

Commodification, vulnerability, risk: gendered social policy developments in the United States, 1980–2018

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ABSTRACT

Over the last few decades, the position of women vis-à-vis the welfare state has changed dramatically. Welfare states have adapted to women's increased labour force participation and to the "new social risks" that characterize postindustrial societies. In this paper, we examine gendered policy developments in the US, focusing on conceptions of vulnerability that inform policies meant to mitigate gendered social risks. Focusing on three policy areas: parental leave, domestic violence and disability, we show that policies increasingly target women's integration into the workforce and self-regulation as strategies to mitigate gendered social risk. We also discuss how these policies rely on individual interventions implemented by what we call punitive therapy practitioners, who encourage women's workforce participation and psychological self-regulation. Finally, we argue that enduring gendered conceptions of vulnerability have shaped the specific designs of policies that emerged in the 1960s–1970s, intensified through the 1980s, 1990s, and early 2000s, and persist today.

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Over the last few decades, systems of social provision and regulation across the rich democracies have undergone multiple transformations with profound implications for gender relations.¹ In the wake of women's expanding labour force participation, women's position vis-à-vis the welfare state has changed dramatically. Joining the ranks of able-bodied wage earners, women's labour is subject to commodification and mothers are no longer exempt from these demands in recognition of their caregiving and domestic responsibilities. Welfare states are adapting to these changes and to the 'new social risks'² that characterise postindustrial societies (see, e.g. Bonoli, 2006; Esping-Andersen, 2009). Many states have adopted 'work-family reconciliation' policies, i.e. efforts to make care work compatible with employment.³ Some scholars see such policies as necessary for ensuring the future of welfare states through increased levels of employment, enhanced tax revenues, and at least replacement levels of fertility. Others see reconciliation policies as a kind of shorthand for understanding the effects of welfare states on gender relations (e.g. Daly & Ferragina, 2017; Gornick & Meyers, 2009). Scholars have also described the emergence of policies and programmes, reflective

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of neoliberal political currents, that emphasise individual self-regulation as a way to address gendered vulnerabilities (e.g. Haney, 2010; McCorkel, 2013; McKim, 2008). Both sets of policies target women's integration into the workforce as a strategy to mitigate gendered social risks.

In the US, the development of work-family reconciliation policies such as paid parental leave and public child care services lags behind that of its counterparts across the rich capitalist democracies. Yet it would be a mistake to characterise the US simply as a laggard in promoting work-family reconciliation (Ramanathan, 2017). Rather, it has followed a distinctive policy trajectory focused on the development of robust anti-discrimination regulation in the workplace as the key to gender equality. This has opened up new opportunities for some women, while making lifelong employment the widely-held expectation for all women (Orloff, 2006). In addition, the US has focused on policies to mitigate social risks through individualized interventions organised through a diverse array of private and public agencies. Such approaches were given expanded scope in policy changes promoting social provision delegated to a mix of public and private actors (Clemens, 2017; Howard, 1997). In fact, there is now more state enmeshment with civil society and market actors than had been the case with transfer-heavy policies of the post-World War II years.

In this paper, we offer a historical analysis of gendered policy developments in the US, focusing on conceptions of vulnerability⁴ that inform policies meant to mitigate the gendered social risks facing women. We trace changes across three areas: parental leave, anti-domestic violence and disability policies, emphasising commonalities in the logics that inform strategies to mitigate women's vulnerability to economic dependence, disability and violence. We argue that policies promote labour force participation as a way to reduce gendered social risks. These policies also rely on deeply gendered, racialized and classed schema that construct some groups of women as inherently vulnerable and in need of individualized intervention focused on self-management. They are also associated with the greater involvement of what we call *punitive therapy practitioners* in policy implementation. Circulating among carceral, judicial, and executive arms of the state, these practitioners are bureaucrats, social workers, therapists, and educators who promote the implementation of programming that exhibits both punitive and therapeutic logics. From domestic violence shelters, to welfare offices (Watkins-Hayes, 2009), state-sponsored marriage workshops (Heath, 2009), women's prisons (Haney, 2010) and job readiness programmes (Brush, 2011), *punitive therapy practitioners* encourage women (and sometimes men) to overcome vulnerabilities seen as barriers to economic independence, through psychological self-management and labour force participation. Their influence, while not unique to the US, is particularly notable here, where public service provision is not as extensive as in the other rich democracies.

This paper is the result of a collaborative effort among the three co-authors to describe gendered policy developments by comparing three policy areas that are rarely analysed together. Highlighting similarities in the conceptions of vulnerability and risk that undergird policies in these areas allows us to uncover broader trends in the way in which welfare states intervene into women's lives. We use historical methods, assessing primary documents detailing government policies and the political orientations of significant actors, and employing relevant secondary literature. In addition, we draw on our broader studies of parental leave (Orloff, 2017), anti-domestic violence programmes and disability

policies (Pryma, 2017), which have included historical analysis, process tracing, ethnography and interviews.

We situate this study in the context of state theory and of gendered states in particular. We follow recent trends in the analysis of states and social policies that counter views of states as unitary and goal-directed by emphasising the multiplicity of institutional logics instantiated across different areas of state activities and carried out by diverse state actors (Morgan & Orloff, 2017). This type of analysis is carried out through granular assessments of particular policies and state institutions. Hence, instead of describing states as either ‘patriarchal’ or ‘women-friendly’, we recognise that state programmes and policies can simultaneously push towards gender equality in some arenas and reinforce gender inequality in others (see also Htun & Weldon, 2017). In the present paper, we first ‘disaggregate the state’ by examining specific policy arenas rather than the entirety of the ‘gendered state’ (Orloff, 2017). We then attempt to ‘reaggregate’ the state by bringing together analyses of several policies to highlight broader trends with clear gender implications. The present project also builds upon with earlier studies of ‘gendered regimes’ of welfare states (e.g. Lewis, 1992; O’Connor, Orloff, & Shaver, 1999; Sainsbury, 1996), and scholarship on the shift from the Keynesian, state-centred and transfer-heavy approach focused on ‘old social risks’ to new and often mixed public-private forms of governance aimed at addressing ‘new social risks’ through service provision.

Through the following sections, we discuss how policy orientations in the areas of parental leave, anti-domestic violence and disability have developed along path-dependent historical trajectories from their origins in the 1960s and 1970s – the highpoint of feminist mobilisation, through the 1980s, 1990s, and 2000s, as social politics and policy turned more conservative across the administration of Presidents Reagan, Bush Sr., Clinton, and Bush Jr. We trace the emergence of policies, in the 1960s and 1970s, which encouraged women’s workforce participation and work-family reconciliation. We then examine how policies from 1980 to 2008 defined and targeted new social risks affecting women. These developments produced novel attempts to manage women’s risk of economic dependence, violence, and disability. Finally, we consider how gendered policies during the Obama and Trump eras have followed the path dependent trajectories set by earlier policy decisions, which have shaped US political approaches to gendered social risks and the benefits of women’s labour force participation.

1960s-1970s: Gendered Policies and the Expansion of Social Provision

As Stephanie Mudge (2008) underlines in her dissection of neoliberalism, its multi-faceted emergence in the context of the Keynesian welfare state was a reaction against that welfare state – even in the US where Keynesianism and redistributive policies were less developed than elsewhere. This turn against the welfare state also took on gendered dimensions. The 1960s-1970s period in the US was characterised by an expansion of social provision, and the development of policies increasingly supporting women’s new roles as both carers and workers. These advances set the stage for policy developments in the 1980-2008 period, characterised by a neoliberal approach to social provision and a particularly polarised political climate. Thus, we do not disagree with scholars who stress the role of neoliberalism – as well as the crime control agenda – to explain the orientation of policies in the 1980s and beyond. However, we emphasise the continuity in the policy logics from the 1960s-1970s,

as well as the emergence of new actors that played a major role in the crystallization of gendered ideas about vulnerability and risk.

Beginning in the 1970s, mothers of all races were increasingly subjected to the strictures of labour commodification⁵ — a result of feminist politics, and changing cultural and scientific understandings of individuals and families (Orloff, 2006, 2017). Throughout the 1970s, US feminists focused on gender inequality in the workplace, taking a gender-neutral, rights-based approach to support the needs of working mothers (Ramanathan, 2017). Although welfare rights organisers forcefully claimed that ‘welfare is a women’s issue’, thematising poverty and inadequate supports for families maintained by women (Naples, 1998; Sholar, 2016), most second-wave feminist groups were instead concerned with regulation of employment to allow the inclusion and equal treatment of formerly excluded groups (Kessler-Harris, 2003; MacLean, 2006; Pedriana, 2006; Pedriana & Stryker, 2004). Important new regulations against gender discrimination were implemented in the 1970s (MacLean, 1999; Pedriana & Stryker, 1997; Skrentny, 2009, ch.8), establishing labor market regulation as a key dimension of political contention but also reflecting the new assumption that employment was expected from women as well as men.

On the social assistance or ‘welfare’ side of the bifurcated US system of social provision, there were intense battles over whether poor mothers should be mandated to take up paid employment. Full-time caregiving for mothers was the formal logic of Aid to Families with Dependent Children (AFDC), a programme established in the Social Security Act to offer support to unpartnered mothers, initially targeted on widows but increasingly taken up by divorced and never-married women (Orloff, 2002). However, benefits were so low that there was widespread ‘off the books’ work and assistance from boyfriends and other kin (Edin & Lein, 1997). Many poor women also used AFDC as a de facto parental leave, collecting benefits when their children were very young, but turning to employment when they got older, or cycling between welfare and unstable employment. Feminist political actors were also associated with several unsuccessful attempts to expand redistributive social provision and reconciliation policies such as a measures to substantially expand child care services (Morgan, 2001).

1980-2008: The ‘Right Turn,’ a Third Way Interlude, and ‘Compassionate Conservatism’

The year of Ronald Reagan’s election, 1980, is a convenient symbol of the end of the expansionary era of the Keynesian welfare states, bringing the political ascendancy of neo-liberalism and austerity. Reacting to the expansion of the 1960s-1970s, Republicans opposed increased spending on social provision, and the political divisions between forces favoring and opposing social spending were solidified. Divisions over spending paralleled polarisation over issues such as abortion, violence against women and affirmative action, sometimes coded as part of the ‘culture wars’ and entangled with racial inequalities as well (Chappell, 2012; Reese, 2005; Wolbrecht, 2000). Republicans capitalised on gendered backlash trends, as well as increasing opposition to the civil rights gains of people of colour, business opposition to regulations and unions and the discontent of a wide swathe of Americans struggling with the economic effects of stagflation. The political environment of the 1980s was also characterised by moral panics around shifting gendered

norms, the weakening of the institution of marriage, the AIDS crisis and the war on drugs (Jenkins, 1998). This political context strengthened gendered and racialized beliefs about deservingness that shaped ideas about how the state should address the changing landscape of gendered social risks (e.g. Schneider & Ingram, 1993).

Cuts in welfare reflected ideas about deservingness related to employment as well as compliance with traditional gender norms. Hence, support or opposition to welfare provision was shaped by gendered and racialized discourses constructing some citizens as undeserving of benefits with, for example, the stereotype of the 'black welfare queen' legitimating cuts in welfare spending and shaping how black women apply for disability benefits (Bridges, 2011; Gilens, 1995, 1999; Pryma, 2017; Reichman, Teitler, & Curtis, 2005; Steensland, 2006). A focus on employment was also central, with elites adopting a discourse of the pathology of dependency, a new way of conceptualising individualized risks of poverty (Fraser & Gordon, 1994; Naples, 1997). With more women working full-time, the formal logic of welfare as support to full-time caregiving became less acceptable to large swathes of the public (Orloff, 2002). The Reagan administration cut back on both welfare (AFDC) and disability benefits by tightening eligibility rules. Cutbacks to welfare engendered a policy trajectory that led towards the Family Support Act (1988), a reform of social assistance on elite terms that allowed state waivers from federal regulations, and institutionalised the presumption that all parents on welfare were employable.

In disability policy, cuts led to a tightening of eligibility rules, which fostered the individualization and medicalisation of claims. For example, the 1984 Social Security Disability Benefits Reform Act reversed cutbacks to the disability programmes (OASDI and SSI), bringing major changes to the disability evaluation process and liberalising how diagnosed medical impairments could evidence disability, while more strictly codifying the disability evaluation process (Keiser, Miller, & Hopper, 2017; Mezey, 1988). Contemporaneous debates redefined if and how working women could be considered employable and deserving of disability benefits on the basis of impairments often interpreted as feminine psychogenic symptoms (Wailoo, 2014, 2017). Thus, while the law offered gender-neutral protections against discrimination, the standards by which disabilities were recognised and rights afforded deployed highly gendered conceptions of who should be subject to commodification.

In 1990, President George H.W. Bush promoted the Americans with Disabilities Act, which marked a major milestone in disability activism and policy, and is often lauded as a progressive piece of civil rights legislation. From the perspective of disability activists, the ADA reflected the 'social model of disability' – the idea that social institutions and environments create disabilities by erecting barriers to access for people with varying capabilities (Barnes, 2012). Yet subsequent ADA court rulings have departed from this interpretation, often defining 'impairments' as medical conditions rather than situations arising from unaccommodating social environments (Bagenstos, 2003b). Moreover, both disability reform through the 1980s and the ADA were framed to Republican stakeholders as kinds of 'welfare reform' that would eliminate barriers to employment (Bagenstos, 2003a) and strongly encourage employment for all who could work for pay, thus paralleling efforts that sought to commodify labour and combat social risk by expanding access to the workforce.

Bill Clinton's Presidency (1993-2000) was a Democratic interlude amidst the Republican political ascendancy of Reagan, Bush Sr. and Bush Jr., but an interlude strongly

constrained by anti-social spending and anti-regulatory politics. Clinton took up a Third Way orientation in which welfare provision was to contribute to productivity through promoting labour commodification. Employment was also a way to help vulnerable individuals, and welfare was reshaped to be compatible with employment, rather than as an alternative to it (Mudge, 2018). Policies supported women's dual roles as workers and carers as well as disability rights that broadly encouraged a shift of people with disabilities from public assistance to the workforce.

Welfare reform as initially proposed by Clinton was a characteristic Third Way proposal. It toughened employment requirements, but also offered supports to employed single mothers, such as child care, and preserved some elements of the safety net (Ellwood, 1989). Clinton promised to 'end welfare as we know it' to blunt Republican 'wedge politics' (see, e.g. Béland & Waddan, 2012; Mink, 1998; Noble, 1997). Yet, when Republicans reclaimed the House of Representatives in 1994, they imposed on Clinton a much harsher bill that eliminated a federal guarantee of social assistance and turned the former AFDC federal-state programme into block grants for the states to run with widened discretion over benefit levels and eligibility rules and options to use private contractors to provide services (Haskins, 2006; King & Wickham-Jones, 1999; Orloff, 2002). Instantiating the logic of mothers' employment but with minimal attention to work-family reconciliation, the Personal Responsibility and Work Opportunity Act (PRWORA) was passed in 1996. While AFDC had served very poor and overwhelmingly single mothers (or other caregivers) when they had intense care needs that prevented employment, PRWORA eliminated the federal entitlement to this assistance, and mandated employment or training for those receiving benefits under the Temporary Assistance for Needy Families (TANF) programme which replaced AFDC. Officials running TANF programmes, in both government and private service agencies, increasingly functioned as *punitive therapy practitioners*. In fact, disciplinary practices and regulations have made welfare benefits less accessible (Schram, Soss, Fording, & Houser, 2009), or contingent on entering programmes with combined therapeutic and punitive aims (e.g. Haney, 2010; Watkins-Hayes, 2009).

Since PRWORA's passage, increased numbers of women are shuffled between welfare and disability programmes, paralleling the findings of scholarship identifying states as engaging in a 'series of people exchanges' across different agencies (Lara-Millan, 2017). While the ADA aimed to increase workforce participation for people with disabilities, broadening what they can demand from their workplaces, reform to Social Security has focused on the evaluation of disabilities that prevent full workforce participation. People with disabilities that are difficult to evidence or read as insufficiently severe fall at the border of these two logics – promoting independence through labour and recognising need. According to Social Security Administration statistics, these people are most likely to be women, who rely on TANF while waiting for SSI approval or when their disability claims are denied (Nadel, Wamhoff, & Wiseman, 2003/2004). Thus, women are frequently shuffled between welfare programmes and asked to frame their needs or unemployment as the result of disability. Disability benefits become a safety net for women ineligible for other forms of support under stricter work requirements.

Major gender equality milestones were enacted during the Clinton presidency, notably the 1994 Violence Against Women Act (VAWA) and the 1993 Family and Medical Leave Act. Clinton signed the same FMLA that his predecessor had vetoed; it was backed mainly

by Democrats but with some Republican support.⁶ Efforts to address domestic violence at the federal level were more fully bipartisan. In fact, VAWA received overwhelming support from women's organisations, liberal Democrats and conservative Republicans (Strebeigh, 2008). VAWA was framed in terms of gendered crime, a discourse that connected state intervention both to feminist goals and to the expansion of the criminal justice apparatus (Whittier, 2016). Hence, feminist demands for the sanctioning of perpetrators were easily integrated into the logic of penal reform that accompanied the rise in incarceration rates starting in the late 1970s. Discourses on crime control, supported by highly-mediatised trials of particularly brutal cases of sexual and domestic violence focused on sexual criminals and abusers of women (Chancer, 2005). Moreover, politicians supporting VAWA supporters strongly emphasised the costs of domestic violence for society, referring to the hours of labour-force productivity lost when abused women are unable to work. Funding for organisations that provide services to survivors was also described as necessary to provide women with the tools they need to go back to the work-force after leaving abusive relationships.

Domestic violence advocates, who also can take on the role of *punitive therapy practitioners*, emphasised the role of welfare in supporting women leaving abusive relationships. In response to PRWORA, they organised to protect battered women's access to public assistance. They successfully obtained the Murray-Wellstone provision, which allowed states to lift time limits for victims receiving welfare benefits. However, states which adopted specific provisions for victims of violence often attached exemption eligibility to compliance with a service plan (e.g. Pennsylvania's 'Family Violence Option', see Brush (2011)). This led to an individualization of claims, with women eligible to receive extensions on time limits only if they could show commitment to working on leaving abusive relationships. In this context, abusive relationships were constructed primarily as a barrier to women's employment.

After the contested election of Republican George Bush in 2000, liberal reforms faced a political dead end for the duration of his administration. For example, Congressional Republicans successfully opposed expansion of the FMLA or a new federal-level paid family leave. Bush promised a 'compassionate conservatism.' This form of social risk management promoted the same kinds of voluntary efforts to deal with social problems as had been championed by his father. Coupled with an unsuccessful proposal to privatise Social Security, these approaches reflected neoliberal concerns with rolling back the redistributive and regulatory reach of the state.

Among the enduring legacies of the Reagan and Bush Sr. administrations, reinforced by both Clinton and Bush, Jr., were the expansion of contracting out of formerly-governmental services to both for-profit and non-profit organisations, religious organisations and voluntary groups. This opened opportunities for the proliferation of *punitive therapy practitioners*. Present in different types of organizations, these experts rose to leadership positions in services for domestic violence survivors, job readiness programmes and drug intervention classes. Through individualized interventions, their work aims at teaching women to regulate themselves. It also reflects assumptions about the roots of gendered vulnerabilities: that women's criminal behaviours, dependence on abusive partners, or inability to work due to a disability or other barriers are products of psychological harm. These practitioners often play the role of gatekeepers: they are the ones making decisions about which women can access services and are eligible for state benefits.

Very often, caregiving responsibilities, disabilities or abuse from an intimate partner on their own are no longer enough to make claims on the state. Instead, a commitment to overcome these vulnerabilities – as barriers to employment – becomes a pre-condition to receiving benefits. Indeed, some scholars have argued that administrative structures associated with generous welfare regimes increase state surveillance of the ‘undeserving’ by shaping strategies available to address social problems (Edwards, 2016). However, while shifts to understanding women’s vulnerabilities in terms of psychologization and risk management are often attributed to neoliberal cultural currents, they are also undergirded by deeper institutional roots, in rehabilitative approaches to poor women who turned to welfare (see, e.g. Chappell, 2012; Gordon, 1994; Mittelstadt, 2005), which have consistently featured in social assistance programmes.

As the service sector expanded to include new non-profit and private actors in charge of addressing a wide array of social problems, grassroots anti-violence organisations – which were struggling to provide adequate services in the context of very scarce funding – survived by becoming part of this regulatory apparatus and reframing their demands for support to fit political discourses emphasising personal responsibility and self-sufficiency. At the same time, new actors (e.g. hospitals, mental health services, social services, child protection services) took up the responsibility of addressing gendered violence and forms of gendered social risk. While feminist activists were considered the main producers of expertise on domestic violence in the 1960s–1970s, they were progressively replaced by trained professionals with degrees in social work, psychology and medical fields (Gottschalk, 2006; Sweet, 2015; for a similar argument on sexual violence intervention see Bevacqua, 2000; Corrigan, 2013). In this context, the individualized push for women to learn self-regulation replaced the initial collective goal of empowerment and social transformation – the hallmark of feminist intervention in shelters and rape crisis centres. The response to gendered violence became imbued with ideas about both victims and perpetrators who lacked ‘deservingness’ and the pathology of dependency; organisations providing victim services started adopting eligibility rules for services. For example, applying for state benefits often became a condition for staying at women’s shelters. Coercive interventions aimed at regulating women victims of violence and the increased criminalisation of perpetrators are two sides of the same coin: both can be seen as manifestations of a culture of control (Garland, 2001) that frame the dependent and the criminal as deviant ‘others.’

After the Crisis: The Obama Years

The 2008 financial crisis and the subsequent Great Recession produced a political break with the preceding neoliberal era. In the wake of the crisis, Democrat Barack Obama’s election brought the return of ambitious plans for expanding social protection, most notably universal health coverage in the Affordable Care Act (ACA) of 2010 (Hacker, 2010). President Obama reversed many anti-feminist and anti-social spending policies pursued by the GOP. Yet plans to promote gender equality, and implicitly, maternal employment, were principally aimed at improving labour market regulation and enforcement of pay equity, rather than positive supports such as paid leave.

In the first term of the Obama administration, the chief domestic priority was health care, and the passage of the Affordable Care Act (ACA), which while representing a

significant expansion of US social protection, nonetheless bore the marks of continuing constraints on spending and government action (Quadagno, 2014). ACA included provisions aimed at ameliorating gender health disparities through expanded insurance coverage and preventative medicine, a ban on gender rating (charging higher premiums for women), expanded contraceptive and maternity coverage, and screening and counselling for domestic and interpersonal violence (Health Resources and Services Administration, 2017). Improved healthcare for people with disabilities was sought through prohibiting insurers from discriminating on the basis of pre-existing conditions, medical history or genetic information, and by eliminating limits on lifetime benefits. In addition, the ACA promised people with severe disabilities increased supports for community living including measures to encourage the employment of people with disabilities. This emphasis on employment holds complex gendered implications as women are more likely than men to have a disability in the United States (Bureau of Labor Statistics, 2017) and receive a disproportionate share of disability benefits. Thus, an implicit conflict arises between programmes designed to make workplaces friendlier to people with disabilities, and the ever-growing number of men and women applying for disability benefits, which limits the number of hours beneficiaries can work. As disability eligibility criteria are strict and case-by-case decision-making less than obvious, applicants, the majority of whom are women, typically cycle through other forms of public assistance, while waiting for a decision, and, again, while moving through the appeal process if they are denied. While Obama-era policies appeared to favour the integration of women with disabilities into the workforce where possible, data on disability applicants and recipients appear to demonstrate a continued demand, among women, for disability provisions that limit the number of hours that a recipient can work (Bureau of Labor Statistics, 2017).

The Obama administration was particularly vocal about the need to address violence against women, notably campus sexual assault and harassment, with policy guidance calling on universities and colleges to expand significantly their enforcement of Title IX of the Education Amendments of 1972. Title IX had initially targeted sex discrimination in sports but through the 2000s had been increasingly concerned with sexual assault as a form of sex discrimination in education (Reynolds, 2018). This is a criminal justice strategy, also seen in directives to increase arrest and conviction rates in sexual and domestic violence cases. For the first time, Republicans opposed the renewal of VAWA, a response to specific provisions expanding a visa programme for immigrant victims of abuse, and a clause that made it illegal for organisations receiving VAWA funds to discriminate on the basis of sexual orientation. VAWA was eventually renewed in 2013, following a long legislative battle.

A growing interest in the specific vulnerabilities faced by women marks recent policy recommendations and federal reports related to domestic violence and disability. Over the last two decades, federal reports emphasise trauma as the source of women's vulnerability, dependency, and need. For example, implementation guidelines for Partner Abuse Intervention Programmes recommend that earlier victimisation of female perpetrators be recognised, while previous experiences of abuse are downplayed in interventions with men, even though male perpetrators are also more likely to have been the victims of child abuse or neglect than non-perpetrators. The language of vulnerability and trauma allows policy experts and administrators to talk about gender as a risk category, serving to reify gender differences, while respecting the political imperative to move towards 'gender-neutral' policies and interventions (Sweet, 2015).

More broadly, trauma was recognised as a public health problem, and in 2009, the Federal Partners Committee on Women and Trauma was convened (Federal Partners Committee on Women and Trauma, 2013). Recommendations targeted individuals' mental health rather than the structural causes of traumatic events, and state policies, through the language of risk, mark some women as inherently vulnerable to violence and disability and construct women's bodies as permanently marked by experiences of abuse and violence. Government programmes take on the tasks of diagnosing and preventing women's 'unhealthy' responses to trauma – typically framed as behaviours that lead to unemployment, disability, and dependence. Trauma's effects on women's employability are central to these concerns, with the assumption that for women to achieve independence, workforce participation is vital. For example, a 2013 federal agency report suggests that workplaces be 'trauma informed,' noting that women with disabilities 'have an even higher incidence of trauma related issues' than able-bodied women, and that trauma 'can dramatically increase the costs of absenteeism, turnover, and other workforce issues' (Federal Partners Committee on Women and Trauma, 2013, p. 49).

Changes in domestic violence intervention represents a good example of the way in which the language of trauma has shaped strategies to address vulnerability to violence. The state's recognition of the consequences of trauma on women has allowed victims' advocates to demand access to medical resources, recognising that the harm of domestic violence goes well beyond the injuries caused by specific incidents of abuse. However, the focus on individual bodies erases the broader consequences of violence in terms of gender equality. Most importantly, the marking of domestic violence victims (like women with disabilities) as traumatised can legitimate paternalistic state interventions that go against anti-domestic violence and disability advocates' focus on autonomy and economic independence. For example, a majority of US states have adopted 'non-drop rules,' in which police reports about domestic incidents are enough for the state to prosecute alleged batterers, even when the alleged victim refuses to press charges or testifies that the abuse didn't happen. The idea is that the trauma inflicted on victims might impede their ability to collaborate with the criminal justice system (Coker, 2001; Schneider, 2000).

Similarly, arguments about victims' trauma have been used in custody battles to question women's ability to care for their children, while state agencies can also require mothers who were abused to participate in programmes for survivors of domestic violence (Shiple, 2011). Hence, interventions meant to support victims of abuse are a double-edged sword, and can also be seen as punitive responses to women's failure to manage the risk of victimisation. Grassroots organisations (e.g. shelters, rape crisis centre) that receive state funding had to respond to these developments, with some organisations retaining their feminist identity, but other advocates rejecting the feminist label to describe their work (e.g. Corrigan, 2014; Maier, 2008). Here we see both elements of feminist practice and approaches reflecting dual punitive and therapeutic aims, both reinforcing and challenging state discourses.

What Next for Gendered Policies in the Trump Era?

In the wake of Clinton's 2016 loss, Democratic lawmakers and feminist policy entrepreneurs are engaging in widespread questioning of their earlier policy projects, with many arguing that the party needs to more actively promote policies specifically intended to

address women's concerns. The focus on women's policy concerns has intensified in the wake of the 'blue [Democratic] wave' that crested in the 2018 midterm elections, in which women candidates and activists, the #metoo campaign and reproductive rights took centre stage. Most Republicans, in contrast, have continued to support Trump's conservative policies, seen in promises to rebuild male-dominated sectors of the economy, massive tax cuts for the rich, and attempts to overturn social protections like Obamacare. A small anti-Trump faction within the Republican Party eschews the President's public performance but generally has not opposed his policies, many of which echo long-standing Republican priorities.

While violence against women was a recurrent theme in Obama's speeches throughout his Presidency, the Trump administration has made many statements indicating at best, skepticism or at worst, hostility to policies that redress the problems of domestic violence and sexual assault. Their budget proposals have included cuts to victim services (e.g. the Legal Services Corporation), and to funding under the Victims of Crime Act (VOCA). A bill reauthorizing VAWA was introduced in September 2018, but with Congress divided over reauthorization, VAWA is at risk of lapsing come December 2018. Moreover, the Trump administration revised the Obama administration's campus sexual assault policy to offer better protections to accused perpetrators, although it is worth noting that several prominent feminists support the shift towards protecting due process (see, e.g. Bazelon, 2018).

On the 2016 campaign trail, Clinton addressed disability rights as a cornerstone issue, emphasising the need for a more 'inclusive economy' to encourage employment for people with disabilities. In contrast, the Trump administration has suggested that the ADA's accessibility standards put undue burdens on business owners and encourage lawyers to opportunistically sue small businesses over violations of the ADA. Under proposed legislation, people with disabilities would be required to furnish an ADA non-compliant business owner with a technical notice, and businesses would have ample time to respond and comply before further legal action could be pursued. While Clinton's line on disability reflected the longer historical trend for politicians on both sides of the aisle to define disability rights as the right to work, the Trump administration has sought to protect business interests from the ADA's requirement to provide reasonable accommodations. Between Republican-backed attempts to weaken the ADA, and threats to the Affordable Care Act's protections for people with disabilities, uncertainty clouds the future of disability policies meant to encourage workforce participation, limit discrimination against people with disabilities, and mitigate vulnerability and dependence.

Most Republicans have remained opposed to family leave expansion or paid benefits, preferring their long-held position of offering tax incentives to employers providing leave voluntarily. But in a departure from Republican orthodoxy, at the urging of his daughter, President Trump endorsed a plan to provide six weeks paid maternity leave (Fuller, 2016) and included a proposal for gender-neutral leave in his 2018 state of the union address. Republican Senator Marco Rubio has worked with Ivanka Trump on a new plan which will not raise taxes or impose an employer mandate – how is not yet specified (Kim, 2018). The conservative, GOP-affiliated Independent Women's Forum (2018) has put forward a 'budget-neutral' plan for paid leave that would allow workers to draw on their Social Security entitlements, basically having them offset their period of paid leave (12 weeks) by deferring retirement by six weeks. One prominent bipartisan

proposal for a paid leave put forward by the Brookings Institution and the American Enterprise Institute would offer paid leave but with more targeting on low-income workers and a pledge to budget neutrality (offsetting new spending with budget cuts). Thus, perhaps a more gender-neutral approach to supporting dual earner parents balancing work and care is on the horizon.

Conclusion

Even with shifting partisan dominance, US gendered social policies continue to instantiate logics of employment for women, as normative expectation and as solution to manifold problems, across the policy domains we have examined. Formal gender neutrality characterises parental leaves and disability policies, even as it is clear that gendered assumptions about the division of caring labour, dependency and vulnerability inform policy designs. Domestic violence policy was an outlier until the early 2000s, as most policies were explicitly gendered. However, a recent push for gender-neutral language has countered this trend. Nonetheless, assumptions about gendered vulnerability may be intensifying in this policy arena, with state responses to domestic violence informed by ideas about women's inherent vulnerability to trauma and the need to support women's recovery from abuse. The sources of these assumptions are also notable, as they are traceable to second-wave feminist writings (e.g. Walker, 1984) and reinforced by more recent psychological research on the impact of trauma on women. Similarly, the focus on women's employment and the sanctioning of perpetrators as the main strategies to prevent violence has been central to state intervention since the 1960s and is rarely questioned.

There is, of course, a lot of variation in the specific policy designs informed by the gendered conceptions of vulnerability and risk that we describe in this paper. Policies founded on the assumption that mothers will be employed can take supportive, coercive or purely symbolic forms. For example, the state can support maternal employment by providing parental leave, enforcing TANF work requirements or offer tax credits. Similarly, interventions to foster the employment of victims of abuse to remove barriers to employment can involve offering work readiness programmes, providing time exemptions for welfare benefits, or focusing on safety planning. Disability policy and attempts to better meet the needs of women with disabilities may also draw on conflicting logics of accommodation. The role of the state might be to ensure workplace compliance with ADA regulations, encourage employers to provide specialised support to women with disabilities, require women with disabilities and/or women with disabled children to join the workforce to qualify for public assistance, and/or, in the case of severe disabilities, provide basic income to women who cannot work.

We have assessed the gendered assumptions underlying three sets of policies aimed at reducing gendered risks and vulnerabilities as they have developed over the last few decades. Even though the specific form that policies take varies, we are struck by the stability of the key policy logics and gendered conceptions of dependency, employability and the division of labour, underlying policies which followed a path-dependent trajectory established during the political battles and policy settlements of the 1970s that in turn laid the fundamentals for developments on the neoliberal terrain from the 1980s through the Great Recession, and into the current moment. Attending to the underlying assumptions about gendered social risks to which policies are oriented can highlight their effects

on specific groups of women, as well as their potential to foster gender equality, enduring concerns of scholars of gender, states and social policies.

Notes

1. Orloff (2009) discusses how the term ‘gender’ has been used in feminist policy scholarship; we follow this usage here. Gender is not an attribute of individuals but a social relationship, historically varying, and encompassing elements of labor, power, emotion and language; it crosses individual subjectivities, institutions and organizations, culture and language (see, e.g., Connell, 2002; Scott, 1988). Path-breaking work in the 1970s and 1980s established that gender is (in part) constituted by systems of social provision and regulation, and in turn, shapes them.
2. Policies which tackle ‘old social risks’ focused on the threat of lost earnings caused by a breadwinner’s (assumed male) unemployment, old age, illness, and disability, whereas policies and service provision oriented to ‘new social risks’ address with ‘postindustrial’ concerns, such as precarious employment, long-term unemployment, women’s needs for work-life reconciliation, family instability (see, e.g., Bonoli, 2006).
3. Sometimes, these take the form of ‘social investment’ policies which seek to increase the human capital and earnings capacity of citizens ‘through support for continuing education, training and re-training, and socialization of care work to facilitate combining paid work with raising a family’ (Huber & Stephens, 2006, p. 143; see also Jenson, 2009; Morel, Palier, & Palme, 2012; Orloff & Palier, 2009).
4. Our use of the term vulnerability is drawn from scholars of feminist vulnerability studies, who disentangle vulnerability and dependency. Feminist philosopher, Susan Dodds explains that all humans have ‘inherent vulnerabilities’ but when those vulnerabilities ‘require immediate care or direct assistance from specific individuals, then these are dependencies. Our age, gender, health, abilities, resilience, and the range of support available to us will shape the circumstances and ways we experience vulnerability as dependence’ (Dodds, 2014, p. 183).
5. Until the 1970s, able-bodied mothers were usually considered properly dependent on their husbands (although women of colour – especially in the South and Southwest – were considered ‘employable mothers’) (Lieberman, 2001).
6. Paid leave proposals first emerged in the early 1980s, after the passage of the Pregnancy Discrimination Act (PDA) of 1978 (an amendment to 1964 Civil Rights Act), which prohibited discrimination on the basis of pregnancy, childbirth, or related medical conditions. This could have opened up political space for considering paid family leave as a next step, but this was blocked by the conservative turn of the next years. Advocates continued to push for family leave through the 1980s, gaining success in Congress, but President Bush vetoed these bills.

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No potential conflict of interest was reported by the authors.

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