Helping Women Heal from Intimate Partner Abuse: An Impassioned Case for Social Learning and Community

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Abstract

This article focuses on the need for comprehensive and interdisciplinary based support for those seeking help in dealing with and recovering from intimate partner abuse. While current models do their best to support individuals in need, there are still many gaps in services that can leave individuals who have experienced intimate partner abuse vulnerable to negative personal, social and economic outcomes and cause varying degrees of revictimization. This article proposes that by focusing on community involvement, interdisciplinary collaboration and social learning we can begin to bring existing interventions and support models together to create a comprehensive and holistic approach to effectively deal with the effects of intimate partner abuse and end its devastating cycles.

Keywords: *intimate partner abuse, interdisciplinary models of healing, healing from abuse, community, empowerment*

Introduction

The statics of intimate partner abuse (IPA) is devastating. Women are more frequently and severely victims of intimate partner violence. A staggering 79% of police reported intimate partner violence is against women and more than one in four women experience physical, psychological or sexual violence in their lifetime (Burczycka & Conroy, 2018; Burn, 2011; Family Violence, 2018). IPA includes bodily harm, verbal threats, harassment, emotional abuse and economic control (Allen & Wozniak, 2011; Burn, 2011; Dichter & Rhodes, 2014). IPA does not discriminate: it affects all socioeconomic classes, cultures and communities around the world and is the leading cause of

injury among women—there are nearly 2,00,000 injuries and 1,300 deaths per year in the US alone (Allen & Wozniak, 2011; Burn, 2011). The heartbreaking truth of these shocking statistics is that most likely a woman you know has, or will, experienced IPA.

As abject as the reality of being in an abusive relationship is, there is another aspect of IPA that needs our time, care and attention. Individuals fortunate enough to escape an abusive relationship with their lives know, that is only the beginning: a long, frightening and arduous journey of recovery awaits. Healing is a multifaceted, multi-layered process that is unique to every individual. Moreover, since the effects of IPA are life-threating, long-lasting and occur at such high rates, it is imperative that those who have experienced it be given the appropriate tools to heal and recover fully. This is a difficult mandate as IPA reduces a person's ability and willingness to trust and participate in community and society. However, we can begin to effectively support individuals leaving abusive relationships by understanding the complexities of their situation and creating community-based holistic healing programs. Without comprehensive support IPA will continue to exist within service gaps and thrive among families for generations.

The horrors of IPA are within my personal experience, which is the impetus of this paper. In the following pages my experience along with my research of IPA will be presented as offering a case for social learning to remedy this social ill. What proceeds is divided into two sections: first, the identification of local issues, i.e., a breakdown of the personal, social and economic aspects of abusive relationships and a study of current models and approaches of services to support those healing from IPA. Secondly, a description of the community-based project I am developing for survivors of IPA with the intent to meet the full spectrum of needs in a reflexive, and empowering way—a way proffered by social learning.

Part I: Local Issues - Personal, Social and Economic Aspects of IPA

Personal

While enduring IPA usually means experiencing physical wounds, individuals leaving abusive relationships often suffer many, equally serious, invisible wounds. Once the more direct physical

and psychological symptoms of trauma are removed, individuals often continue to define themselves relative to their IPA experience (Allen & Wozniak, 2011). This self-definition is problematic as it creates the potential for individuals to solidify their primary identity as victims, rather than processing and integrating the experience to achieve a healthier sense of self as a worthy member of society (Allen & Wozniak, 2011). Indeed, the experience of IPA often leads, individuals to isolate themselves out of fear and distrust of others; furthermore, they experience difficulty in interpersonal relationships and navigating continued intrusions and re-traumatization attempts by their abusers (Allen & Wozniak, 2011). Self-induced isolation after leaving an abusive relationship is a frequent self-preservation tactic—conscious or subconscious—that prevents individuals from receiving support.

In addition to the debilitations of isolation, IPA is strongly associated with negative mental health symptoms and disorders such as phobiasypanic disorders, eating disorders, sexual dysfunction, low self-esteem, anxiety, posttraumatic stress symptoms, depression and suicidal ideation and even attempts (Dichter & Rhodes, 2011; Rizo, 2105). Women who have experienced IPA are also more likely to have substance abuse problems as they attempt to cope with their victimization and its aftermath. This self-medication increases their vulnerability (Dichter & Rhodes, 2011; Heise, Ellbery & Gotmoeller, 2002; Lawoko, 2016; Rizo, 2105). Without vigilant, fully comprehensive, community-based, interdisciplinary support models it is all too easy for these silent wounds of IPA to go undetected and continue to afflict damage.

Social

As noted, experiencing IPA wreaks havoc on an individual's sense of self-worth and ability to navigate social networks, whether of familiar or unfamiliar people. Therefore, it is imperative to the healing process that individuals be given the opportunity and tools necessary to rebuild themselves. The self is the foundation upon which external factors can be effective and it is the medium through which outcomes are processed and experienced (Czerny & Lassiter, 2016). It is when individuals who have experienced IPA begin to stand up for themselves and act and think in empowered ways, that feelings of self-efficacy replace those of powerlessness and worthlessness

as their filter for life in society (Laing, 2017; Murray, Spencer, Stickl & Crowe, 2015; Wesely, Allison & Schnieder, 2000). As these individuals rebuild their internal environment they become less and less vulnerable to negative external factors.

Informal and formal social networks have a huge impact on individuals who have left abusive relationships. Unfortunately, these networks can be significant sources of negative experiences (Murray et al., 2015; Trotter & Allen, 2009;). All too often individuals experience stigmatization from their social networks, such as being blamed for the abuse, minimization of their feelings and being distanced from others wanting to avoid the situation (Trotter & Allen, 2009). Furthermore, many experience such stigma in supposed safe places, and find themselves shamed in public institutions such as the court system, law enforcement, medical facilities, domestic violence agencies, parental support centres, religious organizations, cultural communities, workplaces and the academy (Dichter & Rhodes, 2011; Murray et al., 2015; Laing, 2017). Ostracization from these social networks leads to disempowerment, self-blame and mental illness, as it encourages negative emotions (Dichter & Rhodes, 2011; Laing, 2017; Murray et al., 2015). Moreover, without supportive social networks, individuals are more vulnerable in public systems and society in general (Dichter & Rhodes, 2011; Laing, 2017; Murray et al., 2015).

Economic

Just as mental health and social isolation can prevent full recovery from IPA, financial factors are also capable of imposing detrimental obstacles. IPA often involves poverty, or financial distress, reliance on public services and financial dependence (Hetling & Potmus, 2014). Financial literacy is therefore essential to IPA individuals, whether they are receiving public financial support or not; it is emotionally empowering and helps prevent the victimization of poverty as individuals learn to build economic independence (Hetling & Potmus, 2014). The financial facets of recovering from IPA are often overlooked in the process of attending to emotional and physical damage (King, Murry, Crowe, Hunnicutt, Lundgren & Olson, 2017). This is a troubling aspect of IPA recovery as necessary professional services are often costly and out of reach (King et al., 2017). A lack of economic resources or support is a common reason many IPA individuals return to abusive

partners numerous times before making the final decision to end the relationship (Lewis, Henriksen Jr., & Watts, 2015; Messing, Mohr & Durfree, 2012). Additionally, negative financial realities for IPA individuals directly affects their daily lives by limiting their choices (Hetling & Potmus, 2014; King et al., 2017).

Current Models of Support

Short-Term Resources

Due to the high occurrence rates, current models of support are typically short term and non-comprehensive, concentrating on emergency situations (Burnetta, Ford-Gilboe, Berman, Wathen & Ward-Griffin, 2016). Women's shelters are an example of such a single aspect focus support model: they do great work but are not intended to provide long-term IPA healing support (Burnetta et al., 2016). During their short stay in a shelter a woman with children must completely reconstruct her life even as she is processing her trauma. She must find monetary resources, employment, affordable housing and childcare and also obtain child custody, file access agreements and orders of protection and acquire the basic living necessities for a new residence (Burnetta et al. , 2016). To reconstruct their lives IPA individuals must navigate numerous agencies and organizations, each having their own policies (Burnetta et al., 2016). All this must be done within a short time and often proves to be an overwhelming responsibility (Burnetta et al., 2016).

Current domestic violence crisis services such as women's shelters are a necessary immediate refuge, but there remains a vast unmet need for resources that provide long-term health, economic and social services to enable self-efficacy in IPA individuals (Burnetta et al., 2016; Dichter and Rhodes, 2011). Due to their short-term nature, the majority of current IPA crisis programs do not, and cannot, aim to provide comprehensive healing support (Wozniak, 2009). Indeed, even a well-resourced shelter cannot provide the years of support IPA individuals often need for full recovery (Burnetta et al., 2016). The numerous and multi-layered needs of women in shelters, particularly those with children, exceed the capability of such facilities and are not considered in government funding to these agencies (Burnetta et al., 2016). Burnetta et al. (2016) suggest that additional

capacity to support IPA individuals is needed both within shelters and the wider community: adopting community-based, integrative and reflexive approaches offers great promise.

Creating Community with Shared Experiences

The power of community support with those of shared experience of IPA can prove priceless. Finding safe and trustworthy individuals is a struggle for many IPA individuals due to the isolation inherent to their situation (Flasch, Murray & Crowe, 2017). Through community, those who have experienced IPA gain strength through interpersonal processes of healing (Wozniak, 2009). Community participation offers individuals the opportunity to build and maintain positive social support networks, and even to use their experiences to help others (Flasch et al., 2017; Wozniak, 2009). Moreover, finding, creating and nurturing a community engenders a hopefulness that converts their sense of the world from hostile, uncaring and unsympathetic, to a more positive view where sympathetic and helpful fellow humans willingly support and strengthen each other (Wozniak, 2009). Indeed, Wozniak (2009) encourages individuals to be socially/politically active, to actively seek services and to use their shared experiences as inspiration to try things they ordinarily would not.

Reintegrating into the Greater Community

As IPA individuals use the safety of communities of shared experiences to push beyond their comfort zones, they begin to find their footing within the larger community level. Furthermore, hearing the voices of IPA survivors enables the rest of society to better respond to and support these individuals (King et al., 2017).

Murray et al. (2017) found that participation in community art projects and performance showcases encouraged IPA survivors to release shame and find comfort in their story, develop a sense of belonging and find enjoyment in interacting with others. While an art exhibit or performance showcase is but one example of community reintegration, it is a powerful method of giving voice, allowing IPA survivors to be seen by their communities and its presentation is educational for

those who have not had this experience (Murray et al., 2017). Interacting with the greater community instills a sense of peace, safety and purpose in IPA individuals and strengthens their confidence; indeed, sharing one's truth in community is a beautiful and powerful experience for anyone, and the opportunity to do so should be universal (King et al., 2017; Murray et al., 2017)..

Part II: Identifying Solutions, Strategizing and Taking Action

Currently, the main forms of IPA aid are short term, singularly focused government operated or funded emergency shelters and agencies, but there are also community-based organizations with a social transformation focus and a bottom-up organizational structure—such as independent support groups. These express opposites tend to offer either too much presence and interference in the lives of IPA individuals, or not enough. What is needed is balanced, interconnected, holistic, comprehensive and interdisciplinary services. Furthermore, what services are available must be more readily known: access to IPA programs and services often rely on people to stumble upon them. This leads to a service gap and many needs go unmet, resulting in prolonged harm and further victimization.

The studies I have referred to in the preceding section serve to expose the problem of service gaps for IPA, and the missing model that considers all factors of this social problem and offers a community-based, long-term response. For this reason—and in light of my personal experience—I have chosen to recognize these gaps as an opportunity to create an all-encompassing, single-entry point of aid for those who have experienced IPA that is reflexive, holistic and interdisciplinary. For the last four years I have been envisioning such a container: a non-profit organization that will ally those on their IPA healing journey. The healing process is always unique to each individual and, as mentioned, multifaceted. The non-profit organization I propose will not only support women and their families through the initial, most difficult times of ending an abusive relationship but also empower them to move forward. My model facilitates IPA individuals to enjoy a safe, healthy and meaningful life. The following is an exposition of my vision, one that is based on the four traditions of community change.

Crucial to my plan for IPA aid is a single access point and individualization. Fully comprehensive and reflexive, it will help identify where an individual is on their IPA experience and work from there towards full recovery. People tend to carry the trauma of IPA for years, even decades, after leaving an abusive partner. (I witnessed this often during undergraduate research on IPA). Moreover, it is often difficult for such individuals to acknowledge that their past experiences affect them in the present. It is also difficult to predict what issues someone may develop during their individual healing journey. I cannot imply that I personally know the best processes for everyone, but I aim to offer a safe escape that includes access to trained professionals who can provide assistance in goal-setting and identifying the signposts of growth. This will be a home-based service as well as a community where individuals are supported at every step in their complicated journey by a liaison who can advocate for them within the organizations and agencies aiding IPA individuals. This service method prevents re-traumatization and mistreatment. The organization will help individuals build trust for others once again and to become independent, vibrant participants in their communities. Although a big task, this is not an impossible dream. My personal and professional experience, coupled with my educational and research endeavours, have shown me the resources for this goal exist, they are chiefly found within community. Below is a further outline of my developing vision.

The Social-Learning Community Project

The Mission Statement

To help individuals who have experienced intimate partner abuse regain a sense of empowerment, efficacy, and worth through community-based learning. To ensure safe and dignified access to service and provide guidance and support for individual growth and development.

Structural Organization, Mandates and Dreams

The central feature of this organization is its single access point. Within it, IPA individuals will be connected to the various people, services and agencies they require. Organizational support will

be delivered on a home basis and is essentially a comprehensive plan of action to reintegrate their lives in society. All necessary efforts will be employed to create working alliances with agencies to ensure individuals receive effective aid and are treated with respect. The organization is not only dedicated to helping individuals find authentic and safe community but will also be a channel for them to contribute purposeful action to the greater community. Free activities will be hosted regularly such as yoga, group meditation, potlucks, art therapy sessions, gardening, nature walks and beauty and self-care events. The organization will encourage its participants to celebrate and educate themselves through such activities as journaling, scrapbooking, enjoying proper nutrition and gaining financial literacy. Furthermore, it will offer group information sessions on IPA and its effects, as well as certification opportunities to enhance employability and financial independence (e.g. First Aid and CPR training).

The primary focus is to build community among individuals healing from IPA and prevent their social isolation. By participating in interesting and educational activities in a safe environment, I believe individuals will not only find comfort but also gain the courage to branch out and try new things independently. To maintain holistic reflexivity, all activities will be organized according to the specific needs and interests of the current participants and respond to their input.

The organization will host events with specialists in areas affecting IPA individuals from within the community. These events will be open to the public, to encourage the social reintegration of community members and promote networking. Foundational to the mission of this organization is enabling its members to transition into the role of helping others through the processes of healing they themselves have accomplished. The goal is to facilitate a transversion from victim to survivor to thriver.

Community can heal many wounds. The organization will include an admissions committee comprised of members past and present and professional experts. The purpose of this committee is not to screen but to assess the needs of each applicant and thereby recommend specific treatments and monitoring processes to maintain reflexivity. The dynamic of interdisciplinarism is most important. Communication between all members of the community—participants and

facilitators—is also essential. Bureaucracy must be eschewed and individuals of all backgrounds and cultures heartily welcome: all must feel safe and understood, all are to be empowered.

Most importantly, this organization is a collective focused on support for individuals who have experienced IPA by engaging them in "purposeful activity" (Friedman, 1987, p. 181). It will be private and independent to avoid the fate of many well-intentioned service providers that shift from personalized and authentic to over-worked, under-funded and ultimately less effective. It will strive for healthy, supportive, non-competitive relationships with external professionals and government agencies, in alignment with the mandate of community building. We will work to spread awareness of IPA and even more so to germinate the healing ability that resides in community.

References

Allen, K. N., & Wozniak, D. F. (2011). The language of healing: Women's voices in healing and recovering from domestic violence. *Social Work in Mental Health, 9*(1), 37. doi:10.1080/15332985.2010.494540

Burczycka, M., & Conroy, S. (2018). "Family violence in Canada: A statistical profile, 2016." Juristat, Canadian Centre for Justice Statistics, Statistics Canada, Catalogue no. 85-002-X. Retrieved from https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2018001/article/54893-eng.pdf?st=Fi3Btagu

Burn, S. (2011). *Women across cultures: A global perspective*. McGraw-Hill, New York, NY.

Burnetta, C., Ford-Gilboe, M., Berman, H., Wathen, N., & Ward-Griffin, C. (2016). The day-to-day reality of delivering shelter services to women exposed to intimate partner violence in the context of system and policy demands. *Journal of Social Services Research, 42*(4), 516-532. doi: 10.1177/1066480717710656

Czerny, A., & Lassiter, P. (2016). Healing from intimate partner violence: An empowerment wheel to guide the recovery journey. *Journal of Creativity in Mental Health, 11*,3-4; 311-324 doi 10.1080/15401383.2016.1222321

Czerny, A., Lassiter, P., & Lim, J. (2018). Post-abuse boundary renegotiation: Healing and reclaiming self after intimate partner violence. *Journal of Mental Health Counseling, 40*(3), 211-225. doi: 10.17744/mehc.40.3.03

Dichter, M., & Rhodes, K. (2014). Intimate partner violence survivors' unmet social service needs. *Journal of Social Service Research, 37*, 481–489. doi: 10.1080/01488376.2011.587747

Duffy, L. (2016). Achieving a sustainable livelihood after leaving intimate partner violence: challenges and opportunities. *Journal of Family Violence, 30*; 403-417. doi 10.1007/s10896-015-9686-x

Family Violence. (n.d.). Family violence: How big is the problem in Canada? Retrieved from https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/problem-canada.html

Flasch, P., Murray, C., & Crowe, Al. (2017). Overcoming abuse: A phenomenological investigation of the journey to recovery from past intimate partner violence. Journal of Interpersonal Violence, 32(22), 3373-3401.doi: 10.1177/0886260515599161

Friedmann, J. (1987). Planning in the public domain: From knowledge to action. Princeton, New Jersey. Princeton University Press.

Heise, L., Ellsberg, M., & Gottmoeller, M. (2002). A global overview of gender-based violence. *International Journal of Gynecology and Obstetrics, 78*(1), S5-S14. Retrieved from: http://iogt.org/wp-content/uploads/2015/03/a-global-overview-of-gender-based-violence.pdf

Hetling, A., & Potmus, J. (2014). Financial literacy and economic empowerment of survivors of intimate partner violence: Examining the differences between public assistance recipients and nonrecipients. *Journal of Poverty, 18*, 130–149. doi: 10.1080/10875549.2014.896308

King, K., Murray, C., Crowe, A., Hunnicutt, G., Lundgren, K., & Olson, L. (2017). The costs of recovery: intimate partner violence survivors' experiences of financial recovery from abuse. *The Family Journal: Counseling and Therapy for Couples and Families, 25*(3), 230-238. doi 10.1177/1066480717710656

Laing, L. (2017). Secondary victimization: domestic violence survivors navigating the family law system. *Violence Against Women, 23*(11), 1314– 135. doi: 10.1177/1077801216659942

Lawoko, S. (2006). Factors associated with attitudes toward intimate partner violence: A study of women in Zambia. *Violence and Victims, 21*(5), 645-656. doi: 10.1891/vivi.21.5.645

Lewis, S., Henriksen Jr, R., & Watts, R. (2015). Intimate partner violence: The recovery experience. *Women & Therapy, 38:*3-4, 377-394. doi: 10.1080/02703149.2015.1059223

Messing, J., Mohr, R., & Durfree, A. (2016). Intimate partner violence and women's experiences of grief. *Child and Family Social Work, 20*, 30-39. doi:10.1111/cfs.12051

Murray, C., Crowe, A., & Overstreet, N. (2015). Sources and components of stigma experienced by survivors of intimate partner violence. *Journal of Interpersonal Violence, 33*(3), 515-536. doi: 10.1177/0886260515609565

Murray, C., Spencer, K., Stickl, J., & Crowe, A. (2017). See the triumph healing arts workshops for survivors of intimate partner violence and sexual assault. *Journal of Creativity in Mental Health, 12*(2), 192-202. doi 10.1080/15401383.2016.1238791

Rizo, C. (2016). Intimate partner violence related stress and the coping experiences of survivors: there's only so much a person can handle. *Journal of Family Violence, 31*(5), 581-593). doi: 10.1007/s10896-015-9787-6

Trotter, J., & Allen, N. (2009). The good, the bad, and the ugly: domestic violence survivors' experiences with their informal social networks. *American Journal of Community Psychology, 43*, 221–231 doi: 10.1007/s10464-009-9232-1

Wesely, J., Allison, M., & Schneider, I. (2000). The lived body experience of domestic violence survivors: an interrogation of female identity. *Women's Studies International Forum, 23*(2) 211–222. doi:10.1016/S0277-5395(00)00073-X

Wozniak, D. (2009). Rites of passage and healing efficacy: An ethnographic study of an intimate partner violence intervention. *Global Public Health Journal, 4*(5), 453-463. doi 10.1080/17441690902815488

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