



**CONCEPTUALIZING AND RESPONDING TO INTERSECTIONAL
TRAUMA AMONG SURVIVORS OF INTIMATE PARTNER VIOLENCE
(IPV)**

**Collectif de recherche
féministe anti-violence
(FemAnVi) conference**

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Stephanie Baird, PhD, MSW, RSW



AGENDA

My positionality

Background

Theoretical framework

Methods

Findings

Limitations

Implications for Practice, Research, and Education

MY POSITIONALITY



BACKGROUND

IPV is defined as coercive control, emotional, psychological, physical, and/or sexual abuse by a current or former intimate or dating partner (Black et al., 2011; Stark, 2007).

One in three women-identified individuals worldwide experience IPV (WHO, 2021)

Women in Canada who identify as 2SLGBTQI+, racialized, of Indigenous background, or with a disability are at increased risk of IPV (Cotter, 2021; Heidinger, 2021; Jaffray, 2021)

More than half of women experiencing forms of IPV report signs of trauma or posttraumatic stress disorder (PTSD) (Smith et al., 2017)

BACKGROUND

Links between trauma and IPV not fully understood

Multiple and contradicting definitions of trauma in the literature (PTSD, complex trauma, trauma, interpersonal trauma)

Intervention research is PTSD symptom-focused

Little recognition of diverse needs and experiences of women

No conceptualization of IPV-related trauma from women's own experiences

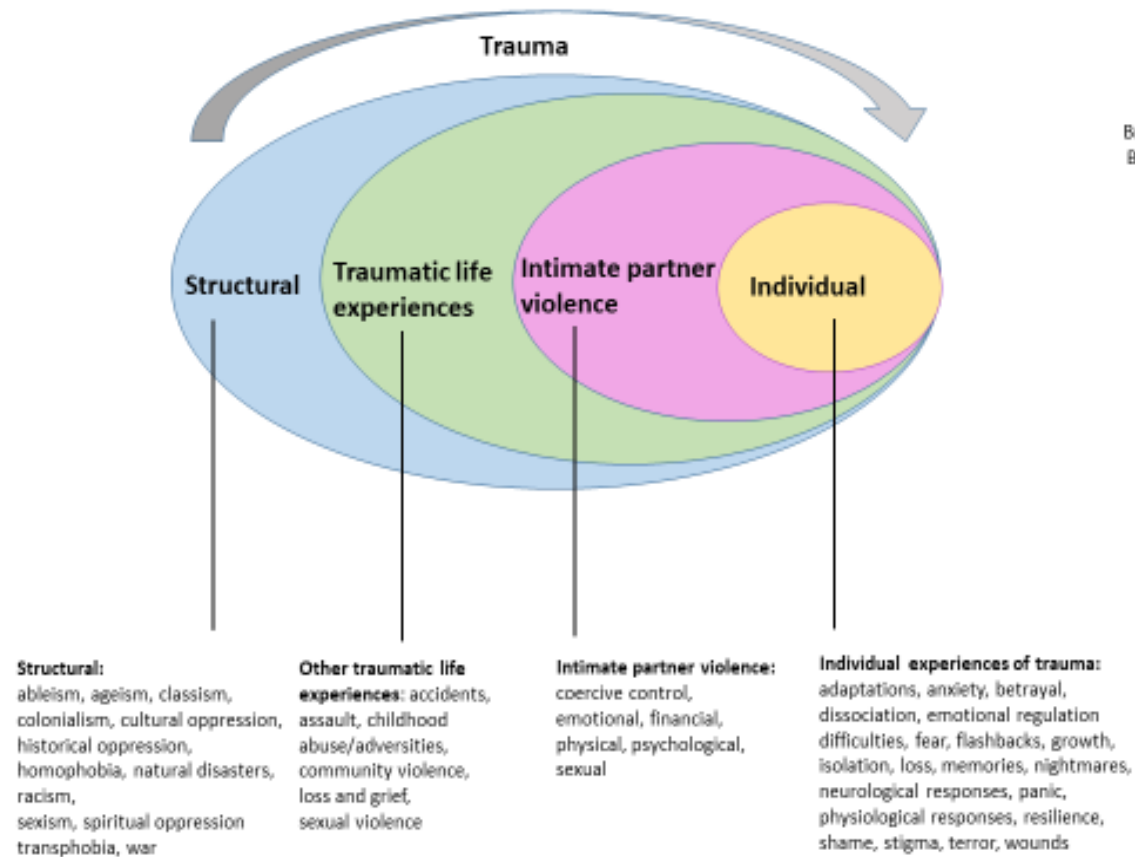
THEORETICAL FOUNDATIONS

**Feminist
Intersectionality**

Ecological Theory

**Trauma Theory &
Trauma-informed
Practice**

A TRAUMA-INFORMED, INTERSECTIONAL THEORETICAL MODEL OF IPV AND TRAUMA



Model influenced by Bronfenbrenner (1977; 1979), Burstow (2003), and Timothy (2012)

Baird (2018)

RESEARCH QUESTIONS

How is trauma conceptualized and experienced among women who have experienced IPV?

- How do women who have experienced IPV understand and view trauma?
- What do women who have experienced IPV indicate are experiences of trauma?
- How do women's differing identities, experiences of oppression, or other hardships or adversities relate to their experiences of IPV?

From the perspectives of women who have experienced IPV, how do counselling services respond to IPV and IPV-related trauma?

- How do counselling interventions for IPV meet their needs?
- How do interventions for IPV address trauma?
- What interventions help in healing from IPV and trauma?
- How do interventions for IPV respond to women's complex identities and experiences of oppression?

METHODS

Qualitative inquiry using constructivist grounded theory (CGT)

Study used a feminist intersectional lens

Fifteen (15) in-depth individual interviews were conducted with women who had:

- experienced IPV
- attended one or more related counselling session (individual or group)
- were no longer in the abusive relationship
- were over the age of 18

Participants were recruited from social service/shelter/counselling settings throughout southern Ontario

METHODS

Theoretical sampling ensured a diverse sample:

- IPV experiences, geographic/service locations, identities

Data analysis:

- iterative stages of initial coding, focused coding, constant comparison between and within interviews

Theoretical saturation:

- after 12 interviews when no new themes were identified; 3 more interviews were conducted to ensure no new themes

Trustworthiness measures:

- dependability
- credibility
- confirmability

FINDINGS

Conceptualizing IPV-related Trauma (see Baird et al., 2021b)

- Changing perceptions of trauma
- The pain of trauma
- Fear, anxiety, and triggers
- Lasting impact of trauma
- Struggle for acceptance
- Growth and insight

Counselling Service Responses (see Baird et al., 2021a)

- Counsellors – validating, connected, knowledgeable
- Recognizing individual needs for multiple services
- Fighting to access services
- Not fitting into the “survivor capsule”
- Creating accepting vs. stigmatizing services

CHANGING PERCEPTIONS OF TRAUMA

“I feel like it has a multi-dimensional meaning to me that’s constantly evolving” (7).

THE PAIN OF TRAUMA

“...just having that constant hurt... coming back, or memories... or negative feelings... coming back” (1).

FEAR, ANXIETY, AND TRIGGERS

“I’m in that constant anxiety state... under alarm, and just...taking care of everything, all the sounds around me, because I know him. He’s not going to respect anything. He’s going to show up anytime...” (6).

LASTING IMPACT OF TRAUMA

“...it’s nothing that could ever leave you. And it’s not something that you could ever really get over, potentially” (4).

STRUGGLE FOR ACCEPTANCE

“the struggle for acceptance, that was really hard, and um experiencing a bit of stigma, not only um, people not like believing” (5).

GROWTH AND INSIGHT

“My one caveat about your description of your study is that it doesn’t sort of say what are the gifts, or what are the good things, and I would say...I feel I have less of a mask at, or I feel a deeper empathy with... universal human suffering. That actually sounds like a really proud thing to say, but like I get it about how life can be really hard” (15).

COUNSELLORS — VALIDATING, CONNECTED, KNOWLEDGEABLE

“...the best thing is just validate that person’s experience... it’s... so common for women to doubt their experience, and I’ve doubted mine for so many years and gone back and forth on it so many times, and to have a professional kind of just tell you that it’s okay to feel these things, like that is... the most important to me, that’s been like my salvation... I would say just to have like a, a professional who just acknowledges your trauma” (4).

RECOGNIZING INDIVIDUAL NEEDS FOR MULTIPLE SERVICES

“...what works best for everyone is... individual” (5).

“it’s not... that they did something that didn’t help, it’s that [it] didn’t help me” (14).

FIGHTING TO ACCESS SERVICES

“...the counselling that I’ve been able to do is short-term counselling through programs that are... paid... so it it’s very superficial... just letting it out but you don’t really get to go deep into that issue and find out what it is” (1).

“...sometimes it’s hard to get an appointment too, even when I’m sitting there in front of her, and she’s like, ‘okay, when are you coming back for your next appointment, let’s see, oh, oh, three weeks from now’ ...‘cause she sees that many people” (13).

NOT FITTING INTO THE 'SURVIVOR CAPSULE'

"...there seems to be very little um space to allow for being a survivor, and then being human and also just experiencing regular human stuff, right because like being a survivor somehow is supposed to be like this capsule... you exist in this capsule as a survivor, that's your main focus, that's your main identity..." (7).

NOT FITTING INTO THE 'SURVIVOR CAPSULE'

"I kind of wish that it was... more of a big picture, rather than like just 'what's going on' and like 'when did it start?' Because like for certain things like with sexuality, it doesn't start, it just is... it would have been a little bit more helpful for me to get like kind of everything out on the plate" (3).

"So, many places I went, my trauma was too much" (9).

CREATING ACCEPTING VS. STIGMATIZING SERVICES

Naming of trauma helpful, but labelling and blaming was not

Experiences of acceptance:

- 2SLGBTIQ+ flags
- Emotionally and physically accommodating
- Atmosphere of understanding
- Counsellor sharing aspect of identity

LIMITATIONS

- not generalizable, although merit in transferability given striking similarity of women's experiences
- does not represent the experiences of all women
- no trans-identified women participated
- impact of my privileged identities

IMPLICATIONS FOR PRACTICE

Broaden narrow conceptualizations of service

Emphasis on intersections between IPV, trauma, and environment

Connections between IPV, trauma, growth, and resilience

Need for intersectional understandings of IPV and trauma

Training in trauma-informed & anti-racist, anti-colonial, anti-oppressive practice

Advocacy for access to long-term counselling

IMPLICATIONS FOR EDUCATION

Linking characteristics of trauma to broader contexts

Expanding “one-size-fits-all” model of service – for whose experiences were services created for?

Applications of trauma-informed and critical, anti-racist, anti-colonial practice models

Discussions of intersectional identities – building comfort discussing identity

Ensuring discussions of trauma include growth and resilience

Preparing for exposure to indirect trauma in the field

IMPLICATIONS FOR FURTHER RESEARCH

Further studies understanding links between IPV, trauma, and growth

Further studies investigating IPV-related trauma

Social work practice research on IPV-related trauma

Increased possibilities for intersectionality-informed research in social work

CONCLUSIONS

Complexity of women's interacting and multiple experiences of adversity, oppression, and IPV, and trauma identified

Continued work necessary to address experiences of IPV and trauma in intersectional ways

Need to critically review IPV services for ways in which individual experiences may not 'fit' model provided

Harm caused by lack of access to services

Advocacy needed for an intersectional lens among IPV service providers

I think too that when people are coming from places of privilege, that they put like experiencing violence on this like straight line, where it's like they don't understand that being a woman of colour is different...surviving violence than my white friends... Not that I'm saying that it's worse, or there's any type of hierarchy of trauma in that, but it's like different intersectional values that need to be accounted for... Are people properly trained for that? I don't think so. (7).

DISCUSSION

THANK YOU!

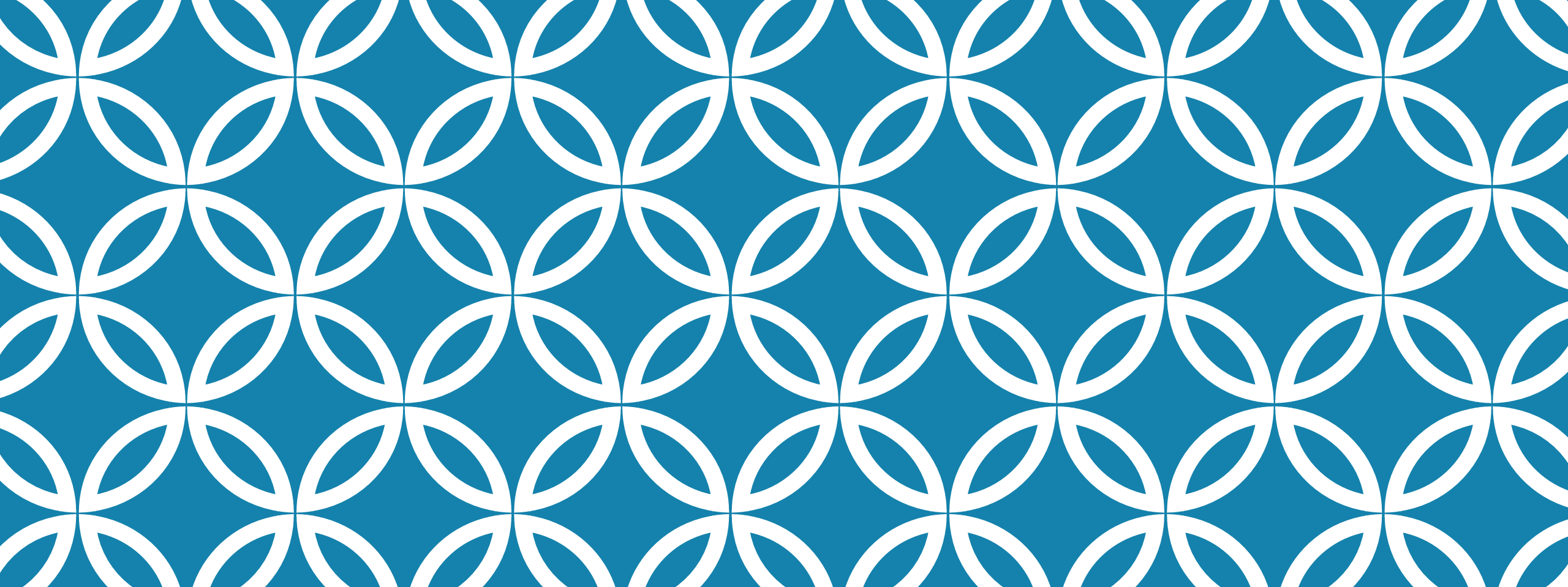
Questions?

Please do not hesitate to contact me:

sbaird7@uwo.ca

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THANK YOU!

