

The Art of Survival: Defining abusive experience, what it means to be well, and creative expression to guide aftercare interventions for female survivors of Intimate Partner Violence

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#### Author note

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### **Abstract**

The issue of Intimate Partner Violence currently populates the international conversation for women's rights. Language is frank and temperatures are high. While much of the stage is occupied by those who seek to raise awareness or alert the world to the illegality of abuse, minimal publicity is afforded to survivor experience. In particular, long-term experiences of survivors after "getting free" are little known. Predominant literature surrounding abuse focuses on psychology theory, reticence, and truisms, which limit access to healing and enclose Intimate Partner Violence within a private realm. This thesis presents renewed definitions of abuse and a deconstruction of what it means for a survivor to heal and be well. A comprehensive understanding of survivor experience guides an aftercare intervention that uses tools of creative expression and that functions on principles of meaning-making and reconnection. The accompanying project portion of this thesis, *Your Creative Activity Manual*, is a working document of the need, values, and principles outlined in this paper.

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### **Dedication**

I dedicate all aspects of my research and this thesis to every girl and every woman.

For I am a sister of all daughters, who are my sisters too and yours.

### The art of survival

Christina Sophia once asked herself how she could ever heal enough to experience a life well lived. Now a kindergarten teacher in her late sixties, Christina firmly believes her decision to draw everyday was the foundation of healing the traumatic experiences she had as an adolescent. The nature of her situation at the time of traumatic impact had denied her the opportunities to talk about her experiences, and thus she carried the internal wounds forward into her adult life. Resultantly, Christina experienced a number of physical ailments throughout her twenties and thirties, which unbeknown to her were the symptoms of the unprocessed trauma of her adolescence. By her late twenties, Christina was bedridden with a pocket of fluid on her brain that caused unexpected seizures. One of the few actions that caused her little pain was drawing, which she continued to engage in until her ability to sit up without assistance returned. When she was fully recovered from her illness, Christina made a career change to teaching so as to spread the benefits of creativity she had experienced throughout her community. Drawing has since played an intrinsic role in her self-care and has helped Christina to tell her story (personal communication, February 7, 2015).

The trauma-induced illness Christina suffered across three decades of her lifespan was a consequence of Intimate Partner Violence. Her story represents that of millions of other women who have experienced abuse and dealt with its negative longitudinal effects. The physical impediments Christina encountered reveals the longstanding damage unprocessed experiences of abuse can have on a survivor. Aftercare tools can easily prevent these long-term effects of abuse and can equip women with the necessities for healing and long-term wellness. In particular, methods of aftercare founded upon creative expression capacitate a survivor's ability to move forward and "thrive." Nonetheless, there are barriers surrounding the issue of abuse that reduce the availability of aftercare and restrict a survivor's accessibility to healing. Barriers exist due to

the socialisation of Intimate Partner Violence into the responsibility of select social sectors. Misinformed stereotypes impacted by archaic beliefs concurrently undermine attempts to engage with conversant understanding of survivor experience.

This thesis will contextualise the need for informed aftercare and democratise<sup>1</sup> currently privatised notions of healing. A deconstruction of how to define abuse and survivor experience will highlight the complexities of Intimate Partner Violence. Awareness of these complexities will inform a deconstruction of what it means for a survivor to heal. The foundation of renewed definitions will provide an explanation of the barriers to healing that exist and an understanding of how abuse impedes a survivor's ability to express, process, heal, and thrive. Finally, a practical rethinking of the process of creative expression will illustrate the relevance the methodology has in the framework of aftercare. The needs, values, and principles outlined in this thesis are represented in an accompanying creative activity manual that can be implemented in community aftercare settings for abuse survivors.

### **The need: long-term aftercare**

One in three women will experience Intimate Partner Violence at some point in the course of their life (Domestic Abuse Women's Network, n.d.). As much as 43% of women in the Greater Seattle area have experienced emotional, physical, or psychological abuse at the hands of a trusted partner (Center for Disease Control and Prevention, 2011). In 2013, domestic violence programs across Washington State served 2,082 survivors, provided safe housing to 1,051 of them, and responded to 837 emergency calls (Washington State Coalition Against Domestic Violence, 2014). Recorded statistics account for a fraction of abuse cases in the

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<sup>1</sup> The process of democratisation decentralises the control of knowledge, drawing it outwards from specific people groups.

United States (Gracia, 2004), home to 38 million survivors of Intimate Partner Violence (Domestic Violence Statistics, n.d.).

Though there are a number of organisations in existence that offer resources and programmes, they are mainly aimed at the prevention of abuse, at immediate relief from violent situations, and at short-term transitional assistance. While these are necessary, there are none that provide a place or resource for survivors to go to in order to process their experience long after it has happened. Even within creative programmes that do exist, aftercare operates within the short-term transition immediately after abuse. Furthermore, there are very few models that are not based on therapy (Cozier, as cited in Levy, 2011) and gathering spaces for survivors to heal collectively are scarce. Outside of shelters, the therapy office, and online networks, survivors are a largely unsupported population.

As Herman (2007) explained, disempowerment, disconnection, no social support, and weak or non-existent channels of communication increase a survivor's vulnerability to continued struggle. The effects of abuse can manifest at unexpected times and be triggered by the smallest of incidents, while memories and experiences can continue to return to the survivor for a long time after the violence ended. When instances such as these occur, they can have a detrimental effect on a survivor's situation: her performance at work may fall, she may retreat from friendships and social situations, enter into depression, or experience health problems that are linked to the abuse and its subsequent long-term effects (Rothschild, 2000).

### **The response: creative expression**

In the depths of Intimate Partner Violence, creativity is the first mode of expression to be suppressed. Yet creativity also holds the greatest power in processing stories and healing. *The Journal of the American Medical Association* noted that the increased occurrence of both mental



and physical health disorders, social dysfunction, and disability correlated with the experience of abuse. The inhibition of thoughts and feelings gradually undermines the body's defenses and immune function. When survivors process emotions and memories, they externalise their story and remove the internal stressors the act of inhibition causes. Holding their story within themselves can have detrimental effects on their mind, body, and spirit. For many survivors, however, looking inward is overwhelming and many avoid trying to express thoughts and feelings because it is hard to know where to start. Additionally, the nature of traumatic memory restricts the ability to tell a linear narrative. In response, creative expression allows for disjointed, nonlinear story-telling, from which a survivor can begin to work through their confusion to apply understanding and coherence to their journey. Implemented in a grouped, community setting, creative aftercare interventions encourage survivors to share their experiences in a space where notions of nurtured reconnection and "being enough" are central.

To diminish the negative longitudinal effects of abuse, aftercare must provide survivors with opportunities to engage in acts of expression (Pennebaker, 1997). Creative expression uplifts those who have seen violence and equips them with the tools to move forward and "thrive." While traditional therapy and counselling is advantageous, it falls short in giving tools for expression where creativity can play a great role. Programmes for survivors need to provide protracted care outside of the traditional therapist's office, increasing accessibility to healing with methods of visual and performing arts that mirror the pictorial quality of traumatic memory. Studies have proven that the use of creative expression is positively linked with an increased processing of trauma in the survivor, who then continues on to reach improved levels of sustained wellness not only on a psychological level, but on a biological and physical level also.

## **Collaborative care**

Sustainable healing with long-term efficacy begins at the community level (Sawatsky, 2009) with collaborative input from different social sectors. Currently, however, the most conclusive definitions and responses to abuse are within the psychology and social work sectors. As a consequence of discomfort with the issue, society has designated Intimate Partner Violence to the field of therapy through distanced delegation. Resultantly, there is an evident psychology bias to research, which is dominated by counselling jargon and quantitative statistics. This monopolisation of the research pool is preventing other sectors from taking on a strong role. Equally important agents such as criminologists and security engineers have little to say on the matter (Jones, 1994).

The theory of Asset-Based Community Development has much to say on the topic of collective involvement with social issues. A community and its constituents compose a wealthy network of resources, all of which contribute value to intervention methods. This notion mirrors the fact that processes of change will never only occur from the top of a social structure. Understanding abuse and how to respond to survivors will never occur within one moment of revelation. Movement towards change will always be incremental, but a dependency on one sector, or on one style of intervention and prevention, will act as detriment to progress.

Recognising location of value is the cornerstone to a thriving community, just as much as it is to the personal development of survivors (Kretzman & McKnight, 1999). Sustainable development views a struggling population by the vast array of skills that are comprised within the community of individuals it serves. Successful interventions result in highly replicable programs that are sharable across the community - among education facilities, health centers, and other organizations that wish to incorporate the premise. Sharing understanding and creative

resources improves the strength, cohesion, and integration of communities - both local and wider-spread - because the expression it allows for leads to increased understanding and empathy of those who are functioning within its structure.

### **Providing creative tools**

Accessibility to creative expression and thriving requires resources and tools that are founded upon values and definitions that understand survivor experience and support the healing process. At the time of research, “creative” tools for survivors were available in two forms: thoughtfully-designed, yet costly and confidential art toolkits, or purchasable textbooks lacking in creative content and impetus.

After preliminary research revealed the gap in non-therapeutic and accessible interventions, observations at Art With Heart<sup>2</sup> exposed an equal need for creative care that provided room for adaptation rather than rigid styles of implementation. Adaptability necessitates aftercare programmes that have been designed with flexible frameworks, however common therapy practice request strict content and program regulation.

Resultantly, ample evidence called for practical tools that are informed by working definitions of Intimate Partner Violence, healing, and creative expression, yet free of restrictive formulas. The adjoining aftercare curriculum, *Your Creative Activity Manual*, is a heart and a practical tool centralised around methods of creative expression and collective healing. At the core of the curriculum’s design is a comprehensive understanding of Intimate Partner Violence, survivor experience, and the interrelated nature of abuse, trauma, and wellness.

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<sup>2</sup> Art with Heart is a Seattle-based non-profit that provides creativity activity sessions for at-risk youth.

### **Definition of abuse**

Misguided definitions of abuse prevent survivor healing. Complete healing breaks cycles of abuse, shifts patterns in behaviour, and prevents the intergenerational inheritance of violence. Therefore misguided definitions also act as a barrier to prevention. When prevention is hindered, abuse is left to propagate while trauma remains unprocessed and the cycle begins again. Successful aftercare responses require a commitment to deeper understanding, founded upon a definition of abuse that speaks to the realities of survivor experiences.

As a result of long-held beliefs about abuse, there are many uninformed definitions that circulate culture and society. These are beliefs that have not evolved in time with changing answers brought about by the latest topical research. They are also beliefs that have been impacted by widespread channels of high-speed sharing such as the media and the Internet, which are brimming with conclusions and awareness yet minimal hands-on understanding. Similarly, education programmes based on skeletal and stereotypical premises leave contemporary advocacy methods left wanting. Despite much talk about abuse, a safe distance exists between knowledge and understanding.

Analysis of generally-held public opinion, from conversations to tabloids, highlighted an abundance of myths that prevent the truth of Intimate Partner Violence from being represented and proliferate the prevention of survivor healing. There are prominent misconceptions as to what abuse is and who a survivor is, which in turn affect responses to Intimate Partner Violence. Listed below are the most common damaging myths. The selection is not conclusive, which speaks to the magnitude of the problem.

- Abuse is not a problem in my community.
- Abuse only happens to poor people, uneducated people, and people of an ethnic minority.

- Abuse is a temporary and non-serious health concern.
- Abuse occurs after provocation; the victim deserved to be hit, or “had it coming to them.”
- Alcohol or drug use cause abusive behaviour.
- Increased stress levels or unstable mental health cause abusive behaviour.
- Abuse is a private and personal problem that should stay between partners.
- It is not abuse if the victim is not physically injured and if bruises are not present.
- If it really were that bad, she would just leave.

There are also myths surrounding “who” an abusive partner is:

- He is abusive because he was abused as a child.
- He has low self-esteem and is insecure.
- He has a mental illness.
- He just needs to have some therapy.
- He is just angry and has anger-management problems.
- He really does “love” his partner.

Myth-bound statements increase survivor struggle. Aftercare providers, let alone the general public, must have a pointed awareness of these myths so as not to fall into easy stereotypes and assumptions. To informed advocates, these are obvious points to state, yet they remain to be pervasive myths that work against the voice of Intimate Partner Violence and the voices of survivors. The trap of thinking “we” are the expert is far too easy to fall into and practitioners must continually be marking their words and actions against the myth so as to revise and challenge their own perceptions.

Results of preliminary research into definitions of abuse revealed altering classifications, of which there is a significant number, each with its own spectrum for what abuse includes or

excludes. Futures Without Violence (2015) defined Intimate Partner Violence as: domestic violence, sexual violence, abuse, reproductive coercion, bullying, terrorism, trafficking, and trauma. In a more focused approach, the Centers for Disease Control and Prevention (2002) identified four main types of domestic violence: physical, sexual, threats of physical or sexual, and psychological or emotional abuse. Across the varied definitions, ambiguous language revealed how few definitions speak directly to the issue. “Domestic violence,” for example, is easily mistaken for political terrorism in one’s own (domestic) country, while “terrorism” is also used as a synonym for Intimate Partner Violence.

With its numerous and repeated definitions, the social sector risks both a desensitisation and an over-sensitisation to the issue of Intimate Partner Violence and as such must be careful not to over-define what Intimate Partner Violence is, nor to under-define it either. Consequently, society chances losing sight of the core of the issue: the welfare of survivors.

### **A working definition of Intimate Partner Violence.**

- Intimate Partner Violence is a pattern of repeated, abusive behaviour in an intimate relationship. Intimate Partner Violence includes one, more, or all of the following: emotional, psychological<sup>3</sup>, physical, sexual (including rape and reproductive coercion), financial, and spiritual forms of control, manipulation, and abuse.
- Intimate Partner Violence has no ideal candidates, neither for abused or abuser.
- Intimate Partner Violence has no prerequisites; it is blind to race, class, culture, religion, physical and cognitive ability, age, gender, sexual identity, immigration status, language, geographic and community setting.

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<sup>3</sup> Criticism, teasing, sarcasm, swearing, threats, accusations, jealousy, and isolation.

**A plural lens.** The latest rhetoric of intersectionality<sup>4</sup> applies to the understanding of Intimate Partner Violence as having no prerequisites. To avoid stereotypes and formulaic responses, practitioners must see a survivor in her plural existence and credit the multiple, layered life she lives. Individual, collective, and cultural identities underpin each layer of her multiplicity, which is also influenced by social history and power structure. The intersection of layered identities results in both similar and distinct experiences from one survivor to the next, which aftercare programmes need to recognise. Employing an intersectional approach to programme design lays a foundation for holistic understanding of survivor experience and healing, while creating well-shaped responses of improved impact and inclusivity.

### **Understanding survivor experience**

A large hurdle of anti-abuse work is successfully communicating to others the inner-experience of an abusive relationship. For survivors and practitioners alike, explanation attempts result in questions of confusion, accusation, or indifference. Common methods include attempting to convey the experience using words such as suffocating, drowning, and verbal whipping, and using snapshots of story to illustrate examples that, out of context, have a “so what?” appearance to the listener. Even practitioners most well-versed in the intricacies of abuse admit to experiencing difficulty when trying to succinctly explain survivor experience. The first step for providers is to withhold judgment, to extend compassion, and to believe the survivor. The descriptions of violence survivors do choose to share are but the tip of the iceberg.

### **Contextualising with Maslow’s Hierarchy of Needs**

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<sup>4</sup> A concept used to explore ways in which social issues are interconnected and cannot be examined individually, coined by Kimberlé Crenshaw, 1989.

Abuse is a war against the survivor, who herself does not realise there is a war being waged against her. The methods an abuser uses to exert control are guileful and methodical; a pattern of “covert subterfuges” (Weiss, 2004) that lead the victim into believing she is the problem. Abuse of any measure is not merely anger or a lack of anger-management characterised by a smack, a punch, or a profanity. Rather it is “a campaign ... a vigorous concerted effort to accomplish a purpose [and] a process of deliberate intimidation intended to coerce the [survivor] to do the will of [their partner]” (Weiss, 2004, p. 46). The abuser defines right and wrong, defines what is good enough, and sets forth ever-changing and unpredictable rules. Due to such dynamics, a woman in an abusive relationship is in a perpetual state of fight-flight-freeze mode and she is constantly surviving. Placing Intimate Partner Violence into the context of Maslow’s Hierarchy of Needs explains the perpetual state of survival and presents grounds for a realistic understanding of survivor experience. Despite this insight, the explicit presence of Maslow’s theory in abuse research is infrequent.

Maslow asserted that survival is the foundation of basic living and need-fulfilment. When the foundation is stable, living becomes about living well, which eventually progresses to an existence of joy. Maslow developed a hierarchy with five levels of need, which are presented in Figure 1. As each need is contented, the individual seeks to fulfil the next. The sequence of need fulfilment elucidates why aftercare for survivors follows a specific order. Shelters provide sleep, food, and water, then transitional housing connects survivors to financial and judicial resources, and counselling aids rebuilding of self-esteem. These former needs are concrete and measurable, and they are a necessary foundation for need fulfilment. When progressing to the latter levels of need, however, understanding how to provide becomes more complex.





*Figure 1.* Maslow's Hierarchy of Needs.

Maslow's Hierarchy of Needs is key to understanding survivor experience because it provides concrete structure and comprehension to an amphibological issue. The outcome of incorporating Maslow's ideas reveals information as to how and why a survivor functions in her abusive relationship: she functions in relation to the need she must fulfil. Survivor experience "can be seen as reducing an individual's concerns and outlook down to the primal needs of survival, making it extremely difficult to leave the relationship and to commence the process of rebuilding confidence and the capacity for independent action" (Abrahams, 2007, p. 13).

Abusive behaviour results in the intentional and gradual erosion of each layer of need and the sequence of erosion occurs in concurrence with the reverse order of Maslow's pyramid. It begins at the top of the pyramid, with the slow and barely visible unravelling of the survivor's self, then works its way down until she is operating within the context of her physiological needs alone. Eventually, the survivor functions in a world where she exists only by definition of her partner. Her freedom to express herself as she wished was the first need to go, which ensued

from derogatory comments on her dress, the way she ate her food, or the manner of her dancing. The ability to live freely without requirement of permission went next. Perhaps he became upset when she had to work late and then accused her of adultery, and while the concern for her whereabouts was sweet at first, she is now unable to go anywhere without permission or accompaniment. A survivor eventually lives on a plain of no communication where her connections and methods of contact with friends, family, neighbours, and strangers are watched, controlled, restricted, or severed altogether. The only form of belonging she comes to be acquainted with is that of belonging to her partner, which is not a belonging at all. A survivor does not feel safe in her home, which is the one place, with the one person, she should be able to feel the safest. When the erosion of need reaches the last level, a survivor continues to live in a short-sighted awareness of day-to-day survival, walking on eggshells, and never ceasing to analyse the consequences of her every action.

What stops a woman from leaving an abusive relationship is her foundational need to survive. Attempts to meet needs beyond that foundation receive threats from the abuser, commonly, “If you do that, I will kill you.” At this level of relational complexity, the abusive partner becomes the only source of hope for the fulfilment of physiological needs or “ordinary creature comfort[s that] can become compelling to a person long enough deprived” (Harman, p. 78). This is where much confusion enters, both for those outside of the situation and for the survivor. The continuum of coercive control creates an environment of abuse and care. The survivor’s abusive partner has inculcated a strange and confusing tension where survival is based on compliance and where the “fear of death but also gratitude for being allowed to live” (Harman, p. 77) are the tools.

**Survivor strength.** Maslow's Hierarchy of Needs extracts a woman from a state of victimisation and into a state of survival; survival meaning, "existence in spite of adversity" (Weiss, p. 60). Antithetical to the common misconception of survivors being weak, women in an abusive relationships have to sustain a great level of strength and stamina in order to survive under the behavioural conditions. Mainstream healthcare and counselling rarely recognises this strength, yet one of the first statements practitioners need to utter is: "You have been so strong, so courageous, and now you may rest." Weiss (2000) agreed:

Those who do not leave are no less courageous [than those who do]. Any woman in an abusive relationship, whether she has remained or managed to get free, is a strong woman. She has to be strong...to survive the daily assault on her character and human dignity. (p. 9)

Far from weak and passive, survivors function at peak capacity, acutely aware and constantly vigilant. Women in abusive relationships are in relentless survival mode and they are continually in a state of "leaving." Their decision to leave is not immediately acted upon, but is formed over time. This delay occurs because of the fact survivors function relative to their level of need with an awareness of what would happen if their partner discovered their intentions. The time frame can range from days, to years, and the planning process takes into account every possible detail and what-if outcome.

Survivors are not simply plucked out of their relationship, in fact the effort is very much on their part. Inquiry into narratives reveals similar stories of planning escapes in secret. Weiss, herself a survivor, explained that "The process of disentangling myself had been conducted largely in the privacy of my mind" (Weiss, p. 113). Despite stereotypes, the efforts of survival

and escape are always in the ownership of the survivor. Interventions need to be sure to afford these women this same credit when it comes to ownership of their healing and ability to thrive.

Abusive relationships are complex, and thus it takes complex understanding and intervention to leave them, to tackle them, and to heal from them. As with all parallels, it takes just as much time and effort to unravel the effects of abuse as it does to become entangled and to escape. The first place to start is with those who have endured it - those, who despite much general assumption, understand the realities of their relationship far more than they are surmised to. Aftercare must listen to survivors and use knowledge learnt to aid understanding; rich, qualitative stories will teach far more than a statistical survey.

### **The cycle of violence**

An abusive relationship follows a particular pattern that repeats itself. For a while, the cycle is not evident to the survivor due to the gradual way in which it builds up and gains momentum (Dugan & Hock, p. 6) and this is the reason why it is so difficult for others to ascertain why and how women “end up” in a violent relationship - the trap is cleverly and intricately built. As survivor metaphors portray, however, each time the cycle is repeated it gets shorter, and thus the frequency and severity of abuse increases. The more often the cycle is completed, the less time it takes to do so again. Figure 2. portrays the cycle, along with examples of typical behaviour that occurs in each period:

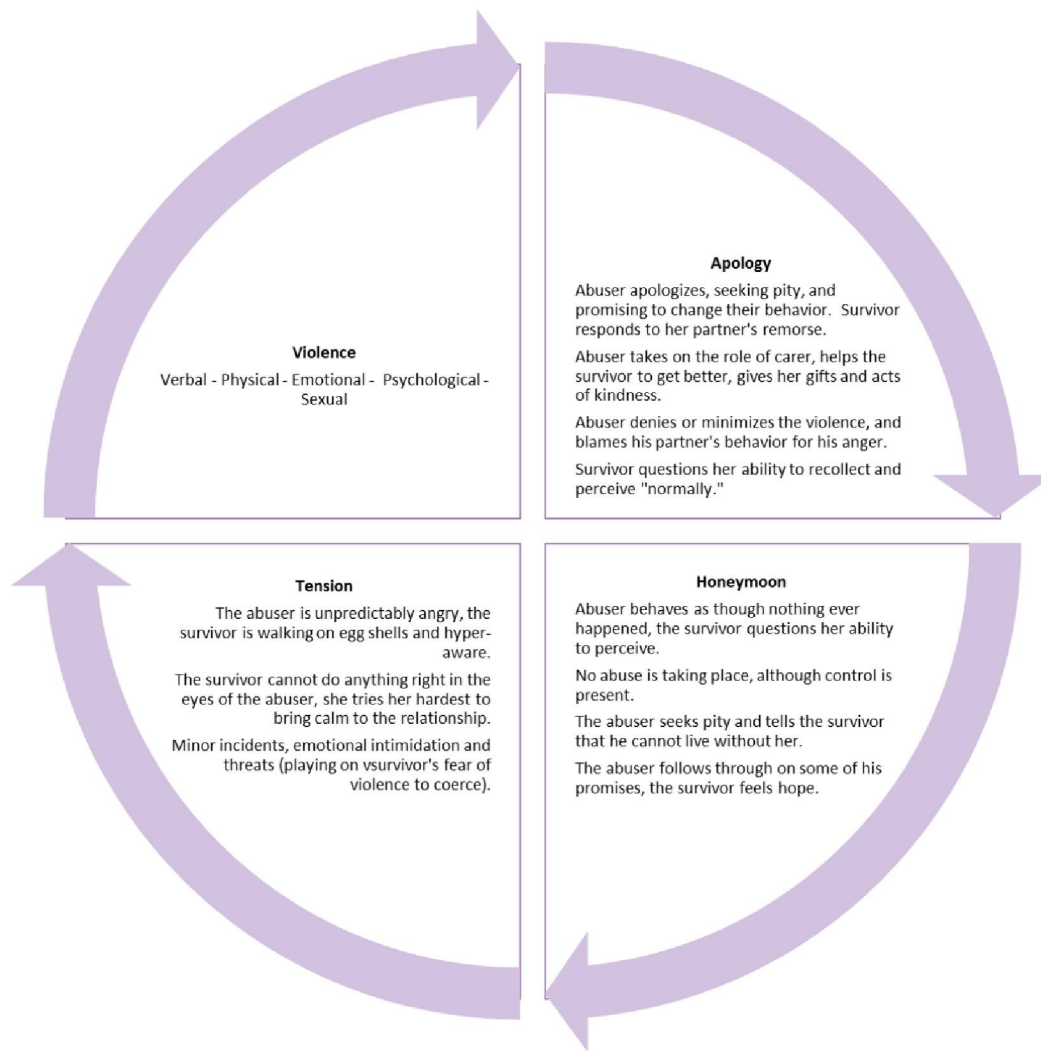


Figure 2. The Cycle of Violence.

### The long-term effects of abuse

The abusive cycle creates repeated wounds in the survivor, which psychology calls trauma. The oppressive dynamics of an abusive relationship forces the internalisation of trauma, which consequently sews its way into the very fabric of the survivor's being. Internal trauma is akin to an open wound left untreated. The wound has toxic effects on how well the body functions and, as with a cut or bruise on the skin, merely talking about the wound will not heal it.

Psychology further uses the term Post Traumatic Stress Disorder (PTSD) to explain the after-effects of abuse and abuse-related trauma. In *Trauma and Recovery*, Herman (1997)

explored the concept in depth, laying the groundwork for much of the subsequent literature on trauma, PTSD, and violence against women. Combined with the nature of an abusive relationship, PTSD for a survivor is complicated. Herman (1997) admitted the term PTSD did not honour the true experiences of survivors and thus coined “Complex Trauma” and “Complex Post Traumatic Stress Disorder.” Bryant-Davis (2008) elevated Herman’s work in her own recommendations for aftercare and specifically referred to “interpersonal trauma,” which aptly mirrored the close proximities of Intimate Partner Violence.

There is much discussion about whether the term PTSD stigmatises survivors and removes the sense of positive agency Maslow’s framework provides (Abrahams, 2007). While trauma theory is valuable to understanding and research, there is an obvious dependency on therapists to be the agents of response to survivor healing. The dependency is an outcome of socialising abuse into being the responsibility of psychology theory. Such a designation lends bias to the general research dialogue of aftercare (the data is predominantly quantitative and narrow) and creates gaps in investigation. Dutton (2006), for example, upheld the Conflict Tactics Scale (CTS) introduced by Straus in 1979. The scale is used to rank violence in order of severity, thus all results that use the CTS are based on statistics and limited contextualisation. Systems of analyses that overlook individualised experiences of hurt and the dynamics of an abusive relationship do not accurately “measure” the complexity of Intimate Partner Violence.

Furthermore, not every survivor resonates with the term PTSD, especially when it is a “disorder” that requires “treatment.” The prevalence of this phrase seems *de rigueur*, and it is terminology that does not speak directly to Intimate Partner Violence, but around it. Long-term effects of abuse (LEA, or Lea, for short) is a clearer, more productive phrase to use.

Despite psychology theory, trauma is a universal human experience. In common language, trauma is trapped energy, loss of connection, and a result of the unexpressed and unprocessed adrenaline the body produces in fight, flight, or freeze mode (Levine, 2005). Trauma is a part of human nature and individuals are born with an innate capacity to heal themselves from the traumatic experiences they have lived through; a capacity to gradually reconnect with their emotions, their bodies, and with others and their surroundings. The dynamics of an abusive relationship break connections, demand inhibition, and prevent normalisation<sup>5</sup>. The symptoms a survivor experiences after she is “free” hint to the inhibited stories within them. For survivors, healing trauma means finally being able to express themselves and being able to release the stories trapped inside.

### **Definition of healing**

In social construction, women are presumed to be unaware of their mind and their body, and the effects of the experiences they have. Consequently, healing interventions are implemented through an external lens that expects huge leaps in healing progress. Mainstream Western approaches to care dissociate and ignore the connectedness of the human body, while the principal understanding of health is constrained to conventional medicine.

Intersectionality also applies to the deconstruction of healing and what it means for a survivor to reach restoration. The perpetration of Intimate Partner Violence is plural and so, too, are the effects of abusive experience. Bodies are comprised of layered systems within mind, body, spirit, and emotion that are fine-tuned to react and to respond to external experiences. Definitions of survivor healing must therefore respond to the breakdown of the functions and senses affected by abusive behaviour in order to reassemble wholeness.

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<sup>5</sup> Normalisation is the body’s release of peaked adrenaline and cortisol levels after a traumatic event.

Etymologically, the meaning of health is “wholeness, a being whole, sound, or well” (*etymonline.com*, 2015). The term not only refers to physical health, but to financial, emotional, personal welfare, and safety. To heal or to go through a process of healing equates to “the restoration of health” (*etymonline.com*, 2015) and therefore to heal is to experience the restoration of wholeness. Attitudes towards what it means to be well affect survivor healing; building aftercare programmes upon a deconstruction of what it means to be well generates interventions that help the survivor to reconstruct themselves so as to reach a point of restored wholeness. By bringing the etymological definition of healing into aftercare interventions, the aggregate definition of what it means to heal and to be well honours the layered experiences of survivors.

### **Agency**

The most transformative step of survivor healing is her realising she has ownership over her own healing and is responsible – or response-*able* - for her being well and her own wellbeing. Self-empowered healing is a running theme in survivor rhetoric. Such a transformative realisation, however, does not come about by chance. Rather, it comes after a demanding period of processing experience, going back and forth between healing milestones and trying to grapple with the truth and impacts of the abuse. To reach this point of knowing and self-ability, the retrieval of hope and the renewal of feeling “enough” needs to occur. This stems from the surviving believing the abusive behaviour was not her fault, a step in healing achieved by unprecedented non-judgmental support. Holistically speaking, for a survivor to arrive at the point of feeling as though they have complete ownership over themselves is to come full circle from the very moment the abuser first took away their self-control, self-ownership, and personal autonomy.



### **Moving beyond surviving**

As is important to notions of healing, much of the conversation surrounding Intimate Partner Violence uses the term “survivor” to mark the final status of a woman after experiencing abuse. There are veterans of war and seasoned professionals, yet descriptors for survivors stop short of a term that evokes a sense of growth from experience. To survive denotes an existing and withstanding and the word does not speak to the sense of new life that comes with the realisation of freedom.

Select voices in recent literature referenced the word “thriving” as the subsequent step to survivor experience (Bryant-Davis, 2007, and Evans, 2001). The term has a strong connotation of upward and outward movement: the natural world thrives with vigour and vibrancy when it is free to do so. Thriving leaves behind implications of merely getting by and brings forth a sense of enjoyment and excitement befitting of the higher levels of Maslow’s Hierarchy of Needs. Thriving is therefore the end goal of aftercare so as to protract survivor healing experiences beyond her “getting out.” The ultimate aim of aftercare is to see a survivor become a “thriver.”

### **A working definition of survivor healing**

- Healing the mind, body, spirit, and emotion to move beyond physical healing alone, into a freedom of pain at every level.
- Healing takes place through multiple avenues; from creative expression to learner impression, from exercise to nutrition, from individual to collective.
- True healing sees positive outcomes across the broad spectrum of a person’s life; from physical to emotional wellness, to job sustainability and financial stability, to personal relationships.

- True healing brings a feeling of fullness and of wholeness; a place where a sense of renewed hope and purpose has taken hold.

A survivor's healed self is whole and full, therefore aftercare should be modelled upon values for the complete and for the connected.

### **Barriers to healing**

In response to survivor experiences, there are many harmful views disguised as “empowerment” and based on idealistic attitudes that discourage expression. Social networks and online media platforms are abound with vibrant quotes demanding the reader to, in essence, “get on with it.”

Unprocessed experiences of Intimate Partner Violence have detrimental effects on a survivor's health and wellbeing across the lifespan. The effects bring in risk factors for adverse behaviours in survivors, which lead to lifelong sequelae<sup>6</sup>, myopic attitudes to the situation of Self, and intergenerational transmittance of abuse, trauma, and their mal effects. There is not only a risk of direct health problems –physical trauma to the head can result in persistent migraines or issues with short-term memory loss – but also psychophysiological problems. The process of inhibition compounds the latter, which is a topic Pennebaker (1997) and Rothschild (2000) explored. The underlying premise of Pennebaker's findings was that the higher the amount of inhibition, the more likely a person was to have experienced, or be experiencing, one or more health complaints. The number of health complaints also increased with the level of inhibition. Health complaints arise because the body is home to every unprocessed emotion. If emotions are not externalised, they are stored internally to the detriment of physical wellbeing:

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<sup>6</sup> A late-effect condition affecting the mind, body, spirit, or emotion that results from a condition or experience in the past.

Actively holding back or inhibiting thoughts and feelings can be hard work. Over time, the work of inhibition gradually undermines the body's defenses. Like other stressors, inhibition can affect immune function, the action of the heart and vascular systems, and even the biochemical workings of the brain and nervous systems. In short, excessive holding back of thoughts, feelings, and behaviors can place people at risk for both major and minor diseases. (Pennebaker, 1997, p. 2). Practitioners must be aware that this link between inhibition and physical wellness is not the only connection to be made; abuse affects the whole of a person with co-occurring issues of mind, body, spirit, and emotion.

As such, a survivor experiences impacts on her wellbeing across a broad spectrum of conditions. Symptoms range from chronic fatigue, agoraphobia, and social anxiety, to difficulties spending money on themselves, lack of confidence in the work place, and even major reproductive or cancerous health concerns. The amount and variety of wounds a survivor of Intimate Partner Violence experiences signals just how long-term the impacts of violence can be. Regardless of time frame, survivors need continual and expansive support that is understanding of the relationship between violence and trauma, and mental, physical, spiritual, and emotional wellness.

## **Blame**

Victim-blaming is a socially-pervasive barrier to a survivor being able to heal and move forward. In contemporary rhetoric around violence against women, concern quickly turns into blame. Valenti (2009) stated:

This intersection of women [and] violence ... has resulted in more than victim blaming ... [myth surrounding violence against women] is significantly changing the cultural and political landscape as it is related to violence and women. Women have always been

blamed for ... violence done to them; that's nothing new. But in an allegedly postfeminist world ... domestic violence [is] supposed to be universally reviled, arguments that overtly (or stealthily) blame women, or dismiss violence against them, have that much more power. (p. 160)

The subtle apportioning of blame on the survivor only works to promulgate the silence they already feel surrounds them. One of the strongest tools an abusive partner used was loneliness, both a pity card they played to manipulate the sympathy of the survivor, and a method for separating the survivor from their world of social function. Thus to come out of an abusive relationship to find that same direction of blame elsewhere adds to the traumatic experience and closes off opportunities for healing.

Brené Brown (2010) referred to blame as coming from a place of fear, while Herman (1997) explained:

It is [easy to] take the side of the perpetrator. All the perpetrator asks is that the bystander do nothing. He appeals to the universal to see, hear, and speak no evil. The victim, on the contrary, asks the bystander to share the burden of pain. The victim demands action, engagement, and remembering. (p. 7)

As a result of how society deals with blame, individuals inadvertently take the side of the perpetrator. When considering natural human reaction to threat, it is easy to see why victim-blaming is so prevalent. To blame rather than to confront is the easier and more comfortable response. However, it is also the least compassionate and selfless and avoidance based on personal fear and discomfort works against efforts in social change. Similar areas of social issue, such as child sexual abuse, have succeeded in overcoming victim blame and the same re-framing should apply to Intimate Partner Violence.

## Language

Survivors come face to face with the language of blame during interchanges with health providers and counselors, and with friends and family. In practice, victim-blaming defines the survivor as the cause and it is fed by the words people choose to use. Despite best intentions, many practitioners inadvertently use language and approaches that reinforce victim-blaming. Psychology, sociology, and journalism is replete with the passive voice. To exemplify, research dictated that women “are” abused, yet never asks “who” the abuse was done “by” (Jones, 1994), and rarely does the direct sentence, “he abused her,” appear in literature.

The most commonly-asked question of Intimate Partner Violence is, “Why didn’t she just leave?” Steiner’s 2012 TED talk, *Why Domestic Violence Victims Don’t Leave*, highlighted the blame this rhetoric apportions to the survivor, as does the newest research to come out of inquiries into domestic abuse. Continuing to use these questions will not lead to increased understanding. Instead, the questions to ask are: “what was he doing and what was going on that meant she couldn’t leave?” Re-framing the question develops a deeper enquiry that reveals information about the dynamics of control and power at play. Equally, “You should have” statements apportion the blame onto the survivor (further detail on language use is depicted in Appendix 1.).

Validation is key to survivor healing but language that blames removes the opportunity for this to happen. Without validation, however, the survivor will continue to blame herself and she will not move forward on her journey through healing. Every survivor of Intimate Partner Violence believes that what happened to others was far worse than what happened to her. What providers need to remain true to in their practices is that “abuse is abuse and [her] stories are

[hers] to tell and [hers] to heal from. Trying to convince [her] that it wasn't bad is like telling [her] to shut up and get over it and the result of that is never ... wholeness" (Ouimet, 2015).

## **Intuition**

Due to the externally-controlled environment of abuse, a survivor's ability to perceive reduces to a "diminished understanding" (Lamb, 1996), which masks the standard social regulations of intimate-partner behavior, thereby affecting the ability to judge and to make informed decisions regarding their relationship with their partner. According to Becker (1997), a survivor's best tool is her intuition rather than a safety plan. The problem here, however, is that this blames the survivor, indicating that if she had followed her intuition, the abusive experience would not have happened. Clarity of intuition requires a perception that is unfettered by external impacts, however diminished understanding persistently undermines intuition because it manipulates notions of reality and what is "right." In the cycle of abuse, one of the first mechanisms of internal communication a survivor loses is the ability to connect with their intuition. Discerning between whether messages are from the brain or from intuition is a frustrating and confusing task. Mandy (as cited in Weiss, 2000) a survivor of Intimate Partner Violence, described her experience:

"Twenty-two years is a lot of years of not being able to trust your own inner voices – your own intuition. To me, that was a huge part of the damage that got done. Because part of me was saying, I'm not foolish to be afraid, I'm not paranoid, I'm not being neurotic ... this is wrong. And the other part of me was believing what Adam was saying: that is was my fault. That if I would just fix things, it would all be fine" (p. 54).

The blame and the silence that greets a survivor after she is "safe" fails to communicate an important statement: "That was wrong. It should not have happened. It was not your fault."

While victim-blaming was a prominent topic of 2014 news, there is still work to be done. In the context of Intimate Partner Violence, much of the associations with the word blame are with the physical acts of abuse - a hit or a foul sentence, for example. What needs to be realised, however, is that survivors blame themselves for a whole host of other reasons: blame was one of the driving forces of the abuser's control. Sarah<sup>7</sup> recalled a time when her fiancé broke his SIM card and smashed his phone in front of her, which was a continual source of blame throughout the rest of their relationship. He would tell her that she had made him delete his life for her, because it was she who had made him angry in the first place and it was that anger which had caused him to act aggressively towards his phone. From then on, his loss of "life was his unflinching excuse for inflicting abuse upon her (personal communication, January 16, 2015).

### **Social practice**

Many victims and survivors are failed by "missed empathetic opportunities" (Rhodes et al, 2007) for providers to enter into meaningful conversations with them. In the therapist's office and the doctor's waiting room, the experience of Intimate Partner Violence is a check box on a questionnaire with a space of three lines to "expand." Health providers ask the basic questions, for example "Are you safe now?" and often try to make light of the situation with humour, quickly changing the topic and minimising the information the patient revealed to them. Out of the survivors who did have access to therapy, most found the experience to be a disappointment:

While in therapy – which was a brief experience for me – there were many times she [the therapist] said something or asked something that made me just stare at her and I really wanted to just get up and leave the room. I hated the interrogative feeling. Like call and response or something. Every time she asked me "and how did that make you feel?" I

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<sup>7</sup> Name changed for privacy.

wanted to scream. I didn't feel empowered. And I didn't feel like the therapy sessions were going to help me get back on my feet ... with regaining confidence and things like that. (Anonymous, personal communication, January 16, 2015)

The same Rhodes et. Al (2007) research paper delineated ways in which providers must respond despite the limitations of their environment. Responses should "include the use of empathy ... and support ... [because] survivors report that validation of abuse and encouragement by a health care provider can be life-changing if it is done without judgment – that is, when suggestions, not demands, are made."

The practice of creative expression exists outside of therapists' and doctors' offices. It is a democratisation and a sharing of that which ought to be readily available. In a large number of cases, therapists have failed victims and survivors of abuse. Both Weiss (2000) and Abrahams (2007) explored this extensively through the stories of survivor experience they shared. In Weiss' delineations of survivor journeys, she explained how her own psychiatrist told her she had to stay in her marriage because her husband could not function without her; Judy's therapist told her she needed to retaliate, and so taught her how to assert herself and fight back, and had her memorise a script of retaliation that resulted in Judy's hospitalisation from a blow to the head; and Whitney's therapist told her she had father issues, neurotic neediness, a secret desire to be hurt, and focused on everything but the abuse.

A counsellor at a local Seattle shelter stated some individuals "just cope with trauma better than others" (personal communication, March 17, 2015), and as such some will deal with post-effects of abuse, while others won't have to; some are more hardy and capable of enduring great pain, while others are not. This way of thinking is problematic and is a mechanistic



response that centralises blame away from societal response practices, and away from the *what* behind the cause of suffering.

Structures and frameworks of psychology lead to blind spots and the world of counselling is seclusive. There is a secrecy and privacy that further instils the notion that it is not ok to talk about abuse in public. *Needing* to seek out therapy or counselling to be able to talk through abuse only excludes other arenas as being viable opportunities and spaces for expression. Releasing of creative expression from the parliament of therapy increases survivor accessibility to community, expression, and thriving. Not only this, but the democratisation of the creative experience and the “de-privatisation” of the process acts as an agent of change in shifting society from being aware, to being informed, and to behavioural change. The meaning-making that occurs through the process of creating not only benefits the survivor, but it acts as information for those who listen. Weiss (2000) made a point of saying that “To achieve connection, women who have survived domestic abuse must tell their stories again and again, and we must hear more and more, until they...and we...find the meaning within them” (p. 11).

Educators and providers play a role in shifting the responses and questions away from damaging perceptions and away from the social tendency to blame the victim. However the social sector is failing to meet the needs of Intimate Partner Violence survivors (Futures without Violence, 2014) and the longitudinal effects of abuse require the health sector to step into a greater role. Outside of shelters and online communities, there is an incredible lack of even basic support for women who are experiencing, or have experienced, Intimate Partner Violence.

### **Definition of creative expression**

Analysis of common themes made clear that creative expression played an important role in survivor healing. What was also apparent, was just how relative the definition of “creativity”

was to each individual. One saw their foray into the world of electronics – “up-cycling” old appliances - as their natural, intuitive form of creative expression. Electronics does not instinctively fit with the traditional definition of what it means to creatively express because mainstream culture has socialised the idea of creative expression into the realm of the arts.

According to Jones and Wyse (2004), creativity is dependent on an individual’s judgment and is therefore a socially constructed concept, rather than a concept that is unique to the Arts (NACCCE, 1997).

### **A working definition of creative expression**

- As long as the chosen means of creating, or making, speaks to the truth of the individual, it exemplifies what it means to express oneself authentically in the act of creative expression.

Though broad, the definition takes the individualisation of aftercare into consideration. Helping survivors to learn what their individual style of processing is, is integral to their healing. It is an individual’s experience of the event, not necessarily the event itself, which is painful: no one experiences trauma and pain as personally as the individual does, therefore neither does one method of processing result in the same experience of healing.

Regardless of *how*, the prevailing value is that every act of creative expression moves a survivor in a direction of change; whether it is with the precise movements of drawing within the lines, the releasing movement of brushing a hand of bright paint over a large canvas, the rolling movement of the voice in wordless, liberating song, or the cognisant movement of the wrists in time to a piece of music. The external movement of creative expression echoes the internal movement a survivor makes from surviving to thriving.

### **Functions of creative expression**

A piece of creative work “functions like a kindly voice that says, “I see you as you hope to be seen, I see you as worthy of love”” (de Botton, 2015). The act of creating therefore functions to develop that “kindly voice” from within the survivor herself, targeting the diminished sense of hope and self-worth inculcated by her abusive experience. De Botton and Armstrong (2015) delineated seven functions of art when it comes to personal wellness: remembering, hope, sorrow, rebalancing, self-understanding, growth, and appreciation. These functions mirror the stages of healing a survivor moves through. Combined, creative expression provides room for survivors to exercise their right to a thriving life:

The right to express their own feelings, to give their view of events, to explain themselves, to reflect upon their own behavior, to have their fears and their hopes taken seriously, to ask questions, to seek explanations in the natural world, to love and be loved, and to have their inner world of dreams and fantasies and imaginings taken seriously, and to make their own engagements with life. (Fontana, as cited in Craft, 2000, p. 62)

Evidentially, acts of creative expression lead to meaning-making and story-telling, both for the individual and for the community; when a survivor draws, writes, or speaks of her own journey, she also does so of others’. As Weiss found when she wrote her first experiential essay about the abuse she had endured and hidden, her writing sparked an influx of communication from other survivors whose experiences were validated by Weiss’ act of expression.

### **Creative expression versus art therapy**

Creative expression is a language that equips survivors with the vocabulary to tell their own stories. The creative process engages a survivor in their journey and equips them with the

“words” to explain their experience, either to themselves or to someone else. Kalika Curry utilises creative interventions with adolescents at Kirkland Teen Union Building. Curry proffered that “if someone is a creative being, telling them they cannot create is asking them not to speak” (personal communication, March 18, 2015). The working definition of creative expressions assumes every individual has an ability to create in a method that suits them, therefore creativity is intrinsic to speaking about human experience.

**Active participation.** One of the central questions of art therapy is, “what can art do for you?” which has gradually shifted the traditional inquiry away from “what can you do for art?” (de Botton, 2015). With both methods, however, the method of empowerment lies outside of the peripheral participant. Creative expression removes the focus from what a therapist can do for the survivor and what art can do (or she for art), and asks the questions: “what can she do for herself through art [creative expression]?” The latter centralises the restoration and agency of the participant.

Furthermore, art therapy focuses on pulling out, navigating, and pushing the client into a certain direction, constructing an arduous process after which the participant often feels drained. Christina Konrad incorporates creative practices into her work as a therapist for survivors at Seattle’s Union Gospel Mission’s Hope Place shelter. Konrad highlighted that “The therapist’s job is to be a passenger in the car that the client is driving [and] to point out obstacles and patterns that the client doesn’t see themselves” (personal communication, January 26, 2015). Art therapy is directed by the therapist instead of the recipient receiving the therapy, therefore the practice is passive, which the participant goes through rather than does.

Conversely, creative expression is active and self-driven, encouraging survivor independency and ownership of their own healing process and ability to be well. Furthermore,

while the creative process helps in the healing process, it also anticipates a sense of enjoyment. Returning to modes of expression that brought enjoyment as a child, for example, helps a survivor to not only reignite passions, but also to exercise her imagination, and to risk dreaming and defining her desires (Herman, 1997).

### **Survivor preference for imagery and metaphor**

Social preference for vocalisation aids survivor frustration, especially when healing takes place within the dynamics of a professional caring environment. The professionalised setting brings with it a power play that survivors are sensitive to and the fragmentary nature of traumatic memory hinders the ability for survivors to speak in expected linear narratives.

Prior to the written or spoken word, non-verbal forms of expression provide a simplicity of communication that removes the challenging step of “formation” from the process of externally representing internal thoughts. The more energy and strength that is required for an act of expression, the less likely a survivor is to engage without becoming frustrated. The frustration comes about from the overwhelming effect of trying to recall specific events that occurred. When survivors attempt to directly speak about their experiences, they fumble over words, seem disconnected or detached from what they are saying, and express anger as they attempt to transform thoughts to words. When thinking back to an incident or time period, survivors tend not to remember all of the parts of their experience due to the way in which the human brain stores traumatic memory; details of events are ambiguous and lost in a haze of blip-second memories.

Attempting to speak about what happened is an exasperating and tiresome experience for survivors, especially in the initial stages after the abuse occurs. To counter this, survivors use an assortment of imagery and metaphors in attempts to explain the dynamics of their abusive

relationship. Some referred to feeling like “a puppet beneath the control of a master” (Teresa Valley, personal communication, August 13, 2014), while others likened the cycle to a rollercoaster ride (Dugan & Hock, 2006) and to a hamster in a wheel that gets faster and faster (Rahal, 2013). The images suggest the same sense of surrealism and nightmares found in psychological thrillers. Such portrayals help to evoke the extremely cyclical nature of an abusive relationship, which is one of the few elements that is in anyway predictable. The difficulties survivors have in explaining their experiences and their heavy use of metaphor and imagery provides a natural progression towards the importance of non-verbal forms of expression in creating meaning out of images.

Interviews with creative practitioners and survivors revealed a passion in their words when they spoke of their experiences with “art” and the role it had played in their own personal journeys. The creative practitioners had experienced a negative, yet equally transformative event that had served as the catalyst for their ventures into creativity. Survivors felt as though creativity had been an integral part of their healing process, or conversely felt as though a self-empowering tool had been missing from their recovery journey. For some, the journey had involved paint and chalk on paper, others had found their expression from one stitch to the next on fabric, and some had found the stanzas of poetry to be a safe place to record their thoughts. To harness creative methods of expression is to open the door to thoughts and feelings that, when trapped inside, inhibit positive growth. A 2015 article in the Washington Post observed:

Axtell [a survivor of sexual violence] describes the role art played in helping her recover from her experiences ... Art [she said] is what made her a survivor, not a victim. “When we express our creativity, we have the power to decide how we will relate to our trauma and the story we will tell about our lives ... I sensed that if I could draw pictures of the

abuse, write about the abuse, and bring every trace of shame into the light, it could not destroy me. (2015)

As Axtell exemplified, the recovery period is when the survivor is opened up to receiving the *wealth* of her painful experience, and it is the process of her “re-entering” the world. The stage between surviving and thriving is one of renewal and it acts as a bringer of re-balance.

Abrahams (2004) explored this idea and discovered that the recovery period, though difficult, instilled in the survivor a new perception of “who they [are], what they [stand] for in terms of rights and responsibilities, and the need to express their values in their behavior” (p. 59).

Trauma creates change in a survivor’s biography, which they learn how to process, interpret, and work through using a suitable method of expression. Creativity is the methodology for this to happen. In the same work, Abrahams (2004) referred to the expressive qualities of creativity whilst researching what it was that helped survivors of abuse to move forward, and mentioned that “creative art work, in particular, was credited by many ... as having helped women to express hidden feelings safely and learn from this experience” (p. 68).

### **Culmination: the activity manual**

#### **Mission and Objective**

The mission of the creative activity manual is to act as a tool in long-term aftercare that harnesses creative expression to help survivors of Intimate Partner Violence move from surviving, to healing from their experience, to thriving and wellness in life.

The objective of the activity manual is to help women survivors of abuse to understand their experience, realise their worth, and move on from healing to thriving. By the end of the series of activities, participants should have developed healthy methods of self-expression, will continue to use the tools they learned, and will see sustained improvements in their mind-body

wellness and quality of life. The manual was designed not just as a heart tool, but a practical tool, too, with many of the activities encouraging self-sufficiency, independency, initiative-taking, and other less concrete skills that are valuable in everyday life, work, and social scenes.

### **The values and principles**

Underpinning the manual is the concept that each survivor is “enough.” After being identified by their weaknesses by their intimate partner for such an extended period of time, the mindset of not being good enough becomes the norm for survivor understanding of the Self. The mode of creative expression centralised in the activity manual focuses on the positive aspects of survivors and their experiences. It encourages them to see themselves by what they can do, rather than what they cannot. With this shift in self-perception, a woman can become aware of her value, learn how to nurture herself, and from there she can find her path to wellness and from wellness will thrive; a sense of thriving that translates across personal wellbeing, school, work, friendships, relationships, and into the surrounding community.

**Creativity.** Every survivor has the ability to create, and what it means to do so differs from individual to individual, and from experience to experience. Creativity is relative, yet functions as a unifying tool of reconnection amongst a group of survivors.

**Meaning making.** Each activity in the manual has a depth of meaning that responds to survivor preferences for metaphor and imagery, thereby aiding the creation of meaning and connection, which is an important step in the healing process after abuse.

**Movement.** Creative expression is open to anyone and it can be done anywhere (VALA Eastside, personal communication, August 26, 2014). The manual encourages survivors to move around in whichever space they are in and provides an avenue for movement from one point of healing to the next.



**Agency.** Rather than dependency on someone or something external for the ability to heal and thrive, the activities aim to help women recognise the ownership and agency they have over their own healing.

## **Structure**

The curriculum of the manual is split into seven parts:

1. A Safe Place
2. Anger
3. Memories
4. Boundaries and Trust
5. Blame and Forgiveness
6. Body Image and Identity
7. Reflection

Research into pre-existing aftercare curriculums and theories in and around violence against women impacted the finalised structure of the syllabus. Available theories followed similar and regular patterns. As explained by Herman (1997), this regular pattern was based on the prevalent notion that healing from trauma involves three main steps: establishing safety, reconstructing the story, and restoring a sense of connection. While they are presented in linear sequence, informed understanding of how survivors process their experience and move towards healing should assume that some sections may need to take place at a different point or may need to be repeated.

## **Implementation and adaptation**

Aside from a page of recommendations on elements to be away of during an activity session, there is no accompanying leader guide to the manual. Instead there is space for activity experiences to be recorded and reflected upon. These notes, experiences, and suggestions should

be used to adjust the activities to best suit contextualised application. Survivors need to have the space to learn how to implement and follow the activities in a way that best suits their need. Not only will this help to provide expressive freedom, but it will also help them to rebuild their levels of independency and self-sufficiency.

### **Conclusion**

Creative healing in long-term aftercare for survivors of abuse requires a compassionate and non-judgmental approach. It also necessitates a consistent awareness of what abuse is, what healing is, and what creative expression is. Furthermore, it must remain attentive to the intricate connections that exist between abusive experience, trauma, and wellbeing. This attentiveness recognises the complexities of abusive behaviour, the dynamics of Intimate Partner Violence, and responses that speak to the actualities of survivor experience. With deeper understanding in hand, survivor healing becomes a story of restoration and renewed wholeness that reaches far beyond their “getting out.”

The method of creative expression that spoke most pertinently to Christina Sophia was that of drawing. By engaging in a process of externalisation that was individual to her, she experienced the relinquishing action of being able to tell her story of abuse. For Christina to be able to move from her state of illness into wellness was unexpected. Yet, she recognised creativity as a fundamental technique in the processing of the abuse she experienced, which resulted in positive outcomes on her sense of self and long-term wellbeing. Christina sketched her inhibited stories, which became a repeated method for the internalised trauma to become external and progressively removed the stress the wounds had been placing on her physical health.

The creative activity manual makes the same journey of healing available to each survivor of Intimate Partner Violence. The flexible framework allows a survivor to have ownership over her own method of creative expression, her own ability to heal, and to have leadership over her aftercare journey. The manual is a tool of intervention that democratises creative healing and expands the reach of accessible aftercare to survivors who exist outside of conventional healing locations. Increased access to safe spaces of expression results in decreased inhibition. Decreased inhibition releases unprocessed trauma. The less trauma a survivor internalises, the greater the possibility she has of reaching restored wholeness. The more access there is to creative aftercare, the higher the number of survivors who will be free of the trauma of abuse. When survivors are free from trauma, they cease to survive, and begin to *thrive*.

### **Recommendations for future study**

The values put forth in this document should underpin all aspects of aftercare for survivors. The underlying research process revealed a number of gaps in aftercare research that need to be filled. The most pertinent needs within Intimate Partner Violence research are: continued inquiries into the long-term effects of abuse; the role of nutrition in being well and healing; helping friends and family members of a survivor to understand; and cyber security for the survivor.

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## Appendix 1.

### Speaking to survivors

When speaking to a survivor of Intimate-Partner Violence, it is extremely important to be aware of word choices. Language should be natural, communal, and mutually revealing instead of interrogative, inferring, and ritualised. Survivors are particularly attuned to detail and so are more likely to sense responses that are unnatural and formulaic, which immediately leads to distrust. Words are also important in the validation of survivor experience. For example:

Instead of this:	Say this:
“Why did/didn’t you...?”	“It wasn’t your fault.”
“Tell me what happened!”	“I believe you.”
“Everything will be ok.”	“I’m here to listen.”
“You need to/you should ...”	“You did everything that you could.” “I will support in your decisions.”

*Figure 3.*

- Why and what words place blame on the victim.
- Asking a victim to reiterate every detail is not only a trigger for trauma, but also an invalidation of their experience. The more information individuals push for, the less it makes survivors feel believed. Lack of feeling believed causes survivors to retreat and avoid speaking about their experience with others.
- Phrases that universalize, such as “everything will be ok” or “it happened to me/him/her” etc., only minimalize and add to the invalidation. As discussed, no one’s trauma is as painful as their own.

- Telling a survivor what to do takes away from the same element of control that was being controlled by their partner. Decision-making is a key, invaluable step for survivors to start regaining a sense of self-control and agency.