent relationships. They were linked to the professionals' assumption that the ambivalence of those seen as 'migrants' was mainly caused by of their lack of awareness of their rights and the seriousness of the violence they had endured, which was considered commonly accepted within their 'culture'. This reminds sharply the well-known critics of passive and victimized figure of 'third-world women', or

[136] This was the pause that was taken in the middle of all consultations before returning to the patient and conducting the physical examination.

women of colour (Mohanty, 1984; Spivak, 1988) beneath the rhetoric of emancipation and freedom advocated by white feminists, who considered those non-western women as passive victims of their patriarchal culture denying their agency and voice. The relevance of these critics is evidenced for the case at hand when the French, Swedish, or other Western European nationals, although migrants in Switzerland, were not included in the emic category of the 'migrant' patient to which healthcare professionals referred. The examples of statements such as Isabelle's' 'they do not realize that what happens to them is not normal' did not refer to all migrants. As in the other two institutions in this study, this emic category more or less reflected the legal category of third-country nationals within Swiss immigration policies.

Depending on the country in question, there were some observations that revealed stereotypical reasoning. One of these assumptions in the case of the centre was related to the self-assessment by a patient of her own situation. The centre's professionals did not consider these 'migrant' women to be sufficiently aware of the seriousness of their situation as a case of IPV. An example can be seen in an episode that occurred when one of the nurses and I went to see a forensic physician during the pause in the middle of an IPV consultation. The nurse started to explain the case for the doctor saying, 'It is a situation involving a Colombian woman'. The forensic physician interrupted the nurse, turned back at me and said, 'it starts badly already!' Her implication was that the woman's nationality could be considered, from the outset, as a troubling indicator that could inform the analysis of the situation. Consequently, in such cases, it was considered important to remind these patients that 'at least in Switzerland' violence was forbidden.

As illustrated in Isabelle's statement, the professionals justified their use of that rhetoric for 'migrant' patients as a result of the 'migrants' contrasting assessments of their own cases. They considered some of the patients' responses as proof that for them it was 'normal' to be battered, and they did not know about their rights to live a life free of violence that were formally offered to them by Swiss law. For example, Jeanne, the above cited nurse, continued her explanation of how she categorized her 'typical category of migrant patients' as follows:

- 'Well, you explain your thing, and most of these women who have just arrived in Switzerland tell me, "Yes, but it is not the same in our county. Back there, it is normal for a woman to get beaten up by her husband. He has the right to do so!" You say yes, but here we are in Switzerland, and here there is law and one should respect it. And they answer, "yes but at home he can do what he wants", you see? And it is very complicated to explain that yes when you go home, and you close the

door, you are at home, but you are nevertheless in a country under the rule of law, and the law continues to apply even indoors.

- How do you respond to that?
- Well, I hide myself a bit cowardly behind the law!

Consequently, patients who were categorized as migrants were of greater concern for the healthcare professionals if these patients hesitated to press charges or to separate from their partners. In such cases, the professionals attributed the hesitation to lodge a penal complaint to the patient's migrant background and cultural heritage. In the professional's eyes, there was an additional need to push the women in these cases to react by stating that violence was legally prohibited in Switzerland as an awareness-raising tool. At the same time, the professionals promoted Swiss norms and the possibilities that were now open to them in Switzerland, a country under the 'rule of law', and where victims of violence were offered protection.

It is noteworthy that it was not uncommon for the patients to agree sometimes with the professionals and to criticize the lack of protection for women in their countries of origin. However, this does not detract from the fact that it was the healthcare professionals who took an active stance to promote an ideal that they presented as a Swiss value, 'notably by encouraging their patients to adapt and exercise certain qualities as an integral aspect of their expert advice to address the patients' "medical" situation' (Ayuandini & Duyvendak, 2018, p. 393). What I discovered, based on the analysis of my observations, was that this rhetoric of legal prohibition of violence 'here in Switzerland' was not only used for those 'migrant' patients who were hesitant, as the professionals stated. In practice, it was used very regularly with migrants independently of their own evaluations of their situations. The insistence of nurses on the legal prohibition of violence 'here in Switzerland' was a formulation applied routinely when they consulted with those they labelled as 'migrants'.

In the following section, I will revisit ethnographic data from two consultations, one of which involved a 'migrant' woman and the other a Swiss woman, to study the use of this rhetoric in the consultations, or its absence, and to elucidate what it reveals in terms of the centre's differentiated practices. The first case concerns an Afghan national woman who came to the centre to request a certificate to be used in the filing of a complaint against her husband, whom she had decided to leave The second case relates to a woman, a Swiss national, who came to the centre but did not want to use the certificate to lodge a complaint and was also hesitant to separate from her partner. A comparison of these two women's encounters with

healthcare professionals reveals some of the implicit assumptions that could not be discovered solely on the basis of the professionals' discourses in the interviews.

9.3 Raising Awareness: Two Contrasting Practices

I was spending that day with Jeanne, the nurse to whom I have previously referred, sitting in on her consultations. We received a young woman, who had come to the centre to register a recent incident of violence inflicted on her by her husband, with whom she had lived for 14 years. She was an Afghan national whom I will refer to as Ms. K. She told us that they had left Afghanistan as refugees, traveling first to Iran and from there to Switzerland. The husband had always been violent towards her, but at that time when she was considering separating from him, he had threatened her, saying that if she did not want to stay in the marriage anymore, he would kill her.

- 'Ms. K- He gave me some punches in the head.
- Jeanne- Always in the head?
- Yes, he said "I will kill you". He threw me on the sofa that day—he is a tall man of 180 cm in height and 95 kg in weight. At that point, I understood that he was dangerous. I do not know why I stayed for 14 years with him. He once called the child protection authorities, saying, "My wife has a psychological problem". They called me and asked me to meet them at once. He wants to take our child away from me. When we were still in Iran, he did this. He took my child away and did not let me see him for two months. Then I was forced to come back to him'.

Ms. K continued, saying that the husband, after beating her that day, had called the police saying, 'My wife wanted to commit suicide' and asked for help. After hanging up he came to her saying that the police would arrive and 'They will find you already dead. I will kill you now'. During the struggle, the police arrived, and he changed the story for them saying 'My wife wants to kill me'. Ms. K angrily observed, 'He lied about everything. He goes to the university here and knows the system very well. I cannot read French. I told the police that he was lying, but I do not understand why they did nothing'. To this, Jeanne replied, 'But you live in Switzerland now. There is a law here and he is bound by Swiss law; he is not above it'. She then continued:

'Jeanne- What would you want to do now?

- Ms. K- I won't give him another chance. I am afraid now. I know that he could go really too far. Never will I give him another chance, never!'

In response to Jeanne's question of how many episodes of a similar degree of violence she had lived through, Ms. K answered two or three. At that, Jeanne exclaimed, 'Thank God that he called the police himself!' She then continued as follows:

> 'Fortunately, here the police do arrive. In Iran, things should also evolve like here. It also took time here—some 50, 60 years ago it was the same. But we have succeeded in upholding women's rights and making them respected. It is not easy; one has to fight for everything.'

A close examination of the above consultation and this excerpt from the conversation between Ms. K and the nurse shows that Ms K was determined to separate from her husband and was not at all ambivalent about this decision. She was well aware of the dangers that the continuation of her marriage could have for her. It can be said that Ms. K's account of her situation in Iran (as well as previously in Afghanistan), and now in Switzerland, was intended to show the nurse how in all of these different contexts, her husband had always used institutions such as police, child protection authorities, or even law to his advantage and against Ms K. During the consultation, Ms K remarked on the limitations in obtaining effective protection in all of her encounters with institutions in those contexts, noting how after this final episode, she was persuaded to leave her husband definitively and file for divorce. She recounted her husband's strategies of using the child protection authorities against her in Iran and in Switzerland alike that put her in a critical situation in both cases. She was also disappointed that after a particularly violent episode in Switzerland, the police intervened at the demand of the husband but did not pursue the case as Ms. K had expected.

The second consultation that I will now present illustrates the healthcare professionals' practices in the face of non-migrant patients. What is more, this case is particularly interesting because the Swiss woman, hereafter Ms. C, was reluctant to press charges or to separate from her companion.

This consultation was carried out by Anita, one of the nurses at the medicolegal centre of the cantonal hospital. After the initial greetings and after Anita had alerted the patient regarding the limits of confidentiality and the socio-demographic information collected at the beginning of the consultation, we learned that Ms. C was a Swiss national in her early 30s, undergoing an apprenticeship as a commercial employee in a supermarket. She was in an ongoing relationship with a Tunisian man, who did not possess a legal residency permit in Switzerland. As usual, Anita started by asking if she had lodged a complaint against him.

- ‘Anita - Have you decided to do it, or you do not know yet?
- Ms. C- It is still hard for me. I feel I do not have the right to do so. I still love him.’

Without any further comment, Anita asked Ms. C to recount what had happened to her. We learned that they had been in a relationship for the last year. The partner had moved to Ms. C’s apartment and did not contribute to the household expenses. She explained that he had lived in France before coming to Switzerland and that here it was more difficult for him to find a job as he was undocumented. She said that several times he had told her that she was no longer the woman in his life and that he planned to return to Tunisia.

> ‘He lied. He did not want to go. He used to manipulate me and make me feel guilty. I did not feel very well. I took many days off from my work. I finally left it and left my apprentice training too.’

Ms. C continued by telling us how they had already broken up several times and explained how she had always returned to him.

> ‘He used to say, “I love you, I do not want to see you in another man’s arms”, and I had the tendency to forget. He wrote messages to move me and I returned to him. The last two times, I did so because of my love for him.’

The last incident that had brought her to the centre happened when the man had come to take his possessions and ended up threatening to kill her. She did not want to call the police and called her sister instead, who finally did call the police against Ms. C’s will. ‘My sister has no pity’, she told us. But the man still refused to leave the apartment before the arrival of the police, ‘because he wanted me to hold on to the image of the police taking him handcuffed from my apartment’. Ms. C refused to say anything about the death threat to the police to prevent them from filing an IPV case against her partner; she only told them that she did not want to stay in the apartment for the night. At the end of her recounting, Anita asked again, ‘What do you envisage doing now? What is your plan?’ Ms. C’s response to this question was vague: ‘To keep calm’.

At this point, Anita interrupted the interview for the brainstorming break with one of the forensic physicians. As usual, the nurse began to recount the facts and the couple’s history. The physician paid particular attention when Anita told her that Ms. C had left her job and her apprenticeship. She wondered if she was undergoing psychotherapy and why her education

had been so delayed. Musing over those questions, and also considering the fact that the man was undocumented, she finally observed: 'She must have a problem!'. Anita said,

> 'Well, she does go in all directions at once when she talks, and it is difficult to keep her on track. But I think she needs to recount her story.'

The physician responded as follows:

> 'Well, maybe that is why she did not succeed in her education. This is an unclear story. How and why did she start to date this guy? Of course, she has to pay for the apartment and everything. I think you should check her medical antecedents; it is very important. Ask her how her apprenticeship went. Do not scare her, but I think we should send her to [the name of a psychiatric clinic]. You may have a second interview with her when you bring her back to talk about this psychotherapy with her.'

The nurse appeared to agree with this assessment, and she raised the above discussed points with Ms. C after her physical examination.

The juxtaposition of these consultations supports the argument that the mobilization of the rhetoric of the 'legal prohibition of violence in Switzerland' was not always related to the actual reactions of those categorized as migrants, as was frequently claimed by the professionals. It was more related to the professionals' prior assumptions and what they decided would or would not be a useful frame to be deployed in a specific encounter with a victim of IPV. It also provides another example to support the general framing of IPV discussed in Part II, with mobilization of psychological and individual-based explanations when the target of institutional responses are not migrants.

The following paragraphs highlight the contrast in the processing of both of the above discussed consultations. They are not intended to attempt to evaluate them, nor to criticize their internal logics. As always, it is the shifting of lenses that are of interest. I do not challenge the relevance of each of these lenses in themselves; nor the solutions that follow them. Also, to avoid the risk of blurring my main argument, I have not brought out the complexity of these two situations or attempted to capture and present them in their entirety. For example, the fact that the Swiss woman's partner was an undocumented Tunisian man might have influenced the reaction of the physician, particularly her surprise as to why Ms. C

dated him. My main objective is to highlight the fact that the logics and readings of the victims' cases differed.

In the first case, the Afghan refugee woman had already decided to leave her relationship and had pressed charges against her husband. The woman did not banalize either the severity of her situation or her need to separate from her violent husband. She was aware of the dangerousness of her situation and so she did not really need to be sensitized about it. Therefore, based on the professionals' explanations offered in the interviews, it would be reasonable to assume that they did not need to emphasize that Swiss law, in contrast with the law in her country of origin (or her previous host country), forbids such violence.

Nevertheless, the nurse found it useful to remind her of the protection that Swiss institutions and the law provided for women. This example revealed how professionals' use of the rhetoric of Swiss law with 'migrant' patients was not always because of the women's lack of awareness about the gravity of their situation; nor was it only a response to their banalization of what had happened to them.

The second consultation concerned a Swiss woman who did not want to press charges against her partner and was also hesitant to leave him. Contrasting with the usual reading of similar situations involving 'migrant' women, her behaviour was not read by the professionals as that of a woman who submits to her male partner's authority. Nor was she perceived as a woman who minimizes the severity of the violence that she experiences in her relation and whose awareness should be raised by reminding her about the legal prohibition of violence. In the analysis of her case, the attention of the professionals focused on her personal situation for which psychotherapy was deemed helpful. The professionals did not bring up the question of the legal prohibition of violence; nor did they try to convince the woman or encourage her to press charges or to leave her violent partner.

This raises the question of how the lack of reference to the legal prohibition of violence in this case or of any attempt to encourage the woman to reconsider her relationship with the man can be understood. It can be hypothesized that the professionals assumed that she knew that violence is forbidden in Switzerland. As IPV is not considered a part of Swiss culture, there was logically no need to remind this woman or to raise her awareness on the question of the law. In other words, there was no need to try to 'emancipate' her from her inaction relating to her partner for whom she acknowledged her love. Culturally based explanations and acceptance of men's authority was not considered a relevant lens for reading this case. Other

psychological problems or personal reasons were considered to be more relevant for explaining her reaction to her situation. Consequently, psychotherapy was suggested for her.

In her study of the 'figures of problematic dependence' in Switzerland's social policies, Perriard (2017) observed a similar tendency. The state's agents in charge of the implementation of social politics designed to insert beneficiaries into the job market, do not regard all state dependencies as problematic. Some of them have become normalized because they are considered to correspond to traditional life course norms produced at the intersections of age and gender (Perriard, 2017). In the case of Swiss women, for example, those who are the mothers of young children, Perriard (2017) observes that social workers understand and tolerate the fact that these women would not actively search for jobs to integrate immediately into job market and become financially independent. By contrast, in the case of racialized migrant women, the social workers consider their financial dependence on their husbands to be problematic, hence encouraging them actively to find a job. The dependence of a Swiss woman on her husband is then considered to be less problematic than the dependence of a migrant woman on her husband. Garrau and Le Goff (2010) similarly argue that if some beneficiaries are considered independent, this is because there is a hierarchy in place that renders invisible some relations as being based on dependence (Garrau & Le Goff, 2010, p.14).

Accordingly, it can be argued here that the hesitance of Swiss women to denounce their intimate partner's violence is not read as being as problematic as that of a 'migrant' woman, whose 'inaction' is interpreted to be the result of a backward and patriarchal culture. Consequently, she should be encouraged to emancipate herself from this culture. It is deemed that such women need to be informed of the possibilities offered in Switzerland because the professionals' interpretation of their behaviour mainly rests on the assumption of their lack of knowledge. Thus, even if a migrant woman does not refer to her culture or to the banality of men's violence towards their wives, this reference is still considered relevant and is brought up in consultations. By contrast, a Swiss woman's 'tolerance' of her partner's violence, (or her love for him used to justify it) is not read as an outcome of a cultural banalization of male violence but as an exceptional or psychopathological behaviour that can be attributed to other individual-based explanations.

9.4 Becoming (More) Swiss as a Medical Recommendation for Resolving IPV

The question to be asked then is what it reveals when the 'Swissness' of the legal prohibition of violence is emphasized in encounters with 'migrant' patients in terms of the processing of IPV. This rhetoric, and the protection that Swiss law is assumed to offer in terms of women's rights in IPV cases needs to be analysed carefully. This is because as Guénif-Souilamas and Macé (2004) observed, every enunciation of difference is never only descriptive; it is also performative. It not only announces a difference, but it simultaneously constructs it. What is the function of this discourse? What work is it doing when is it enounced to those perceived as 'migrants'? On what representations and assumptions, is it based? Finally, what outcomes does it produce in terms of the differentiated processing of IPV cases?

The adjective, 'Swiss', performs a double work. Not only does it contribute to the construction of some idea of 'Swissness', but it also conveys some stereotypical and dichotomous assumptions. These assumptions in turn legitimate differentiated discursive practices during encounters with 'migrant patients' or those who seem to have migrant backgrounds (Choffat & Martin, 2014). I will try to disentangle some of these assumptions here.

First, 'here in Switzerland' is contrasted to 'there' or 'elsewhere'. What was offered to the 'migrant' woman 'here in Switzerland' was implicitly being compared with what was assumed to be available to her before her arrival in Switzerland. Here in Switzerland, the law forbids violence, the police arrive, and there are opportunities for women to leave their violent partners if they so desire. Emphasizing 'here' in Switzerland implies that elsewhere, in the 'migrants'' countries of origin, this is not the case. The laws there do not forbid violence, so the police do not come when their intervention is requested, and if a woman desires to separate from her partner, it is more difficult for her to do so.

Second, the emphasis on the importance of the legal prohibition of violence is accentuated by a second statement: Switzerland is presented as a country under the 'rule of law' where citizens are to follow the law. Emphasizing this point to 'migrant patients' also implies that the situation may be considered different in their countries of origin, where the assumption is that the law is not so closely respected or that such a law simply does not exist.[137]

[137] This also brings to mind the idea of 'contract societies' (Hall et al., 1978, pp. 172–173), given an emphasis on what is considered one of the core markers of a presumed 'modern' society. A modern society is a society where

Third, a contrast is implicitly made between migrants' countries of origin and Switzerland, which is constructed as a country where IPV victims face fewer or even no difficulties (Choffat & Martin, 2014). The implication of this contrast is that it is 'better' to be a victim of IPV here than elsewhere. 'Migrant' women are promised the opportunity to avail of the provisions of Swiss law, considered as indicators of privilege and improvement, to enable their status to be elevated to that of Swiss women (Choffat & Martin, 2014). Swiss people and Swiss society are portrayed as being open to separation/divorce and as freely denouncing their partners' violence, whereas those with migrant backgrounds are seen to be resistant to doing so. This differentiation was often mentioned by professionals as a way of making sense of the ambivalence of these women towards pressing charges. Some of these assumptions were also evident in the two other institutional contexts. For example, the connotation and possibility of divorce was also posited in the shelter as a factor for explaining the ambivalence of some migrant women, ignoring the fact that the connotation of divorce could also be a barrier that constrains a Swiss woman from formally pursuing and denouncing her husband in the case of IPV.

Moreover, placing emphasis on the fact that Swiss law forbids IPV demonstrates that this violence is not a common 'cultural' practice in Switzerland; rather, it is a deviant behaviour that is prohibited, along with other crimes such as murder. By contrast, other countries (migrants' countries of origin) are homogenized as places where violence is legal and not forbidden, thus indicating that such violence is a common collective practice in that society rather than a deviant individual practice forbidden by law (Volpp, 2001). While it may be accurate to compare different legal systems, which have different ways of regulating IPV (an example being the recent decriminalization of IPV in Russia), the way that healthcare professionals mobilized this rhetoric extended beyond a description of different legal regulations of IPV.

'law and the state . . . are the self-imposed constraints which free and sovereign individuals [take] upon themselves in the form of a 'contract' (Hall et al., 1978, pp. 172–173). The notion of modernity, based on a social contract, is contrasted with non-modern societies were chaos or tradition impose their own laws on the individuals who follow them. In addition, this rhetoric of legal prohibition of violence does not address the fact that even if the legality of the situation is considered, an individual would not always refer to the law in her daily life decision making. The fact that an individual has the right to press charges in the court does not mean that she will choose this option. This suggests a reduction of situations of IPV and their complexity to the realm of legal solutions. The complexity of the migrants' situations in the face of IPV is even less realistically solvable by such legal solutions as the last section of this chapter reminds.

Besides being an attempt to inform the women that they were now protected and could benefit from the legal provisions offered to IPV victims, this framing introduced a hierarchical relationship between the idea of 'Swissness' in contrast to an 'elsewhere'. What is portrayed behind the idea of protection available for women under Swiss law, or explicit references to the 'rule of law' in Switzerland, is a revival of the polarity between the rule of law versus tradition and culture, and of the modern versus the non-modern. The phrase 'some 50, 60 years ago' in the above cited excerpt that was raised to explain how the current situation of women's rights in Iran corresponds to what was the case in Switzerland around half a century ago is illustrative of such an assumption.[138] It conveys the notion of the linearity of human progress whereby some have achieved more, and others have lagged behind. There were many allusions to this notion during the consultations. Moreover, this was not only the case for IPV victims. In other consultations with 'migrant' men who were the victims of other types of interpersonal violence as well, the professionals referred to such hierarchical constructions. For example, in my presence, a nurse said to a young man, a Moroccan national, who consulted the centre as a victim of a street fight: 'In terms of prevention, I should tell you that in our civilization, violence is forbidden. We do not hit each other, we discuss [things]'.

Fourth, by adding the adjective 'Swiss' to their statements, the professionals endowed the legal prohibition of violence with a nationality and appropriated it. If the Swissness of this legal prohibition had not been insisted upon in this statement, it could have been interpreted as simply conveying information to a woman on judicial options for a specific IPV case. Emphasizing it as such indicates that some possibilities are more desirable because they are Swiss. Thus, the Swiss context is authoritatively constructed as being superior to what is imagined to be the case in other contexts. In fact, by ascribing a nationality to the legal prohibition of violence, IPV correspondingly becomes 'non-Swiss', as does not pressing charges or not divorcing. Consequently, the category of 'migrant' patients who are victims of IPV is constructed in opposition to the figure of the emancipated and modern Swiss woman (Dahinden et al., 2014), who would not hesitate to acknowledge her experience as a case of IPV and to avail of legal options for denouncing her partner and proceeding to obtain a

[138]Ironically, 50 to 60 years ago, Iran's political regime at the time proclaimed Western ideals of 'modernity' and had extensively reformed the law to promote women's' rights. For example, women were given the right to vote in Iran in 1963 (nearly a decade before women obtained this right in Switzerland). The percentage of divorce in Iran (far over 50%) also contrasts with stereotypical assumptions about the implied or actual impossibility of divorce for Iranian women, which is widely shared by professionals who did not, in practice, differentiate their generalizing and homogenizing affirmation for various Middle Eastern countries. (Kian, 2002)

divorce or separation. Lodging a complaint and not being ambivalent towards divorce are identified here as a hallmark of being Swiss and provide an example within an institutionalized context of what Dahinden et al. (2018) identify as a form of a gender-nationalism that has emerged in Switzerland. This term refers to the specific ways in which ideas of gender equality are increasingly used 'as a basis upon which national boundaries are drawn' in Switzerland (Dahinden et al., 2018). The ability of women to stand up to their violent partners and to leave their relationships is considered a Swiss characteristic that patients are subsequently advised by healthcare professionals to adopt (Ayuandini & Duyvendak, 2018, p. 401).

Accordingly, the right to live free of violence as a universal and basic human right is viewed a 'characteristic of [Swiss] national identity' (Ayuandini & Duyvendak, 2018, p. 407) that contrasts with the contexts in the migrants' countries of origin where this right is not upheld. Thus, being (more) Swiss is promoted as a solution to these patients' problems (Ayuandini & Duyvendak, 2018). This happens when 'Swissness' is understood as certain personal characteristics that are shared and that in turn are promulgated by nurses and physicians among patients with migrant backgrounds (Ayuandini & Duyvendak 2018), who consult their centre in relation to IPV.

The legal prohibition of violence, and of IPV more specifically, becomes a constitutive principle of Swissness that is prescribed as part of medical advice provided by healthcare professionals to their patients who are categorized as 'migrants'. The rhetoric of the protection of victim's rights under Swiss law becomes a marker of difference; a Swiss characteristic that is promulgated among 'migrant' women. This is similar to the observation of Ayuandini and Duyvendak (2018) relating to patients' requests for surgical hymenoplasty in the Dutch context. In this case, the principle of virginity before marriage was considered by the physicians to be non-Dutch, stemming from their 'migrant' patients 'deficient national identity' (Ayuandini & Duyvendak, 2018, p. 407).To remedy this 'lack' of 'correct' information about the Dutch context, physicians promoted education and awareness raising in their work with such 'migrant' patients, attempting to inspire them to embrace these presumed Dutch traits in the hopes that they would eventually be persuaded to abandon the idea of hymenoplasty (Ayuandini & Duyvendak, 2018). Similarly, the hesitation of migrant victims of IPV to press charges, whether this was real or presumed, was attributed by the professionals to some weaknesses among those who would not act according to the professionals' normative expectations of how a victim of IPV should react in this situation. Consequently,

recommendations such as the rule of law and the obligation to comply with it were put forward in the hopes of persuading those patients to react in ways that the professionals deemed appropriate and desirable for the situation. It is important to highlight the fact that my critique here does not focus on the desirability of leaving a violent partner. The issue under consideration here is not what the professionals say and promote but how they say and promote it, which reveals the implicit representations and their concrete consequences on the institutional processing of IPV cases. Another example from my fieldwork better illustrates some of the consequences of such recommendations in practice.

A second consultation was fixed to provide Ms. G, a woman, of Algerian origin, and a foreign national living in Switzerland, with the medicolegal certificate. I went with Jeanne, the nurse whom I was accompanying that day to the waiting room to fetch Ms. G. After introducing myself and obtaining her permission to attend the consultation, we went to one of the consultation boxes reserved for Jeanne that day. Christine, a member of the child abuse and neglect service (CANS) at the hospital awaited us in the consultation box. Jeanne presented Christine to Ms. G, who was surprised to see another person in the room. 'Do you remember, I told you that I would present the situation to CANS?' Jeanne asked quietly, having noticed the woman's discomfort. Ms. G said that she did not remember this, and Jeanne insisted that she had informed her, reminding her that Christine was there to talk about the situation of her children. She then continued by asking Ms. G how she felt since their first meeting a few weeks back. The latter explained that she continued to suffer from headaches and that she could not keep her head straight but that the scan and radiography graphs did not find anything to explain this. Jeanne advised her, nevertheless, to consult a doctor if she continued to suffer from this physical pain. Then she gave her the certificate apologizing because the photos were not ready, telling that she would receive them later by post.

In response to Jeanne's question regarding where she was with her separation plans, Ms. G answered that her husband, a French national, had filed a complaint against her in return. From her account, I discovered that she had a son from her previous marriage with a Swiss national who had been convicted for sexual abuse of the child. She had come to the centre following violence inflicted by her second partner with whom she had had a daughter. When the discussion with Jeanne ended, Christine said she would take Jeanne's chair, which was behind the desk in front of Ms. G. She then began to speak:

- 'Christine - I know that you are aware of this, but we are here to make sure that children are protected.

- Ms G - Have you spoken to the child protection authorities? [*She asks this question in a concerned tone*]
- Yes, we work with them. We have a close collaboration with them. We are very concerned about the dissociation you make between what you are enduring and what your children are experiencing. You know that they suffer too.
- Of course, I am aware of that and that's why I suffered but kept silent and didn't complain.
- Well, I am here to tell you that you cannot do that.'

After a few more questions, Christine brought the discussion back to the question of pressing charges and getting a divorce. She asked Ms. G what she herself thought about separating, regardless of expectations of her within her family, framing her question as follows:

- 'Christine - I am going to ask you a provocative question, but I am doing this on purpose. Imagine if in twenty years from now, your daughter comes to you and says that her husband beats her. What would you tell her?
- Ms G - To leave him.
- Look, maybe what you do now would influence her life too. If you bow down now, you'll give that example to your daughter. And now you are in Switzerland. . . You have the right to get better and be happy here in Switzerland, but the Swiss law also says that you have the obligation of protecting your children as well as doing well.
- All I wanted was for him to remain kind, I accepted all he demanded, and I didn't want to deprive my child of her father.
- I know it is difficult, but if you protect yourself against the father, this would not mean that he won't see his daughter. Here in Switzerland, there are several options for letting the father see his daughter. He may also suffer himself because of his violence.
- Oh no, I don't think so. He is so happy when he beats me. He never apologizes. He has the desire to be violent and likes to make me suffer.
- He sounds pathological from the way you describe him. If you move on and do something on your side, it may also be good for him. . .What I can tell you as a woman, a mother, and a professional is that submissiveness is not a solution. You have huge power in your hands. What you cannot do for yourself you may be able to do for them. There are tons of things that can be possible. It is difficult to do all

of it on your own and alone, but you are in a country where much help exists and there are many possibilities and those are your rights.'

As illustrated in this excerpt, the professional repeatedly mentions being in Switzerland to the woman and always in conjunction with a message of hope and of the possibilities that this represents if the woman chooses not to bow down and be submissive and accepting of her situation. It is also presented as a way for her to provide a good example to her children, and especially her daughter, indicating how she should handle her future conjugal life. As all of the examples described here show, the forensic physicians and nurses treat their IPV consultations as more than just the provision of a medicolegal service. As documented in other similar contexts, such as the medical consultations on hymenoplasty observed by Ayuandini & Duyvendak (2018), doctors aimed to empower their patients by 'providing education or top-down awareness' (2017, p. 404). In the same way, the IPV consultations that I observed, conducted by healthcare professionals, became opportunities for the medicolegal centre's staff to instil particular characteristics and inspire their patients to take actions that they considered desirable. Regardless of the desirability of leaving a violent partner, it is again the form in which these recommendations are formulated for 'migrant' women that warrants attention. As the above example shows, such encouragements could take the form of recommendations to be independent, not to bow down, and not to submit to a husband's authority. The imparting of such recommendations exclusively to migrant women, and in such a form, reproduces the normative assumption that 'migrant' women's reactions signify their lack of awareness about their rights or possibilities here in Switzerland. No individual, psychologically grounded reasons are explored. Nor are structural impediments to separation for women assessed.

This message of individual empowerment and 'choice' discounts the fact that not all victims have the ability to choose creatively among the options available to them (Shalhoub-Kevorkian, 2011). The existence of public institutions, legal regulations, and systematized channels for processing IPV cases and supporting victims, does not guarantee access in every case. A growing literature has examined the structural factors that 'shape women's experiences of and vulnerability to intimate violence' (Piedalue, 2017, p. 563). Interwoven experiences of discriminatory state practices or structural forms of violence such as poverty complicate the simplified culturalist explanations of violence against women that all too often 'evoke timeless "tradition" . . . to locate violence in racialized places and upon "othered" bodies' (Piedalue, 2017, p. 563). A substantial body of research has examined the links

between women's migration status and their vulnerability to IPV by highlighting the immigration laws and policies that intersect with gender-based violence and shape the possibilities available to victims to free themselves from it (Hearn et al, 2016, p.157; Khazaei, 2018; Kiwanuka, 2010, p. 164; Sokoloff & Pratt, 2005). The case of 'immigrant status is an especially important factor' (Hearn et al., 2016, p. 157; see also Burman and Chantler, 2005; Menjívar & Salcido, 2002), the neglect of which not only impoverishes an understanding of IPV but actually fuels culturalist explanations and representations of IPV (Piedalue, 2017, p. 570).

Examples of obstacles against leaving a violent husband that become exacerbated by a woman's immigrant status abound in the literature. In the Swiss context, the housing of IPV victims within the shelter is financed by the welfare department but constitutes a debt for the victim (Fluehmann, 2015, p. 57). If unemployed, a victim could avail of social aid, but this financial dependency is especially problematic for women with non-permanent residency permits. The policy approach for fostering 'integration' fails to recognize labour market discrimination and requires financial independence from migrants (Korteweg & Triadafilopoulos, 2013; Korteweg, 2017a). Finding a new apartment is a first step towards guaranteeing a victim's own independence and security before any real project of separation can take place. However, without a sufficient income, the victims cannot easily find such accommodation in Switzerland (Fluehemann, 2015, p. 57). Again, finding accommodation is linked to having a job, which is more difficult for foreign nationals, given their immigrant status than it is for Swiss women (Fibbi, 2005; Fibbi et al., 2003). This is all the more difficult because the diplomas and qualifications of individuals from third countries are not always recognized, and they have access to more precarious jobs, which do not always guarantee them financial independence (Perriard, 2017; Sokoloff & Pratt, 2005).

Women with non-permanent residency permits in Switzerland that are granted under the family reunification provision face another important obstacle. As previously mentioned in the general introduction, the situation of migrant women who are victims of IPV has long been a subject that social movements, feminist groups, and migrant' rights associations in Switzerland have attempted to spotlight. Despite improvements in the law, the restrictive implementation of legal protection still makes it difficult for professionals to guarantee the right to remain in Switzerland to migrant women whose permits are granted under the family reunification category if they decide to separate from their violent husbands (Dubacher & Reusser, 2011; Khazaei, 2019b).

In light of the above discussion, conveying the message that 'here' in Switzerland there is help available and that a 'migrant' woman only needs to choose to act and change her situation not only discounts the many obstacles that victims of IPV face but it also discounts the additional obstacles that the same Swiss legislation creates for some categories of foreign nationals who are victims of IPV that further limits their access to existing options. The impacts of this specific situation on the agency and decision-making process of a woman whose legal status is regulated under the Swiss Alien Act (*Loi Fédérale sur les étrangers*) constitutes an alternative explanation to migrants' supposed cultural acceptance of IPV or the taboo against separation and divorce within their communities. It provides a counterargument to this racialized and cultural-based interpretation of these women's motivations and decisions.

Finally, it can be concluded that the rhetoric of protection that is promulgated by healthcare professionals to the 'migrant' victims of IPV, is not in fact a reality for all victims of IPV, regardless of their administrative and financial status or nationality. An emphasis placed on this rhetoric, used especially with 'migrant' victims, counteracts the importance of structural obstacles that these individuals face in addition to their incapacitating experience of IPV. The neglect of these structural obstacles can consequently result in 'migrant' victims of IPV being held solely responsible for their situation; a message that does not sound supportive to the women who receive it.

The reaction of women to such statements sometimes showed how those messages that were intended by the professionals to convey 'choice', 'possibilities', and empowerment could also be understood by the women as reproaching them for their assumed passivity or lack of will to change their situation. This could have the opposite effect of leaving them feeling blamed and helpless. In the above-mentioned consultation, when Christine from the CANS shook Ms. G's hand and wished her luck and left, Ms. G. turned to Jeanne, who was correcting an error in the certificate to print it again, and shared her thoughts:

> 'Whenever there is a long silence, I start to feel guilty. I say to myself if I had remained silent. . . Now I am the criminal who is being accused. . . I have nobody here. And now I am the person who is criticized, everything is against me. . . I'd like to go far away. There is help available only for the children, but what about me? I need to go well too.'

Well-intentioned though such messages of empowerment may be, such as Christine's promise that the woman has 'huge power in her hands', they actually conveyed to her that 'it is up to her' and that she could only be saved if she herself desired this (Shalhoub-Kevorkian, 2011). The complicated realities of women victims of IPV challenge this claim. They disrupt 'culturalist narratives and demand deeper understandings of the complex social relations surrounding intimate violence' (Piedalue, 2017, p. 572)

Conclusion: Swiss Law and the Salvation of 'Migrant' Victims

This last case study from the medicolegal centre concludes the demonstration presented in Part III of how a different framing is mobilized for processing IPV cases concerning victims who are categorized as migrants by public agents, thereby elucidating the differentiated practices towards them within these different institutional settings. Echoing similar representations of 'migrants' and their 'cultural' differences in the arena of women's rights, a specific form of racialization of sexism can be seen to operate here. The ambivalence or hesitation of 'migrant' women relating to the immediate filing of charges or divorcing their violent partners is read by professionals as the outcome of their cultural acceptance of violence against women. In the discourse of the healthcare professionals the category of 'migrant women' is portrayed as comprising a group imprisoned in a closed environment within an open society (Choffat & Martin, 2014). A homogenous group continued to be seen as outsiders despite their presence in the country (Korteweg, 2017a). Moreover, there is a perception that a particularly strong cultural norm of masculine domination endures, leading to their confinement and construction as dependent women whose autonomy should be promoted (Choffat & Martin, 2014, p. 162; Hamel, 2005). Thus, the professionals, drawing on their professional principles and tools, made different recommendations to these women, reminding them of their rights under Swiss law and identifying the field of possibilities that this opened up for them, if only they decided to separate and put an end to the violence. Being in Switzerland is thus considered to offer these 'migrant' women possibilities for improving their situations by enabling them to access the opportunities available to women in Switzerland (Choffat & Martin, 2014, p. 164). Similar to what Ticktin observed in the French case, a very different logic and practice operated in the case of 'migrants'; one that focused 'on saving others and on care and protection and not on equality' (Ticktin, 2011, p. 163)

This discursive construction of Swiss law as a saviour for migrants advances the idea that the problem of IPV for this racialized category of people relates to their traditional and backward

cultures. By contrast, the problem of IPV for Swiss women relates to their individual trajectories and to the characteristics or psychological impacts of IPV that they endure. The fact that they offer the rhetoric of Swiss law to those labelled migrants in contrast to what they say to Swiss women shows that for the professionals, there is no need to remind Swiss victims of their rights and the forms of protection provided for by the law. This is because they assume that these women already know this. Consequently, it is not considered a relevant question to discuss with them. Therefore, they search for psychological pressure or other such explanations in the life stories of the Swiss women to act upon. The examination of the medicolegal centre in this chapter has shown how different discursive practices, and thus differentiated treatment of IPV for 'migrants', result from representations of these individuals and of their cultures as 'other', which is posited to be the main reason why they become victims of IPV. In contrast, there is no mention of cultural banalization of gender violence in discussions with Swiss women, or of masculine domination, to make them see that their situation must not be tolerated. They are seen as individuals who are aware of their rights, and no attempt is made to raise the awareness of these victims as to the mechanisms of violence, except to suggest psychotherapy solutions.

What is overlooked and not considered when the decision of the racialized migrant women is read only in light of their cultural difference? This discourse and its representations situate violence against women outside of the borders of Switzerland. As if within Swiss borders, it only takes the decision of a woman to separate from her husband to put a term to violence. The hesitation to do so is also placed within those women's cultures and communities from which they need to emancipate. This is reminiscent of an older rhetoric of salvation that has been extensively discussed within the literature: the rhetoric of salvation based on already mentioned representations of the figure of 'oppressed Muslim women' or 'Third World women' or women of colour (Abu-Lughod, 2011; Dahinden et al., 2014; Mohanty, 1984; Spivak, 1988). An ideological dichotomy is thus erected between modern and emancipated Western women versus non-Western traditional and oppressed women who elicit the benevolent responses of professionals evidenced in their promulgation of the possibilities that being in Switzerland offers them.

For some scholars, this rhetoric of salvation can be traced to the 'civilizing mission' of older colonial projects that by mobilizing a discourse of saving and emancipating women justified colonial endeavours (Abu-Lughod, 2002). It has also been argued that the current use of such rhetoric continues to focus on 'saving' others and on providing care and protection or charity

but not on equal rights among all women (Ticktin, 2011, p. 163). Thus, the figure of the 'cultural other' who does not share what are assumed to be progressive values of gender equality is constructed (Dahinden et al., 2014; Korteweg 2017; Mepschen et al. 2010; Roggeband & Verloo, 2007).

In her analysis of the press coverage of the marriages of minor girls in the American context, Volpp (2001, p. 1198) wrote that 'The idea that other women are subjected to extreme patriarchy is developed in relation to the vision of Western women as secular, liberated and in total control of their lives. But the assumption that Western women enjoy complete liberation is not grounded in material reality'. As demonstrated in Part II of this thesis, gender inequality and the underlying norms continue to operate in ways in which Swiss institutional responses are put in place for IPV problems, limiting possibilities for Swiss women and foreigners alike. In case of migrants as the last section of this chapter has argued, the recommendations and encouragements of professionals to 'migrant' women regarding the Swiss law and its presumed secure solution to escape from violence contrasts with the reality of their situation. An examination of these 'material realities' to which Volpp refers supports the argument that the problems that these women face are also created by the same social, legal, economic, and political contexts in the host countries that led to their placement at the intersection of different forms of discrimination (Dahinden, 2016; Korteweg, 2017a; Piadule, 2016). These specific conditions and forms of discrimination also shape their possibilities and 'choices' when confronting IPV situations. Finally, what is ultimately overlooked in such discourses of difference and the practices that accompany them is the fact that they do not allow to see 'choice' as a very limited concept. In conclusion, I endorse Ticktin's call, who questions the assumption of this paradigm of choice, that considers people have always clear alternatives (Ticktin, 2011). She argues alongside Sanchez (1997) that agency is always 'contingent' (Sanchez, 1997, p. 545). It is embedded in larger political and social structures and its meaning can vary (Ticktin, 2011). As Mahmood (2005) showed, the agency's meaning can encompass not only the liberal idea of resistance but also the capacity to endure suffering and persist.

General Conclusion: Manufacturing Difference

At the beginning of this work, I raised the following question: How state actors name, frame, and treat IPV differently depending on whether it involves individuals identified as Swiss/European nationals or (non-European) migrants, although in all cases it concerns the same social problem, is treated by the same institutions, and involves people living in the same territory. What are the elements that make this differentiated framing and treatment of IPV possible, and why is this divergence not perceived as contradictory by the public agents who process such cases? Here, I present the answers to these questions. In this dissertation, I have investigated how institutions and their agents reproduce the mechanism of othering in their otherwise benevolent activities to support victims of IPV. More precisely, I have explored how institutional actors name, frame, and treat IPV as either a psychological and individual-based phenomenon or as a cultural, and gendered one, depending on their perceptions of their beneficiaries. To understand how this double standard occurs, and to determine the institutional mechanisms that facilitate the reproduction of logics of othering, this multi-sited ethnography has retraced the journey of women, both Swiss nationals and those categorized as migrants, who have experienced IPV from the moment they come into contact with state institutions responsible for supporting victims. Through this ethnographic study of a police station, a medicolegal centre, and a women's shelter, I have investigated the complex institutional landscape these women have to navigate once their case is brought to the state's attention.

This investigation has identified a dual framing in regard to the role of gender in IPV. These institutions use this dual framing to justify and legitimize different practices for Swiss nationals and migrants. For IPV in general, a politics of silence regarding the gendered dimensions of IPV prevails, which results in de-gendering the problem and portraying it as an individual and interpersonal phenomenon. The analysis demonstrates that a sociological reading—according to which IPV is a highly gendered phenomenon exacerbated by structural risk factors such as socioeconomic difficulties and precarious legal status—is superseded by a psychological reading (Cardi, 2015, p. 16), which emphasizes the individual characteristics, personal vulnerabilities, and biographical histories of the victims and perpetrators. The narrative of violence is often interpreted as a series of unique experiences rather than symptoms of gendered domination (Horsburgh, 2005). This process of de-gendering IPV takes different forms in different institutions. In the case of the shelter, which has contact

exclusively with victims and is committed to offering practical help and support at a reasonable cost, this framing lends itself to psychological and individual-based solutions such as psychotherapy. In the case of the police and the medicolegal centre, because they do not frame IPV as a gender-based form of violence by men against women, the psychological violence—the perpetrators' humiliating, denigrating, and controlling behaviour—is not given same importance as the physical violence, which further contributes to the silencing of gendered power relations and renders IPV a gender-neutral form of physical violence no different from other forms of interpersonal violence. One of the consequences of this gender-blind reading of IPV is that in some cases these institutions place the responsibility for child protection, and for the failure to provide it, on the shoulders of the victims, who are considered the first providers of childcare, while the perpetrator's paternal responsibility as the creator of the harmful environment is neglected.

The framing of IPV involving so-called migrants, i.e. non-Europeans,[139] differs significantly. This framing names, explains, and processes IPV cases as a gendered problem symptomizing masculine domination. But this framing appears only via the mobilization of these migrants' 'culture': IPV is framed as resulting from the gendered power relations that are supposedly inherent in their cultures. This study has shown how, in different institutional contexts, the discourses of public agents contain references to an imaginary 'elsewhere', which can vary in terms of its siting and boundaries, but which is considered to entail a certain 'culture'. Further, this supposed culture is presumed to be more violent specifically towards women or even in general compared with 'European culture'. This discursive differentiation results in (sometimes unintended) consequences, leading to differences in the processing of IPV, even though a uniform public policy on IPV is in force. Thus, this differentiated discourse produces effects. As Mahmood insightfully demonstrates in *Politics of Piety* (2005), the importance of the discourse and of the practices that it engenders must be sought beyond their meanings for the speakers who affirm them. Specifically, their importance lies in the work that they perform in shaping individuals and in the ways in which they orient their acts, sometimes even unconsciously. This perspective, which is in line with Foucault's concept of governmentality (Foucault, 2001, p. 1056), leads to the insight that the discourse and its underlying rationality do not constitute 'pure, neutral knowledge that simply "represents" the governed reality. It is not an exterior instance but an element of government itself which helps to create a discursive

[139] Although some of these individuals have a Swiss passport, they may still be categorized as migrants because of their migrant background.

field in which exercising power is "rational"' (Lemke, 2002, p. 55). Thus, they constitute a 'politics of truth', producing new knowledge, representations, and different notions and concepts, which are then deployed in the governing of public problems (Lemke, 2002, p. 55).

In the cases investigated in this study, this discursive differentiation performs the act of distinguishing; the very difference between 'us' and 'them', which it tries to explain. In other words, when, from the outset, it is established that differences in the ways in which some groups of people act violently, or react to violence can be distinguished, then the differential handling of these acts is perceived as both 'natural' and legitimate. My work shows that different lenses are used to interpret a similar problem, depending on the categories of the population involved (Volpp, 2000, 2001). The logic of psychologization and individualization behind the general framing of IPV, which is applied in cases involving Swiss or European nationals, is replaced by the logic of culture in cases involving migrants, taking them to be not individuals, but representatives of their community (Volpp, 2000). This double standard, implemented through different institutional and professional logics, makes the gender perspective an instrument of differentiation that racializes IPV. It makes it a problem concerning migrants first and foremost, rather than a social problem that, as a significant body of research has demonstrated, is transversal to all social milieux and world regions. In other words, what stems from a social fact among 'others', is not considered as such among 'us'. This is how the same problem, sometimes the very same acts of violence, can be read as more or less serious depending on who committed or threatened to commit them. These distinct readings can thus manufacture a difference that will justify the differentiated treatment of migrants with regard to IPV, ultimately contributing to the othering of this category of people.

Rather than focusing on the individual public agents themselves, I have examined the 'institutional interpretative repertoires' (Honegger, 2013, p. 62) that these agents employ. My work has demonstrated the effects of racialized representations and of 'hegemonic othering discourses' on the Swiss public institutions under study. It has revealed how those representations and discourses are interpreted by the agents within these institutions as well as the practical consequences of their interpretations (Honegger, 2013, p. 54). Following Hall et al. (1978, p. 33), I have attempted to reconstruct the institutional logic along with the routines, patterns of practices, and symbolic constructions that inform such practices and that ultimately enable the subject of the 'migrant' as 'other' and different from 'us' to be manufactured. The use of 'manufactured' here is precisely aimed at foregrounding the institutional factors that contribute to an explanation of racism. As my ethnography has

shown, institutional racism should not be confused with a tendency to perceive racism as fear or hate; nor should it be reduced to individual emotions or irrationality. Instead, it should be seen as a 'rational cultural product of institutions, enabled by their formal rules and procedures' (Honegger, 2013, p. 54), which sometimes results in automatic, unconscious, and almost systematic interpretative repertoires that influence the ways in which differently sited public agents racialize their clients and discriminate against them, albeit through varying institutional routes and deploying contrasting tools. My work contributes primarily to advancing understanding of the institutionally embedded social construction of cultural and racial differences (Honegger, 2013). I have demonstrated that 'difference' and '"the other" [are] not empirical but categorical', as Asad (2017) astutely observed.

Often perceived as a migrant myself, in my field research I attempted to avail of opportunities that arose because of this perception as possible sources of critical insights for reversing this perspective. Instead of examining differences between IPV cases that are related to migration status, as suggested by Sokoloff and Pratt (2005), or exploring evident cultural differences, I have focused on the activity of categorization, in Asad's (2017) sense, and on the act of differentiation itself. Thus, I have reversed the gaze and focused on differences that are manufactured, constructed, and unquestioningly accepted. Contrasting with the prevailing tendency in migration studies to focus on the 'them' part of the 'us versus them' dichotomy (Waldinger, 2018), my approach was to investigate the 'us' component and to explore the ways in which 'we' creates 'them'. Accordingly, my study primarily contributes to the field of study of social difference. Scholars, notably black feminists (e.g., Hill Collins, 1994; Davis, 2003; Richie, 2000, 2012), or anthropologists (e.g., Abu-Lughod, 2013; Mahmood, 2005), and 'Third World feminists' (e.g., Mohanty 1984) have long attended to the differences among women, and have advocated 'feminist theorizing that embraces difference as an essential part of commonality' to construct a viable coalition for achieving social justice for all (Hill Collins, 1994, p. 62). I would argue with Bader (2018, p. 198) that 'for feminist anti-racist coalitions to exist, this does not mean ignoring the differences in cultural [in the sense of patterns of socialization] and national particularities that (re)produce [the] social norms, nor omitting [the fact] that [racialized and/or] migrant women face intersectional discrimination'. While I agree that structural differences evidently do exist, my call is to recognize that not all of the unquestioned and taken-for-granted differences are 'real', and in cases where they are, they are not always correctly attributed to the relevant social conditions of their possibility. Instead, they are very often attributed to a fuzzy idea of 'culture'. It is helpful in an analysis of

any specific social problem, whether from a macro, meso or micro analytical stance, to pause and reflect on the underlying basis of a given social problem, and on whether a concrete act, such as a blow or a threat is actually different from another blow or threat or whether it is only represented as being so. Researchers must ask themselves what kind of difference is under consideration. Is it based on actual and empirical conditions or is it the outcome of a categorization, derived arbitrarily from a racialized and naturalized notion of culture? I will return to this point in the final section of my conclusion on the practical implications of the findings of my study.

Further Contributions of the Study

This dissertation has made specific theoretical, empirical, and methodological contributions to several academic debates that I will elaborate on in the following sections.

Contribution to Studies on the Racialization of Sexism

First, similar mechanisms of the racialization of sexism have been observed in other European countries (Korteweg, 2017a; Hamel, 2005; Delphy, 2006; Durand & Kréfa, 2008; Bouamama, 2004; Korteweg & Yurdakul, 2014; Fassin, 2006). It has been demonstrated that a fuzzy idea of *gender equality* plays a particular role in the marginalization of immigrant communities (Korteweg, 2017b; Fischer & Dahinden, 2017). An empty signifier without a real definition, gender equality becomes a rhetorical device supported by some elites in European countries more to distance themselves from and construct an identity in contrast to migrants than as part of an actual commitment to gender equality (Korteweg, 2017b). Others have demonstrated the ways in which some minorities—for example, Muslim communities—are labelled as backward because of their perceived failure to accept gender equality norms (Razack, 2008). This case study contributes to this debate by allowing further comparisons of specific manifestations of the phenomenon in different national and institutional contexts.

The exclusive association of sexist behaviour and norms with other cultures is reinforced by the unspoken international hierarchization of gender-based discrimination. While those who racialize sexism might acknowledge that sexism persists in the West, they nevertheless argue that the problem is far less serious here than elsewhere. While research into violence against women has already challenged such arguments and emphasized the need to compare migration-related gendered violence with gendered violence in society as a whole (e.g., Korteweg, 2017a; Abu-Lughod, 2013), rarely has an empirical ethnographic comparison of this violence and the ways in which it is framed been undertaken. Instead, it is usually

discursively affirmed that the problem of gendered violence also exists among 'us,' which affirmation is then used to counter the racialization of this violence to the detriment of immigrants and their descendants in European countries. This research goes beyond acknowledging the existence of a logic of racialization of sexism. It offers an example of what a detailed and diversified analysis of the institutional practices and their specific mechanisms that invisibilize gendered violence 'here' while simultaneously denouncing it among migrants may look like.

The analysis presented has demonstrated how public agents go about framing the same act as a consequence of patriarchal and cultural control and domination when it involves migrants, but not remark on the oppressive character of the act when it involves Swiss nationals. The analysis reveals what it means in practice when public institutions assume that gendered power relations and domination are not relevant 'here,' where, they assume, gender equality has already been achieved. This framing results not only in the racialization of IPV as a migrant problem, as previous literature has argued, but also in the exclusion, at times, of some victims of IPV, namely those who are Swiss or European nationals, from the category of people who are considered to be in need of state protection from IPV.

This dissertation has identified the logic of the racialization of sexism in public debates and public policies at a discursive level, but more importantly it has examined the practices of institutions, thus demonstrating that those practices also result in differentiated treatment of Swiss nationals and racialized minorities. This ethnography of encounters between public agents and their beneficiaries makes it possible to do more than merely identify the racialization of sexism: it makes it possible to examine the specific processes through which the racialization of sexism is operationalized in different settings. This analysis has demonstrated the complex ways in which institutional logics and professional perspectives sometimes become entangled with a benevolent consideration of migrants' different cultural practices. These complexities reveal that mechanisms of differentiation can emerge for reasons subtler than overt racism. These complex mechanisms produced under the institutional logics and practices of institutions aiming to support victims of IPV makes the work of antiracism more difficult (Lentin, 2012).

Moreover, this analysis of the wider public problem of IPV in terms of differentiated naming and framing offers an alternative to the studies of the racialization of violence against women that have criticized the instrumentalization of the rhetoric of gender equality and women's rights and its role in racializing migrant minorities. Those studies have focused specifically on

migrants to argue against the racialization of gendered violence and have mainly targeted those types of violence that are cast as migrant-specific, such as honour killings and genital mutilation (e.g., Abu-Lughod, 2011; Hamel, 2005; Korteweg, 2014). Taking a common social problem, as this study does, helps strengthen the argument of this body of work by demonstrating how even when the same category of action is involved, the logic of racialization manufactures differences between cases, managing the construction of a hierarchy of severity that affects what cases are considered worthy of state intervention.

This study has also contributed to feminist studies of IPV, which have rarely considered the specific effects of differentiating social groups. The juxtaposition of the ways in which IPV involving racialized minorities and IPV involving Europeans are treated reinforces the feminist argument that IPV has been depoliticized and presented as a de-gendered problem in European public policies. It makes it possible to shed light on the paradoxes inherent in delegitimizing a gendered reading of IPV in some cases while using that very reading in others.

Contribution to Reflexive Migration Studies

Second, this dissertation has made a central methodological contribution. It has not focused specifically on migrants, but on all beneficiaries and their interactions with the given public institutions, which has made it possible to question the social construction of the category of migrants, by not treating the category as a pre-existing and supposedly natural one, but instead examining the processes through which the category is created. This approach contributes to recent calls within migration studies for greater reflexivity in the conceptualization of analytical categories such as *migrants* and *integration* (Dahinden, 2016; Korteweg, 2017a; Schinkel, 2018). It offers an example of how migration studies can be de-migranticized (Dahinden, 2016).

The research design of this dissertation has attempted to go beyond mere disclaimers regarding the need to avoid methodological nationalism when doing empirical research on migration (Wimmer & Glick Schiller, 2002). This study focuses on a problem that cuts across society as a whole and, instead of taking migrant-related categories as the entry point to the study of the problem, makes it possible to study the processes through which those categories are constructed in the discourses and practices of public agents when they manage cases involving both nationals and migrants. By shifting the gaze from migrants to the social and

administrative context that marks them as such, research can study migration-related issues without reproducing the very categories that reflexive research aims to deconstruct.

Failing to consider that research choices are political, because they can co-shape public discourse and become closely entangled with state policies, risks reproducing pre-existing problematic categories (Schinkel, 2018, p. 15). Alongside other detailed ethnographies that critically examine the rhetoric of migration policies by subjecting them to a Foucauldian analysis of the technologies of government (van Houdt, 2014), study the relationship between rhetoric regarding immigrant integration and the transformations of European nationalism (van Reekum, 2014), or investigate the 'culturalization of citizenship' to demonstrate how ethnic and racial categories are closely tied to state institutions' everyday work of monitoring and policing (Gowricharn & Çankaya, 2015), this dissertation shows how a detailed ethnographic sensibility can provide alternative understandings to those created by bureaucratic state categories.

Contribution to Postcolonial Studies in Switzerland

Third, my findings also make a theoretical and empirical contribution to postcolonial scholarship. While the object of observation in this dissertation has been the institutional responses to IPV in Switzerland, the object of study has been the processes of differentiation between us and them. The focus on this object of study can contribute to the critical analysis of the 'metanarratives of the West' (Trouillot, 2003, p. 27). This binary has been commonly described as an ideological construct a residual and remaining narrative 'implicit in the symbolic order that creates the [idea of the] West' (Trouillot, 2003; Saïd, 1978; Hall, 1992). But this description reveals little 'about the specific mechanism of its production or its special modes of operation' (Trouillot 2003, p. 106). In its attempt to demonstrate how this difference is continuously created and operated in the context of IPV in Switzerland, this dissertation has examined the concrete micro-practices of three Swiss institutions, which has made it possible to better understand a process that is often denounced but seldom investigated other than discursively.

The double standard in the processing of IPV cases is but one example of the consequences of the construction of an unspoken and undeclared Western superiority in European political debates (Korteweg, 2017a). When IPV is associated with minorities whose culture is supposedly defined by unequal gender relations, this selective mobilization of gender leads to exaggerated perceptions of cultural and racialized differences that are ultimately equated with

moral differences (Volpp, 2000). Shifting the lens of the gender perspective that is applied to migrants to the general institutional framing of IPV makes it possible to 'return the Western gaze and the apparatuses it elaborated to observe non-Western societies and communities on itself' (Trouillot, 2003, p. 14; see also Fernando, 2014). This research thus contributes to studies that critically engage with the binaries of us and them and here and elsewhere, although not in a territorial sense because notions of territoriality are constantly being redefined (Appadurai, 1996). It contributes to studies that examine the binary as a part of a larger discursive field that is inherent in a geography of imagination 'indispensable to the West' and to studies that lay bare the creation of an 'alter ego' that 'the West constructed for itself… within which it operates and upon whose existence it is premised' (Trouillot, 2003, p. 8; Saïd, 1978). In the case at hand, 'powerful, persuasive and enduring' (Trouillot, 2003, p. 11) claims regarding the superiority of the West cause gender-based violence to be perceived as endemic to the 'cultures' of others and alien to Western 'values' (Korteweg, 2014). By revealing a concrete mechanism through which differences between two complementary, indispensable, and inseparable places, here and elsewhere, are created, this thesis contributes to the problematization of the West's self-constructed justification for dominating other parts of the world and imposing its values on them; a justification that was also central to the colonial project (Trouillot, 2003; Saïd, 1978; Hall, 1992).

In these cultural comparisons of gender relations, the real status and conditions of women's lives in other societies or the specificities of their suffering are subordinated to these women's role in the presentation of the West as offering the morally superior universal standard. These women become instrumental in the creation of the discourse regarding us, our values, and 'civilization' to such an extent that the same problem is seen differently depending on whether it occurs here or elsewhere. These differentiated discourses, practices, and framings are made possible through specific representations. The figure of the victim inherent in these representations, sometimes referred to in the literature as the Third-World woman—or the Muslim woman, when relevant—is used to affirm the opposition between the West and the rest, with the former as the site of universalism, progress, liberation, and freedom and the latter as its opposite or negation (Korteweg, 2017a; Abu-Lughod, 2013; Mohanty, 1984, 2003; Spivak, 1988). Portraying racialized minorities as culturally deficient, backward, and prone to violence is a recuperation of the idea of the other and the same process that created the West in the first place (Abu-Lughod, 2011; Volpp, 2000; Ticktin, 2011).

In this context, discourses regarding gender inequalities, violence in general, and men's violence against women in particular are used to invisibilize persistent gendered inequalities in the West and silence political struggles to put them on the public agenda. Indeed, improvements to white middle-class women's conditions in the West now are proclaimed to always have been integral to Western values and culture. At the same time, the specific sociological conditions that might contribute to gender inequality among migrants—class-based inequality, migration status and racism, for example—are invisibilized in favour of representations that emphasize the inherency of gender inequality to their culture.

Alongside other works in this field, conducted in the specific context of Switzerland, this study of institutional practices provides a concrete demonstration of the persistence of knowledge, images, attitudes, and practices that originated in the colonial era (Purtschert, Falk, & Lüthi, 2016) and contributes to arguments that challenge Switzerland's self-understanding as a 'colonial outsider' (Bader, 2018; Kaya, 2012; Michel, 2015; Purtschert & Fischer-Tiné, 2015). This study demonstrates how representations of the West as possessed of morally superior values (Hall, 1992) affect, for example, the understanding of appropriate motherhood as a Swiss phenomenon and gender-based violence and masculine domination as an un-Swiss one.

Moreover, the present study, which is grounded in rich ethnographic material, contributes to critical race studies and initiatives to uncover racism as an 'unnamable' or avoided subject in the Swiss context (Bader, 2018; Dankwa, Ammann, & dos Santos Pinto, 2019; Honegger, 2013; Lavanchy, 2014; Michel, 2015, 2019; Wa Baile et al., 2019). This analysis of Swiss institutional responses to 'domestic violence' reveals that the lack of 'race' or 'racial categories' as categories of practice (Bourdieu, 1972) within the Swiss public and political spheres does not make them obsolete as analytical categories in terms of a process of categorization and racialization. This ethnographic investigation showed that the content of categories of difference (relating to migrant status, nationality, and religion etc.) mattered less, as a 'social ideological construction' (Honegger, 2013, p. 56) of migrants, with their differences were often constructed independently of their actual citizenship or migration status in IPV cases. In fact, 'the geography of imagination' of otherness is modifiable (Trouillot, 2003), entailing a variety of nationalities, countries of origin, ethnicities, religions, and migration statuses. The institutionalized discourses and practices that operate via an understanding of a gender-based problem as a culturalized practice related to that constructed category of migrants, leads to differential perceptions of related acts such as punches (as

recounted by police officer in chapter 7), thereby enabling IPV, which is a gender-based social problem, to be racialized. Consequently, the power dynamics between non-Western and 'white' Swiss nationals is reactivated (Bader, 2018, p. 195). The double standard entailed in the framing and treatment of IPV in Switzerland is another arena in which the racialization of sexism, in general, and the racialization of violence against women in Switzerland, in particular, is evident. The problematization of IPV, conceived as being racialized problem as revealed in this study, contributes to the literature that examines the intersection of the categories of 'gender' and 'race' in the Swiss context (Bader, 2018; El-Maawi & dos Santos Pinto, 2019; Kaya, 2012). Specifically, this literature has examined the ways in which the language of gender equality and women's rights is used to legally police the borders of the Swiss nation-state (Dahinden et al., 2018; Fischer & Dahinden, 2017) by excluding racialized 'migrants'; a category that may even include Swiss citizens. It simultaneously reveals how Switzerland is produced as 'a space of enlightened moral behavior' upon whose soil violence against women is not or cannot be practiced (Ticktin, 2011, p. 154). The production of this space, in turn, explains why legislation against some types of violence inflicted on women, such as 'forced marriages' and 'female genital mutilation', which more easily lend themselves to a 'cultural pathology' framing (Ticktin, 2011), has been widely enacted in Switzerland (Bader, 2018). Even though they may occur in a minority of cases, their importance is symbolic (Riaño & Dahinden, 2010).

Public institutions' differentiated treatment of IPV demonstrates that the differences constructed between IPV cases are not always based on knowledge of real differences, but on a representation of those differences. Examining a common social problem helps render visible the similarities across instances of gender-based violence and deconstruct the rhetoric of 'cultures of difference' (Abu-Lughod, 2011). As Abu-Lughod has argued, when a definition that 'precludes commonality' is given, it in fact 'creates what it purports to explain' (2011, p. 23). My focus on institutions working on IPV in general, rather than on institutions that might deal with IPV specifically in the context of migrant communities, has helped reveal the role of public institutions in creating the purported differences between cases of IPV involving Swiss nationals and those involving migrants. In contrast to other types of culturalized violence, such as forced marriage and female genital mutilation, legislation and formal institutional guidelines do not differentiate between IPV in general and IPV among migrants. Nonetheless, as I have shown, public agents apply different lenses to the IPV cases they encounter based on

their perception of the protagonists and ultimately create the differences they purport to address.

Limits and Directions for Future Research

Through a multi-sited ethnographic study of three institutions—a police emergency unit, a women's shelter, and a medicolegal centre—involved in protecting victims of IPV in French-speaking Switzerland, this study has investigated a variety of institutional actors who intervene at different moments and have different approaches. While the multi-sited approach has made it possible to examine the connections between sites (Marcus, 1995), reveal a coherent logic to the ways in which IPV is dealt with, and analyze the circulation of representations and othering processes, it also introduced a level of complexity that made it impossible for me to investigate each institution, with its diversity of actions and discourses, as deeply as possible. For example, I have had to focus specifically on the institutional logic and actors' 'institutional interpretative repertoire' (Honegger, 2013, p. 62). I could not both, on the one hand, analyze the ways in which the three institutions frame cases and, on the other, account for the diversity of personal and professional trajectories among public agents and their effect on their actions. Such an undertaking would have been unmanageable in an ethnographic study of three different public institutions.

Future research engaged in a bottom-up analysis of public action, with a primary focus on the individuality or discretionary power of street-level bureaucrats (Lipsky, 1980)—the effect of their personal values, affects, judgments, and emotions on their practices (Fassin et al., 2015)—could shed light on the variety of meanings and rationalities behind diverse professional and personal trajectories. It may be informative to 'relate what [public agents] do with who they are' (Miaz, 2017, p. 25, my translation). This would make it possible to understand that different individuals have different understandings of their institutional mission, that different ideas about their duties and obligations and possibilities for action can exist side by side, and that tensions and struggles for legitimacy can emerge when public agents have different or competing ideas. An investigation of the varying personal backgrounds of public agents would also compensate for a lack of sufficient discussion in this work on the individuality of the public agents; while they are overwhelmingly 'Swiss' and 'white', they should not be considered as a monolithic bloc. Whereas this study has focused on an investigation of the institutional logic and patterns of action of these agents, an examination of the diversity of the personal trajectories and characteristics of public agents

could strengthen my argument. It can do so by showing that whiteness is an unmarked institutional positioning that finds expression in institutional logics and practices, regardless of public agents' racial and ethnic belonging, even among those individual agents with a family history of migration or with non-white/non-Western origins.

It was also for the reason of feasibility that I excluded an investigation of the legal processing of IPV cases from my analysis. While the police, social services, and medical services are three of the four principal axes of public action against IPV in Switzerland, the fourth is the judicial system. A proper investigation of this institution is central to a fuller understanding of the processing of IPV cases because it guides police actions directly, those of medicolegal centres indirectly and those of women's shelters to a lesser extent as well. Further investigation of the judicial system and its treatment of IPV cases can also help to counter the impression that racialized women could receive better protection with regard to Swiss/European women, as their stories of violence may be aligned with the conceptions held by public agents of what constitutes a serious and dangerous IPV case (chapter 7). In fact, the court experiences of many of the women whom I encountered during my fieldwork contradict this impression. An investigation of the judicial treatment of the cases can, for example, show that while in some cases the racialized women's accounts of violence during their encounters could more easily be judged plausible, the burden of proof that falls upon the prosecution outweighs the testimony of a racialized woman. The prosecution must seek tangible, objective, and material evidence to justify the judicial pursuit of these women's claims. In the absence of such proof, which is very often the case as I have shown, the victim's testimony would be countered by that of the suspect, and her case would then be considered unfounded.

Moreover, an analysis of juridical-administrative constraints affecting victims of IPV in general and victims who are also third-country nationals in particular can provide valuable alternative explanations to those based on racialized culture to explain the hesitation or ambivalence of victims to press charges or file for divorce. An investigation of the variety of administrative and judicial constraints to which third-country nationals are subject, which Chapter 9 has only been able to touch on briefly, would help demonstrate how phenomena that are explained by recourse to culture can be better explained by the specificities of the Swiss migration regime (Dahinden, 2016).

Another element that is worth highlighting in this section is my choice of the analytical structure of the thesis. To better demonstrate the fabrication of difference through the double standard applied to the treatment of IPV cases, the first two parts of the thesis primarily

focused on an investigation of the general framing of IPV. These parts presented the investigation from an institutional and gender perspective, before the question of 'migrants' and their differential treatment was tackled in the Part III. This structure may raise the question of whether my demonstration runs the risk of mirroring 'the racism of whiteness that sets itself up as race-neutral while racing others' (Lentin, 2014, p. 1277). To answer this question, I should clarify here that first, this structure reflects the findings of my research. At a general level, IPV is framed in a race- and culture-neutral manner as well as in a gender-blind manner within public policy. This framing constituted the 'container' within which the cases were practically assessed. Beginning the demonstration in this way provided a setting that facilitated the development of an understanding of the contradictions and arbitrariness entailed in the use and mobilization of culture by public agents to explain and treat IPV cases that involve individuals who are perceived as migrants. Second, I chose this structure to foreground the main problem, which is the lack of a gendered framing for IPV before showing how IPV is then inadequately diagnosed and confined to the domain of the 'culture' of racialized others. By not introducing the racialization of IPV from the outset, I wanted to counter it. Moreover, I wanted to develop my own critic and analysis, showing that in the case of IPV, the problem is first and foremost a gender-based inequality leading to the penalization of all women facing IPV. Subsequently, I could demonstrate, more convincingly, the inconsistencies that emerge when gender finds expression through culture in public agents' assessments of cases, despite the existence of a gender-blind framing.

This choice of structure, however, entailed a cost, making it more difficult to tackle the relationship between the construction of whiteness and the de-gendering processes analyzed in Part II. I hope that my study will be among the first of many analyses that contribute to the scholarly discussion in Switzerland on the link between gender and race/ethnicity; a field that needs to be expanded. Indeed, there is a need for further research that examines the construction of whiteness and its inherent inconsistencies revealed at its intersection with the logics of gender (and violence), and with the resulting political interpretations that may harm individuals' wellbeing, whether those individuals fall within or outside of the category of whiteness. This is because there is always something to be gained by attempting to conduct a detailed empirical investigation of macro-analytical arguments that are logically and sometimes only discursively put forward to validate a perspective, as this ethnography has shown.

Finally, this ethnographic account of institutional responses to IPV has, again for reasons of feasibility, had to exclude the perspectives of the individual women involved. As a result, I have not been able to investigate the degree to which these women can and do confront public agents' interpretations and actions. Through interviews with the beneficiaries, it would be possible to understand their subjective experience of being categorized as migrants, victims, patients, and sometimes even perpetrators. Future research in this direction would make it possible to not only give a voice to those regulated and processed by state institutions, and thus avoid speaking for them (Spivak, 1988), but also capture the heterogeneity of their trajectories and experiences and avoid homogenizing the category of victims. Such research can further deconstruct the process of social categorization operated by dominant state institutions and could entail a shift in perspective from that of the dominating to that of the dominated.

Practical Implications

Despite the fact that my ethnography followed Bacchi's approach of 'problem questioning' rather than 'problem solving' (Bacchi, 2009, p. xvii), I would like to conclude with some of the practical implications of this research for public institutions that handle IPV cases. I concur with Bader's (2018) response to Fassin's call to consider 'critique' not merely as 'the denunciation of' problems and positions but also as 'questioning the imposition of the very terms of debate' (Fassin, 2011, p. 267). We should find ways to address the issues of violence against women without accepting the alternatives of racialization of sexism (Fassin, 2011, p. 267; Bader, 2018, p.197). In doing so, the conditions of possibility of these discourses on difference and their political contexts should be considered.

Such discourses on difference can be the outcome of 'a culturalization of politics' that invokes 'cultural rather than socio-economic or political frames such as inequality, exploitation or injustice . . . to describe, analyze, argue, justify, and theorize' different public problems and required actions to counter them (Lentin, 2014, p. 1271; Žižek, 2008). As Lentin has argued, problems involving migrants 'have been overwhelmingly regarded as cultural' in nature, resulting from 'permissive multiculturalism and excessive ethno-racial diversity' rather than originating in 'political, economic or social [situations]–for example as responses to the effects of de-industrialization, foreign policy or institutionalized discrimination' (2014, p. 1271). Therefore, it is not surprising that these problems are considered to be 'resolvable only through culture' (Lentin, 2014, p. 1271). The problem with this reading of culture as the

dominant analytical framework is that 'differences conditioned by political inequality or economic exploitation are naturalized and neutralized into "cultural" differences . . . into different "ways of life" which are something given, something that cannot be overcome' (Žižek, 2008, p.129; cited in Lentin, 2014, p. 1276). In addition to essentializing individuals belonging to those so-called 'cultural groups'; a position that has been widely criticized by scholars (Dahinden, 2011), this reading also reifies a 'strongly racialized' idea of culture (Lentin, 2014, p. 1280) 'to the exclusion of all other modes of explanation' (Lentin, 2014, p. 1276; Trouilot, 2003). As Lentin (2014) insightfully observed, this culturalization 'bears strong similarities to the idea that "race is all" that came to dominate European politics in the nineteenth century' (Lentin, 2014, pp.1271–1272).

In sum, as Trouillot (2003, p. 116) suggested, 'the less culture is allowed to be a shortcut for too many things', the greater the possibility is for public agents, as experts of IPV, to thrive within their different domains of professional expertise. Moreover, they can document how, in general, gender-based violence and inequality stem from the same cause. This process parallels that of a disease whose symptoms, albeit differently based, emerge from contextual conditions. The solution for the problem of how to address differences between IPV cases without nourishing racism would, unsurprisingly, entail equal treatment of people and cases, mobilizing the same standard for the same problem (Lentin, 2014, p. 1277). I endorse Bader's contention that '*consistency* is the key to resolving such a double standard' (Bader, 2018, p. 198, original emphasis). This requires identifying and adopting a consistent and coherent stance in which gender inequality, structural injustice, child abuse, or violence are considered as human problems that can happen anywhere. It is also important to recognize that there is nothing to be gained in establishing a hierarchical classification of inequality and harm inflicted on women around the globe, as this engenders racialization and further inequality and harm. These processes of segregation and hierarchization have sometimes entailed life and death consequences, as I have shown. They are not limited to discourses and representations, but they also define public policies and institutional practices. As Ticktin has noted, '*they care and not cure'* and are based on the 'exceptionality of individual emergency situations while avoiding to completely address the roots' of IPV and its complex entanglement not only with the socio-historical context of its manifestation but also with the institutional contexts of its treatment (Ticktin, 2011, p. 224, my emphasis).

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Appendixes

Appendix I – List of interviewees

List of Interviewees						
Institution		**Interviewees**	**Nationality**	**Age**	**Function**	**Date**
1		Jennifer	Swiss- France	40s	Inspector	13.6.2016
2		Johann	Swiss	29	Police Officer	17.6.2016
3		Florian	Swiss	34	Police Officer	20.6.2016
4		Sophie	Swiss	27	Police Officer	25.6.2016
5		Romain	Swiss	37	Police Officer	2.6.2016
6		Marc	Swiss- Italy	50	Chef of Judicial Police	14.6.2016
7		Bruno	Swiss- Portugal	24	Police Officer	25.6.2016
8		Simon	Swiss- Italy	32	Police Officer	14.6.2016
9		Thomas	Swiss	30s	Police Officer	18.7.2016
10		Michel	Swiss	29	Inspector	26.6.2016
11		Leone	Swiss	40	Inspector	4.7.2016
12		Christian	Swiss	26	Police Officer	16.6.2016
13		Magdalena	Swiss	41	Inspector	22.6.2016
14		Jules	Swiss- Vietnam	30	Police Officer	21.6.2016
15		Patrick	Swiss	44	Inspector	20.6.2016
16		Antony	Swiss	50	Police, DOM, Coordinator	9.6.2016
17		Claudine	Swiss	29	Inspector	24.6.2016
18		Josef	Swiss	40s	Police Officer	8. 06.2016
19		Roger	Swiss	28	Police Officer	23.6.2016
20		Henry	Swiss	38	Police Officer	3.6.2016
21		Benoit	Swiss	43	Police Officer	23.6.2016
Shelter						
22		Nelly	Swiss	40	Social Worker	16.12.2015
23	Shelter 23 interviews	Sandra	Swiss	32	Social Worker	23.11.2015
24		Hilda	Swiss- Finland	64	Psychologist	17.11.2015
25		Luiza	Swiss-Colombia	57	Social worker	7.1.2016
26-7		Anna	Swiss	40s	Social Worker	13.10.2014 8.1.2016
28		Cathy	Swiss	28	Social Worker	26.1.2016
29		Maximilian	Swiss	56	Social Worker	14.12.2015
30		Katia	Swiss	33	Educator	11.1.2016
31		Adrianna	Swiss-Poland	30s	Social Worker	12.1.2016
32		Paola	Swiss	30s	Social Worker	20.1.2016
33		Mirka	Swiss	27	Psychologist	4.2.2016
34-5		Beatrice	Swiss	50s	Deputy director	11.2.2013 21.10.2014
36		Belinda	Swiss -Portugal	29	Social Worker	8.2.2016
37		Theresa	Swiss	38	Social Worker	25.1.2016
38		Pierre	Swiss	50s	Social Worker	9.12.2015
39		Elise	Swiss	38	Psychologist	5.2.2016
40		Alice	Swiss- Spain	49	Social worker	3.2.2016

41		Lolita	Swiss	39	Educator	20.1.2016
42		Gil	Swiss	28	Social Worker	24.11.2015
43		Miriam	Swiss	60	Director	2.10.2015
44		Jean- Luc	Swiss	50s	Social Worker	29.10.2014
Medicolegal centre						
45	Hospital 8 interviews	Isabelle	Swiss	53	Nurse	9.11.2015
46		Albert	Swiss	57	Forensic Physician	29.1.2016
47		Anita	Swiss	55	Nurse	13.1.2016
48		Laura	Swiss	52	Nurse	5.11.2015
49		Jeanne	France	64	Nurse	23.11.2015
50		Anastasia	Swiss	20s	Physician	15.12.2015
51		Marie-Rose	Swiss	36	Nurse	5.11.2015
52		Clara	Swiss- France	50	Forensic Physician Director	14.1.2016
Exploratory Interviews						
53		Virginie	Swiss	88	Feminist Activist	31.1.2013
54		Pierette	Swiss	68	Physician Founding member Cantonal Commission	11.2.2013
55		Susanne	Swiss	70s	Shelter's Ex-Director Founding member Cantonal Commission	20.2.2013
56		Vanessa	Swiss	40s	Centre for Authors of Violence	26.2.2013

APPENDIX II

UNIVERSITÉ DE
NEUCHÂTEL

MAPS
Maison d'analyse des
processus sociaux

Fbg de l'Hôpital 27
CH-2000 Neuchâtel

Madame [redacted]
Directrice du centre d[redacted]
[redacted]
[redacted]e

Notre collaboration dans le cadre du projet de recherche : La prise en charge des violences conjugales dans le contexte de la migration
L'étude de cas de trois institutions [redacted].

Suite aux échanges et rencontres précédents, je formule dans cette lettre les conditions et les détails que nous avons décidés pour la mise en œuvre de notre collaboration.

Mon terrain d'étude au sein du [redacted] concerne 4 mois au total sur deux années consécutives. La recherche est entreprise sur deux types d'observations visant à comprendre le travail quotidien du personnel du [redacted] et à mener des entretiens semi-dirigés avec eux de manière à appréhender au mieux la complexité des mécanismes institutionnels liés à la prise en change des violences conjugales dans le contexte migratoire. Je souhaite être présente au minimum 3 jours par semaine au sein du [redacted].

Je m'engage à déranger le moins possible le travail de l'équipe. Je suis disposée à discuter avec eux des problèmes éventuels afin de m'adapter aux besoins de leurs activités, leur temporalité et leur disponibilité.

Ma demande requiert une liberté de mouvement au sein du [redacted] pour pouvoir participer aux réunions d'équipe, aux entretiens d'admissions et de suivi entrepris par diverses équipes.

En outre, les données que je collecte lors de mes observations et mes entretiens avec le personnel sont absolument confidentielles. L'éthique de recherche exige que je ne partage pas l'accès à mes données brutes. Par contre, une restitution des résultats finaux est toute à fait envisageable, ainsi que des présentations au cours de routes pour avoir le point de vue et les réactions des professionnel.le.s.

Enfin, je rappelle que cette recherche est financée par le Fonds national suisse de la recherche scientifique (FNS) suite à la décision du Conseil national de la recherche en date du 24.01.2014. Je suis affiliée à la Maison d'analyse des processus sociaux de l'Université de Neuchâtel et je mène cette recherche sous la supervision de Professeure Janine Dahinden en tant que directrice principale de la thèse et la co-direction de la Professeure associée Marylène Lieber à l'Université de Genève.

Faten Khazaei Doctorante
Requérante principale, Unine

[redacted], le 27.08.2014

Madame [redacted]z
Directrice [redacted]

[redacted]e, le 21.08.2014

FACULTÉ DES LETTRES ET
SCIENCES HUMAINES

MAPS
Maison d'analyse des
processus sociaux

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Secret médical, secret de fonction et protection des données informatisées

La protection de la sphère privée des patients pris en charge aux Hospices [redacted] ainsi que la bonne marche de l'institution, doivent être assurées par le respect des dispositions légales et réglementaires en vigueur dans notre établissement.

La violation -intentionnelle ou par négligence- de ces dispositions engage la responsabilité de leur auteur (sanction pénale et/ou disciplinaire). Il est donc important d'en connaître la teneur.

1. SECRET MEDICAL

1.1 Personnes astreintes

Le secret médical est une facette du secret professionnel. Sont en effet tenues par le secret professionnel les personnes exerçant les professions énumérées à l'art. 321 du Code pénal, soit notamment les ecclésiastiques, avocats, pharmaciens dentistes, médecins ainsi que leurs auxiliaires (infirmières, secrétaires médicales etc.) et étudiants.

La Loi [redacted] sur la santé publique (LSP) élargit le cercle des collaborateurs astreints au secret professionnel à toute personne pratiquant une profession de la santé, ainsi que ses auxiliaires.

1.2 Objet du secret

Le secret professionnel a pour but de protéger la sphère privée du patient. Il interdit aux personnes qui y sont tenues de transmettre des informations dont elles ont eu connaissance dans la pratique de leur profession.

Il s'applique également entre professionnels de la santé.

1.3 Levée du secret

Le patient est considéré comme maître du secret. Comme tel, lui seul peut autoriser le médecin (ou l'infirmière) à transmettre à des tiers des informations le concernant. A noter que le secret médical ne saurait être opposé au patient lui-même.

La LSP attribue en outre au Conseil de santé -en sa qualité d'autorité de surveillance- la compétence pour délier du secret médical les professionnels de la santé. Pour ce faire, le médecin peut adresser la demande de levée du secret médical au médecin cantonal :

[redacted]
Service de la Santé Publique
Bâtiment administratif de [redacted]
[redacted]0

Demeurent réservés les dispositions légales statuant une obligation de renseigner une autorité ou de témoigner en justice, de même que les avis et déclarations aux autorités sanitaires ordonnés par les lois et règlements.

Le secret médical ne souffre que de trois exceptions dans lesquelles le consentement du patient n'est pas requis :

Dénonciation à l'autorité compétente des cas de maltraitance et de soins dangereux (voir directive institutionnelle « Maltraitance et soins dangereux »);

Dénonciation à l'autorité compétente d'une personne qui n'est pas capable de conduire avec sûreté un véhicule automobile en raison de maladie, d'infirmité physique/mentale ou pour cause de toxicomanie ;

Déclaration obligatoire des maladies transmissibles (voir directive institutionnelle **Maladies infectieuses à déclaration obligatoire** selon la législation fédérale en la matière : (**http://www.admin.ch/ch/f/rs/8/818.141.11.fr.pdf**).

1.4 Sanctions

La violation du secret médical constitue une infraction punissable, à la fois par le Code pénal par des peines allant de l'amende à l'emprisonnement, et par la LSP par une amende et des sanctions disciplinaires.

En outre la violation du secret médical peut entraîner la résiliation immédiate du contrat liant le collaborateur à l'employeur.

2. SECRET DE FONCTION

Suite à l'introduction de la loi vaudoise sur l'information et son règlement d'application, la politique d'information de l'administration a changé et consacre la transparence comme principe de base. Dès lors, les autorités doivent informer sur leurs activités d'intérêt général afin de favoriser la libre formation de l'opinion publique.

C'est le principe de publicité sous réserve du secret qui s'applique et non plus celui du secret sous réserve de publicité.

Par principe, les renseignements, informations et documents officiels détenus par les organismes soumis à la loi sont accessibles au public, tel que prévu dans la directive institutionnelle « Réponse à une demande d'information ou de documents ».

Toutefois, la loi réserve les dispositions d'autres lois qui restreignent ou excluent la transmission d'informations ou l'accès à des documents officiels.

Outre le fait que les professionnels de la santé doivent respecter le secret professionnel, comme présenté ci-dessus, les collaborateurs de la fonction publique ainsi que les délégataires d'une tâche publique restent soumis au secret de fonction. Il est donc possible d'être lié par le secret de fonction et par le secret professionnel.

2.1 Personnes astreintes

Sont soumises au secret de fonction les collaborateurs de la fonction publique ainsi que les délégataires d'une tâche publique. Les personnes travaillant aux Hospices-[redacted] y sont donc soumises quelle que soit leur profession.

2.2 Objet du secret

Il est interdit aux collaborateurs des Hospices-[redacted] de divulguer des informations ou des documents officiels dont ils ont eu connaissance dans l'exercice de leur fonction, et qui doivent rester secrets en raison de la loi ou d'un intérêt public ou privé prépondérant.

2.3 Levée du secret

Les collaborateurs de la fonction publique ne peuvent déposer en justice sur des faits dont ils ont eu connaissance dans l'exercice de leur fonction qu'avec l'autorisation écrite de leur autorité d'engagement, soit le Directeur général des Hospices-[redacted] par le biais de l'unité des affaires juridiques et éthiques l'UAJE (tél. : 41815) qui se charge d'entreprendre les démarches en vue de lever le secret de fonction.

Une telle autorisation n'est pas nécessaire aux médecins et autres professionnels de la santé du secteur public lorsqu'ils sont sollicités par leurs patients de témoigner sur des aspects qui concernent personnellement ces derniers. Toutefois, pour livrer des informations relatives à l'institution dans laquelle il travaille, le professionnel de la santé est tenu à autorisation par l'autorité compétente.

2.4 Sanctions

Le non-respect du secret de fonction est punissable de l'amende ou de l'emprisonnement. La violation du secret de fonction peut également entraîner la résiliation immédiate du contrat liant le collaborateur à l'employeur.

3. PROTECTION DES DONNEES INFORMATISEES

La Loi du 25 mai 1981 sur les fichiers informatiques et la protection des données personnelles a pour but de protéger contre tout emploi abusif les données personnelles qui sont enregistrées, mémorisées, traitées et transmises par des moyens informatiques.

3.1 Utilisation des terminaux du réseau informatique

(Information complète dans « Accès aux applications informatiques médico-administratives des Hospices-[redacted] »)

Ont accès aux terminaux du réseau informatisé le personnel cadre de l'établissement -conformément à leur cahier des charges ou instructions écrites- ainsi que les collaborateurs qu'ils ont expressément désignés.

L'accès aux données informatisées, au moyen d'un terminal, est protégé notamment par :

L'identification de l'employé ou groupe d'employés, un mot de passe, un numéro de terminal, la fonction effectuée.

La responsabilité du [redacted] ne peut être engagée en cas d'utilisation de cette directive en dehors du cadre de l'institution

MPa [redacted]

APPENDIX IV

COPIE

DECLARATION DE CONFIDENTIALITE

Madame Faten KHAZAEI, née le 05.08.1981

autorisée à effectuer un stage auprès de la Police municipale de [redacted],

du 1er mars 2016 au 30 juin 2016

s'engage :

- à respecter le secret le plus absolu sur les faits ou les données personnelles,

- à ne pas conserver, en original ou en copie, des documents, dont elle aura eu connaissance à l'occasion de son stage.

En outre, elle ne pourra assister à des auditions qu'avec l'accord préalable des justiciables concernés, et, le cas échéant du procureur concerné. Sa présence aux auditions sera mentionnée sur le procès-verbal d'audition.

Enfin, elle prend connaissance des dispositions légales suivantes, relatives au secret de fonction :

article 320 CP - Violation du secret de fonction (version 01.01.2007)

- ch. 1 al. 1 : Celui qui aura révélé un secret à lui confié en sa qualité de membre d'une autorité ou de fonctionnaire, ou dont il avait eu connaissance à raison de sa charge ou de son emploi, sera puni d'une peine privative de liberté de trois ans au plus ou d'une peine pécuniaire.
- ch. 1 al. 2 : La révélation demeure punissable alors même que la charge ou l'emploi a pris fin.

[redacted], le 4 fév 2016

Signature : .....

Distribution :
Original : dossier MP
Copie : Mme Faten KHAZAEI
Chef PJM [redacted]