

# MAKING CONNECTIONS:

## SUPPORTING WOMEN WITH EXPERIENCES OF VIOLENCE, SUBSTANCE USE AND/OR MENTAL HEALTH CONCERNS

### A FACILITATOR'S GUIDE



Making Connections: Supporting Women with Experiences of Violence,  
Substance Use and/or Mental Health Concerns

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Woman Abuse Response Program, BC Women's Hospital & Health Centre

Vancouver, British Columbia, Canada

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# Preface

Development of the *Making Connections* curriculum has been a multi-stage process involving many women in the province of British Columbia with experiences of abuse, substance use and/or mental health issues, and the service providers who support them. In 2006, the Woman Abuse Response Program (WARP) identified the need to further our knowledge about the intersecting issues of abuse, substance use and/or mental health in the lives of girls and women in BC, in response to the large numbers of marginalized and vulnerable women with experiences of abuse who were “falling through the cracks.” WARP engaged in preliminary consultations and educational forums with community and health care stakeholders from around the province, which lead to the *Building Bridges: Linking Woman Abuse, Substance Use and Mental Ill Health* initiative. Its purpose was to identify and raise awareness of the needs of women with experiences of abuse, substance use and/or mental health issues, and to share insights about the gaps within current services; barriers to accessibility, and strategies and recommendations for improving policy, programming and practice. *Building Bridges* undertook a province-wide consultation in 2008–2010 with 460 service providers and 140 women, to explore these issues in more depth.

A number of recommendations evolved from the consultation, particularly regarding the need for more integrated and low-barrier services. More opportunities for connection and peer support for women affected by these intersecting issues were also identified as high priority. In 2011, WARP secured funding to develop, pilot and evaluate integrated low-barrier support groups for women with experiences of violence, substance use and/or mental health issues. A twelve-week curriculum was developed and piloted

in seven communities in BC. Groups were co-facilitated by a provider from the anti-violence sector and a provider from the mental health and addictions sector. The low-barrier integrated format that we present here, helps create a welcoming, supportive environment for women, and acknowledges and mitigates some of their potential barriers to access. While the weekly exercises are important, we acknowledge that creating a non-judgmental, non-punitive and safe environment, as well as providing practical supports (transportation, child care subsidies, food), is what gives women the opportunity to connect and heal.

*Making Connections* provides a lens and an approach to discussing women’s experiences of abuse, substance use and mental health issues. In drawing from the voices, insights and needs of women around BC, the intention is to provide tools to elicit discussion and assist women to gain a new perspective on their experiences of abuse, and how it has affected their safety and health.

Findings from this initial pilot study show improved outcomes for women in various aspects of their lives. The input from the initial twelve-week pilot participants helped shape the development of this sixteen-week curriculum. We hope that this extended version better reflects the complexity of women’s experiences.

Given that service providers across many sectors are already supporting women who have experienced the intersecting issues of violence, substance use and/or mental health, and that the benefits of support groups for women with experiences of abuse are well known, we hope that this model of support is a relevant and valuable addition to the work you are already doing.

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## PART 1—THE CONTEXT: Woman Abuse, Substance Use and/or Mental Health Concerns

*“It’s just taken a toll on me; I don’t know where to turn. I thought I was going mentally insane. I go to counseling everywhere I can—even ask the shelters to give me pointers on abuse. What is abuse? Every time I’m going to leave he hurts me. The last time he kicked me there was a big bruise. He doesn’t care if I’m pregnant or not. It’s really sad. He’s saying stuff that isn’t true. Going into the community, making up lies to make himself feel better. Going to our friends, saying things that aren’t even true. People don’t want to talk to me because of his accusations. I don’t need friends like that. I’ve been through enough—been through depression pills and medication. It’s just really hard, not having enough support. What I would like to see is a lot of groups for women that are going through similar stuff.”*

—Corinna, *Building Bridges*

### I. INTRODUCTION

*Attention over the past ten years has increasingly focused on the links between woman abuse, substance use and/or mental health concerns. Despite growing awareness, recent research and evidence shows that service gaps and barriers continue to exist across sectors, limiting a more effective response to the complex, overlapping needs of this vulnerable population of women.*

In 2006, the Woman Abuse Response Program (WARP) at BC Women’s Hospital and Health Centre launched a research initiative to assess the anti-violence<sup>i</sup>, addictions<sup>ii</sup> and mental health<sup>iii</sup> sectors’ responses to women who have experiences of abuse, substance use and mental health. WARP engaged in a preliminary consultation with service providers in British Columbia (BC), primarily from the anti-violence sector. The consultation highlighted the need for further cross-sectoral discussion and collaboration and led to the *Building Bridges: Linking Woman Abuse, Substance Use and Mental Ill Health* initiative.<sup>iv</sup>

The *Building Bridges* initiative, funded by the Vancouver Foundation and MOMentum, consisted of a province-wide consultation and research project to systematically gather information about whether services in BC were meeting the needs of women who have experiences of abuse, substance use and/or mental health concerns. Beginning in 2008, WARP conducted standardized, cross-sectoral consultations and individual interviews with 460 service providers and policy leaders representing 82 BC communities—primarily from the anti-violence, addictions and mental health sectors, with participation from some additional community, child protection and social service providers. The

- i. The anti-violence sector includes those services whose primary mandate is to support women who have experiences of abuse, including women’s shelters, transition houses, sexual assault services, victim services and other women’s advocacy organizations.
- ii. The addictions sector includes those services whose primary mandate is to address substance use, including inpatient, outpatient, residential and community-based treatment services.
- iii. The mental health sector includes those services whose primary mandate is to address mental health, including inpatient, outpatient, residential and community-based mental health services.
- iv. Led by the Woman Abuse Response Program, BC Women’s Hospital and Health Centre: <http://www.bcwomens.ca/Services/HealthServices/WomanAbuseResponse/Building+Bridges.htm>

WARP project team also conducted eighteen focus groups across BC with 140 women who have had experiences of abuse, substance use and/or mental health concerns. Participants in this initiative shared their insights about the barriers and gaps within current service models and challenges to increasing accessibility and inclusivity. Participants also offered strategies, promising and evidence-based practices, and recommendations for improving services to this marginalized population of women.

The need for *Making Connections*—integrated low-barrier support groups for women with experiences of violence, substance use and/or mental health concerns—arose out of the recommendations from *Building Bridges*, as well as the *Reducing Barriers*<sup>v</sup> initiative. Women across BC affected by these intersecting issues discussed having been turned away from support services because they did not “fit” the agency mandates. They expressed desperation for support services that reflected how their life circumstances were connected, and the need for more opportunities to connect with, and learn from, other women and supportive service providers in a less clinical environment. They emphasized the importance of the quality of the relationship they developed with service providers, and highlighted that feeling safe with their service providers was one of the most important contributors to high quality and effective care. They recommended more women-specific and women-only groups that would address their complex realities.

The women who participated in the *Building Bridges* study strongly recommended support groups for women with experiences of abuse, substance use and/or mental health concerns. Through funding received from Canada Post Foundation for Mental Health and Canadian Women’s Foundation, and in partnership with the BC Society of Transition Houses, the Woman Abuse Response Program worked with seven communities in BC to pilot *Making Connections* support groups for women. The group curriculum was initially twelve weeks long, but was revised into a sixteen week curriculum based on feedback from women and facilitators.

*“The biggest difference that I find with this group is it seems to be much more participant-led, so that we’re able to share, and I think that adds to the feeling of comfort and welcoming; whereas [with] many other groups, like I’ve been through self-esteem, and I’ve been through anxiety and panic, and...different things, where*

*it’s facilitator led...which...didn’t lend as much to being able to share what was going on. So the fact that we were able to share different things and we were asked for our insight, and it wasn’t this really strict schedule...I think it’s much more beneficial and less threatening...where it’s more participant-led.”*

—Jade, *Making Connections*

## This is Important Work

This guide provides group facilitators with the resources and tools necessary to facilitate low-barrier support groups for women who have experiences of abuse, substance use and/or mental health concerns. Women affected by abuse often have additional and complex life experiences and safety needs, yet are frequently marginalized and excluded from services. Offering a low-barrier support group reflects the needs of women to have a safe place to share their experiences, gain a new perspective on woman abuse, and how it has influenced their safety and health. Women attending *Making Connections* groups are not required to abstain from using substances or to have “mental stability” to receive support. The group’s inclusive approach allows it to fill an important service gap for this population of women.

Women who attend the *Making Connections* support groups may or may not be currently living with their abusive partners. Either way, they will be dealing with the devastating impacts of abuse. They may also have had experiences of being turned away from services, or of being judged for their circumstances. The support and care you offer as facilitators and advocates must be of the safest and highest quality.

This curriculum and its delivery are violence- and trauma-informed and women-centred: Highly-skilled, empathetic and caring facilitators create a safe, accessible space for the group, focusing on both a process and content that reflects the realities of the lives of women, and is responsive to women’s strengths and immediate challenges.

**Part 1** discusses woman abuse, and distinguishes the violence-informed approach found in this manual from other therapeutic approaches. It presents and discusses various studies that make the connection between woman abuse, substance use and/or mental health concerns; examines the social context in which woman

v. Led by the BC Society of Transition Houses in collaboration with the Woman Abuse Response Program: <http://bcsth.ca/content/reducing-barriers-support-women-who-experience-violence>

abuse occurs; and describes the purpose and benefits of the *Making Connections* support groups.

**Part 2** highlights the principles that should guide facilitators in all interactions with women, to ensure they are countering potentially harmful power dynamics and embracing diversity. It presents qualities of good support people, as described by women in our studies, and the type of facilitator recommended for these groups. It also includes important information on the process of delivering the support groups, followed by a description of how to get started.

**Part 3** is a week-by-week description of the sixteen-week group, including descriptions of weekly core learning activities.

## Understanding Woman Abuse

This guide starts where all work with women must begin—with understanding women’s experiences of abuse from their perspectives, and in their words. According to the women in our studies, this understanding was often missing from the services they had contact with.

*“It’s way less scary to have addiction or abuse or anything when you can read about it, and you know what’s going on physically and psychologically. It makes it so much easier to cope with when you don’t feel so abnormal... I didn’t know that when my husband was making me have sex, that [it] was abuse. Abuse was getting the crap beat out of me; it was someone continually saying I’m stupid. But my husband making me have sex with him, or drugging me at night so he can do what he wants to me? I didn’t know that was abuse. I didn’t know that was rape. Rape was the scary guy who came and walked down an alley, and that was it. There’s a real lack of education. So recognizing what abuse really is, [is] very different. It’s really hard to go out and seek counseling when you’re screwed up. You don’t know what to ask for, and if you did know what to ask for you’d be doing it already. **It’s like help needs to come find you.**”*

—Karen, *Building Bridges*

## Defining Woman Abuse

Violence against women in relationships has been defined globally by international policy and by research agencies aimed at eliminating gender-based violence as:

*Any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.*<sup>1</sup>

This definition reminds us that woman abuse includes the use of physical violence, sexual violence, psychological, emotional, cultural, social, intellectual and financial abuse intended to maintain dominance and enforce oppression over a girl or woman.

Women often do not identify their experiences as abusive if they have not been physically assaulted or hurt. The stereotype of the “battered woman” can be a barrier for women to define their experiences of dominance and oppression as abuse, and to seek support.

*“A lot of it was just verbal, but I **wished he would have hit me instead** of said what he said. The words were just as bad; they hurt more, and they **did more damage for the long term.**”*

—Sarah, *Building Bridges*

Woman abuse is characterized as intentional, patterned, enduring, dangerous and complex, which is different than a single violent episode or self-defense. “Violence against women is not only a manifestation of sex inequality, but also serves to maintain this unequal balance of power.”<sup>2</sup>

Abuse is a pattern of intentionally coercive and violent behavior toward an individual with whom there is or has been an intimate relationship. These behaviours can be used to establish control of an individual and can include physical and sexual abuse; psychological abuse with verbal intimidation, progressive social isolation, or deprivation; and economic control.<sup>3</sup>

These descriptions help to demonstrate the various types and tactics of abuse used by a perpetrator that are intended to maintain dominance.

*“Whether it was verbal abuse or physical abuse, the physical abuse actually was a little better because the bruises go away. But the mental and verbal abuse really sticks with a person for a long time. I find them overlapping.”*

—Anne, *Building Bridges*

Within the context of ongoing threat, women are forced to make life and death choices, always trying to weigh the risks of any option primarily through a lens of safety.

*“My hip was broken. My partner had broken my hip and I chose not to go to the hospital until I was out of the situation. He had refused to take me. He had basically stopped me from going. I heard people say that you make your own choices and you can do whatever you want. To an extent I agree but if I had told anyone about my hip, he might have killed me. So I chose not to go to the hospital. To an extent the choice was made for me.”*

— Vicki, *Building Bridges*

Women represent the overwhelming majority of abuse survivors. Social norms, gender roles and social and political institutions play a significant role in legitimizing and perpetuating woman abuse, in addition to contributing to women’s vulnerability to abuse.

Understanding gender inequity, as well as the inequities that exist between groups of women, is central to understanding how violence impacts women; racism, poverty and threats of child removal by child welfare agencies are examples of social harms and structural violence that women are likely to face. Any therapeutic model for supporting women with experiences of abuse must specifically counter the power dynamics imposed by abusive partners and by social inequities harmful to women.

## Language Matters

The different terminology used to describe violence against women describes the variations in the nature and cause of gender-based violence. The word “violence” highlights the serious, and

often criminal, aspects of the experience, whereas “abuse” suggests a broader spectrum of experiences, including emotional, verbal, financial, sexual, spiritual and mental aspects of abuse that are not currently considered a crime in most parts of the world.<sup>vi</sup> It would be uncommon for women to experience physical and/or sexual violence without experiencing other forms of abuse, although many abused women have not been physically assaulted.

The terms “partner,” “spousal,” “domestic” or “family” abuse or violence capture that abuse is often experienced within the context of a relationship, but obscures the fact that it is women who are overwhelmingly the targets of violence. This support group avoids using the term “intimate partner violence” because the term “intimate partner” wrongly suggests that the relationship is grounded in intimacy (rather than oppression), and it obscures the violence that women experience from other people in positions of power in their lives. There is also a tendency in some services to refer to women who are experiencing abuse as “DV (domestic violence) cases” or “IPV (intimate partner violence) clients,” which further disembodies women and diminishes their experiences.

As facilitators, you can share with women that “violence against women,” “woman abuse,” “gender-based violence,” “trauma,” “domestic violence” and “intimate partner violence” are often used interchangeably. In *Making Connections* we use the terms “women affected by abuse,” “women experiencing abuse,” “woman abuse” or “violence against women.”

By focusing on what has happened to women, rather than on what is wrong with women, we can eliminate language that objectifies them or makes them responsible for the abuse. Language that describes women’s “deficits”—such as “poor boundaries,” “co-dependence,” “over/under-functioning,” “patient,” “addict,” “mental health patient,” “victim” and “trauma client”—reduces women and their circumstances to a “problem to be dealt with,” unintentionally placing the blame or responsibility on them.

As statistics tell us that woman abuse is most often perpetrated by men against women, throughout this curriculum we use the pronoun “he” to refer to the abusive partner. However, we also acknowledge that there are many forms of woman abuse, and that it can be perpetrated by family members, female partners, pimps, johns and many others.

vi. Spain and France have recently taken the landmark step of designating psychological violence a crime.



## Intersecting Oppressions and the Compounding Impacts of Abuse

Gender-based inequalities place women at increased risk of experiencing violence. But other risk factors, forms of oppression and inequity are also at play in abusive relationships, intersecting with gender to shape the experiences of women. It is not enough to say that women of all backgrounds are vulnerable to experiences of violence, or simply to identify “higher risk” groups of women; we must also understand the ways in which different inequities intersect in women’s lives to affect both their experiences of violence and their experiences of help:

- » Women with disabilities are more vulnerable to violence than women without disabilities because they may experience violence from a partner but also from family members or other people who act in a caregiving role.<sup>15</sup> Depending on whether they live in an institution or community setting, women with disabilities are 1.5 to 10 times more likely than women without disabilities to experience abuse.<sup>4,5</sup>
  - » Young women are at a higher risk of violence and of being killed.<sup>6</sup> This may be due to the downplaying of the seriousness of abuse in relationships between younger women and their partners.<sup>7</sup> Research reports that abuse can begin as early as in elementary school dating relationships.<sup>8</sup>
  - » There has been much debate over whether poverty increases a woman’s risk of being abused. While being poor has been found to be positively correlated with the likelihood of being in an abusive relationship, lifetime prevalence rates of women of different socio-economic status are similar. This has been interpreted to mean that women of all socio-economic strata are at risk of experiencing abuse in their relationships, while poverty can increase difficulties escaping the abuse.<sup>9</sup>
  - » Rates of violence in the relationships of First Nations and Inuit women have been found to be higher than the Canadian average.<sup>10</sup> Aboriginal women are eight times more likely to suffer abuse than non-Aboriginal women.<sup>11</sup> Relationship abuse may be exacerbated for Aboriginal women by economic factors, a history of colonization and a legacy of mistreatment and abuses through the residential school system, as well as ongoing systemic racism.<sup>12</sup>
  - » Sex trade workers exist on the margins of society. The high-risk nature of their lives requires that they constantly navigate their safety. Often when a sex trade worker is assaulted by a partner or a john, her story is discredited because of her “choice” of lifestyle.<sup>13</sup>
  - » Abuse for all “racialized women can be compounded when disclosure may reinforce racist assumptions that certain cultures are more inherently violent, stigmatization of interracial relationships, culturally inappropriate responses, or additional discrimination or violence against racialized communities.
  - » Immigrant and refugee women may face greater barriers to escaping abuse due to isolation on the basis of language or culture, their dependent status on their partners as a result of immigration legislation, or their marginalized place in the workforce.<sup>14,15</sup>
  - » Women who live in rural and remote communities face greater barriers to escaping abuse due to isolation and increased community pressure to not speak out about abuse.<sup>16,17</sup>
  - » Lesbians, bisexual, queer, transsexual and transgendered women can face increased difficulties obtaining support in the social context of homophobia and heterosexism<sup>18</sup> especially within some communities. This may lead to a greater sense of isolation, and make leaving that much more difficult.
- Many women face additional challenges when seeking help because of social circumstances that perpetuate inequity and vulnerability:
- » Lack of safe and affordable housing, leaving women homeless.
  - » Lack of language services so women can access services in their own language.
  - » Financial insecurity, poverty and hunger.
  - » Lack of safe and affordable childcare.
  - » Lack of safe, affordable transportation.
  - » Lack of safe services for Aboriginal women, immigrant and refugee women, lesbian and transgendered women.
  - » Lack of safe transportation for rural women to access services in urban centres.
  - » Lack of services for women who are mothering.
  - » Lack of accessible buildings and public transportation for women with disabilities.

## II. MAKING THE LINKS BETWEEN WOMAN ABUSE, SUBSTANCE USE AND/OR MENTAL HEALTH CONCERNS

*“I think...the abuse comes first, for some of us, and then I think the abuse continues because of the drugs and alcohol. It changes your personality...especially if you have a mental health issue. You’re mentally ill, you get some crack in there and some meth in there... you’re a different person.”*

—Betty, *Building Bridges*

### Making the Links between Woman Abuse, Substance Use and/or Mental Health Concerns

There is evidence that many mental health concerns post-date experiences of abuse, leading experts in the field to suggest that many mental health concerns should be treated as the effects, or impacts, of abuse and not as disorders per se.<sup>19</sup> The observation of one woman, below, reflects the lived experiences of a vast majority of the women consulted in WARP’s research.

*“I don’t call it mental illness. I call it symptoms of abuse, because to me that is what it is.”*

—Gail, woman abuse survivor<sup>20</sup>

The statistics vary greatly because it is difficult to design surveys about woman abuse that are accurate and safe for women to respond to honestly, but on average, one in three women will experience abuse at some time in their life.<sup>21</sup> The impacts are immense, and we will discuss these in greater detail in Module Five. However, it is essential to point to the number of women who have experienced violence, are using substances and/or have developed mental health concerns in response to those experiences. It is equally important to highlight that what is viewed by some providers as mental ill health, can be a very natural response to the experience of abuse. As a leading psychiatrist in this field states:

*What appears to be a constellation of symptoms or disorders may reflect a normal response [to abuse and] trauma and the social realities of continued isolation and danger.<sup>22</sup>*

Research shows that long term mental health effects are consistently found among women with experiences of abuse, including mood disorders, anxiety, depression, somatic disorders, dissociative symptoms and post traumatic stress response. Research also shows that as many as two-thirds of women with substance use issues have a concurrent mental health problem (e.g. PTSD, anxiety, depression), and prevalence rates of depression among women with experiences of abuse are 38%–83% compared to the general population of women, estimated at 10%.<sup>23</sup>

*“I have been out of the abusive relationship for many years, but the impact...endured. It is not going away. I am seeking treatment, I am being treated for depression, but I don’t know if I can ever forget or if those experiences will ever leave me...they are still with me.”*

—Katy, *Building Bridges*

The literature on the prevalence of gender-based violence, and the devastating impacts of gender-based violence on women with substance use and/or mental health concerns, continues to grow. Women point to the connection between their substance use and abuse from a partner:

*“It went from mental abuse, to physical, to emotional. The way I dealt with it was by drinking all the time. That’s the only way I could cope.”*

—Paula, *Building Bridges*

Research shows the links between woman abuse, substance use and/or mental health concerns are consistently found among women who have endured violent relationships:

- » Women in community samples report a lifetime history of physical and sexual abuse ranging from 36%–51% while women with substance use issues report a lifetime history ranging from 55%–99%.<sup>24</sup>
- » 50% of women in psychiatric settings have been sexually abused as children.<sup>25</sup>



- » There is evidence that for many women, mental health problems post-date their experiences of violence.<sup>26,27</sup>  
<sup>28</sup> Therefore, we believe that many mental health issues should be treated as *effects of abuse* and not strictly as mental disorders.
- » Substance use may begin or escalate as a response to the trauma of victimization. For women who have experienced abuse, the use of substances can medicate the emotional and physical pain of trauma and violence, and aid in reducing or eliminating their feelings of fear.

## Harms of Help

A significant theme that emerged from the *Building Bridges* and *Reducing Barriers* studies was that when women with complex and unsafe lives seek support, they often report further harm from their interactions with service providers.

*“I have been with my ex for 12 years. It’s been very abusive... I feel totally judged by a certain staff member [at the centre]. The judgment...kills inside. Like I mean, my heart is already broken, but then I have to go somewhere and be judged. That is where the education really needs to be. I hate going back because I feel totally judged. I would go in there with [a] broken nose, friggin’ black eyes and all that...And then trying to talk to this certain staff member, and being looked up and down.”*

—Sam, *Building Bridges*

When women’s substance use and/or mental health concerns are not identified as rooted in gender-based violence, their experiences are often compartmentalized; the impacts of abuse may be misdiagnosed as mental health or addiction problems in isolation from unsafe life circumstances; or their safety may be compromised through inappropriate treatment. Women report that they feel silenced and disempowered when their experiences of abuse and other forms of oppression are ignored or minimized. Service providers across sectors also share concerns that if women’s experiences of abuse and other harmful life factors are ignored when addictions and/or mental health treatment is being provided, the services, responses and approaches can potentially be unhelpful or even dangerous.

We might feel we would “never do anything to harm a woman,” but despite many “helping professionals” good intentions, a small, yet growing body of research has revealed that these well-meaning services can unintentionally cause harm.<sup>29,30,31,32</sup> An addictions counsellor tells a woman she is co-dependent, has poor boundaries and that she is at least partly responsible for the abuse, or a doctor tells a woman she is not coping well and that her children are suffering; this places more responsibility and shame on the woman, leaves her questioning her ability to mother, and denies all that she has done to keep her children safe. A pastor does not believe the woman, but rather believes her partner’s version of events; this leaves a woman doubting herself, and feeling shamed. These actions communicate to women that they are not believed and that they do not see things “clearly.” These experiences leave women devastated and more at risk at a time when they are already vulnerable. Abusers try to take away women’s sense of their capacity, and leave them doubting themselves; the well-intentioned “help” described above, does much the same.

*“I don’t feel comfortable if [a] certain person [is at the support centre]. There’s somebody there that makes you feel like you’re a burden. And I’ve been a burden all my life. I don’t need to feel that. You need people to love you when you can’t love yourself...not feel like they are just there for a paycheck.”*

—Kayli, *Building Bridges*

While there are many good services and service providers that support women who have experienced abuse, some of the services may not always be helpful, relevant or even accessible for women affected by violence, substance use and/or mental health concerns. Sometimes women are given dangerous advice, for example, therapists may tell women to stand up to their partners. Sometimes police don’t show up when they’re called, or they mistakenly believe men’s stories and charge women. Sometimes child protection workers blame women for not protecting their children, and treat women as though they are the offending parent rather than the primary target of abuse. Sometimes the support person wants to be the “expert” on the woman’s life and tells her what to do. Treating women in these ways is dangerous and disrespectful.

Findings from the *Building Bridges* and *Reducing Barriers*<sup>33</sup> projects indicate that few agencies are equipped to provide integrated services needed by abuse survivors who also experience substance use and/or mental health concerns as a result of the abuse. Service providers

and women affected by these issues observe that there is a lack of women-specific, integrated and collaborative service models across the anti-violence, mental health and addictions sectors, and a lack of adequate staff training in these sectors. These limitations have a negative impact on the safety and health of women.

Women with experiences of abuse, substance use and/or mental health concerns encounter numerous barriers to accessing services and to finding good support. Some programs tell women they must “deal with their addiction” before they can access services, which makes the service less accessible and more exclusionary for some women. When women do gain access, the support they receive often does not meet their actual needs.

*“I went to mental health and was prescribed these pills...and it’s like ‘no I’m not taking them pills’... and so if I refuse that help then I don’t get to see my alcohol and drug counsellor. So I’m screwed. I don’t have a counsellor and then I came here and they said I have to go to AA, get my 12 steps, and then go back to her. It’s just like ‘well there I am, you know, nobody.’”*

—Jessica, *Building Bridges*

Women find it affirming to share. During the group process, you may find that women want to talk about their experiences of trying to access services, and their interactions with service providers; women’s negative experiences in these areas deepens their feelings of self-blame and creates further isolation. Facilitators should be honest about existing service gaps and the lack of awareness and training among some service providers, so that women can see they are not alone in the barriers they face, and that their challenges are because some services are not set up to reflect their needs and realities—not because the women themselves are lacking in some way.

Women can face many obstacles when trying to access the support they need and deserve. It takes courage, perseverance and wisdom to find truly helpful support. It takes courage to keep trying, even when you have been hurt, deeply disappointed, judged, mistreated and excluded. It takes perseverance to continue to search for the “right” lawyer, doctor or counsellor. It takes wisdom to discern when a support person is not actually being supportive, but is in fact causing confusion or more pain. We can applaud women for their efforts to find appropriate support, and grieve with women when they have been profoundly disappointed or hurt by the services that are supposed to help them.

### III. MAKING CONNECTIONS: PROVIDING INTEGRATED, WOMEN-CENTRED SUPPORT GROUPS FOR WOMEN WITH EXPERIENCES OF ABUSE

#### The Purpose and Benefits of *Making Connections* Support Groups

*Making Connections* support groups offer women an opportunity to develop their own knowledge and understanding about violence, and of how substance use and/or mental health concerns can be responses connected to abuse. *Making Connections* support groups offer a violence-informed, low-barrier, women-centred, harm reduction support group that reflects the interconnection of women’s lived experiences. These groups recognize women’s experiences of oppression, power and control from a partner, and commit to ensuring that these power dynamics are not echoed in women’s interactions with the group facilitators. As a facilitator, you are always working to make certain that the group experience is different from a woman’s experience of abuse—by creating a respectful, egalitarian and safe group environment.

The groups offer women information and support about the dynamics of abuse; the intersecting issues of abuse, substance use and/or mental health concerns; how these impact women’s lives; and how women can begin to rebuild and heal from these experiences. They provide women with an opportunity to regain and/or develop their own knowledge and understanding about their experiences of violence. The group setting offers women an opportunity to process their experiences in the safety of the company of other women who share similar experiences.

The relationships between violence, substance use and/or mental health are complex. The support groups provide women a safe opportunity to share how their experiences of abuse are linked to their substance use and/or mental health concerns. The groups’ non-judgmental and supportive environment normalizes their experiences. The groups help women recognize that they have made decisions based on their assessment of their own safety, and to see that they have strengths that have kept them alive. The opportunity for women to discuss the connection between these issues helps validate their experiences, and helps reduce their feelings of isolation, failure and shame.

All women with experiences of abuse can have access to the *Making Connections* support groups. You can improve accessibility by offering practical support such as childcare, transportation subsidies and food, and increase access by ensuring that women know they are not required to be abstinent or “mentally stable” to attend.

The fact that *Making Connections* support groups are open to women regardless of their mental health level, and regardless of whether they are abstinent or not, can be a shift in practice for facilitators. Being part of a group is often not offered or allowed for women with mental health concerns or who are using substances, but it is these women who have the greatest need for connections and support. *Making Connections* supports an equity model of care—ensuring that more resources are allocated to the most vulnerable women, to increase the likelihood of positive outcomes. This model can sometimes create a situation of diverse needs: A woman who comes to group and is using substances, may create stress for women who are trying to abstain. You can talk with the group about these diverse needs—one woman’s need for inclusion, and other women’s need for a group that feels safe.

While it may be okay for a woman’s behaviour to cause some discomfort, all women should also feel safe in group. You may need to have ongoing conversations with group members to ensure they can all express their experiences and needs. Make sure all group members know this is a low-barrier group that always seeks to be as inclusive as possible.

Services providers can sometimes unintentionally reward women who are “well-behaved” and punish women who “behave badly,” mirroring the dynamics of abuse. In this group, we view women as always “doing their best”; if a woman’s behaviour does not “fit” our comfort zone, it can help to remember that she is having a really hard time and is in need of as much support, affirmation and inclusion as we can offer.

## Benefits

### Empowerment

A central principle in this group is that women are the experts of their experience, and that facilitators are not in a position to define solutions. This curriculum’s approach is different from group models that seem to suggest the facilitators are “experts,” which reinforces the message that women hear in abusive relationships: that they are ignorant, that someone else—their partner or the facilitator—knows better; that *she* is the problem that needs to be

fixed. Women need to have access to support that acknowledges the problem is not theirs. Women feel so empowered when they realize their experiences can help other women, and that facilitators are not there to give advice, over-ride group discussions or use their expertise to impose solutions. This process of sharing “control” is essential to women’s empowerment and healing. This group never pressures women to leave their relationship and never sends the message that leaving is the correct path.

### Connection

For women who have experienced violence, building trust with service providers takes time. Relationships built on trust and respect, create opportunities for women to connect with other women, and break the isolation that has kept them dependent on abusive partners. When a service provider shows a commitment to supporting a woman, the provider sends a powerful message that the woman herself matters.

Healing begins with *Making Connections*—connecting with how women’s experience of abuse, substance use and/or mental health concerns are linked, and connecting with other women’s experiences as women and as mothers. This group supports women to begin making these connections, and to begin finding safety and healing. For women still in abusive situations, this group provides opportunities to connect with others, rediscover their strength and wisdom, and find information to further their understanding about abuse and how it has influenced their health and safety.

### Overcoming Isolation

Women with experiences of abuse become socially isolated and disconnected, due to forced confinement, monitoring and control from abusive partners. They often find that connecting with others is not safe. Their isolation is reinforced by services that are not accessible for women. The situation is even worse for women who use substances and/or have mental health concerns.

In group, as women hear familiar threads in each others’ stories, they overcome some of their feelings of isolation. They realize they are not the only ones who have gone through their experiences. This helps women see more clearly that responsibility for the abuse lies with the perpetrator, and not themselves.

## Everyone can learn from each other

Women in abusive relationships are subject to their partner's definitions of the problems—most commonly that she “is the problem” or she “has the problem(s).” Service providers and the media can unintentionally reinforce this message. This is particularly true for women who are also substance using and/or have mental health symptoms. *Making Connections* support groups and facilitators offer participants valuable information that empowers women, by affirming their experiences and offering new ways of thinking about what has happened to them. Hearing other women's experiences is often more powerful than what the facilitators have to offer, so ensure that there is adequate time for each woman to share her experiences.

## Mutual Support

In *Making Connections* support groups, women have the opportunity to listen compassionately to one another. The non-judgmental atmosphere allows women to share very difficult experiences and to feel affirmed, supported and cared for. Women also serve as a resource for each other, in sharing experiences and information that helps women on a very practical level. Encourage women to listen to each other attentively without interrupting, as each woman has an important experience to relate that should not be judged or challenged. All feelings are real for the women feeling them. It is not helpful for women to be told how they “should” feel.

Encourage women to share all comments, questions and opinions with the group, as this may help others with the same issue. It is also important to remember that facilitators strive for honesty in the group, but should also remind women that honesty without sensitivity can hurt feelings, decrease connection and reduce safety.

## IV. SIX GUIDING CONCEPTS

### 1. Violence- and Trauma- Informed Practice

Violence and abuse is pervasive in the lives of girls and women around the world. Service providers and practitioners are serving a high percentage of women with experiences of abuse. Recent reports from the World Health Organization (WHO) indicate that 29%–62% of women who have had a partner have also experienced physical and/or sexual violence in their relationships.<sup>34</sup> Many women seeking support are currently experiencing abuse or

are still affected by their experiences, yet traditional service models often do not recognize the impact of violence and trauma and may be inattentive to issues of safety and risk.

Building on the concepts developed in trauma-informed care, WARP strongly advocates for a violence-and trauma- informed approach to not only recognize past trauma, but to appropriately consider women's current safety and support needs in service encounters. A violence- and trauma- informed approach reflects the importance of integrating knowledge about violence and abuse into all aspects of service delivery. It recognizes that violence against women can cause trauma, but also has broader social consequences (i.e. poverty) and contributes to many health concerns (e.g. mental health and substance use).

Trauma-informed care recognizes and accommodates the vulnerabilities of people with experiences of trauma, and tries to avoid retraumatization. The concept of “trauma” recognizes that many different experiences and events, ranging from motor vehicle accidents to the impacts of war to childhood sexual abuse, can have serious, long-term psychological impacts on individuals. It is important to differentiate between single event traumas, from ongoing, complex traumatic experiences like childhood sexual abuse or abusive relationships.<sup>35</sup> While the trauma discourse recognizes that policy and practice accommodations are needed to ensure safe and appropriate care to individuals, a gendered analysis is often lacking. The assumption that the traumatic event (or events) occurred in the past is also often made.

Given the high prevalence of violence against women and girls, we believe it is important to explicitly name ‘violence’, rather than conflate it with the broader concept of ‘trauma’ which can refer to many different experiences. Explicitly naming violence and using the term violence-and trauma- informed, helps to recognize and account for the gendered and ongoing context of coercion and control of women's experiences of violence. It also reminds us that power and control is central to women's experiences of violence and helps to recognize the varied and widespread socio-economic, health and well-being consequences. Trauma is often one impact out of a myriad of negative social, political, health consequences resulting from violence.

Violence and trauma have a significant impact on how women think, feel, behave, relate to others, and cope with future experiences. Women have learned to adapt to violence and other traumatic circumstances in order to survive. As such, survival and coping strategies such as substance use need to be understood in the context of a woman's past and/or current experiences of abuse.

Violence- and trauma- informed practice is a service and system response that integrates an understanding of violence and trauma into all levels of care, focuses on underlying safety concerns and avoids re-traumatization or minimizing the woman's experiences. When interacting with a woman, there is a heightened awareness of the potential for unintentionally replicating the dynamics of power and control found in abusive relationships or retraumatizing her in other ways.<sup>36</sup>

*Denial and minimization of experiences of abuse are used as tactics of psychological control in abusive relationships and these can be inadvertently repeated in clinical encounters if the clinician is unable to apply an approach that is framed by the need for safety, whether we are aware of the context of abuse or not.<sup>22</sup>*

Many women choose not to disclose abuse when asked routine screening questions, so it is vital to develop an inclusive approach that can address the safety and health issues of women with experiences of abuse, without requiring disclosure or risking retraumatization.<sup>vii</sup> Since providers have no way of distinguishing between women with experiences of abuse or trauma from those who do not, best practice involves treating all women as if they might be survivors of violence and being attentive to spoken and unspoken cues. Focusing on changing practice and service contexts will take the burden off women to disclose, and instead create services that all women can feel comfortable and safe within.

Violence- and- Trauma Informed Practice:

- » Recognizes women for their strength and expertise for surviving and navigating such dangerous situations, emphasizing adaptations and coping strategies.

vii. Universal screening research reveals that such practices are potentially harmful, particularly for abused women, for which the practice is intended (Gielen et al., 2000). In general, the purposes of screening are two-fold: to detect positive cases and to provide efficacious intervention to those in need. Some implicit assumptions that underlay recommendations for screening include that screening is safe, acceptable, and that it results in the provision of positive interventions, which will improve the screened persons health or well-being (Ramsay, Richardson, Carter, Davidson, Feder, 2002). Benefits of this seemingly intuitively appropriate practice have been documented, such as that screening demonstrates to women that someone is interested, that they are not alone, that they can talk about abuse and that it makes it easier to get help (Gielen et al., 2000; Garcia-Moreno, 2002).

Yet, little evidence exists to suggest that screening results in positive changes to important outcomes, such as women's safety (Ramsay et al., 2002). Furthermore, Gielen et al.'s (2000) case-control study among abused and non-abused women revealed the troubling finding that screening for abuse could compromise women's safety, whereas 39.6% of abused women expressed that being screened for abuse would place them at more risk of being hurt by their abuser. As well, the acceptability of screening was low among women impacted by abuse, with almost 50% stating that they would be embarrassed or offended if screened for abuse (Gielen et al., 2000).

- » Focuses on empowering women impacted by abuse through respect and support of their decisions
- » Works to ensure that women will not have their experiences of abuse echoed or compounded in their encounters with providers
- » Takes a collaborative approach with women

A violence- and trauma- informed approach is not an 'add-on' practice but a fundamental shift in the way services are organized and delivered. Services will aspire to counter the dynamics and impacts of abuse and ensure practices and policies are based on the needs and realities of women impacted by abuse. This is done by thoroughly assessing current practices and service structures to uncover potential harms; to increase protective measures; and to reduce potential risks embedded in traditional service models.<sup>36</sup> It also means recognizing and honouring the safety strategies women are already employing. Shifting the goal to, and taking precautions for, safety and harm reduction, increases women's access to effective and relevant services.

### **Applying Violence- and Trauma-Informed Practice to Making Connections Support Groups**

In the *Making Connections* support groups, we shift the focus from individual deficits and pathologizing, to instead putting women's behaviours and responses in the context of their past and current experiences of abuse. Using a violence- and trauma- informed approach, we recognize that women's lives may continue to be controlled by, and their decisions and actions mediated by, fear of reprisal from an abusive partner.

Non-judgmental listening is one of the most important and powerful responses that can be offered to women with experiences of violence. Women share their experiences and discover the social and structural nature of their experiences in group, thus removing the blame, shame and responsibility for the abuse. This approach significantly reduces the impacts of abuse for women. Dr. Carole Warshaw observes that the crucial aspect is having service providers realize:

*For someone who has been abused... experiencing equality, safety, mutuality and empowerment are essential to the process of healing and reclaiming one's sense of self and place in the world.<sup>22</sup>*

Conversations concerning women's safety (physical and mental safety and in relation to the use of substances), are also a vital



part of group. This highlights that the group is a safe and welcoming place to discuss and strategize safety strategies and coping mechanisms. Employing a violence- and trauma-informed approach, and integrating this knowledge into all aspects of service delivery, ensures that service providers avoid replicating all too familiar power and control dynamics encountered by women experiencing abuse.

## Why Expand to a Violence- and Trauma- informed Support Group Model?

*Building Bridges* focus groups affirm what other studies have shown—that gender-based violence are central to the development of substance use and/or mental health concerns. By addressing women’s experiences of violence through the *Making Connections* support groups, pre- and post-measures show that mental health symptoms related to the abuse decreases. Women experiencing abuse require an approach that specifically counters experiences of power and domination; decreases their isolation; and affirms the devastating realities they are surviving.

Women share that traditional therapeutic models or interventions often fail to account for the social nature of gender differences and gender-based violence. Underlying societal assumptions of autonomy, choice, independence, free will, and decision-making, do not account for women’s experience of living under the reign of dominance, control and the constant threat and danger of a partner.

In developing this *Making Connections Support Group Curriculum*, the project team reviewed existing treatment models designed to support women with experiences of violence, substance use and/or mental health concerns.<sup>viii</sup> While we highly admire their contribution to women’s healing, the review concluded that these models may not fully address the experiences and needs of women whose lives continue to be affected by abuse.

### 1. Conflating abuse and trauma

Men’s persistent efforts to dominate and abuse their partners result in extensive physical and psychological impacts, including substance use and mental health concerns. Many existing trauma models do not differentiate between current and past abuse. In many therapeutic models, women’s current experiences of abuse by a partner may be ignored and/or are lumped with experiences of trauma. Responses to current or ongoing abuse should not be defined as “problems” or maladaptive behaviours to be “treated”

as signs of trauma, but rather viewed as natural responses to abuse and violence. In the *Making Connections* support groups, trauma is acknowledged as one impact or response to experiences of abuse and violence.

### 2. Not focusing on current safety

Complex trauma models recognize that women’s trauma can be a result of abuse from a perpetrator, but sometimes assume that their safety is not threatened by ongoing abuse. For women experiencing abuse from a partner, this is not a safe assumption. Abusive men continue to be abusive long after separation, using children, child welfare systems, family court, finances, friends and family, cultural communities and other means to continue to threaten and control women.

### 3. Focus on individual change

Current treatment and support models for this population of women often focus on personal change but do not always recognize the ongoing dangerous and controlling context in which women have limited choices, freedom and autonomy.

Current techniques employed to support women to cope with and heal from trauma—such as grounding, boundary setting, assertiveness, visualization, affect regulation and self-soothing—may view the “problem” as an internal one and assume that individuals are solely responsible for their decisions and actions (when forces outside their control may dictate their actions and may prevent lasting change). This approach may fail to offer women support for their most pressing safety and practical concerns, and may actually suggest women employ strategies that increase their risks (e.g. it is not safe to teach women to try to establish boundaries or assert herself with an abusive partner or other perpetrator).

### 4. Not taking social, gender and power dynamics into account

There is a concerning shift among health care researchers and service providers toward (mis)naming anti-violence work as “trauma work.” Some trauma models tend to lump the treatment of violence and trauma together, and often do not account for women’s current realities of abuse or address women’s immediate safety concerns. Often, they also do not address women’s lived social realities of poverty, isolation, oppression, housing insecurity, child welfare investigations, court harassment from a partner and retraumatizing service encounters.

viii. Including ATRIUM, TREM, Seeking Safety, Beyond Trauma.

Using “trauma” to describe women’s experiences of violence from a partner, and ignoring the social reality of women’s inequality and gender-based violence, may result in inappropriate services being funded—and runs the risk of funding being lost for essential anti-violence advocacy and support services that focus on wider social change.

## 5. Belief that “treating the addiction” is the most important

Evidence points to substance use being a coping and/or safety strategy for women, or a method of control by abusive partners. However, addictions treatment models often view the addiction as the primary problem requiring treatment, rather than understanding that abuse may be central to the development of substance use and addiction for the majority of girls and women.

By encouraging or enforcing abstinence, these treatment approaches can increase women’s risks and remove their safety strategies. Women are being set up to fail when we expect them to reduce or abstain from substance use without appropriate attention to their current safety. While emerging models attempt to treat “concurrent disorders” of trauma and substance use, current abuse is often still not a significant part of the treatment. Because woman abuse and other experiences of violence often precede the development of substance use, the therapeutic question needs to be reframed as “how does woman abuse impact substance use?”

In the *Making Connections* support groups, women’s motivations and intentions are not judged. The groups recognize that even if women are ready to make changes, external forces (such as her partner) may control those choices.

*“[My counsellor] suggested, ‘maybe you should go to another counsellor and they can delve deep into you’...and I am like ‘I don’t want someone to dive deep into my psyche. I just want to tell you what I am thinking about right now...I just need somebody else to hear what I am saying, not to dive deep into my head.’”*

—Judy, *Building Bridges*

## 2. Women-Centred, Gender-Informed Approach

The women-centred, gender-informed approach in *Making Connections* focus on women’s health and safety needs in the

context of gender identity. This approach recognizes that what happens to women (as a result of being female) has a profound impact on their lives, and that women bring these experiences of inequality, discrimination, poverty, violence and abuse into their encounters with service providers. Similarly, service providers may carry unexamined, underlying ideas about women into their practice.

## Applying a Women-Centered, Gender-Informed Approach to *Making Connections* Support Groups

In *Making Connections*, we emphasize understanding “what has happened to her” rather than “what is wrong with her.”<sup>37</sup> As so many women report being blamed for their circumstances, this new framework helps mitigate the “harms of help” by recognizing that women are not problematic—their circumstances are.

A women-centred approach is based on the assumption that women know their own reality best and that practitioners must listen carefully to women describe their needs and the context of their lives, in their own words and in their own ways. It also recognizes that women are best served by a system of care that acknowledges women’s differences from men. The key principles include a focus on equality and equity; empowerment; choice; autonomous identity (more than just a “mom” or a “wife”); partnership; self-determination; respect; safety; control; confidentiality; and consent.

## 3. Harm Reduction for Women with Experiences of Abuse

Abusers may introduce their partners to alcohol or drug use to increase their dependence and to control their behaviour. Some women use substances to placate their abusive partners and create temporary safety; others use substances to numb or escape the emotional and physical impact of violence. Since the vast majority of women who use substances have current experience with and/or histories of abuse, in *Making Connections* we aim to adopt an approach to harm reduction that encompasses women’s safety concerns: when substance use is viewed as a safety or coping strategy, violence or abuse in a woman’s life may need to be addressed before the “symptom” or coping mechanism (i.e. the use of substances) can be reduced or withdrawn.

*“We use the drugs to try and mask the abuse. And once you stop using them flashbacks come. It’s just a constant. We just self-medicate. Trying to push those memories out.”*

—Carole, *Building Bridges*

When we view substance use in the context of woman abuse, we put the focus on the partner’s abuse of the woman, not on the woman’s use of substances, which is part of the impact of abuse. Our primary concern for the woman is her safety and providing helpful support. She may decide to reduce her use of substances, but she may not.

### **Applying Harm Reduction to *Making Connections* Support Groups**

In *Making Connections*, we broaden the view of harm reduction to encompass substance use as a safety and/or coping strategy, and recognize that women may not be able to choose to start or stop using substances. This reflects the complexity and risks inherent in women’s substance use.

*“He wouldn’t let me not drink, he would bring alcohol over, or you had to drink just to be near him. He would put a glass under my face; he knew I didn’t want to drink.”*

—Beth, *Building Bridges*

Efforts to stop using substances may precipitate an abusive partner’s use of increased violence or other control tactics. Further compounding factors may be that women become addicted to medications prescribed by health care providers for health concerns related to abuse, including chronic headaches, chronic or acute joint and muscle pain, anxiety, depression and sleep disorders.

In these groups we avoid language that praises sobriety or being “clean” because of how it may make other women in the group feel (i.e. they are “unclean” or “dirty” if they are using). Such praise may also set women up for a big fall if they relapse; we want to normalize relapses as part of the process of moving towards greater health and safety. The focus becomes whether a woman is getting the support she needs, not whether a woman is using or not. We should always commend women for reaching out and getting the support they deserve.

## **4. Intersectionality**

The *Making Connections* approach recognizes that women have a number of different roles and identities, and that they experience various forms of oppression that can intersect.

Women with experiences of violence face additional harms from social and structural inequities:

- » Poverty.
- » Housing and food insecurity.
- » Inability to afford health care and other services.
- » Threat of losing child(ren) to partner or child protection.
- » Lack of transportation.
- » Lack of accessible (location and cost) child care.
- » Lack of access to legal services.
- » Social discrimination.
- » Lack of services for Aboriginal women, immigrant and refugee women.
- » Lack of services for lesbian and trans-gendered women.
- » Lack of accessible premises for women with disabilities.

These compounding factors play a huge role in keeping women trapped in violence and marginalization. They also make it extremely difficult for women to create safety and security—physically, socially and financially—for themselves and for their children.

## **5. Anti-Oppression**

In *Making Connections*, we recognize that different social groups have differing access to power and privilege. Only the privileged groups have the power to enforce their prejudice at the individual and systems level. “Oppression” can be enacted on an individual level as well as on a systems level, and describes a relationship between groups or categories of people in which a dominant group benefits from the systematic abuse, exploitation and injustice directed toward a subordinate group. Forms of oppression include sexism, racism, heterosexism, ableism and ageism.

### **Applying an Anti-Oppressive Approach to *Making Connections* Support Groups**

As a facilitator it’s essential to attempt to reduce the oppression and marginalization women may be experiencing. In *Making Connections*, our anti-oppressive approach includes acknowledging



the power and privilege we have as facilitators, and actively working to shift this power towards inclusiveness, accessibility, equity and social justice. Create a safe environment where women have the opportunity to direct the topic or conversation, and feel comfortable raising questions and challenging facilitators. One way to do this is to speak with credibility, not authority. It is not always about having the right answer, but about creating space to discuss and explore issues as a group. Facilitators can also work to promote values of inclusiveness and acceptance.

## 6. Safety

Being part of a *Making Connections* support group can be very healing for women. It can also surface many difficult experiences and feelings that can be overwhelming, especially if women are talking about them openly for the first time. It is crucial to make sure that this is a group where everyone feels heard, supported and safe. A woman's safety is not limited to her physical safety; "safety" also includes emotional safety, as well as safety around her mental health and use of substances. Facilitators should create opportunities each week to address women's sense of safety.

Women in the group will be at various stages of understanding, dealing with, and healing from their experiences of abuse, as well as their substance use and/or mental health concerns. Their safety (or lack of) will potentially impact what they remember, what they are comfortable discussing, and how "present" they are able to be in group. If women feel that they are being pressured to participate beyond what they are comfortable with, the group will not be a safe and supportive space for them. The facilitator's role is to create as much safety within the group setting as possible, so that women can be fully in charge of whether they speak, and how much they share.

### Safety and Support Planning

In the first week of *Making Connections* support groups, facilitators lead a discussion about safety and support needs. Women complete the *Making a Support Plan* handout (Appendix C) which raises awareness about safety and support for both the women and the facilitators. In discussions about safety, facilitators must always acknowledge that women are the best judge of whether they are able to act on their needs, their desire for change, or their goal to reduce or stop using. Women are the best judges of their safety; they are already engaged in safety strategies even if they have not articulated a "formal safety plan." The strategies may not appear to be "safe" to those outside her context, but she is the expert of her experience. As facilitators, you may gently and respectfully ask

women whether what she is doing is actually having the intended effect, or whether there are alternatives that could increase her safety.

### Linking the Safety of Women and Their Children

In *Making Connections*, we create a support approach that is empowering for women by exemplifying respectful, collaborative working relationships between providers and clients. Women report that sometimes the support services add to the harms they have experienced in their lives. Women experience disempowerment and loss of autonomy in abusive relationships, and they bring this experience into their encounters with service providers, no matter how well-intentioned.

Biases about women who experience abuse are intensified when women are mothers, and can result in blaming mothers for risks or harms to their children.<sup>38</sup> This is compounded when women are substance using and/or have mental health concerns.

A woman with children, who is in an abusive relationship, has to go to great lengths to calculate how to protect herself and her children. Service providers report that many women leave their abusive partner when they perceive that their children are at risk. Despite this, many frequently ask, "Why do battered women stay when this places them and their children in jeopardy?" This question misses the way abused women calculate their risks and make decisions about leaving. A woman may ask herself: "If I leave, will the violence be worse?" "Should I leave and place myself and my children in poverty?" "If I leave and live on less money, my children will have to live in a more dangerous neighbourhood; should I do this to them?" "Should I leave and risk losing my children in a custody battle with their abusive father?" Deciding to leave her relationship does not guarantee the elimination of risks; it may bring them to the forefront.

When children and youth witness the abuse of their mothers, rather than holding the perpetrator responsible, women may be blamed for the harm to their children. Furthermore, women can be subject to intense scrutiny as "bad mothers" and held up to impossible standards to prove their ability to protect and parent their children. Women who experience abuse are often very isolated. Some women sever relationships with friends and family because they fear they will be judged. They may feel like they are going crazy and are reluctant to tell friends or professionals about their experiences. Some women may have told a family member, friend or professional about her partner's abuse and may have been given unsafe advice, been judged, or blamed for the

abuse. Some men may move their families frequently whenever detection becomes likely, while other families may live in the same neighbourhood for years, with no one in the community taking action to assist the victims.<sup>39</sup> Women in rural communities may be isolated far from support and safety services, making them even more vulnerable. In small communities, women may fear that their privacy will not be maintained if they seek help from a professional.

Women respond to violence and abuse in many different ways, but predominantly with a focus on maintaining the safety and well-being of themselves and their children. Most women care deeply about their children's safety and go to great lengths to protect them from physical assaults and from the systemic harms of poverty, racism and isolation. Women who have experienced

abuse have developed an enormous capacity for creative problem-solving, safety strategies and crisis management. They have usually attempted to find support for themselves and their children. Service providers need to be certain that their efforts are truly contributing to women and children's safety, and not compromising it.

# 2

## **PART 2— FACILITATION: The Fundamentals of Facilitating *Making Connections* Support Groups**

### **I. KEY GUIDING PRINCIPLES FOR FACILITATORS**

*Making Connections* support groups use a principle-based approach. These principles permeate every interaction we have with women—before, during, and after group: that women’s experiences of abuse are believed, that we trust women know better than we do about their experiences, and that the facilitator’s role is to affirm their realities while helping them gain a deeper insight into the dynamics and impacts of abuse. Facilitators must have genuine care and compassion for women, as women’s feedback highlights the critical importance of the quality of this relationship.

Women in the *Building Bridges* study expressed how painful it was to encounter service providers who were inattentive to their needs, or who were judgmental. The women described the importance of having relationships with supportive professionals free from coercion, inequality, harmful power dynamics, and judgments or punitive consequences, so that they might experience relationships of trust, mutuality and respect. It is the facilitators’ role to earn that trust. Before we get into the “nuts and bolts” of this curriculum, let us introduce some principles that guide all interactions with women in the group.

### **1. Focus on Women’s Safety and Well-Being**

Sometimes helping professionals, friends or family do not stay focused on the woman’s safety and well-being. The focus can shift to the relationship, attempting to “keep the family together” at all cost; to the children and their safety, as if it is independent of their mother’s safety; or to mental health, addictions or childhood experiences of abuse, a shift that will not keep the woman safe in the present. In this group, we keep our focus on the woman, her safety and well-being.

### **2. Believe Women 100% of the Time**

Generally, women who have experienced abuse are not believed. Often this is because their partner is good at presenting his perspective, while women are often harshly judged for failed relationships. In this group, there is no debate or questioning of women’s experiences of abuse. To say, “it could not have been that bad,” or “surely you are exaggerating,” is devastating. Women tend to under-report abuse and downplay incidents, so in fact, the abuse is very likely worse than women are saying. It is incredibly powerful for a woman to know that she is being believed.

### **3. Affirm Women’s Reality: “Taking Sides”**

Abusive men can be charming and convincing. It is normal for men who are abusive to “groom” service providers, friends, family and communities and convince them of their side of the story. However, to become an ally to the abuser, or even to remain neutral in a situation of abuse, is to give more power to the abuser or risk becoming complicit in oppressing the women experiencing abuse. In this group, we align ourselves with the women we are supporting. For a woman to feel truly safe it is crucial that our support not be compromised by communicating with her abusive partner. It is never acceptable to “switch sides” and become a support person or advocate for the abusive-partner. To do so is a gross violation of trust.

### 3. Affirm Women's Strengths

In this group, women are never seen as deficient; their strengths are acknowledged and highlighted at every opportunity. Abuse wears down a woman's sense of self-worth. Women come to believe things about themselves that are not true (e.g. that they are stupid or crazy). We can help women see themselves and their strengths more accurately, and to trust their own inner "voice" again. When women see themselves as wise and competent, they can move forward trusting they are making good decisions for themselves and their children. We will say more about this concept in the Reframing Exercise (see *Module 6*).

### 4. Validate Women's Conflicting Emotions Concerning Their Partners

One of the goals of an abuser is to confuse women and keep their reality unpredictable. It is normal for women to have conflicting emotions about their partner; they might both love and hate him, or they might both "want to get far away from him" and "work things out with him," all at the same time. It is exhausting to hold such conflicting emotions—often flipping back and forth throughout the day—but it is completely normal in situations of abuse. In this group, we remind women that group is not designed to assist them to leave their partners, but to support them in making decisions that are right for them.

### 5. Understand that Women Are the Experts on Their Own Lives and Relationships

Friends, family and helping professionals often think that they "know better" than the woman herself. Such an attitude is misguided, disrespectful and disempowering. In this group, we tell women they are the experts on their own lives, relationships, partners and children. How could anyone else possibly know more than the women themselves? This concept is about respect, empowerment and safety: we do not give women advice, because our advice might turn out to be dangerous. The woman, living in the situation, is the best determiner of safety. We can offer suggestions when appropriate, but ultimately women make their own decisions. If we feel that a woman is in danger living with her partner, we can express our fears and encourage her to think about getting away, even for a short while. We can make sure she knows the number of a transition house. We can brainstorm other places she might go, but need to assure her that the decision is hers and that we will support her, unconditionally, no matter what

she decides to do. Some helping professionals, family and friends insist that women "leave." We know that women are at most risk of serious injury and death when they leave their partners.<sup>40 41</sup> Leaving needs as much thought, care and planning as possible, and can only happen when the woman is ready for it to happen.

### 6. Women Set Their Own Limits On Self-Disclosure

Sharing personal experiences increases connection and closeness with others. It also enables women to learn from one another. In this group, we encourage women to share their stories while allowing them to set their own limits for self disclosure. This helps create safety. However, it is very important to respect women's own comfort levels. Disclosing and listening to other women's stories may be upsetting for some. Some women may also feel too vulnerable, or at risk, to share personal information. Women participating in the group will need time to observe and assess for themselves whether group is a place they can feel safe.

### 7. Abuse is Not the Defining Quality of a Woman's Life

Each participant is recognized as being a whole woman—emotional, spiritual, physical and intellectual. The women who attend group have many identities and roles, including being mothers, workers, sisters, daughters, volunteers and partners. Abuse is only one aspect of a woman's life, and does not define her.

### 8. There is No Agenda to Have Women Leave Their Relationships

Pushing women in a certain direction is disrespectful and potentially dangerous. Also, most women are not ready to end or to leave an abusive relationship until they have exhausted all alternatives and have the clear evidence of abuse they need. Even when women do decide to leave their partners, it does not often happen quickly. Sometimes women leave suddenly because of safety, but most women take weeks, months and even years to put a "leaving plan" in place as the planning may involve gathering legal information, saving money, getting a job and looking at housing options. When women have the opportunity to do this preparation work, their leaving is often less traumatic, less chaotic, and is safer both for themselves and for their children. In this group, we do not have an agenda of what we think women "should do," but instead offer support and information that allows women to make their own decisions.

## II. COUNTERING POWER: CREATING SAFETY

Dr. Carole Warshaw emphasizes the potential for harm if providers are not aware of power differences:

*It is important to recognize that revictimization can take place in clinical interactions and that the distortion of meaning and denial of experience that are used as tactics of psychological control in abusive relationships can be inadvertently repeated in health care encounters if the clinician is unable to recognize and validate the traumatic context in which a person's symptoms develop and are perpetuated.<sup>22</sup>*

*Making Connections* support groups are effective because they create the space and opportunity for women to discover relationships built on equality and mutuality. Facilitators create a comfortable, accepting and safe environment where women are valued, listened to and respected, a unique experience for many participating women. Service providers must acknowledge the power imbalances in their work with women and do what they can to create equal and respectful relationships, so that women have a safe and positive experience—one that is counter to their experiences in abusive relationships.

Supporting women to gain a deeper understanding of their experiences of dominance and control, helps them have new relationship experiences within the context of the group that are built on respect, mutuality, equality and care. This is an important opportunity for women to (re)learn their value, strength and capacity to love and be loved.

### The Co-Facilitator Relationship

Offering a group where providers support women in partnership sends an important message to women. Throughout WARP's consultations, women repeatedly and consistently voiced requests for this type of support. *Making Connections* groups should be co-facilitated by experienced facilitators/service providers that have an anti-violence, mental health and/or addictions background. This reflects women's range of experiences and helps women get more of their needs met at one time—support for their experiences of abuse, as well as support for their substance use and/or mental health concerns.

Co-facilitators must have a strong, respectful and honest working relationship for the *Making Connections* support groups to run smoothly. There is no right or wrong way to share the work, but it is important to be organized and prepared, and to model a respectful and equal working relationship.

Before group begins, go over the curriculum and get to know one another. Become familiar with each other's working styles, including your philosophical and theoretical approaches. Discuss how you will share group responsibilities, such as how co-facilitators will interact (i.e. are both facilitators comfortable with each other jumping in with ideas or examples?).

Before each group session, be clear on what material is going to be covered and who will take the lead for each part of group; one facilitator may take the lead on check-in, and the other facilitator when it comes to presenting the module. These roles might switch the following week. The facilitator who is taking the background role in a given situation can watch the group dynamic more, and can help ensure that everyone gets a chance to speak if they want to.

Take the time together every week to debrief the session, including group process and participant feedback. Recognize that you both come from different sectors and/or training, so you likely come from different working paradigms and a different understanding of intersecting issues. The debrief session is a good time to discuss any areas you are struggling with and/or need consensus on.

Within the co-facilitating team, it is important to recognize that anti-violence service providers may have a deeper understanding of women's experiences of abuse, and of women's experiences in trying to access mental health and addictions services. Anti-violence service providers can assist their co-facilitators from other fields in adopting a violence-informed approach.

It is challenging to facilitate support groups of this nature and to hear women's experiences of abuse. Stories of abuse are hard to hear. It is also extremely difficult to hear stories of how various systems have failed women. Co-facilitators should share with each other how they are personally affected by what they hear in group. It can be helpful to process feelings of sadness, outrage, powerlessness, frustration or a sense of injustice with your co-facilitator, to ensure that you are centred and compassionate in your response to women in the group. Sometimes it is also appropriate to share these feelings with the group, as it will affirm women's experiences.



*“The Ministry took a woman’s children from her. She had been in group for ten weeks. She was working really hard to create safety for her kids. She had actually left her partner but the Ministry said she ‘should have left sooner.’ I could not believe it! I thought of those little kids separated from their mom. I listened to the woman describe the nightmare she was living. I was overwhelmed with anger at the Ministry. My co-facilitator felt the same way. Being able to share our frustration and our fears for the woman and her children was really important.”*

—Group facilitator, *Making Connections*

## Embracing Diversity in the Groups

This curriculum does not explore in-depth the needs and experiences of women impacted by abuse that face other barriers, oppressions and experiences—including immigrant, refugee and Aboriginal women; women in same sex relationships; women who are poor; or women who are disabled. It is the co-facilitators’ responsibility to bring an anti-oppression perspective to all discussions to ensure that these intersecting oppressions are recognized as factors that affect women’s ability to make decisions, seek support or take action.

To facilitate diversity in the groups:

- » Acknowledge your own social and professional location and how this may affect interactions in the group.
- » View each person as an individual and not as a representative of a culture or of a certain population group.
- » Recognize and acknowledge differing perceptions based on individual life experience.
- » Avoid using stereotypes when discussing cultural practices.
- » Select examples from a variety of cultures and groups.
- » Acknowledge the barriers, discrimination and racism that are present in our institutions and service delivery systems.

Be aware of your own cultural location as you lead a group. If many of the women in the group are from a particular cultural location and you are not, it is good to acknowledge this and demonstrate an openness to learn and be corrected if you are misunderstanding cultural issues. Never make assumptions or generalizations, and

be curious and honest about the limits of your experience and understanding.

## Recognizing Same Sex Relationships

Abuse in same-sex relationships consists of the same forms of abuse as in heterosexual relationships, such as physical, emotional, psychological and financial abuse. The reality of same-sex abuse helps us see clearly that abuse comes from a person’s sense of entitlement and misuse of power, and is not simply about gender.

There may also be some unique dynamics for women in same-sex relationships. An abusive partner may use heterosexist and/or transphobic abusive tactics to control their partner, threatening to “out” them to their family, friends, community or service providers including child protection workers, or insulting one’s sexual and/or gender identity. The abusive tactics in same-sex relationships may increase isolation and create increased barriers to seeking help or even acknowledging the abuse. The internalization of homophobic, transphobic and heterosexist messages and beliefs in society (internalized oppression) may also make it difficult for women to talk about their sexual/gender identity, relationships, and most importantly, abuse from a partner.

## Using Your Role to Empower Women

As facilitators, we create a space where women can tell their stories. If we focus too much on the module and rush or cut women off to cover material, we risk silencing women and sending the message that they need to listen to an “authority.” This is what their partners may also do. At the same time, it is important in this curriculum to give enough time for the group to get through at least the first six modules, as these modules are crucial to helping the women gain a more accurate way to understand their experiences. It is definitely a challenge to balance these needs, which is why *Making Connections* support group sessions are two and a half hours long. You may still not cover all the modules, but if you only get halfway through the curriculum and the group is comfortable with the pace, that is perfectly fine.

Reflect on your use of language, and watch out for the many subtle ways facilitators can disempower women or cut them off from their own wisdom. If we suggest that a woman thinks abuse is normal because she was abused as a child, we are suggesting she does not know right from wrong and cannot detect abuse. We are suggesting she has no personal, internal wisdom, intuition or inner “voice” about what is okay in a relationship. Women may have learned not to listen to this voice, or that it is dangerous to

act on what they know, but the internal wisdom is there. Part of the purpose of group is to help women hear their inner “voice” and to trust it. If we suggest that previous abuse has destroyed her voice, we may leave her feeling like she is not a whole person. We have removed her from being the expert on her own life and put ourselves in that position.

### III. QUALITIES OF GOOD SUPPORT PEOPLE

Women come to this support group at a time in their life when they are vulnerable. The facilitators must have excellent communication skills, a high level of personal maturity, a good sense of how they can contribute to women’s safety and healing, and a solid understanding of the issues surrounding woman abuse. Participants in a women’s support group based on the book *When Love Hurts: A woman’s Guide to Understanding Abuse in Relationships* were asked what qualities make a good support person. The women came up with the list below:

A good support person:

- » Believes me 100% of the time.
- » Is concerned about my emotional and physical well-being more than about my partner or the relationship.
- » Is trustworthy and respects the confidentiality of what I say.
- » Recognizes my strengths and affirms me.
- » Is dependable and reasonably available when needed.
- » Is honest about what isn’t understood and is willing to listen and learn from me.
- » Is sensitive to how painful this is for me.
- » Does not have an agenda (e.g. to get me to leave, or to stay).
- » Is willing to be a sounding board and a reality check.
- » Is supportive of my parenting.

Here are some additional ideas about the skills and attitudes of a *Making Connections* support group facilitator:

#### A Responsive Facilitator

##### 1. Responsive facilitators nurture others

We use skills, knowledge, information and experience to enrich the group dynamics, recognize and affirm the wisdom and strengths of

participants, empower women, and to encourage mutual support and sharing—not to entrench ourselves in a position of power.

##### 2. Responsive facilitators are attentive

We listen to the needs of participants, consult with them and hear their concerns. We listen to the mood, the energy and underlying tone of the group as a whole. Be conscious of group trust and confidentiality. Watch interactions that have potential to impact the safety of the group.

##### 3. Responsive facilitators understand they make mistakes

We do not expect perfection from ourselves and acknowledge our mistakes honestly. As responsible leaders, we take responsibility for mistakes without making excuses or minimizing, and work to address any harm, problems or misunderstandings our mistakes may create. We accept criticism and are willing to learn and change.

##### 4. Responsive facilitators share personal experiences

We share experiences from our personal lives and express our feelings where appropriate. We take care to be self-aware and thoughtful in our use of self-disclosure, to affirm and encourage participants—not to feed our own egos or meet our own needs.

#### A Responsible Facilitator

##### 1. Responsible facilitators use their power to empower others

We use power to affirm, create safety, share information, strengthen and encourage—not to disregard, disrespect or humiliate women in group.

##### 2. Responsible facilitators are responsible with time management

We invite participants to be mindful of time, as a way for all of us to be respectful to ourselves and others, allowing enough time for all to have equal opportunity to share. During the first session of the group we explain the needs to balance our time for check-in and check-out with time for the group activities, as all components are equally valuable. If a woman identifies a need for more sharing time, we can suggest alternative options for support (i.e. sharing contact information, offering to meet in between groups). We assure women that when they call us outside

of the group, we will communicate clearly about how much time we have and if needed, will make arrangements to meet at a time that is convenient for both. This is a responsible way to care for women's needs and recognize that they often feel that service providers don't have time for them.

### **3. Responsible facilitators care for everyone in the group**

We care about what women are saying and what others say in response to their stories. Sometimes women in the group make statements that are potentially harmful or disempowering for other women to hear. A participant may say "it is important to not be angry." As facilitators, we mitigate the potential damage such a statement might cause others in the group by gently offering or eliciting broader or alternative perspectives. We must always do this in a caring, respectful way to the woman who has made the difficult statement, to help women feel that their perspectives and experiences are respected. As many women's ideas have come from others, it may be useful to explore where the idea of "not being angry" came from and the impact of it, so that the group can explore how the advice they've been offered has had negative effects on them.

### **4. Responsible facilitators recognize the vulnerabilities of group participants**

We show compassion, empathy and great sensitivity to the difficult life circumstances women are in. We encourage them to "be themselves" and to take care of themselves. Women are never put on the spot or pressured to offer more about themselves or their experiences than they are comfortable with. We offer women support around where they are "at," respect their pace and do not impose an agenda.

## **A Respectful Facilitator**

### **1. Respectful facilitators have deep respect for the women they work with**

We are companions with women on their journey. We seek to offer assistance, support and helpful information while respecting women as capable and competent experts on their own lives.

### **2. Respectful facilitators are self-aware of the power dynamics of their role**

We are aware of the ways our power as facilitators can be used for harm or for good, in relation to the women we serve. If we are unaware and unreflective of our power, we are at risk of misusing the trust placed in us by the nature of our role. The slightest hint of "giving advice" may alienate women who have lived under the dominance of abusive partners who have "ordered them around." We must recognize that the dynamics of power and control can be replicated in facilitator/group participant relationships, and must be attentive to how we make suggestions or offer alternative views for women to consider.

### **3. Respectful facilitators demonstrate professionalism and care**

We show deep commitment and concern for the group as a whole, as well as for each individual. We focus attention on the group and not on ourselves. Respectful facilitators do not worry about "proving ourselves" or protecting our egos.

### **4. Respectful facilitators are gentle**

We avoid using judgment statements and take a more curious, non-assuming and open approach (i.e. "I wonder if..." "It seems..." "I think..."). To serve others in gentleness, we must also be kind and gentle with ourselves—by committing to self care, including physical exercise; therapeutic care to debrief vicarious traumatization and other issues arising from work; spiritual care; ongoing learning and skills training; peer support; pursuing interests completely unrelated to work; nurturing healthy personal relationships; and nurturing a sense of humour, playfulness and fun.

## **A Reliable Facilitator**

### **1. Reliable facilitators commit to attending each session**

We build trust with participants and show we are committed to maintaining a sense of continuity that plays a part in creating safety.

### **2. Reliable facilitators are respectful of people's time**

We ensure that group starts and ends at the set time.



### 3. Reliable facilitators are emotionally constant

We are emotionally consistent, to help women feel safe and comfortable coming to and participating in group. Women in abusive relationships have to constantly anticipate their abusive partner's moods and adjust accordingly. Participating in a group where women know what to expect from a facilitator allows them to focus on themselves during the group time, which can be a powerful experience.

## IV. FACILITATING WOMEN'S SUPPORT GROUPS

### Getting Started: Who Can Join?

A woman decides for herself if the group is right for her. If a woman knows the group is for women who have experienced abuse, substance use and/or mental health concerns and wants to be part of the group, she is welcome to join. This means that a woman does not have to “prove” that abuse has happened to her. Also, women can join the group even if the abuse happened some time ago. If a woman feels that she would like to have support to share and/or process her experiences, she should be invited to be part of the group. Women also do not require a clinical diagnosis and are not screened. We want to create an open and welcoming environment from our first contact with women, offering them an experience that is counter to their past experiences where they may have been judged or excluded from services.

We do not have an agenda to ask women to stop using substances. If a woman is planning to stop using either “street” or prescription medication, facilitators can support her and also connect her with other community or health resources to support her in this process. However, given the personal and emotional content of the group discussions, women may need to continue their use if it has been a coping strategy for them. Facilitators will need to connect with women each week around their safety and other concerns that emerge from the group process. This connecting may happen in or outside of group. Additional support outside of the group setting may be necessary. (See *Week One—Support Plan*.)

We do ask that women are able to manage themselves in a group setting. It is great if women participate in the group discussion and exercises, but not necessary. Women can always “pass” on an invitation to participate. If women are having trouble during a session, facilitators can privately ask women what they need. If a woman steps out of the room, one facilitator should follow her

to ensure she is okay. Sometimes a woman needs some individual support in a separate setting for a few minutes. The content of group and the sharing of stories can be overwhelming. Since there are two facilitators, one can spend a few minutes with an individual woman until she feels able to return to the group. If a woman decides to leave, ensure she has transportation and has had a chance to think about her safety.

In *Making Connections* support groups, the goal is to be as open and inclusive to all women as possible.

### Promoting and Advertising

Most women will come to a *Making Connections* support group because someone has told them about it. Our curriculum includes a promotional poster (see Appendix A) and we encourage you to have this displayed throughout your community, but a poster alone will not get most women to group. A personal invitation is much more powerful. It is essential that you network with colleagues who work in the addiction, mental health, anti-violence and other relevant sectors. When these providers know about the group and understand the kind of support it offers women, they can direct women to it. The best advertising ultimately happens from woman to woman. As you offer group repeatedly, many women will come because another woman told her about her positive experience. This “word of mouth” promotion takes time to develop, so be prepared to do a significant amount of initial networking and promotion to get groups started in your community.

### First Meeting

Women can refer themselves to *Making Connections* support groups. They have likely heard about the group from a friend or helping professional. Still, it takes an enormous amount of courage for a woman to come to a support group concerning abuse, substance use and/or mental health concerns.

Women are more likely to come to group if they have had a chance to meet one of the facilitators beforehand. Do meet with each woman individually before she comes to group, to help her feel more comfortable about attending.

At this first meeting, facilitators should answer women's questions about group. Some women carry the same stereotypes of “battered women” that are common among the general public and think that they will not relate to “these women,” but once the women meet each other, this concern usually disappears. They might also be nervous about what is expected of them; a woman might feel she

will be required to talk openly about her experiences of violence or will be forced to speak in group (assure her that she will not). Discuss the group's guidelines for participation: confidentiality, non-violence and respect for other women and their experiences (See section on *Group Agreements* in *Module One: Creating a Safe Space for Women*). Ask women what they hope to get out of the group, and what they need from the facilitators to help them get the most out of it. Ask women if there are certain words, topics or behaviours that are particularly unsafe or difficult for them, and what the facilitators can do if this should arise.

Discuss with women if they foresee any challenges to them attending group regularly. Women with experiences of violence, substance use and/or mental health concerns may face challenges every day, such as compromised physical and/or mental health, poverty or difficulty getting childcare. Facilitators can problem-solve with women at this time and also invite women to come to them any time during the sixteen weeks to discuss challenges they may face in attending or actively participating in group. Inform women of travel and childcare subsidies, if available. Assure women that if they miss group, even more than once, that they are welcome to come back when they are ready and able. Also, check with women if they have any food allergies and preferences.

If you meet with women who have experienced violence in same sex relationships, be sure to let them know that although the curriculum is based on experiences of abuse within heterosexual relationships, they will find many of the exercises relevant to their experiences of abuse.

Discuss what to do in an emergency or crisis. Women should have the number for the local transition house, be aware of what to say when calling 911, and of how to access VictimLink or other 24 hour telephone crisis counselling services (if they have a phone). If they do not have a phone, make sure that the local transition house will pay for a taxi or work with her to develop a plan. Assure her that you will follow up with her when you are at work, but in an emergency, she should not have the impression that facilitators are available to assist around the clock. Develop a plan with your local anti-violence or crisis services to support women between groups, and communicate this plan to women in the group.

As women with complex experiences may have reservations and fears about attending group, do gently “sell” the group to women by reassuring them that once they participate, they will find group profoundly helpful—and provide some examples of the helpful things they might experience:

- » Support.
- » Understanding.
- » Opportunity to meet other women who have had similar experiences.
- » To not feel so alone.
- » To learn things that will help them make more sense of their situation.
- » Empowerment.

If you discover strengths in a woman during your first meeting, reflect those back to her as something that will be helpful for the group and say you will enjoy having her in group; if the woman is bright and articulate, you can say that her strong communication skills will be an asset. We can begin offering affirming feedback right from our first contact with women. We always want to be genuine in this feedback, which is not hard to do: Women constantly amaze us with their wisdom, strength, compassion and persistence in the midst of great challenges.

At the end of this first conversation, a woman should know when and where group is and have a phone number and email address to reach you if she has further questions. Provide her with a list of relevant community resources, if she is interested (many women are aware of community services, so do not assume she is unaware). Make sure you have her phone number and email, and know what form of contact (if any) is safe for her. Ask the woman if it is okay to call or email her a couple days before group begins, to remind her of the start date, time and location.

## Having the Right Number of Women for Group

The “ideal number” for a *Making Connections* support group is about six to eight women, but the group works fine with as little as four women and as many as twelve women. Attrition will happen with these groups because of the challenging nature of the women's lives, so it is good to try to start with a group larger than the ideal number.

If possible, do wait until you have at least six women committed to attending, before you start the group. Remember that if you start with six women, you will not likely have all six women by the end of sixteen weeks, and that some women will miss individual sessions. If you have fewer than this, consider waiting to begin and do more advertising and promotion; the group dynamic begins to break down if the group drops below four regular participants.

It is not unusual to struggle to get enough women for group, because it is difficult to get the word out to them. Women also often think they do not qualify, because they may not see what is happening in their relationship as abuse. It is very important to network with service providers in your community to educate your community partners about the group, so they can refer women to the program.

Try to keep the group open to new women joining for the first two or three weeks, if space allows. This is helpful if the group is on the small side, and also honours women's need for support as it is extremely disappointing for a woman to learn she has missed out on the opportunity to get into group, and will likely have to wait several months for the next one to begin.

## Preparation for Group

### Reminder Phone Calls

Do make reminder phone calls every week. Reminder phone calls are a warm and friendly way to deepen women's sense of connection with you and with the group. One of the facilitators can do this, or facilitators can share the job, every week. It is time consuming, but very important to remind women of the time and place of group; to work out any logistics the women may have (Do they need a ride? Do they need childcare?); and to show your care and concern for the women (you are communicating by your actions, that the women participating are important and you want them to be part of the group).

### Review the Material

Before group, do review the material for the upcoming week to ensure you feel comfortable with the planned exercise or activity (the Summary Boxes for each week are a good, quick reference on the key ideas to be communicated). Decide with your co-facilitator who will take the lead on each part of the session.

### Room Set Up

Try to create a space that feels like a living room. Some facilitators use a table cloth, plants or candles to make the space more comfortable; do as much as possible to make the room safe and warm. Think about the type of spaces you are comfortable in.

Use the most comfortable chairs available to you. Chairs should be arranged in a circle, if possible. Some groups sit around a big table;

if you are not using a large table, it is helpful to find a small table that can function as a coffee table.

You will need a flipchart, flipchart paper, markers, two boxes of tissues and re-usable nametags. You will use this same setup every week, although name tags may not be necessary after the first several weeks.

If you know that some women in the group have disabilities, keep this in mind as you set up the room. As it is not uncommon for someone in the group to have allergic reactions to scents, try to use odourless markers.

### Snacks

Do provide a snack, as some women come to group hungry—this is very important as they may have had no time to eat; may have limited income and are unable to afford food; and/or may have a partner limiting the food she can eat. Regardless, it is a concrete way you can show care and regard to the women. Sharing food together is also a great way to create a sense of community. Keep the snack simple and manageable for yourself.

## Supporting Materials

### 1. *Making Connections* for Women with Experiences of Abuse Workbook

Give each woman the workbook at the beginning of the first week of group. The guide draws from women's experiences of abuse and the feedback received in piloting the *Making Connections* support groups. It provides detailed information on the topics covered in the modules. Women can choose to take the workbook home with them and read ahead, reflect on their experiences and revisit topics at their own pace. Women should also be welcome to leave the guide with facilitators between groups if taking materials home is not safe for them.

### 2. Problem Solving for Facilitators

Facilitating a *Making Connections* support group that brings together diverse women, each of whom may be facing significant challenges, is no small feat. Still, most of the time women have an amazing ability to form community and encourage one another. Some situations may arise that need the facilitators' extra attention if all the women in the group are to feel safe and thrive (see *Appendix E* for some suggestions on how to work through difficult situations in group).

### 3. Reflection Articles

Reflection articles (see 12 examples in *Appendix F*) discuss subjects and questions that arise for women who have experienced abuse. Facilitators can print these prior to the first group, for convenience, and can use them at any point over the sixteen weeks. Hand them out for women to read on their own time, or you may choose to hand these out to engage the group in a conversation about a specific topic that keeps arising in group discussion. (Please note it is suggested that “Reflection #11: Is Change Possible for my Partner?” be handed out only after the group has completed *Module Seven*.)

### 4. When Love Hurts

The *Making Connections* curriculum has adapted some of the material and activities from the book *When Love Hurts*. This book can be offered to women as additional reading. Copies can be ordered from WomanKind Press (<http://womankind.bc.ca/about/order-when-love-hurts/>).

## V. HOW THE WEEKLY GROUP IS STRUCTURED

### 1. Check-In: Its Purpose

A common element for many groups, check-in can serve to “warm up” a group or help people “settle in.” Check-in, for *Making Connections* support groups, is at least as important as the module work. For some women, it will be the most important work.

*“I loved the check-in part of the group. I would think about what to share as I drove to group. This was the only time and place in my week where I could be honest about what was going on in my home. I also really appreciated what the other women had to share. Their stories were so powerful and gripping. I was struck by the similarities between how their partners treated them and how my partner treated me. I knew they did not deserve to be treated that way and it made me think that maybe I didn’t deserve to be treated that way either.”*

—Jenn, *Making Connections*

Very important things happen for individual women and for the group as a whole during check-in, when women bring in their painful stories, fears, questions and crises.

### 1. Needs Are Heard and Addressed

Check-in is always a time to acknowledge women’s strengths and to be conscious about safety concerns. We pause with each woman to really hear what she is saying and to acknowledge the pain she is experiencing. Some women simply need to have others hear and honour their story. Other women may need crises addressed, or situations debriefed. We give each woman enough time to make sure she feels her needs have been addressed.

### 2. Storytelling

Storytelling honours women’s heroism, courage and strength in the face of pain and adversity. Storytelling also helps women know something of each other’s lives. During check-in, women are invited to tell their stories and give voice to their experiences. This is particularly profound for women whose voices and experiences are often silenced, both in their relationships and by society in general. Women often experience healing as stories are told, perhaps for the first time.

### 3. Overcoming Isolation

During check-in, women hear familiar threads in each other’s stories and feel less isolated. They realize they are not the only ones who have gone through what they have experienced. Seeing that their situation is not entirely unique from another woman’s story, helps women see the abusive pattern (manipulative kindness, tension, explosion) more clearly and trust that the situation is not her fault.

### 4. Mutual Support

Women are given the opportunity to listen sympathetically to one another during check-in. The non-judgmental atmosphere allows women to share very difficult experiences and feel affirmed, supported and cared for. Women also serve as a resource for each other in sharing experiences and information that help each other on a very practical level.

### 5. Reinforcing Previous Learning

In check-in, it is exciting and reinforcing for facilitators and other women to see each other apply what has been learned through the

modules (words like “*manipulative kindness*,” “*tension building*,” “*explosion*” and “*impact*” become part of group vocabulary) to their current experience.

## 6. Reframing Women’s Experiences

Check-in is an opportunity to gently reframe women’s experiences. If a woman expresses she is a “bad mom” because she is tired all the time and can’t meet all her daughter’s needs, we might say that the abuse is likely leaving her exhausted. We can affirm what she is able to do for her daughter and say that it sounds (to us) like she is doing her very best. (See more about Reframing in *Module Six*.)

## 7. Providing Space for Urgent Issues

Sometimes women come to group in the midst of crises. Perhaps something has happened that has left them feeling overwhelmed (e.g. threats from her partner, a call from the Ministry of Children and Family Development). Women need a safe place to share these terrifying developments. During check-in, women often find that talking things through helps them come up with a plan. Sometimes the support and affirmation of the group helps women feel calm enough to fully engage in the group experience. At other times, women remain upset for the duration of the group but everyone knows the source of their distress, and are able to be supportive and understanding.

## 2. Check-In: How to Lead It

For the first session of group, check-in is about encouraging each woman to introduce herself, to whatever extent/time she feels comfortable (see the Check-in section in *Module One: Creating a Safe Space for Women*). For the rest of the sessions, facilitators invite each woman to take a few minutes to check-in. Facilitators should also check-in, briefly bringing up topics or ideas that may be relevant to discussion (share personal experiences with violence, what brought you to the work, your experience, knowledge and training). We invite women to share by going around the circle. Make sure women know it is okay to “pass” if they would like. As each woman finishes sharing, one of the facilitators thanks her for what she has offered the group. Although check-in may be a foreign concept for some, the women get used to the idea over the sixteen weeks and most will come to find it very helpful. Most of us have few people in our lives who will take the time to really listen to us, and this is the gift women offer each other in check-in.

Do use one phrase each week to encourage women to check-in. Women quickly get the feel for this. You can use a different phrase each week, or similar words that feel comfortable for you:

- » “How are you doing? So often, we just say ‘fine’ when someone asks us how we are. But we really want to know how you are. How are you?”
- » “What is the biggest challenge for you right now? What is keeping you awake at night?”
- » “Tell us a bit about how your week has been, particularly through the lens of what we have been talking about in group.”
- » “How do you feel today? Are you feeling peaceful? Overwhelmed? Confused? Exhausted? What is a good word to describe how you feel today?”
- » “What is the ‘front page news’ this week? Whether the news is good or bad, we would like to hear it.”

As facilitators, we simply invite each woman to share and thank each woman in turn—addressing any safety issues and offering any affirmations that seem helpful. We encourage everyone in the group to be attentive listeners by modeling this ourselves. We do not dive into the women’s stories too much in the first few weeks; until there is some shared vocabulary and understanding from the modules, there is a limit to how much reframing facilitators can (or may want to) do.

We encourage women to give each other the time to do check-in without interruption, but sometimes a woman will say something when another participant is checking-in. It is important to not “jump on” the woman who has interrupted. We never want to silence or shame a woman, because she has been silenced so much in her relationship. When it is appropriate, we simply return the focus to the woman who was checking in. Always assume that women have relevant and useful things to share with each other, and that their contribution is valuable.

The goal of the group is not to give advice, but it is not uncommon for some advice to be given. Do try to reframe the advice by suggesting women talk about their own experiences, and what was helpful (or not) for them. Acknowledge that the advice has been given out of a sense of care and concern, but that advice is often not what is most helpful. Do remind the group that the most helpful thing is to listen to a woman and encourage her as she makes her own decisions, and that information sharing (e.g. the phone number of a good lawyer) is helpful when appropriate and desired by the person receiving the information.



During the first few weeks of check-in, facilitators simply want to support women and create a safe space for them to share their thoughts, feelings and experiences. This may be the first time a woman has told her story, and we don't want her to feel like she is being censored or corrected. However, over time as women come to know the group as a safe place, facilitators can become more interactive during check-in to help women understand their experiences through the framework of abuse:

*During check-in Hannah describes how her partner's behaviour is really different this week than last. He is helping with the kids more, asking about her day and paying some bills. She expresses that she does not want to seem ungrateful but she can't help but wonder how long this is going to last. We can point to the Cycle of Abuse and tell her that what she is experiencing sounds like "Honeymoon Behaviour/Manipulative Kindness." We can let her know that it is normal, even healthy to be suspicious of Honeymoon Behaviour/Manipulative kindness...we can ask her how she feels if she thinks about his behaviour as being part of the Cycle.*

*Sarah tells the group that she is just recovering from a terrible migraine that sent her to bed for two days. We can ask questions about the connection between the migraines and the abuse. We can ask her if the migraines are part of the impacts of abuse.*

Do ensure that everyone has had an opportunity to speak, before you wrap up the check-in: Did someone come in part way? Did someone "pass" at their turn but would now like to speak? Once check-in is complete, give the group a 15-minute break before coming back to work through the weekly core learning activities.

### 3. Core Learning Activities

Simply gathering women together into a safe space is an important source of support, but equally important is the wisdom inherent in the learning activities. The core learning activities reflect the collective wisdom of many hundreds of women over many years of facilitating women's groups. Each exercise was developed in the context of support groups for women who have experienced abuse.

The exercises were tried and modified based on what worked, and didn't work, for women.

The exercises are like a guide or a "map" to help women make sense of their experiences. When a woman adds these exercises to her tool box, she makes use of the wisdom accumulated from hundreds of other women. A woman then carries that wisdom and knowledge with her.

Most of the activities are done with the whole group brainstorming and working together. This gives women lots of space to tell each other more about their experiences of abuse and the impact it has had on them, within a framework that helps women feel stronger, clearer and not so alone.

*"Doing one-on-one work with women can be frustrating at times. I see each woman trying to figure it out on her own, when in fact there is a lot of collective wisdom to be draw on. I feel like the exercises from group give women the tools they need to be able to move forward in their life."*

—Counsellor and facilitator, *Making Connections*

Facilitators record core learning activities on flip chart paper, to easily refer back to the material. For example, if a woman describes a very tense environment in her home, facilitators can flip back to the Cycle of Abuse and ask if what she is experiencing is "tension building" behaviour and if she knows from experience what is likely to happen next. This can point to the wisdom she shows in being on "high alert," and perhaps opens up a discussion about her safety.

### Module Order

The *Making Connections* curriculum is designed as a series of essential building blocks women can use to rethink and redefine their experiences, from their own understanding. The core building blocks—including basic ideas about abuse such as its pattern, purpose and impacts—are in the first six modules, and should be covered first to give women the information and language to better understand their experiences.

Women generally come to group with many theories about "their problem" imposed by their partners, family, service providers, the media and society in general. These theories tend to hold women responsible and to see women as deficient. As facilitators, do offer women new ways of thinking about their experiences and set

the stage for further discussion. Until the building blocks from the first six modules are established and the new ideas are being employed, it is very difficult to move forward with the group to have more fruitful discussions.

After completing the first six modules (Phase I), you may decide together with your co-facilitator to change the order of the remaining modules, according to the specific needs of women in your group. If the topic of “Why is my partner abusive?” seems pressing, do start that module ahead of the preceding “First Incident” module.

### Time Management Between Check-in and Modules

Do aim for check-in to take up the first hour of group, and to have a full hour to work on the module after the break. Do let the women know that this is the plan. However, there are times we may go beyond the one hour check-in guideline.

Take the time to fully address a woman’s concerns if her safety is in jeopardy, and help her think about all the ways she can try to keep herself safe.

Take longer with a woman’s check-in if what she is processing is particularly relevant to the other women. If she is trying to navigate her way with the Ministry for Children and Family Development, what she is learning may be important for other women to learn as well.

Provide the space to help a woman think through a big decision she is facing. This might also be a time to illustrate how abusive men take away all the “good” choices, and a woman is left with only “bad” choices.

*“My ex called me just before group began and told me I had to come get the dog right then or I would never see her again. I really didn’t want to miss group, but I also really wanted to get my dog. I did not know if he was going to leave the province with her or kill her or what. I shared my torn emotions with the group. They helped me think it through. The facilitator helped me to see that he was taking away the good choice (get the dog at a reasonable time) and leaving me with two crappy choices (miss group or perhaps never see my dog again).”*

—Betty, *Making Connections*

Some women will feel anxious if you take “too long” with check-in. Explain you are trying to balance everyone’s needs for support, safety and learning, and that you will cover the most essential material in the first few weeks but may not cover all the potential modules for group over the course of the sixteen weeks. If the group’s needs demand that you just do check-in for one or more weeks, this is fine, as really important learning happens during check-in too.

As facilitators, you may sometimes decide that check-in is taking too long—usually because one or more of the women consistently takes a long time—and you may need strategies to address it.

First, try sharing your concern with the group to allow the women to monitor themselves, and decide what is most important for them to share in check-in. You can say that you know both check-in and modules are empowering and helpful to women, so you want to ensure the group has the time to do both.

Second, ask a woman who seems to need a lot of check-in time if she would like individual time with a facilitator (if one of you feels able to provide this). By offering the woman the support she needs and deserves, you may find the time she uses for check-in decreases. The woman may simply need to talk things through in order to process them, and the group may be the only place where she is listened to and where her concerns are addressed.

Finally, know that this is a really common challenge and just keep discussing your strategy with your co-facilitator, while doing your best to balance the needs of everyone in the group.

## 4. Breaks

Women will most likely need to break for ten to fifteen minutes during the group session. Do offer a break after check-in, but if this is not the most appropriate time, use your facilitation skills and ability to “read the room” to assess when to break.

## 5. Closing and Check-Out

Facilitators close group each week by doing check-out. Check-out typically takes 15–30 minutes; it creates a space for women to share how they are feeling and enables facilitators to get a sense if any women have been adversely affected by the group discussion and exercises that week. Group brings to the surface painful memories and may elicit uncomfortable emotions. It can also bring forward strong positive thoughts and feelings. These diverse but powerful emotions can be overwhelming for anyone to manage, but *Making Connections* support groups offer women the

opportunity to fully process these emotions. This helps women to stay as safe as possible in the process of doing group.

Before group begins, turn to a piece of paper near the end of your flipchart pad and write down the words below. Make sure there is space on this page, or on subsequent pages, for the group to add to the list:

I feel...

- relieved
- overwhelmed with emotions
- overloaded with information
- understood
- numb
- angry
- like using
- ashamed
- connected
- sad
- worried

Turn to this page at check-out and tell the group that these are some of the typical things women tell us they feel at the end of group. Ask the women if any of the words help them name what they are feeling, and tell them it is also normal in a group like this, for women not to know how they are feeling.

Go around the circle and ask women to share how they are feeling:

- » “How did you find the discussion and exercise this week?”
- » “Does anyone have any questions or challenges about what arose for them out of this discussion?”
- » “What do you need right now?”

The questions provide women the opportunity to share difficulties they may be having as a result of group, and provides facilitators with an opportunity to assess if any of the women are in need of additional support before they leave group. After check-out, turn to the Support Plan (see *Appendix C*) the women will have done during the first session.

## 6. Support Plan

The Support Plan (see *Appendix C*) invites women to think about the ways they can support themselves and care for themselves

while they are doing the hard work of being in group. It also invites women to think about other services or people they may be able to draw on for support during the sixteen weeks.

The last question in the Support Plan invites women to identify one kind and gentle thing they can do for themselves that night or the next day. Women have told us that the 24 hours following group can be difficult, as painful thoughts and memories are brought forward. As facilitators we need to recognize that women’s ability to be kind to themselves may be severely limited by their partner’s oppressive control in their lives. Some women may not be allowed to get coffee with a friend or to take a hot bath. As any form of self-care is extremely difficult for women living with abuse, the things women do for themselves may be very simple—connecting with a friend, watching TV, or going for a walk. One woman shared that she would lock herself in the bathroom and take ten deep breaths, whenever she could.

## 7. Getting Feedback

Do ask women to provide feedback about the group. Ask the women to complete anonymous feedback forms, at the end of the group session midway through the sixteen weeks, and at the end of the final week. The feedback can help give you a sense of how the women are finding group, and if there are any concerns you need to address. (See a sample feedback form in *Appendix D*.)





# 3

## **PART 3—LEARNING MODULES: Core Learning Activities**

# PHASE I

## PHASE I: BUILDING A FOUNDATION FOR UNDERSTANDING WOMEN'S EXPERIENCES OF ABUSE

**Module 1: Creating a Safe Space for Women**

**Module 2: Understanding Men's Use of Abuse in Relationships**

**Module 3: Understanding Women's Experiences of Abuse**

**Module 4: Understanding the Many Forms of Abuse**

**Module 5: Naming the Impacts of Abuse**

# Module 1: Creating a Safe Space For Women

## Preparation for Group:

- Make reminder phone calls
- Review material
- Prepare handouts
  - » *Making Connections* Weekly Agenda (Appendix A)
  - » Confidentiality Agreement (Appendix B)
  - » Making a Support Plan (Appendix C)
  - » *Making Connections* for Women with Experiences of Abuse Workbook
- Prepare snack, tea and coffee
- Prepare Check-out word list
- Set up room
  - » Flip chart
  - » A new pad of flip chart paper
  - » Markers
  - » Name tags
  - » Tissue
  - » Folders to store each woman’s handouts

## Core Learning Activities:

- » Welcome and Introductions
- » Group Overview
- » Harm Reduction, Safety and Support Needs
  1. Confidentiality Agreement
  2. Group Agreement
  3. Making a Support Plan

## Welcome

The first night of group requires special attention and care. It is normal for women to be nervous on the first night of group. We want women to feel welcomed and do not want to overwhelm them further with too much information.

In group we take time to acknowledge women’s courage, and that their fears are normal. We want to share with women that we are aware of the judgment and numerous barriers they may have faced in the past. This can help women feel comfortable sharing their experiences without fear of exclusion or negative reactions to what has happened in their lives.

As facilitators, you play an important role: This is your first opportunity to establish trust, credibility and connection with women in the group. You can share information based on the experiences of other women you have supported, your professional expertise, and what you are learning in this curriculum.

It takes a lot of courage for women to come to a group like this one. Some women may wonder if they belong in the group. Sometimes they feel that the abuse they experienced was not *bad enough* because they are not “battered” or “black and blue,” or that their story is so much worse than anyone else’s. Some women worry they will be told what to do: “You should leave him,” or “You need to stop using.” The compounding effect of mental health issues and/or substance use increases women’s experiences of judgment, stigma and exclusion. Their past negative experiences with service providers and society in general may increase their fear of coming to a group where they will be making themselves vulnerable by sharing their stories and truths.

Generally, women will have already read a number of self-help books and will have had contact with numerous support people; these experiences will range from having been helpful at best, to shaming and judgmental at worst. It is crucial to be conscious of what you say and how you say it, and to be careful not to reinforce any shame or self-blame women may have encountered elsewhere. We let women know we do not give advice and do not have an agenda of what women “should do.” We believe that women are the experts on their own lives, and encourage and support them to make decisions based on their own wisdom.

## Introductions

On the first night of group, we take a bit more time for introductions. Before the first night, think about what you want/ do not want to share; the facilitators introduce themselves first for a few minutes, as a way to “break the ice” and model what is expected. Give women confidence in you, by speaking briefly about how you came to do this work and what your professional experience and training has been. Help women feel connected to you, by saying something about your personal life.

After the facilitators have introduced themselves, participants are invited to do so as well. Anyone can begin. You do not have to go around the circle in order; women can introduce themselves when they feel comfortable. Invite women to take a few minutes to say as much or as little as they like. Women need to know that it is okay to “pass” and that they will not be pressured to speak or share if they do not feel comfortable. Let the group know that if

a woman decides to “pass” you will check with her again, after all of the other participants have introduced themselves, to see if she would like to say something.

After the women’s introductions, facilitators should take the time to recognize that there are differences among the women. Typically, in the beginning women think about these differences a lot: are they the only one wearing a wedding ring; are they the oldest; are they the only one without children; or are they the only Aboriginal woman? Assure each woman it is normal to notice the differences in the beginning, as part of the process of figuring out whether she “belongs” in the group. We know from experience that women with very diverse ages, backgrounds and experiences really value being in group together. As the group progresses, the differences become interesting, not anxiety-provoking; often it becomes clear that the similarities between the women greatly outweigh the differences. If a woman wonders aloud if she “fits” in the group, we can encourage her to come to the first few sessions and then decide for herself. This gives the woman time to get to know some of the other women and to hear for herself the similar threads that run through everyone’s stories.

## Group Overview

In the first group session, be clear about the purpose/goals of the group, group agreements and confidentiality—to contribute to the women’s sense of safety. Women in the group may not currently feel safe or have not felt safe for a long time, and may have spent a great deal of time and energy trying to keep safe both physically and emotionally. Provide each woman with a folder to keep handouts and other documents that they may not feel comfortable or safe taking home with them. You can assure women that you will keep them in a safe place throughout the week and bring them to every session. Also, provide the women with the following logistical information:

- » The group will run for approximately two and a half hours. Provide the start and end time.
- » There will be a break. Women are also welcome to take a break as needed at any point during group.
- » Turn off cell phones, if possible, or set to vibrate during group. If women need to take calls or to text, for any reason, to please step outside the room when doing so.
- » Food and drink will be provided during group. Women are welcome to bring their own food and drink as well.

- » Provide contact information and days/hours of facilitator availability between groups, for extra support.
- » Provide the location of bathrooms, pay phones, office phones (if available), public transportation and/or parking.
- » Ask if anyone has any “trouble” getting to group (childcare, transportation, partner interference, parking).

## Discussion: Harm Reduction, Safety and Support Needs

- » On the first night of group, discuss safety specifically with the women, including confidentiality and how women are feeling being in a group and sharing their personal experiences of violence, mental health and/or substance use. Discuss limits to confidentiality and signing a **Confidentiality Agreement** (*Appendix B*).
- » Have a conversation and create a list of agreements about how the group can work together to ensure that everyone feels heard, supported and safe in the group (See Group Agreements below).
- » Ask the women to complete the *Making a Support Plan* handout (*Appendix C*) which will identify any potential emotional responses that may arise out of the group discussion and group dynamics, and how to create and/or maintain personal safety if a situation arises in which a woman feels unsafe.
- » Providing women with the *Making Connections: A Women’s Guide* that includes information and reflection opportunities on the links between abuse, mental health and/or substance use. Women may take this home to read between groups or they may choose to leave it with the facilitator in their folder.

### 1. Complete the Confidentiality Agreement (*Appendix B*)

As facilitators, commit to keeping anything women say in group confidential and ask all participants to do likewise. We stress that confidentiality is important in all support groups to feel free to share openly, but with our groups there is the extra concern of safety. It might be dangerous for some women if their abuser knew they were part of such a support group.

We also explain the limits of confidentiality. Make it clear that if a woman seems at risk of harming herself or another, or if a woman tells us a child is being abused, we need to act on that information. Letting women know that child abuse must be reported to child

welfare agencies, gives them the choice to only share what they feel comfortable with at any given time. We will talk to the woman before taking any action, to hopefully allow her some sense of control and safety in the reporting process.

Write your names on the form before handing it out to the group, to simplify the process. Review the Confidentiality Agreement with the women, answering any questions or concerns. Collect the Confidentiality Agreements when everyone has had a chance to complete them. If completing this form spurs conversation about Group Agreements, smoothly transition into that discussion.

## 2. Discuss Group Agreements

Group agreements:

- » Help create a safe group environment.
- » Are clear, short, simple and direct.

Talk about how the group will be run, so that everyone feels safe and heard. Make sure you emphasize these are not rules that will get women “into trouble” or get them “kicked out.” Write the core *Making Connections* support group agreements (listed below) on a flip chart, and post them after the discussion. Invite women to share any thoughts or concerns they have about the listed group agreements, or about any additional agreements they would like to add to the list. Remember, women may be very scared to speak because of their experiences with their abusive partner, so not all women will participate. If problems occur, assure the group they will be worked out and no one will be at risk of being excluded.

- » What we share in the group, stays in the group.
- » Group is a safe place for everyone.
- » Regular attendance and participation is ideal but not required.
- » Contact with other group members outside of group is okay.
- » Everyone has a chance to talk.
- » No one is forced to talk. We can “pass” when we want to.
- » We will respect each other.
- » We can express our feelings: crying, laughing, and getting angry are all okay.
- » Group closes to new participants after the first few sessions.
- » Women who are substance using are welcome in group.

- » Women with mental health diagnoses are welcome in the group, regardless of whether they are on medication or not.
- » Verbal or physical abuse towards other group members or facilitators is unacceptable.
- » If a woman is having difficulties attending group, or with group content, she can talk to facilitators to find ways to support her in coming to group.

Have the women add to this list as needed, and get consensus.

## 3. Harm Reduction and Support Needs

In the first group session, inform women about upcoming topics that may be stressful. Encourage individual women to talk to one of the facilitators before the session if it is distressing, and to come up with a managing strategy. A woman may choose not to come to a particular session, if she feels the material may be too much for her. If a woman gets upset and wants to leave during a group meeting without an explanation, that is okay. A facilitator should however follow her out and check in with her. Sometimes a woman just needs a few minutes with the facilitator before wanting to return to group. However, if the woman still wants to leave, ensure she has a plan for her safety and transportation home.

We hope this group will provide a place for women to share ideas, and to talk about their own experiences with other women who understand what they are going through. This is essential for their safety and well being. Many women participating in group will be isolated and without a support network. Give women an opportunity to think about what they can put in place to support them outside of group time. Remind women that support from other women is an important part of this group.

Safety includes women’s emotional safety and physical safety outside of group. It also includes safety related to managing their mental health and/or substance use. Women who are trying to reduce their substance use or abstain from substances may find some discussions difficult and feel like they want to use substances to cope with feelings they are having about the abuse. Let women know they can ask for support from the group, or ask one of the facilitators to spend some time with them outside of group. Provide the name, contact information and availability for the facilitator(s) outside of group hours.

Tell women it is common to feel upset or “raw” after group. Women report that the evening of group, and the next day, can



be particularly difficult. Women can plan to take extra care of themselves for these 24-hours following group with the Support Plan, which helps them think concretely about what they need.

## Complete the Making a Support Plan Handout

On the first night of group, acknowledge that women are the best judge of whether they are able to act on their needs and their desire for change, including their goal to reduce or stop using and whether they stay or leave the abusive partner. Women are the best judges of their safety; they are constantly trying to keep themselves and their children safe. The strategies they employ may not appear to be “safe” to those outside her context, but she is the expert in her experience. We recognize the significant ongoing impact that abusive partners have on women’s safety, health and self-determination. The presence of abusive partners poses an ongoing, serious threat to women trying to make changes in their lives. Abusive partners can continue to control women’s actions and prevent them from making changes. They may not be allowed to call a friend, or to take a hot bath. Women’s ability to be kind to themselves or receive support from others may be severely limited by their partner’s oppressive control in their lives.

As facilitators, gently and respectfully ask women whether what they are doing is having the intended effect, or whether there are alternatives that would meet their safety needs better. The Support Plan invites women to think about the ways they can support themselves and care for themselves while they are doing the hard work of being in group. It also invites women to think about other services or people they may be able to draw on for support during the sixteen weeks of group.

Give women the Making a Support Plan handout (*Appendix C*). Let women know it is a personal, private document they keep for themselves and do not need to hand in, that will:

Help them identify any potential challenging issues that may arise during group.

Help them strategize how to reduce harm and create safety for themselves outside of group.

Give women the opportunity to share their safety strategies with the group. Understanding that women respond differently to experiences of violence, will help the women be supportive and non-judgmental towards each other.

Refer back to the Support Plan during every check-out time over the next 16 weeks. As women experience support and acceptance, they will feel safer talking about their challenges. Some women may want to talk about their Support Plan in private with a facilitator after each group, or in the coming weeks. Have extra copies of the Support Plan on hand for check-out time, in case a woman has forgotten to bring her copy from home. Let women know they can also keep their copy of the Support Plan in their folders, if it is not safe for them to take the document home.

## Closing and Check-Out

Each week facilitators close group by doing check-out, typically 15–30 minutes. Check-out and closing usually involves looking at the Support Plan again, but as this is the first group and you will have just completed this, move on to discuss “going home.” Take a few minutes to talk about what women are going to say/not say to their partners about group, if they are living with an abusive partner. We suggest women not tell the truth about going to group, and find an excuse to tell their abusive partners. Women’s experience tells us that abusive partners usually try to sabotage women’s efforts to get support for themselves, and interrogate their partners about what they have said in group. Women should be encouraged to think about their own situation and decide what is best for them so they can get the support they need and deserve. Some women say they are taking a parenting course or are part of a book study. We have also had a woman show up with a yoga mat, having told her partner she was taking a Pilates class.

Remind women which facilitator is available during the week for support, and provide contact information and hours of availability. Let women know you are available after the group to discuss any concerns or questions. Ask them to call if they are unable to make group, at any time. In our experience, if a woman does not show up and does not call to send her regrets, the other women in the group will be concerned about her safety.

Thank women for coming and participating in group and let them know you look forward to seeing them the following week. Allow yourself some extra time after group this week, as women may not yet feel comfortable sharing in the group but may have questions they would like to ask you privately.

## Note: Procedure At Every Check-Out

*Making Connections* support groups give women the opportunity to process emotions that being in group brings to the surface, along with other strong positive thoughts and feelings. Turn to the flipchart pad with the prepared list of words:

I feel...

- relieved
- overwhelmed with emotions
- overloaded with information
- understood
- numb
- angry
- like using
- ashamed
- connected
- sad
- worried
- hopeful

Make sure there is space on this page, or subsequent pages, for the group to add to this list. At check-out, turn to this page and tell the women that these are some of the typical things women tell us they feel at the end of group. Ask them if any of these words help them to name what they are feeling. Some women may feel happy or excited to finally feel connected. Other women may feel overwhelmed with the feelings that have come up for them. Tell the women it is normal, with a group like this, for them not to know how they are feeling.

Go around the circle and ask the women to share how they are feeling at the end of group. Ask a couple of questions about the group session:

- » “How did you find the discussion and exercise this week?”
- » “Does anyone have any questions or challenges about what arose for them out of this discussion?”
- » “What do you need right now?”

Check-out creates a space for women to share how they are feeling and any difficulties they may be having. It enables facilitators to get a sense of whether any women have been negatively affected by the group discussion and exercises that week, or if they need additional support before leaving group that evening. If a woman seems particularly distressed, ask her what she needs and see if those needs can be met.



## Module 2: Understanding Men's Use of Abuse in Relationships

### Core Learning Activity: Cycle of Abuse—Abusive Partners' Behaviour

#### Preparation for Group:

- Make reminder phone calls
- Review material
- Prepare handouts
  - » *Making Connections* Weekly Agenda, Confidentiality Agreement and *Making Connections* for Women with Experiences of Abuse Workbook (for new women)
  - » Making a Support Plan (extra copies)
- Prepare snack
- Set up room
  - » Flip chart
  - » Flip chart paper
  - » Markers
  - » Name tags
  - » Tissue
  - » Women's folders

#### 1. Check-In

One facilitator leads the group through check-in, when the group has gathered. Use one check-in phrase each week to encourage women to share how they are feeling with the group. Women quickly get the feel for this. Use a different phrase each week or similar phrases that you are comfortable with:

- » “How are you doing? So often, we just say ‘fine’ when someone asks us how we are. But we really want to know how you are. How are you?”
- » “What is the biggest challenge for you right now? What is keeping you awake at night?”
- » “Tell us a bit about how your week has been, particularly through the lens of what we have been talking about in group.”
- » “How do you feel today? Are you feeling peaceful? Overwhelmed? Confused? Exhausted? What is a good word to describe how you feel today?”
- » “What is the ‘front page news’ this week? Whether the news is good or bad, we would like to hear it.”

### 2. Core Learning Activity: Cycle of Abuse—Abusive Partners' Behaviour

Lead the group through the stages of the Cycle of Abuse<sup>ix</sup>, looking at it from the perspective of their abusive partners' behaviour. To begin, one facilitator draws the following on the flipchart:



This cycle is described as a pattern for an abuser's behaviour—many women have described this cycle, but there are also many individual experiences within this pattern. These phases are not always “neat,” especially if women have been in the relationship for a long time. The *tension* phase may last longer than at the beginning of the relationship, and sometimes they may move back and forth between *tension* and *explosion*, skipping the *manipulative kindness/honeymoon* phase completely.

The Cycle begins with the *manipulative kindness/honeymoon*. Traditionally, this phase has been called the “honeymoon phase,” but throughout this curriculum we will refer to this phase as *manipulative kindness* as it more accurately reflects women's experiences. Some women may have seen the cycle of abuse before, so it is fine to have both terms up on the flip chart and let women decide which term they want to use.

*Manipulative kindness* is the behaviour that attracts women and draws them into the relationship. This behaviour seems positive at first. The man may appear attentive and considerate. He may give the woman gifts or make promises or he may simply behave

xi. Adapted from Walker, Lenore E. (1979) *The Battered Woman*. New York: Harper and Row.; and *When Love Hurts: A Woman's Guide to Understanding Abuse in Relationships*. <http://whenlovehurts.ca/>

in a way that seems acceptable or “normal.” This behaviour makes the woman interested in the man and invested in the relationship. This stage often creates the illusion of intense attraction, but the *manipulative kindness/honeymoon* phase does not last; the behaviour escalates into *tension-building*.

The *tension-building phase* of the cycle varies in length. Some abusive men may be sullen, silent, unpredictable or moody for a period of minutes, hours, weeks or months, creating unbearable tension in the relationship. Or the man’s behaviour during this time may be angry or hostile. Women often describe their partners as being very critical of them. Some men withdraw from the relationship and appear disinterested and distant. They may explain their behaviour by blaming their partner or children for creating the problems. This phase is characterized by a lot of fear, as women worry about what will come next. Sometimes women feel that they are walking on eggshells or stepping through a land mine and trying to avoid the next explosion.

The final phase of the cycle is the *explosion*. The first few experiences of *explosion* may not seem that significant, but they are still distressing. Examples of explosive behaviour are yelling, swearing, slamming doors, banging pots, throwing things. Some men also employ the “silent treatment” during *explosion*. Typically this part of the cycle becomes more dangerous and frequent over time.

After the *explosion*, the abusive man usually returns to the *manipulative kindness* phase. He stops the more negative and dangerous-looking behaviour he used during the *tension-building* and *explosion* phases and behaves in a seemingly positive or neutral way again. The abusive partner may offer apologies and promise to not act that way again, or he may simply resume behaving in a way that is more acceptable.

It is important to note at some point in the discussion that not all women see grand acts in the *manipulative kindness/honeymoon* phase. Sometimes people think of this phase in terms of big gestures like holidays, dinners, flowers, tearful apologies or big promises to change, but some women never get gifts or apologies or promises. It is important to name any behaviour that seems acceptable or positive, as *manipulative kindness*.

Now, walk the women through the Cycle of Abuse Exercise. Starting with *manipulative kindness*, women are invited to offer examples of what they have seen in a current or previous partner or other perpetrator. Record all examples on the flip chart. Recognize that women may have had more than one abusive partner, and

that some women in the group may have experienced abuse from someone other than a partner, such as a family member, employer, drug dealer or pimp. Women should feel free to share experiences from any relationship, but remind them that they may find it helpful to think about one experience at a time. When you have recorded several examples of *manipulative kindness*, move on to *tension building*, then to *explosion* behaviour. Go through the same process for each stage of the cycle.

Throughout session, keep in mind the central themes we examine:

Myth		Reality
Each partner is equally responsible for the problem	➤	Abusers are 100% responsible for the abuse
Abusive incidents are random and isolated events	➤	The abuse is patterned and intentional
The abuser can’t control the abuse	➤	Abusers are in control and make choices
Women are attracted to abusers	➤	Abusers initially conceal their abusiveness

Being “100% responsible” means that the abuser drives the cycle of abuse. He decides which phase he and his partner are at in the cycle, and for how long. Women are often told by their partners (and possibly friends, family or service providers) that they need to “try harder,” “change behaviour,” “stop doing” or “start doing” something to avoid or stop the abuse. Ask women if they have tried different things to avoid the *explosion* behavior. This highlights to women that in an abusive relationship, no matter what they do or how hard they try, they cannot improve the situation. Only the abuser can stop the abuse.

Furthermore, the cycle often continues once the relationship has ended. It is important for women to see that even when they are not there, the abusive partner continues to engage in the same behaviours and patterns. It is often helpful for women to hear this perspective and see that they are not responsible for “making” their partners abusive.

### Notes on Manipulative Kindness/Honeymoon

The *manipulative kindness* phase of the cycle is often the most confusing for women and may need extra attention as you discuss it with the group. *Manipulative kindness/honeymoon* behavior looks positive on the surface. It is the behaviour an abusive man

first shows to the woman. He appears interested in her, warm, and kind. He hides other aspects of himself during the initial courting of the woman. Because of this, women tend to think that this phase of the cycle is “the real man.” The abuser dismisses his negative-looking behavior, possibly blaming her or the children, his work, money, her mental health concerns, and/or his drinking. It is hard for women to realize that the man is not just who he first presented himself to be (during the *manipulative kindness* phase), but is the whole package: *manipulative kindness, tension building, and explosion*.

It is also difficult for women to realize that the *manipulative kindness/honeymoon* phase is controlling and abusive. This becomes clearer when you ask the women if they can say “no” to this behaviour: If their partner offers them a gift or an apology during the *manipulative kindness* phase, could the woman say “no” to it? If their partner wants to have sex during the *manipulative kindness* phase, could the woman say “no?” Be clear you are not suggesting women say “no” to their partners, as this might be very dangerous. You are simply inviting the women to think about whether they could say “no” safely. At this point in the exercise, it becomes quite clear that the *manipulative kindness* phase only seems positive because the woman goes along with it. If she says “no,” the partner’s behaviour very likely moves back to the *explosion* phase.

Show the women that respectful people do kind acts because they genuinely care about the other person. They do not do them to try to control or manipulate the other person. Abusive people do seemingly kind acts to control the other person. Compare *manipulative kindness* to how respectful, non-abusive people offer gestures of kindness, by drawing out a scenario between the two facilitators:

*So Jane, my co-facilitator and I, are friends. I care about her well-being. If I knew that Jane was going through a hard time, I might call her up and say, “Hey Jane, I’m concerned about you. Could I take you out for coffee? I would really like to hear how you are doing and maybe there is something I could do to help.” Now, if Jane said back to me, “Thanks Sally, but I feel so overwhelmed right now I am just really not up to going out for coffee. Maybe some other time.” How would I, a respectful person, react? Would I say, “Well screw you!*

*Here I am trying to do something nice for you and you can’t even meet me half way?” Of course not! But isn’t this the way your partner would respond if you turned down his manipulative kindness?*

Over time most women grow increasingly uncomfortable with the *manipulative kindness* phase. Women grow skeptical of the man’s apologies and promises to change. It is unpleasant to be skeptical about a partner and often women feel it is wrong to feel that way. Encourage the women to be skeptical, framing it as being wise and listening to their inner voice. Women are learning from their experiences not to trust the *manipulative kindness* and are smart to pay attention to those experiences and that wisdom.

The *manipulative kindness* phase of the cycle gives women (false) hope, and is one of the reasons women stay in the relationship. To make this point, put your hand over the behaviours that have been listed for this phase to hide them from view, and ask the women if it would be easier to make a decision to leave if she only experienced the *tension-building* and *explosion* phases. Abusive men use powerful hooks to draw the woman back in. It is often when a woman feels ready to “give up on the relationship,” possibly even making plans to move out, that her partner changes his behaviour or at least promises to do so. Perhaps she has been asking for years to go to marriage counseling together and he finally agrees or he starts to spend time with the kids. These are compelling actions. Some women find it helpful to describe this phase of the cycle as *entrapment*. Offer this word as a possible alternative to *manipulative kindness* or *honeymoon* for women who might connect better with this word. Challenge the idea that a woman is foolish or weak in any way for accepting abusive men’s *manipulative kindness* at face value. It is very powerful. Point out that even many support providers accept men’s *manipulative kindness* at face value. Women will relate to this as they recount stories of counsellors, psychologists, lawyers, judges, police, even family who have chosen to see men’s *manipulative kindness* as real kindness.

Early on in the group, women will start asking questions about “how they got themselves into this situation” “why have they put up with it” or “how they allowed this to happen”. These questions often come from comments that other people have said to them which they have internalized over time. Society gives women many unhelpful ways of answering these questions, such as “you have poor boundaries” or “you think abuse is normal because of abuse in childhood.” The cycle we present helps a woman begin to understand the real reasons for her entering into the relationship



and staying as long as she does. The *manipulative kindness* draws the woman in and keeps her invested in the relationship. The *tension-building* and *explosion* create fear, confusion and uncertainty that make any move to step away from the relationship dangerous and costly. The overall effect of living with the cycle of abuse is that it is exhausting and overwhelming. Most women living in the cycle are just trying to survive day-to-day; thinking about leaving seems impossible.

Invite the women to keep the cycle of abuse in mind as they move through their week. Whether a woman lives with her partner or not, if she interacts with him in any way she will likely continue to experience him in various stages of the cycle. Many women have reported that trying to simply observe their partner in the cycle instead of feeling so devastated by his constantly changing behaviour has been a good first step to feeling less overwhelmed. For example, if a woman receives an explosive email from her ex-partner telling her that she is an awful mom, it can be helpful to see the email as part of the cycle of his abuse and not any reflection on her or her mothering skills. Of course, safety is always the primary concern; to stay safe a woman may have to fully engage in the cycle but there are usually moments when she can step back, reflect on his behaviour and begin to see it as part of a pattern intended to control her.

## Making the Links

### Men and Mental Health

Sometimes women will say they believe their partner behaves the way he does because he has mental health concerns. Men who are abusive are sometimes diagnosed as having a personality disorder or of being bipolar. Men who are abusive may blame their hurtful behaviour on being depressed. This is very confusing for women; if their partner is behaving this way because he is ill, then perhaps he cannot help it. Women want to be able to support their partners through an “illness” and may take their vows to be faithful “in sickness and in health” very seriously.

For women who have come to think of their partner’s abuse as a result of a mental health concerns, it is a big shift to come to believe that he is 100% responsible for the abuse. We do not want to force or push this new way of looking at a woman’s experience but we can begin to open up this possibility, knowing that we will continue to come back to this idea many times over the coming weeks.

There are two questions we can ask: **Does the partner behave like he is mentally ill with everyone, or just with the woman and the**

**children?** If the partner does not consistently display “abnormal” behaviour, he may not in fact be mentally ill. **Does having mental health concerns give someone permission to behave abusively?**

There are probably women in the group who have gone through periods of depression, or who have a mental health diagnosis, but have not been abusive.

Abuse and mental illness are two separate issues. The partner may, in fact, have mental health concerns that are widely witnessed in the community, but he is also choosing to behave abusively. He has two issues he needs to work on: his mental health, and his abusiveness. If he also uses substances, this is a third issue that he needs to work on. None of these can be used as an excuse to abuse.

### Men’s Substance Use

Sometimes women believe their partners’ use of substances makes him abusive. We look at this belief more critically in *Module Four*, but for now, ask women about how their partners’ substance use fits into his cycle of abuse. Women may notice that their partners drink less during the *manipulative kindness* phase and increase their drinking during *tension-building*. This may be one of the indicators to women that they are moving on to *tension-building* and ultimately *explosion*.

This question also helps women see that their partners’ abuse is not only confined to when they are using. The most dangerous and frightening forms of abuse may happen when their partners are heavily intoxicated or under the influence, but women may be able to name times when their partners have been controlling or hurtful when sober.

Women report that even when an abusive man stops using substances, he will continue with this pattern of *manipulative kindness*, *tension-building* and *explosion*. There may be women in the group who have experienced this. Their partners may have gone to treatment or tried to stay sober, but continued to be controlling and hurtful. The type of abuse may be different depending on whether abusive men are using/not using, but the different phases of abuse—*manipulative kindness*, *tension-building* and *explosion*—are still present. To create this awareness, ask the woman if they feel free to do whatever they want when their partner is sober—can they say “no” to the partners’ acts of manipulative kindness?

We want to challenge the societal perception that it is understandable for a man who is using substances to be violent. Substance use is never an excuse for violence. It is never okay to be

abusive. All of us are responsible for our actions, and all of us can choose to behave/not behave in certain ways.

There is some evidence that substance use has been found to increase the frequency of assaults and the severity of women's injuries.<sup>42,43,44,45,46,47</sup> Sharing this information can help a woman understand that the use of alcohol and drugs by men who are abusive may make the situation worse, but that they most likely will exert power and control even when sober.

## Women's Mental Health

Continued exposure to controlling behaviour and living in a state of anxiety and fear significantly impacts women's mental health. When we look at the cycle of abuse in its entirety, it is clear how "crazy making" the cycle is. To live with a person whose behaviour is so unpredictable, bizarre and painful takes an enormous toll. That this destructive person is the person who is supposed to love her and want what is best for her is incomprehensible. A woman living with an abusive man is not "crazy" but she may "feel like she is going crazy." We introduce the idea that feeling like you are going crazy is normal, given the situation. We will explore this more in coming weeks.

## Women's Substance Use

Men who are abusive may blame a woman's substance use for his abuse, or control the woman's substance use as a way to maintain power and control over her. They may also blame women if they try to stop using, accusing them of being "hard to live with" or "boring" when they are sober. These common tactics abusers use make the woman feel responsible for the abuse. Some women report that the abuse escalates if they try to stop using. Women who use substances may blame themselves for their experiences of violence, but there is little evidence that women's substance use contributes to their physical victimization.<sup>48</sup> Women should know that abusers are always 100% responsible for the abuse.

## 3. Check-Out and Closing

Turn to the page in your flipchart pad that has the list of check-out words. Ask the women if any of the words on the list help to describe how they are feeling, or if there is another word that better describes how they are feeling. Remember, it is not unusual for some women to be unable to name how they are feeling, especially in the early sessions of group.

Go around the circle and ask the women to share how they are feeling at the end of group. Ask a couple of questions about the group session:

- » "How did you find the discussion and exercise this week?"
- » "Does anyone have any questions or challenges about what arose for them out of this discussion?"
- » "What do you need right now?"

Check-out creates a space for women to share how they are feeling and any difficulties they may be having. It enables facilitators to get a sense if any women have been negatively affected by the group discussion and exercises that week, or if they need additional support before leaving group that evening. If a woman seems particularly distressed, ask her what she needs and see if those needs can be met.

Invite the women to look back at their Support Plan. Have extra blank copies available for women who may have forgotten to bring theirs back. Does each woman's Support Plan have ideas about self-care and/or support that will work for her? What one kind and gentle thing can each woman do for herself in the 24 hours following group?

Remind women of which facilitator is available during the week for support and provide them with contact information and hours of availability. Let women know you are available after the group to discuss any concerns or questions. Ask them to call you if they are unable to make the next session.

Thank women for coming and participating in group and let them know you look forward to seeing them the following week. Allow yourself some extra time this week as women may not yet feel comfortable sharing in the group, but may have questions they would like to ask you privately after the group.



## Module 3: Understanding Women’s Experiences of Abuse

### Core Learning Activity: Cycle of Abuse—Women’s Experience

#### Preparation for Group:

- Make reminder phone calls
- Review material
- Prepare handouts
  - » Confidentiality Agreement and *Making Connections* for Women with Experiences of Abuse Workbook (for new women)
  - » Making a Support Plan (extra copies)
- Prepare snack
- Set up room
  - » Flip chart
  - » Flip chart paper
  - » Markers
  - » Name tags
  - » Tissue
  - » Women’s folders

#### 1. Check-In

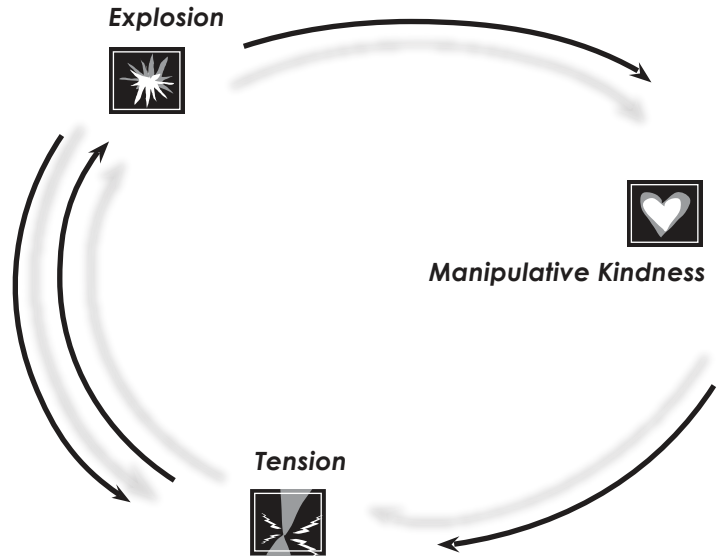
One facilitator leads the group through check-in, when the group has gathered. If needed, refer to page 40 in *Module Two* for examples of check-in phrases you may wish to use.

#### 2. Core Learning Activity: Cycle of Abuse—Women’s Experience

When check-in is complete, we lead the group through the second exercise, which involves looking at the Cycle of Abuse from the perspective of women’s experience. One facilitator draws the Cycle of Abuse diagram on the flipchart.

##### Women’s Experience of the Cycle of Abuse

Lead the group through the stages of the Cycle of Abuse, this time from the perspective of what happens to women in each stage. One of the effects of living with someone who is abusive is that a woman is forced to pay more attention to what he is doing, than to her own safety and well-being. Her responses are most often a response to the abuser and his behaviour—they are not



based on her needs. By closely watching the abuser, she tries to anticipate his actions so she can protect herself and her children. A woman does this to try to stay emotionally and physically safe. In addition, the message she may receive from service providers, family and friends is that she needs to change, or that she is the one with a problem that needs to be fixed.

We encourage women, in the safety of the group, to shift their focus from their partners’ behaviour to their own experience—what happens to her, as the abuser moves through the cycle? Emphasize that the partner is in control of the cycle and the abuse. The abuser decides what tactics of control to use, and what stage of the cycle they will be in. Encourage women to shift their perspective from “What is wrong with me?” to “What has happened to me?” Women find this exercise difficult because they have had to be so attentive to their partners’ behaviour. Gently remind women to stay focused on their experiences.

Ask the women to think back to the early days of their relationship. What did they feel during the *manipulative kindness/honeymoon* phase? Write down what they say. Often women report feeling hopeful, loved, excited, optimistic, or looking forward to the evolution of the relationship. Then ask the women to describe how they feel now during the *manipulative kindness* phase. Women usually express a growing sense of skepticism, fear, confusion, dread, hopelessness, despair. Ask the women what they are doing during the *manipulative kindness* phase and what is going on in their bodies. Some women find this phase a time when they can relax a bit and recover from the *explosion*. For many women it is a time of feeling some hope when they re-invest in the relationship in various ways. Some women “use” the *manipulative kindness phase* as a time to get something done, like buying shoes for her children. Other women find the *manipulative kindness* phase

the most anxiety-provoking part of the cycle as they wait for the “other shoe to drop.”

Some women begin to question the sincerity of the *manipulative kindness/honeymoon* phase, after experiencing the cycle perhaps hundreds of times. They see that their partners’ apologies have not led to lasting change and that they have not acted on their promises. Introduce the idea of evidence gathering, an important concept we will keep coming back to. The idea is that the partners’ *behaviour* is the clearest sign of their intentions, and that men’s *actions* have more weight than their *words*. One woman described it as “putting the mute button on.”—she stopped giving attention to her partner’s words, but watched his actions carefully. It is natural and healthy to be skeptical if someone keeps promising to change but never does. It is also heartbreaking to no longer think the best of the person you love, or loved. Women’s skepticism reflects their wisdom. While women still might be hopeful during the *manipulative kindness* phase, they can allow themselves to pay attention to the other types of evidence being presented. They can also check in with themselves to see if the honeymoon behaviour makes them feel safe, or not.

Women often feel trapped during the *manipulative kindness* phase and know they need to go along with it to be safe. Abusive men commonly want to have sex during this phase and the woman may have no choice but to give in. Feeling forced to go along with this manipulative kindness takes an enormous mental and emotional toll. Many women express fear and anxiety of doing or saying anything that will “set their partners off” and ruin the relative peace of the *manipulative kindness* phase. Some other women never experience this respite.

Next, ask the women what happens to them during the *tension-building* phase and write down their answers. Many women feel they like they are “walking on eggshells.” As their partners behave in angry, hostile and tense ways, women tend to do whatever they can to keep things from getting worse. Some women are very accommodating, trying to please and appease their partner; they are hyper-alert to what their partner is doing. Women sometimes feel angry and frustrated as they are judged and criticized for every action. The crazy-making part of the *tension-building* phase is that their partners keep changing the rules—one day only brown bread, the next day, only white bread is acceptable. There is no way to anticipate their partners’ response. Women feel they can’t do anything right, and live in a constant state of fear of the next *explosion* phase.

Ask the women what physical, emotional or mental impacts they notice from living with the *tension-building* phase. The extreme

stress of this phase can lead to health concerns such as headaches, heart palpitations, dizziness, anxiety, stress or insomnia.

Now ask the women what happens to them during the *explosion* phase and write down their answers. For many women, this phase is the most frightening and stressful. Although the men are not out of control, they may appear to be out of control. The *explosion* phase is a serious threat to women’s physical, mental and emotional well-being.

Women also find the *explosion* phase affects their self-identity, self-esteem or self-image, humiliating and degrading them. Men usually blame women for what happens in the *explosion* phase, which focuses the problem on them rather than on their partners, and undermines the women’s sense of self and the reality of the situation. Women often try to stop the abuse by changing themselves. After the *explosion* phase the abusive partner moves back to the *manipulative kindness* phase. Sometimes after an explosion a woman begins to think about leaving the relationship, but the *manipulative kindness* phase serves to entrap her with promises of change. So the cycle continues.

Throughout session, keep in mind the central themes we examine:

Myth	Reality
Women can be as abusive as their partners	➤ Distinguish between motives: self-protection vs. dominance
Women can provoke abuse, or can control abusive incidents	➤ Women are not responsible for the abuse
Some women are attracted to abusive men	➤ Women are attracted to positive behaviour, not abuse

### A Question of Motives

Questions about motive often arise as the group works through the Cycle of Abuse. If it does not arise naturally from the women’s comments, bring the conversation around to it during this session.

Women may wonder if they are as abusive as their partners—they have perhaps yelled, thrown things, pushed their partner or used language that is not acceptable to them—things that may look abusive on the surface. When women ask this question, we ask them what the motives behind their actions are. Typically, women say they acted to protect themselves, or to be heard.

Woman sometimes behave aggressively to protect themselves either physically or emotionally. In an attempt to get away from a

partner who is yelling and blocking the exit from a room, a woman may push her partner out of the way. The woman is simply trying to remove herself from a situation that is not safe, either physically or emotionally. The motive is self-protection, not to gain power and control over her partner.

Women also sometimes do yell or swear at or even hit their partners because they are trying to be heard and respected in the relationship. Women want and deserve to be treated as equals by their partners. When women explore their motives, they discover that their ideas, opinions or feelings have not been acknowledged. Their actions are a response to being repeatedly silenced, a form of abuse that has a significant impact for women.

Women might decide, consciously or unconsciously, to do something to break the *tension-building* phase and move on to the inevitable explosion (i.e. start an argument with their partner while the children are at school). Sometimes abusers will carry on *tension-building* behaviour for a long time. This can get to an intolerable level for some women, who may do something to “trigger” the *explosion* phase. This may make women think they are somehow “driving” the cycle themselves. Ask them to describe a particular situation when they feel they caused the *explosion*. Going over the incident should make it clear that they may have done something to “trigger” the *explosion* phase in the hopes of getting it over with, but that they are not actually causing the explosion—they are just trying to survive it as best they know how. The women discover that the *explosion* is always inevitable, because their partner is driving the cycle—which is always moving back towards *explosion*. When women look at their actions in the context of the abuse, they can usually see how the behaviours they find troubling in themselves, are actually reactions to the abuse.

## Making the Links

### Women’s Substance Use

Talk about how women use substances, including prescription medications, as a way of coping in an abusive relationship. Women may:

- » Use with their partners to appease them.
- » Sell drugs for their partners.
- » Take medications because their abusers tell them she “needs” to.
- » Take medications to “fix” themselves and therefore the relationship.

- » Use substances to numb physical or emotional pain caused by the abuse.
- » Use substances to manage anxiety brought on by the constant threat of abuse.

Ask women, “At what phase of his cycle are you more likely to use substances and how does it help you cope?” Women will likely answer this question differently. Each woman finds different ways to manage the best she can.

### Women’s Mental Health

Make the link between the abusive partner’s behaviour, and the woman’s mental health. As women describe what is happening to them in each phase of their partner’s cycle, it becomes clearer that what has perhaps been described as mental illness, such as a panic attack, is just a natural reaction to abuse. Invite the women to specifically try to identify when their mental health “symptoms” show up in their partner’s cycle. When are they most depressed? When have they been described as “manic”? It is not always possible to make a strong connection to a particular part of the cycle. Women may say they are always anxious or always depressed, which is also understandable. It is incredibly reassuring for a woman to hear that she is not crazy, just living with a lot of crazy-making behaviour.

## 3. Check-Out and Closing

Go around the circle and ask each woman what it was like to go over the cycle. Most women have a mixture of emotions. They may feel sad, angry or frightened to realize there is a pattern and intention to their partner’s abuse. They may feel liberated to see they are not crazy and not responsible for the abuse.

Encourage women to continue to pay attention to what is happening to them as their partners drive the cycle. Encourage them to keep their safety and well-being as their primary concern, while finding moments to check-in with themselves and ask, “What is happening to me?”

End this week’s group with check-out and closing. If needed, refer to page 44 in *Module Two* for a reminder of what this should look like.





# Module 4: Understanding the Many Forms of Abuse

## Core Learning Activity: Power and Control Wheel

\*\*\*Plan to take two weeks to cover this module\*\*\*

- Make reminder phone calls
- Review material
- Prepare hand-outs
  - » Making a Support Plan (extra copies)
- Prepare snack
- Set up room
  - » Flip chart
  - » Flip chart paper
  - » Markers
  - » Name tags
  - » Tissue
  - » Women's folders

### 1. Check-In

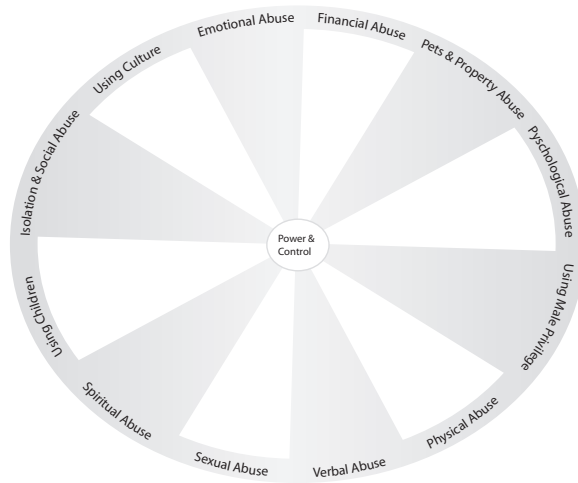
One facilitator leads the group through check-in, when the group has gathered. If needed, refer to page 40 in *Module Two* for examples of check-in phrases you may wish to use.

### 2. Core Learning Activity: Power and Control Wheel<sup>xii</sup>

Lead the group through the Power and Control Wheel. It visually shows women that there are many forms of abuse, and provides women with an opportunity to talk about the many tactics that men use to maintain power and control.

Draw out the Power and Control Wheel by putting two flipcharts side by side and drawing one big circle. Divide the circle into 12 equal sections, with the following titles around the outside: *Physical Abuse, Verbal Abuse, Sexual Abuse, Spiritual Abuse, Using Children, Isolation & Social Abuse, Using Culture, Emotional Abuse, Using Male Privilege, Financial Abuse, Pets & Property Abuse, and*

*Psychological Abuse.* Write the words “Power” and “Control” in the centre of the circle. The finished Wheel should look something like this:



Ask the women about the different types of abuse they have experienced. Begin in whatever category makes sense for your group. Perhaps you have already heard several stories of financial abuse, which you can write down in point form in the appropriate slot. When you seem to have exhausted a category, move on to a different one. If a woman identifies a different type of abuse, go with it. You can move around the wheel and come back to any category at any time.

A woman might say she has something to share, but does not know what type of abuse it is. Encourage her to tell her story and then ask her what type of abuse it seems like to her—offering her a suggestion if she is stuck. Assure women there is no right or wrong way to do the Power and Control Wheel. What might seem like sexual abuse for one woman, might feel like psychological abuse to another. Each woman's own perspective and experience is what matters.

Ensure there are opportunities to discuss how substances might have been used to control women. In many cases women's initial or escalated use of substances is coerced or manipulated by their partners. Evidence shows that women's abusive partners may introduce them to alcohol or drug use to increase their dependence and to control their behaviour. Experiences may range from the pressure abusers place on women to use certain drugs, to the experience of being tied down and forcibly injected with drugs. Abusive partners may sabotage women's attempts to stop using substances, or may threaten to withhold drugs if they do not do

xii. Adapted from the Domestic Violence Intervention Program, Duluth Power and Control Wheel: <http://www.theduluthmodel.org/training/wheels.html>; and When Love Hurts: A Women's Guide to Understanding Abuse in Relationships: <http://whenlovehurts.ca/>

what their partners demand. Abusive partners may also interfere with or control women's use of prescription medications.

Power and Control occurs in every phase of the cycle of abuse. This results in women living in a state of chronic fear. It is no surprise then that women in abusive relationships so often have mental health symptoms and/or use substances. Women often have no control, but are told by their abusers and by others around her (family, friends, service providers) that they do have control, and that if they change their behaviour and responses, their situation will improve. Women will say they have tried everything possible to improve the relationship and their safety, with no success—as discussed earlier, they have no control over what their abusive partners do. Women cannot fix the situation. As much as this is validating for women to hear, it may also affirm women's fears about their relationships and their powerlessness to improve it, which can be devastating.

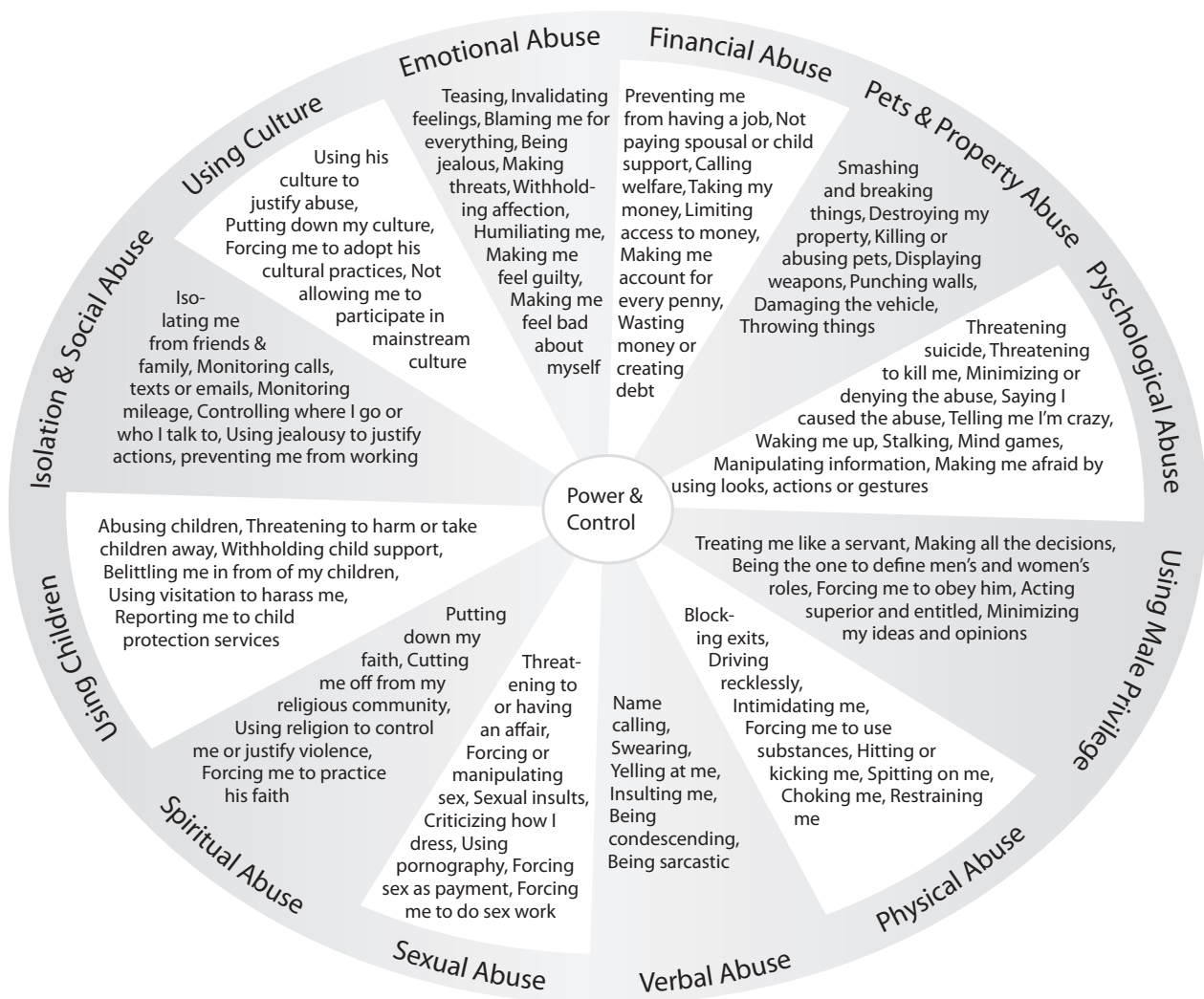
Below is a completed Power and Control Wheel to help guide you as you work through identifying the different types of abuse with the group.

Some types of abuse are easier to talk about than others—once women understand what is meant by financial abuse, they usually share many experiences in the group about this type of abuse.

Sexual abuse is often more difficult to talk about. Facilitators may have to start the discussion about sexual abuse. It is sometimes a new idea for women that what is happening to them sexually, is abusive. Abusive men tell their partners that their demands and expectations are “normal.” Women do not usually have anyone they feel safe enough to talk to about what is happening in their relationship, so they have no one to check this out with. Much of what is happening to them sexually may also feel embarrassing to share.

Share with women that sexual abuse in abusive relationships is common, such as threatening to have an affair, sexual putdowns, or using pornography. These examples often stimulate other women to share their experiences.

State that rape does happen in committed relationships. Tell the group that abusive men commonly manipulate or coerce sexual



acts from their partner. Some women find it helpful to think of this as a form of rape, since the woman cannot really say “no” without risking more abuse.

Note that often, the truly horrific stories of abuse are not shared at this point in group but may come up later or in individual conversations. Do not encourage women to “over-disclose” before they feel safe in the group. If women seem hesitant, mention some common examples of physical abuse: choking, kicking, punching, restraining. State that threats to a woman’s physical well-being, like driving recklessly, has a truly negative impact on women even if they are never actually physically injured.

In this session, bear in mind the central themes we examine:

Myth	Reality
Abusers are out of control and don’t know what they are doing	➤ Tactics are used intentionally to maintain power
Abuse is limited to physical abuse	➤ Abuse is complex and multidimensional
Women and abusive men are interested in relationships in similar ways	➤ Abusive men view relationships from a framework of power and control

Women often find that the Power and Control Wheel helps clarify why they were uncomfortable with some of their partner’s seemingly acceptable behaviours. Women may not have realized how extensive and pervasive their abuse has been. Women begin to see how all their many “conflicts”—combined with their partner’s motive for power and control—are not just regular relationship disputes as they have been led to believe, but is a complex pattern of power and control that has impacted many aspects of their lives. Women may have been aware of the more overt verbal and physical abuse but may not have realized the more subtle, but equally controlling, financial and sexual abuse. Women often realize that things are worse than they thought. While this can feel overwhelming, it can also be validating. For most women, doing this exercise is a powerful experience.

We devote two weeks to this module because this exercise is a good opportunity for women to tell their stories. It is important the women do not feel rushed. Give the group the time to hear the stories of abuse—some of them may have happened a long time ago. The group may be the first time a woman has told anyone her stories.

Some participants may feel overwhelmed and burdened by other women’s stories. As women, we are so used to trying to help other people. We can encourage women to just listen to each others’ stories. Tell the women they do not need to feel responsible for carrying other women’s stories, and can “leave them” at group. They also do not need to try to “fix” other women’s problems. Listening to each other’s stories is a powerful gift. It is all that is being asked.

As you come to the end of this exercise, draw attention to the fact that *power and control* is at the centre of the Wheel. Whatever the behaviour or tactic of the abuser, the goal is to have *power and control* over the woman. Point out that if one tactic is no longer working, the abuser will move on to another tactic. If he has been arrested for hitting her, he may stop hitting her but will become more abusive in other ways. Women are at greatest risk when there is a disruption or challenge to his power and control, such as when women leave. Women know, consciously or not, that there is a high risk in leaving.

Keeping this exercise in mind, women can put less energy into trying to “figure out” their partner and know that, whatever his behaviour, his motive is power and control.

## Making the Links

### Power and Control—Women’s Mental Health

Invite women to consider the power and control tactics their partners may use that involve women’s mental health. Have a piece of flip chart paper dedicated to highlighting these tactics. Abusive men may:

- » Keep medications from women; give women too much medication; demand the women take medication.
- » Take advantage of changes in women’s symptoms and moods (e.g. encourage suicidal feelings).
- » Claim women are unfit mothers because of their mental health diagnosis.
- » Threaten to take women’s children away and tell child protection authorities or the court of their mental health diagnosis.
- » Minimize women’s credibility with providers.
- » Dominate or control women’s encounters with service providers.
- » Interfere with women’s treatment regimens.

- » Describe women as mentally ill and a danger, as a strategy to discredit them.
- » Convince service providers they are “nice guys,” and “great dads,” or that the women are “lucky to have them.”
- » Minimize or deny the abuse by telling women they are imagining it, or hallucinating.
- » Give false information to medical and psychiatric professionals, resulting in wrongful diagnosis, commitment or medication.
- » Humiliate women and attempt to undermine their credibility by telling people of their mental health diagnosis.
- » Be given guardianship of the women’s care.

### **Power and Control—Women’s Substance Use**

Invite women to consider the power and control tactics their partners may use that involve women’s use of substances. Abusive men may:

- » Introduce their partners to alcohol or drugs, including prescription medication, to increase women’s dependency. Women’s initial use of substances is sometimes coerced or manipulated by their partners.
- » Sabotage women’s attempts to stop using substances, or threaten to withhold drugs if women do not do obey them.
- » Force women to engage in sex work to support their drug habits.
- » Force women to take prescription medications or withhold their medications. Abusive men may also have women get prescription medications for them (the prescription may be written in the women’s names).

### **3. Closing and Check-Out**

End this week’s group with check-out and closing. If needed, refer to page 44 in *Module Two* for a reminder of what this should look like.





# Module 5: Naming the Impacts of Abuse

## Core Learning Activity: Impacts Exercise

\*\*\*Plan to take two weeks to cover this module\*\*\*

- Make reminder phone calls
- Review material
- Prepare handouts
  - » Making a Support Plan (extra copies)
- Prepare snack
- Set up room
  - » Flip chart
  - » Flip chart paper
  - » Markers
  - » Name tags
  - » Tissue
  - » Women’s folders

### 1. Check-In

One facilitator leads the group through check-in, when the group has gathered. If needed, refer to page 40 in *Module Two* for examples of check-in phrases you may wish to use

## 2. Core Learning Activity: Impacts Exercise

Lead the group through the Impacts Exercise. Women collectively make a list of the ways their experiences of abuse have affected them. Impacts of abuse affect women’s physical, mental and emotional well-being as well as their social relationships and behaviours. This exercise helps women make the links between their experiences of abuse and their physical health, mental health and the role of substance use in helping them cope, escape or feel numb.

Ask the women: “How have your experiences of abuse affected you?”; “How does it show up in your body?”; “How has it affected your desire to use drugs and/or alcohol?”; “How has it affected your mind, thoughts and feelings?”; “How has violence affected your relationships or ability to function?”

As women share how the abuse has affected them, write down what they say on flipchart paper. If women seem to be running out of ideas, you, as facilitator, can think about the different aspects of a woman’s life—physical and mental health, financial, social, intellectual, sexual, emotional and spiritual well-being—and ask leading questions like, “Have you been affected financially?”

This exercise helps women see how the seriousness of the abuse needs to be judged by the impact, and not by how their partners or others see the abuse. Some women might be told by others that “she has not really been abused” because “he has never hit” her. This exercise helps women and service providers make that important shift from asking: “What is wrong with her/me?” to “What has happened to her/me?”

Some impacts that women may describe include:

poverty	sadness	perpetually worried
exhaustion	feeling overwhelmed	chronic fatigue/fibromyalgia
depression	anger	decreased access to children
anxiety	feels like she is going crazy	self harm
isolation	decreased self-confidence	miscarriages
using drugs or alcohol	unwanted pregnancies	ostracized by community
weight increase or loss	heart palpitations	disruption in menstrual cycle
concerns around eating	nausea or vomiting	arthritis
not sleeping	STI’s/HIV	headaches/migraines
lack of concentration	feeling stupid	forgetfulness
stomach aches	injuries	suicidal thoughts

In this session, central themes we examine regarding the impacts of abuse are:

Myth		Reality
An understanding of the woman as being deficient	➤	Examination of the impact of abuse and how the woman has developed safety strategies
Abuse is measured by its severity and frequency	➤	The impact that is experienced by the woman defines the abuse. She is the authority on the impact.
She is held responsible for the problems of the relationship	➤	The problem is her partner's abuse. This is having a major impact on her.

Discussion about certain types of impacts will likely flow quite easily from women. Women are usually quick to name the ways the abuse has hurt them emotionally, and frequently identify concrete things like loss of family, friends or financial security. Other areas will require you to draw experiences out of women more. The research and notes below may help you guide discussion. Sharing some of this research can be validating to women and help them see that the reactions they are having to the abuse are natural.

This module is planned to be delivered over two weeks. Allow the first week to be quite free flowing to give women the opportunity to explore the full breadth of the impact of abuse in their lives. In the second week, facilitators can direct the group more as you help women name impacts that may have never occurred to them.

### Discussion: Physical Impacts of Woman Abuse

Abuse can impact women physically in a multitude of ways. Woman abuse is one of the most common causes of serious injury for women. Ask women about physical injuries they have suffered. Help women think about both short term and long term physical injury impacts. Invite women to think about the many ways their bodies have been affected by living in a state of fear:

- » Asthma, migraines and kidney or urinary tract disorders are common impacts of abuse.<sup>49</sup>
- » Headaches, insomnia, hyperventilation, gastrointestinal symptoms, and chest, back and pelvic pain are the most common somatic complaints for women affected by violence.

50,51

- » Woman abuse has long-term negative health consequences, persisting beyond the period of abuse. Some long term health impacts are arthritis, hearing loss, sexually transmitted infections and neurological damage.
- » Women with histories of abuse report experiencing more physical pain, including more chronic painful conditions, more painful body areas, more diffuse pain, and more fibromyalgia diagnoses, as well as more surgeries, hospitalizations, and doctor visits, than women without such histories.<sup>52</sup>

It is essential to recognize the possible concurrent nature of acute, chronic and long-term physical health consequences of woman abuse.

*"It has affected my health in ways that I don't even know, but the obvious one for me was that I wasn't getting sleep and I was tired....When you're in a really stressful situation, you start exhibiting weird symptoms and your body reacts in certain ways...eczema, or I'll get heat rashes or other bizarre things that just show up where there's no real cause....It's much more subtle. And you deal with all your health problems longer."*

—Gemma, *Building Bridges*

### Discussion: Mental Health as an Impact of Woman Abuse

Women with experiences of abuse consistently show significant mental health concerns. Psychological effects of abuse can include mood disorders, anxiety, depression, somatic disorders, dissociative symptoms, and post traumatic stress:<sup>49</sup>

- » Rates of violence and trauma are higher in both mental health inpatient and outpatient populations compared to the general population of women.
- » Fifty percent of women in a range of psychiatric settings have been sexually abused as children.
- » A BC study which surveyed women at Riverview Hospital found that 58% had been sexually abused as children.
- » Women who have endured violent relationships are four to five times more likely to require psychiatric treatment.

- » The prevalence rates of depression among women with experiences of abuse are 38%–83% compared to the general population of women, rated at 10%.<sup>53</sup>

Research shows that many of these problems post-date experiences of abuse. Evidence is strong enough for some researchers to suggest that a causal relationship between woman abuse and its destructive effects on women's mental health is likely.<sup>54</sup> Some clinicians believe that many mental health problems should be treated as symptoms of abuse and not simply as mental health disorders. It has also been shown that the impact of abuse on women's mental health is not determined by the severity or frequency of physical assault but rather from other forms of abuse such as psychological, mental, spiritual, sexual and emotional abuse. Coercive control by an abusive partner can have a significant impact on the psychological resources of the woman, affecting anxiety/fear, depression/exhaustion, terror, confinement, decreased sense of agency/freedom, loss of identity, feelings of hopelessness, helplessness, guilt and shame. In some cases, the psychological impact of being abused can lead to the development of significant mental health problems that may interfere with a woman's decision-making ability and her ability to protect herself.<sup>53</sup>

Abusers may attempt to exploit women's vulnerability or limitations around their mental health issues by:

- » **Humiliating women** by telling people of their mental health diagnosis.
- » **Minimizing or denying** abuse by telling women they are imagining it, or hallucinating.
- » **Threatening to** have women institutionalized if they report the abuse.
- » **Preventing women** from getting help for their symptoms.
- » **Keeping medications** from women, give them too much medication, demanding she they take medication.
- » **Taking advantage** of the changes in women's symptoms and moods (e.g. deepening suicidal feelings by encouraging them).
- » **Threatening to** take women's children away, and telling child protection authorities or the court of their illness.
- » **Giving false information** to medical and psychiatric professionals about women, resulting in their wrongful diagnosis/commitment/medication.
- » **Convincing women** that they don't deserve to be, or won't ever be, in another relationship because of their mental health concern or diagnosis.

- » **Claiming women** are unfit mothers because of their mental health concerns or diagnosis.
- » **Minimizing women's** credibility to police or other concerned parties by playing into stereotypes that people with mental health concerns are not credible.<sup>53</sup>

## Pre-existing Mental Health Concerns

Pre-existing mental health concerns may also make women more vulnerable to abuse. For those with mental health concerns, socialization to be compliant with people with more power, and the loss of their own authority or autonomy that can come from institutionalization or time spent in hospital, can increase susceptibility to danger. Pre-existing mental health concern can also be made worse by woman abuse, resulting from increased stress or being prevented from obtaining treatment.

## Dissociative Disorders

Dissociative disorders are now understood to be a fairly common effect of abuse or violence in early childhood. Dissociation can be considered a highly creative survival technique, because it allows an individual to endure extremely challenging psychological circumstances while preserving some areas of healthy functioning.<sup>55</sup>

## Post-Traumatic Stress Disorder

Numerous studies point to high levels of Post Traumatic Stress Disorder (PTSD) among women who have had multiple experiences of victimization throughout adulthood and childhood, especially when there is a history of childhood sexual abuse.<sup>56</sup> A post-traumatic stress disorder (PTSD) diagnosis accurately describes the symptoms that result when a person experiences a short-lived trauma (such as car accidents, natural disasters, and rape), but clinicians and researchers have found the diagnosis often does not capture the severe psychological harm that occurs with prolonged, repeated trauma. Dr. Judith Herman of Harvard University suggests that a new diagnosis, called Complex PTSD, is needed to describe the symptoms of long-term trauma. Herman notes that during long-term traumas, the victim is generally held in a state of captivity, physically or emotionally. In these situations the victim is under the control of the perpetrator and unable to flee.<sup>57</sup>

Some women may find it helpful to use the name "Post Traumatic Stress Response" instead of "Post Traumatic Stress Disorder", as nightmares, insomnia and high anxiety are a natural response to living with abuse. Psychological abuse is a stronger predictor of

PTSD than physical abuse among women.<sup>56</sup> This is an important point, since our society largely discounts psychological abuse and emphasizes physical abuse. Traumatic events involving violence against women are associated with the highest rates of chronic PTSD, as opposed to natural or accidental events such as motor vehicle accidents or disasters.<sup>58</sup>

Helping women see that they are having a natural response to past trauma is important, but using PTSD as a “catch all” label falls short of describing or explaining the many symptoms women with experiences of violence are likely to experience.

### Borderline Personality Disorder

One or more women in your group may be diagnosed with Borderline Personality Disorder (BPD). Researchers and service providers have found this diagnosis being widely applied to women who have experienced abuse. Psychology Today’s definition of BPD suggests that: “People with BPD have emotions that can quickly spiral out of control, leading to intense states of anxiety, tension, and anger. Moreover, turbulent emotional states are often at the center of stormy relationships with friends, family members, and romantic partners.”<sup>59</sup>

This definition could easily describe women in abusive relationships; 75% of people who are diagnosed with Borderline Personality Disorder are female,<sup>60</sup> and 60%–90% of people diagnosed with BPD were abused either in childhood, or by their partner.<sup>61</sup> However, what some helping professionals view as symptoms of mental illness might be better understood as impacts of abuse: women living with partners who show the turbulent behaviour of the cycle of abuse, may themselves display constantly changing emotions. From an outsider’s perspective, women might be responsible for the turbulent nature of their relationships, when it is their partners who are causing the conflict.

Helping professionals have used the BPD diagnosis to label women who challenge them or make them uncomfortable. One researcher noted, “clinician negativity towards BPD patients is often self-confirming and self-fulfilling.”<sup>62</sup> Because of the negative implications that seem to come with this diagnosis, namely, that “borderline women” are “difficult,” often women with this diagnosis become more marginalized as service providers prefer not to work with them.

Be cautious with diagnosis. Rather than labeling a woman with this diagnosis in this way, approach her with the assumption that she may be experiencing a great deal of mental distress because of

the abuse she is suffering/has suffered. Women may experience some relief from this distress by being in group and by feeling supported, affirmed and believed.

### Concurrent Disorders

Concurrent disorders (previously known as “dual diagnosis”), the term used to describe a person who has a chemical dependency as well as a mental health concern or psychiatric illness, often masks the interconnected experience of woman abuse. When all three issues are present in a woman’s life, often it is because experiences of abuse and violence have led to the development of mental health issues. Women may self-medicate with drugs or alcohol in an attempt to feel better, leading to chemical dependency. The substance use may be what is most visible to others, and may mask the presence of mental health and violence issues. In some cases, the alcohol or drug dependency arises from the dynamics of the abusive relationship and can lead to depression, anxiety and more severe emotions and mental problems over time.<sup>63</sup>

Also recognize that some women will find diagnoses helpful, as they may have helped a woman understand herself better, or opened up doors to medical help and support. It is important to acknowledge anything that might be helpful to women, and to also offer a broader and perhaps more accurate way to describe their experience. Recognize that some women may have a chemical imbalance that pre-dates the abuse. Ask these women how the abuse may have exasperated their mental health concerns, and ensure that the group continues to support her attendance.

While having a diagnosis can help women begin to understand what is happening to them, and make them feel less “crazy,” it may also affect women’s credibility and therefore the responsiveness of health and justice systems and community agencies (i.e. she may be denied services or custody of her children). Mental health and other service providers may compound the impact of abuse for women by “negatively labeling them as hysterical or with borderline personality disorders.”<sup>36</sup>

### Discussion: Substance Use as an Impact of Woman Abuse

Women who have current and/or historic experiences of abuse have a higher risk of alcohol and other drug use, with trauma and violence often preceding the development of substance use issues. A comparison study of women with a history of problematic substance use and women who do not have substance use issues, is revealing: women in the general population report a lifetime

history of physical and sexual abuse ranging from 36%–51% while women with substance use issues report a lifetime history ranging from 55%–99%.<sup>24</sup> Research consistently shows that between 60%–80% of women in treatment have experienced sexual or physical abuse at some point in their lives. In a study of 160 women in Washington state whose babies were affected with fetal alcohol spectrum disorder, all eighty of the women interviewed reported severe sexual or physical abuse at some point in their lives, and 80% of them reported that their partners did not want them to quit drinking.<sup>64</sup>

- » **Some women** drink alcohol or use other substances to numb or escape the emotional and physical trauma of violence/abuse.
- » **“Self-medication”** aids in reducing or eliminating women’s feelings of fear, pain and isolation.
- » **Substance use** can also placate their abusive partners. In many cases, women’s initial or escalated use of substances is coerced or manipulated by their partners.
- » **Evidence** shows that perpetrators may introduce their partners to alcohol or drug use to increase women’s dependence on them, and to control women’s behaviour.
- » **While substance** use may begin or escalate as a response to, or part of, the trauma of victimization, efforts to stop using substances may precipitate abusive partners’ use of increased violence. Any attempts by women to stop their alcohol or drug use are threatening to the controlling partners and some abusive men will actively sabotage women’s treatment.
- » **Despite the** increased risk for problematic substance use, women in abusive relationships are also more likely to be inappropriately prescribed medication than women not experiencing abuse. Women express fears of addiction to prescription medication or a loss of alertness, increasing their risk for more abuse. The most damaging side effect of inappropriate medication is not a directly physical one, but is the way the medication may negatively affect a woman’s ability to clearly think or feel her way out of a situation.

In an early study examining the links between woman abuse and substance use, researchers found little to no evidence that women’s drinking make their partners abusive, and more evidence that women’s drinking is a way of coping with their abuse.<sup>65</sup> Researchers have found that women’s alcohol problems appear to be worsened by their experiences of violence.<sup>66</sup>

Substance use has many implications for women’s safety. When intoxicated, women may not be able to make decisions that might protect them from their abusers. Women may also be reluctant to leave abusive relationships because of their dependence on their abusers for access to drugs. Substance use also has implications for system and community responsiveness to women experiencing abuse, specifically, child welfare involvement and court decisions about child custody.

Talk openly with women about whether descriptions from the addictions field accurately describe their realities of abuse from a partner. Specifically, women may have been told (or may have read) that they are co-dependent or enabling the addiction or the abuse. Codependency has been defined as:

...a tendency to behave in overly passive or excessively caretaking ways that negatively impact one’s relationships and quality of life. It also often involves putting one’s needs at a lower priority than others while being excessively preoccupied with the needs of others....Codependency may also be characterized by denial, low self-esteem, excessive compliance, and/or control patterns.<sup>67</sup>

Approaching women as if they are codependent may imply that women are the problem and that they need to change their behaviour. Viewing women’s behaviours as codependence ignores women’s attempts to reduce the risks of abuse and increase their safety. Seeing the problem as one of *risk*, points to women’s need for safety and honours the safety strategies they have adopted. This can help women recognize that their partners have the problem, not them. Understanding women’s experiences of abuse and seeing their behaviours as safety strategies that change throughout the different phases of the cycle, can better explain their passivity, excessive caretaking and their preoccupation with the needs of their partners. In our understanding of women’s lived experiences of abuse, they have purpose—to keep themselves and their children as safe as possible.

### Wrapping Up the Power & Control Wheel

When it feels like the impact list is complete, ask the women to sit back and look at the many impacts they have named. Women may find looking at this list to be overwhelming, liberating, or both. They may feel relieved to discover why they have been so exhausted, depressed, anxious. They may be overwhelmed to discover how much the abuse has affected them.



At this point in the group, as women begin to discover more about their relationships and their abuse, women may share how they are gaining clarity about the abuse; that things are starting to make sense for them; and that they are even feeling hopeful for themselves. Women may also say their better understanding of the complexity of abuse, and of how much change their abusive partners would need to make, gives them little hope for the relationship. Share with women that they will not always feel as bad as they do right now, and that the impacts and symptoms described in this exercise often begin to go away once women are able to get distance from their abusers.

*“I used to have horrible migraine headaches. They would send me to bed for the day. The doctor told me I would have them for the rest of my life. I have been separated from my partner for six weeks now and I have not had a single headache since I left.”*

—Kathryn, *Building Bridges*

## Making the Links

This module recognizes and legitimizes the multiple and varied physical, emotional, mental and social impacts of woman abuse. This recognition takes the blame off of women for their various symptoms or disorders, and connects the many seemingly random impacts to their current and/or past experiences of abuse.

### Women’s Substance Use

Share with women that the mental health symptoms resulting from their past and/or current experiences of violence and abuse may produce feelings that they want to suppress through the use of drugs and/or alcohol.<sup>68</sup> The use of substances may seem to be the only way for women to self-medicate against these symptoms and feelings arising from the abuse. Women have most likely been judged because of their inability to stop using drugs and/or alcohol. Sharing the above lets women know you understand the complexity of their substance use, and can help them begin to make the connections between their substance use, and their experiences of abuse. Acknowledge the challenge for women to remain sober, while still living with all of these impacts.

- » How can a woman who is using substances give these up if it is the abuse that creates the need to self-medicate?

- » Why do some support people ask a woman to give up something that eases chronic emotional and physical pain?
- » How does a woman stop using when her substance use placates her partner, or she is forced to use by her partner?
- » How can we expect a woman to “make different choices” when she has no control over what is happening to her?

*“I went from a mentally abusive household to a husband who physically abused me and did drugs. And my home was so full of drugs, I had no control over what he was selling in the house, what he was doing in the house or doing to me.”*

—Janna, *Building Bridges*

Safety (physical and emotional) is the first step in healing from violence. At this point, women may not be able to think about reducing their use of substances. We realize it may not be possible for a woman to escape her partner’s abuse, either temporarily or permanently, and it is difficult and even potentially dangerous for her to make changes. Attending a support group can help women understand their situation better and help alleviate some of the impacts of abuse.

Using a violence- and trauma- informed lens helps us understand the connection between abuse and substance use more clearly. Several scholars suggest that women who experience violence in their relationships might consume alcohol to relieve symptoms associated with depression, anxiety, and post-traumatic stress disorder.<sup>69,70,71,72</sup> Women’s substance use and experiences of violence have a reciprocal relationship. A longitudinal study of 3,006 women found that drug use increased the risk of violence against women, and violence against women increased the risk of substance use.<sup>69</sup>

Women may come to group having received treatment for substance use, but often treatment programs ignore safety issues and the impact of abuse. Studies have shown that trauma symptoms and the absence of a safe environment are major obstacles to treatment and recovery.<sup>29</sup> Failure to recognize the role of abuse and trauma in women’s lives increases the likelihood that treatment efforts will end in relapse.<sup>xi</sup>

In the support groups that were run for the pilot project of *Making Connections*, prescription medication was one of the predominant substances women were using to cope. Prescription medication is

xiii. See evidence summarized by Stewart & Conrod, 2003



helpful for some women. It may help a woman have the energy and focus needed to make a plan for greater safety. Some women find they get a little relief from their anxiety or depression by being on an antidepressant. Women are sometimes concerned they are being over-medicated by their doctor, or are forced to take prescription medication by their partners. Sometimes, women start to use prescription medication in a way that is no longer comfortable for them. Be sure to ask about the role of prescription medication in the lives of women in your group.

As women work on this module, they name the ways the abuse has led to substance use or increased their use of substances. Recognizing these connections removes some of the shame women carry from using substances and allows them to see their use in the context of trying to cope and survive the abuse.

### Women's Mental Health

Research and the *Building Bridges* consultations reveal that women who have experienced violence are often labeled with a mental health diagnosis. Common among these diagnoses are “depression,” “anxiety,” “bipolar” and “borderline personality disorder.” There is growing concern that these diagnoses are overused and pathologizing, particularly with women who have experienced abuse.

Continued exposure to dominance and living in a state of anxiety and fear significantly impacts women's mental health. Women describe experiencing a number of different mental health symptoms or concerns:

- » anxiety
- » depression
- » hyper vigilance
- » disassociation
- » panic attacks
- » amnesia
- » flashbacks
- » insomnia
- » feeling suicidal or homicidal

In this module we use a violence- and trauma- informed lens to make the connection between these distressing impacts and the abuse that is causing them or exasperating them, validating these mental health “symptoms of distress” as completely natural responses to abuse. A violence- and trauma- informed lens is a

more accurate way to interpret women's experience: what is seen from the outside as “mental illness” is seen as a natural response given the context in which the woman is living and what she is trying to survive. Through a violence- and trauma- informed lens, women's actions and emotions make sense. The question is not “What is wrong with this woman?” but “What has happened to this woman?” Sharing these experiences in the group shows women they are not alone in their experiences, or in their responses. This helps reduce their feelings of isolation and shame attached to both the abuse, and any mental health diagnosis they may be carrying. We explore various mental health diagnoses in more detail in the *Making the Links* section of *Module Six*.

### 3. Closing and Check-Out

End this week's group with check-out and closing. If needed, refer to page 44 in *Module Two* for a reminder of what this should look like.



## Module 6: Shifting From Blame To Impacts of Abuse

### Core Learning Activity: Reframing Women's Response to Abuse: Safety, Strengths and Impacts

#### Preparation for Group:

- Make reminder phone calls
- Review material
- Prepare handouts
  - » Making a Support Plan (extra copies)
- Prepare snack
- Set up room
  - » Flip chart
  - » Flip chart paper
  - » Markers
  - » Name tags
  - » Tissue
  - » Women's folders

#### 1. Check-In

One facilitator leads the group through check-in, when the group has gathered. If needed, refer to page 40 in *Module Two* for examples of check-in phrases you may wish to use

#### 2. Core Learning Activity: Reframing Women's Response to Abuse: Safety, Strengths and Impacts

Women often wonder if they are partly, or even completely, responsible for the abuse. Abusive men impose this idea by blaming women for their explosive behaviour (e.g. "she pushed my buttons" or "she's a drunk"). Society tends to reinforce this idea. Friends and family may ask a woman what *she did* to provoke the abuse, while professionals may suggest that she can improve the situation by having "better boundaries" or working on her issue of

"codependency." This dynamic, which suggests that the woman is responsible for the abuse, communicates to women that they have a problem that needs to be addressed. In fact, the problem is the abuse and the woman can do nothing to change that. Nevertheless, because women are interested in making their relationships work, they will take on these negative descriptors and try to fix what is "wrong" with them. Typically, women experiencing abuse will put an enormous amount of emotional energy into looking at their "faults" and trying to improve themselves in the hopes that this will stop the abuse. We use the Reframing Exercise to look at these negative descriptors in a new and more accurate light.

As facilitators, this exercise helps you to work from a place of affirmation and empowerment. As you prepare, refer back to the discussions on the mental health and substance use impacts of abuse in *Module Five*. Take some time to study the following chart; look at some examples of the negative descriptions women carry about themselves, and compare them with what we believe are more accurate descriptions of women's experience. The Reframing Exercise is key to understanding the women-centred, violence-informed approach of this curriculum.

With the Reframing Exercise, negative ideas that women have come to believe about themselves, or others have come to believe about them, are reinterpreted through the lens of abuse. We offer three alternative explanations for women's reactions to abuse: *safety strategies*, *strengths* and *impacts*. When working with this women-centred approach, the facilitator assists women in taking negative descriptions of themselves and reframing them to more accurately describe their motives or behaviour. The reframing recognizes the reality or the impact of the abuse and helps women see that they are making wise decisions in what is an unbearable situation.

As facilitators, continually make use of this exercise as a frame of reference when you interact with women. From the first intake meeting to the last session and particularly during check-in time, use this exercise to gently offer women a more accurate way to look at their experience. For example, if a woman says that she has "poor boundaries with her partner," wonder aloud if it is safe to set boundaries in her relationship.

Negative Description	Safety Strategy	Strength	Impact
You are too outspoken.	I need to defend myself against my partner's accusations.	I have my own opinions and ideas.	I feel silenced.
You avoid conflict.	I watch out for my emotional and physical well-being.	I'm able to negotiate and compromise in my relationships.	My experiences of abuse have made me afraid of conflict.
You're too dependent on your partner.	I know my independence threatens my partner's need to control me.	I'm interested in my partner and our relationship.	My partner has forced me to be dependent (socially, financially).
Your expectations are too low.	I know it is unsafe to state my expectations.	I am a tolerant person.	My partner does not meet my expectations so I am forced to lower them.
You nag too much.	I know I have to remind my partner or I will be blamed for his forgetfulness.	I'm asking my partner to be responsible for his part in the relationship.	I have to repeat myself in order to be heard.
You love too much.	I have to be loving so he won't become angry and abusive.	I am a caring, compassionate person.	The honeymoon phase of the cycle keeps me engaged in the relationship.
You are not assertive enough.	I know it is unsafe to express my needs or opinions.	I am respectful of others.	My experiences of abuse have made me cautious.
You pay too much attention to your partner's feelings.	I focus on my partner's moods to anticipate explosions.	I care about my partner.	I am unable to pay attention to my personal needs.
You are codependent.	I accommodate my partner to stay safe.	I am trying to make my relationship work.	His abuse has forced me to keep my focus on him.
You are needy.	My partner wants me to be dependent on him so he can control me.	I am interested in a relationship where my needs are met.	The abuse has lowered my self-confidence and left me feeling dependent.
You are an addict.	I use substances to placate my partner.	Using substances helps me cope with the abuse.	My drug use forces me to be dependent on him.
You are crazy.	I am attentive to danger.	I have natural responses to fear.	The abuse is crazy-making.

Suggest to the women that they brainstorm negative descriptions they have of themselves, or that others have labeled them with. Draw the table below on the flip chart:

Negative Description	REFRAME Safety Strategy, Strength, or Impact

You only need to come up with one positive reframe for each negative, something that fits the situation of the woman who named the negative.

If a woman is told that she is too anxious, we can simply identify this as an impact of the abuse: she is anxious because her partner's

abuse has made her afraid, and we write this phrase in the Reframe column. We do not need to discuss at this point how being too anxious might also be considered a strength, or a safety strategy. If these ideas do come up, write them down as well, but do not elaborate on these ideas at this time.

Negative Description	REFRAME Safety Strategy, Strength, or Impact
I am too timid.	The abuse has made me cautious.

The group works as a whole to reframe negatives into a more positive and accurate understanding of these feelings and behaviours. In the process, the women's motives and actions are interpreted through the lens of coping with abuse.

In this session, the central themes we examine are:

Myth	Reality
Women's feelings and behaviours are described negatively	➤ Women's feelings and behaviours are interpreted in the light of abuse
Women are seen as the problem	➤ Abuse is seen as the problem
Women are seen as not being very smart	➤ Women are seen as making wise decisions in dangerous situations

## Reframing Women's Choices

By this time, women may have started to discuss their “poor choices” in partners. Friends, family and service providers may have told women they don't have a good sense of what a healthy relationship is. Some of the women in the group may not have any experiences with being in a good relationship, but they know what they want. Remind women that when they chose their partners, it was because they were attracted to certain positive qualities.

Ask women what they look for in their partners. Women will likely identify: love, respect, to be cared for, laughter, equality, and reciprocity. They chose their partners because early in their relationship, he showed these positive qualities. Women do not go out searching for abusive partners or think it is normal, acceptable or expected.

## Making the Links

### Women's Mental Health

Much like we did with *Module Five*, we talk in this module about women's mental health concerns being a natural result of living with abuse. This module, however offers the opportunity to look at some particular labels that get attached to women, and to offer more accurate language to describe women's experiences.

Break down these labels or diagnoses by asking women what others are seeing when they label them this way, and what is really happening. A woman who is told she is codependent has probably been told this because she pays a great deal of attention to her partner, and accommodates his needs and demands. This is what others may observe. But when we look at this behaviour through a violence- and trauma- informed lens—through the eyes of the woman—it becomes clear that her behaviour is a necessary safety strategy for surviving the abuse. A woman who is described as bipolar is probably demonstrating extreme and contrary emotions—feeling energetic and optimistic at times, then deflated and depressed at other times. When we take the time to hear from the woman what she is experiencing, these radically different yet powerful emotions make sense: she has a partner who is loving, kind and engaging one moment, then hateful and frightening the next. His behaviour is “crazy -making” but she is not “crazy.”

As women move through the group process, they may decide that the mental health diagnosis they have been given does not fit, or no longer fits. They may see how their symptoms go away when they get distance from the abuse. Other women see how the abuse caused or aggravated their mental health concerns. They may still be living with this impact long after the abuse.

### Women's Substance Use

Women using substances to cope in an abusive relationship will have negative things said about them by their partners and society. Ask women about the role of prescription medication in their lives, if applicable, and what some of the negative descriptors that others have assigned to them are: “drunk,” “addict,” “bad mom,” “no willpower,” “unmotivated to change.”

With this reframing module, look at these negative descriptions and ask what the reality is: Is substance use part of women's safety strategy, because they know their partners will be angry if they stop? Is substance use how women cope with the stress of the situation?

## 3. Closing and Check-Out

End this week's group with check-out and closing. If needed, refer to page 44 in *Module Two* for a reminder of what this should look like.





# PHASE II

## PHASE II: SUPPORTING WOMEN TO UNDERSTAND THEIR PARTNERS' RESPONSIBILITY FOR ABUSE

**68**

**Module 7: Why is My Partner Abusive?**

**Module 8: Am I Responsible for the Abuse?**

# Module 7: Why is My Partner Abusive?

## Core Learning Activity: Central, Superior and Deserving: Looking Through the Lens of the Abuser

### Preparation for Group:

- Make reminder phone calls
- Review material
- Prepare handouts
  - » Making a Support Plan (extra copies)
- Prepare snack
- Set up room
  - » Flip chart
  - » Flip chart paper
  - » Markers
  - » Name tags
  - » Tissue
  - » Women's folders

### 1. Check-In

One facilitator leads the group through check-in, when the group has gathered. If needed, refer to page 40 in *Module Two* for examples of check-in phrases you may wish to use

### 2. Core Learning Activity: Central, Superior and Deserving: Looking Through the Lens of the Abuser

Make sure to tell the group that even though we use the pronoun “he” throughout our exercises, the group is inclusive and relevant to women’s experiences of abuse in same sex relationships. We use “he” only to reflect the predominance of male violence against women, and for simplicity.

#### Why are Men Abusive?

It is common for women to spend lots of mental energy trying to figure out why their partners do the abusive things they do. A woman in an abusive relationship wants things to change and believes that if she can figure out what is wrong with her partner; she can get him to change. Often women start asking questions about their partners on the very first night of group. Abuse distracts women’s focus away from themselves and their own needs, and on

to their abusive partner and his needs. In these groups, the starting point and focus is on the woman and what is happening for her. For this session, we shift the focus over to the abusive man’s belief system because once women know the material presented in this session, they may have the answers about their partners that they need to transfer the focus onto themselves, and to move forward with their lives.

Begin this session by verbally listing off common explanations women might have for their partner’s abusive behaviour:

- » My partner has a problem with his anger (or has a bad temper) and sometimes he simply loses control.
- » My partner is under a lot of stress because of his work (or lack of work) and his explosions are a result of this stress.
- » My partner suffers from some form of mental illness (depression, bi-polar, personality disorder). He can’t help the way he behaves.
- » My partner was abused as a child and is repeating patterns.
- » My partner is addicted to drugs or alcohol and would stop being abusive if he were clean and sober.
- » My partner and I have different styles for dealing with conflict.

Although these are common explanations for abuse in Western culture, they do not justify abuse or give any helpful insight as to what is actually going on in the mind of an abusive man. It is important for women to know that their partner may in fact be stressed or depressed or come from an abusive or dysfunctional home, but also that none of these explanations fully describe or justify abusive behaviour.

#### Central, Superior and Deserving

The following study conducted at the University of British Columbia offers an insightful explanation for abusive men’s behaviour, that we can present to the women. Through extensive interviews with abusive men, researchers found that these men consistently communicated similar beliefs and ideas<sup>73</sup> that supported their actions to maintain power and control over their partner. The research pointed to three key ideas that make up the belief system of abusive men:

- » He is **Central** in the relationship. (Everything revolves around him.)
- » He is **Superior** in the relationship. (He is better than her, smarter than her.)

- » He is **Deserving** of many privileges within the relationship. (He is entitled to have all of his needs met e.g. sexually, when he is sick, at the expense of her needs.)

Write the words *Central*, *Superior* and *Deserving* in a column, along the left hand side of flipchart paper, along with the heading “Abuse Belief System.” Say what these words mean in this context.

A partner who wants to see himself as central in a relationship demands his partner’s attention, whenever he wants it. The household revolves around his needs and demands.

A partner who believes he is superior in the relationship believes he is better than his partner in anything that matters. He is smarter than her. He knows more about politics or cars or computers. It may be important to him that he makes more money than his partner, and certainly he considers his work or occupation to be more important than what she does.

A partner who believes he is the deserving one in the relationship will demand that his needs for rest, relaxation and sex be met whenever he wants them. He will also think that his partner should do the bulk of the menial tasks, like parenting and housework. He will take from the woman, with little sense that he needs to give back.

This is a good opportunity for storytelling. Ask the women to respond to the three words: Do the words ring true for them? Can they give us examples, from their relationships, of behaviour they have seen that looks like it is central, superior or deserving? Take some time to hear the women’s examples, as this storytelling is important to help women connect with these key words. Women’s experiences vary, so not all the examples that are shared will be true for all women.

With this module, some important pieces of the puzzle come together. Women know from doing the Power and Control Wheel Exercise that the purpose of abusive behaviour is to maintain power and control in the relationship. Make it clear that these three ideas (central, superior, deserving) make up the belief system of abusive men. It is the “lens” through which they look at their relationships, and the lenses through which people look at life are very significant: if our lenses are distorted, our whole perspective is distorted. This belief system leads abusive men to believe they have a “right” to hold power and control over women, that they have a right to be central, superior and deserving. They use power and control to maintain this privileged position. Abusive men will use any tactic to enforce their desire to be central, superior and deserving in the relationship.

Distinguish between words and actions. A man who is abusive might say that he believes in equality between men and women,

but his actions are what matter: Does he take on an equal share of the chores or child rearing responsibilities? Or does he expect her to take on the burden of most of these responsibilities? Encourage women to put on the “mute” button and simply observe their partners’ actions, instead of listening to what they are saying.

## Women’s Paradigm

In women’s relationships, most women seek to be:

**Connected**—Women want relationships where they feel connected in partnership to their partners.

**Equal**—Women want equality within the relationship, where both people bring important qualities that are respected and valued.

**Mutual**—Women want both individuals to care for each other, where both individuals’ needs are seen as important and each partner strives to meet the other’s needs.

Write the words *Connected*, *Equal* and *Mutual* in a column, along the right hand side of the flipchart paper.

Abuse Belief System	Relationship Belief System
Central	Connected
Superior	Equal
Deserving	Mutual

The two belief systems are now easily contrasted with each other:

First, to be connected in a relationship means that you are seeking a partnership. You want to form a team with the other person.

Second, to be an equal in a relationship means that both people are valued. Both people are seen to be contributing important gifts, skill and labour to the family unit. Both people are seen to be intelligent and capable.

Third, to be mutual in a relationship means there is give and take. The needs of both partners are considered. Both get opportunities for personal fulfillment, rest and relaxation.

After the words are written on the flipchart, ask the women for input: Do these words ring true for them? Is this what they are looking for in a lifelong partnership—connection, equality and mutuality?

These relationship belief system words make up a paradigm that resonates with most women, and because in paradigms we believe everyone thinks the same way we do, the women may have thought their partners shared the same belief system.

Similarly, men who are abusive believe that their partners approach relationships the same way they do: they believe their (women) partners are trying to be central, superior and deserving. This is why a man who is abusive often accuses his partner of being “selfish” or of “trying to be better” than him. When the woman tries to be connected, he thinks she is trying to be central—“connected” is not an option, in his belief system. When the woman seeks to be treated as an equal, he thinks she is trying to make herself better than him. He does not understand the language of equality—everyone is in a hierarchy, from his perspective. When the woman seeks to have her needs met, he will believe she is being selfish—“mutuality” is often not in his vocabulary.

Most women would have thought that both they and their partners were interested in connection, equality and mutuality. To discover that their partners are playing the game by an entirely different set of rules, and that there are two different belief systems at play in the relationship, is often a shocking moment of realization.

On the bottom half of the flipchart paper, write the words central, superior and deserving again. Ask the women: What is left for them if their partner insists on being central, superior and deserving? If a man insists on being central, what role is left for his partner? If a man seeks to be superior, what does that make his partner? If a man is only interested in being deserving and having all his needs met, what does that mean for his partner? Take the words the women offer and write them on the flipchart:

Abuse Belief System	You
Central	Peripheral
Superior	Inferior
Deserving	Serving

Ask the women if this is how they feel their relationship.

This exercise is usually quite pivotal for women’s understanding of what is going on in their relationship. It can be helpful or overwhelming or both to realize the two different paradigms at play in the relationship. Sometimes women want to share this information with their partner in the hopes that it will bring about change. Caution women that most men who are abusive will disagree with this analysis and insist that they are not seeking to be central, superior and deserving. Most men know enough to talk about gender equality, but their actions are what really matter.

This material answers some questions for women, and raises others. Women now have a sense of the fundamental change that is necessary in abusive men’s belief system if they are to stop being abusive. It may become clear to women that it is not about

their partner attending anger management classes or addiction treatment; for change to occur, men need to first hold themselves accountable. Some women realize that their partners would never do the hard work involved in this kind of change. Others wonder what kind of counseling might help a man who is abusive to make this kind of change. Direct women to the articles on counseling for men that are part of this curriculum.

If the women in your group would like more information on the belief systems of abusive men, recommend Lundy Bancroft’s book “*Why Does He Do That: Inside the Minds of Angry and Controlling Men.*”

In this session, the central themes we examine are:

Myth	Reality
Women and abusive men are interested in relationships in similar ways	➤ Abusive men view relationships from a framework of power and control
Men’s abusiveness is due to stress, anger management problems, or different conflict styles	➤ Men’s abusiveness is due to their belief system
Men’s abusiveness is due to childhood abuse, addictions, or mental illness	➤ Men’s abusiveness is due to their belief system

## Making the Links

### Women’s Mental Health

This module often helps women feel less “crazy.” Women often relate very strongly with the words *connected*, *equality* and *mutuality*, and see how this is what they have been striving for in their relationship. Realizing that *they* know how relationships are supposed to work, and that their partners do not, helps women feel stronger and clearer about their situation.

## 3. Closing and Check-out

End this week’s group with check-out and closing. If needed, refer to page 44 in *Module Two* for a reminder of what this should look like.





# Module 8: Am I Responsible For The Abuse?

## Core Learning Activity: First Incident of Abuse

\*\*\*Plan to take two weeks to cover this module\*\*\*

### Preparation for Group:

- Make reminder phone calls
- Review material
- Prepare handouts
  - » Making a Support Plan (extra copies)
- Prepare snack
- Set up room
  - » Flip chart
  - » Flip chart paper
  - » Markers
  - » Name tags
  - » Tissue
  - » Women's folders

### 1. Check-In

One facilitator leads the group through check-in, when the group has gathered. If needed, refer to page 40 in *Module Two* for examples of check-in phrases you may wish to use.

### 2. Core Learning Activity: First Incident of Abuse

Ask women to remember the first time they were abused in their relationship (usually, women recall a small event early on in the relationship). Then ask women to remember what their first reaction or “gut” reaction was to this incident (usually, women remember feeling uncomfortable with the abuse). Then ask women to recall what their partners or others said to silence their “gut” reactions. This module takes longer than one session to complete as the women do this exercise one at a time, while the other women listen. Plan on taking two weeks to cover this module.

Begin by writing the following four headings on flipchart paper.

What Attracted Me	Incident	My Voice	Dominant Voice

Tell the group that this exercise is different from the rest of the exercises, because one woman does it at a time and the rest of the group observes and listens. Ask the group if someone is willing to go first, assuring them that you will “walk them through it.”

**What Attracted Me:** Women do not usually find it hard to come up with a long list of what attracted them to their partner:

- » Interested in me
- » Wants to spend time with me
- » Good listener
- » Has a good job
- » Good with kids
- » Shares values or interests with me
- » Can protect or take care of me

If a woman is struggling, remind her to think back to when she *first* met her partner. She knows things about him now that she did not know then, but how did he first present himself? This is helpful for many women who have no doubt been told that they are attracted to abusive men. Women can clearly see that they were attracted to good qualities in their partners, at that time.

**Incident:** When a woman has completed that list, ask her to think back to the first incident of abuse. The woman would not likely have seen this first incident as *abusive* but it would not have felt okay in her “gut.” You can ask her, “When was the first time he did something and your gut said, ‘that is not okay?’”

Women’s answers to this question are as varied as the women themselves: their partners may have made a sarcastic comment, raised their voice, talked down to the women, pressured the women to have drinks, or have been deceitful in some way.

You are looking for an event that happened within the first weeks or months of the relationship. Sometimes, women start to share an event that happened well into the relationship. Give the woman a few minutes to tell that story and then ask her if she can think of any other incident that may have happened earlier in the relationship. Sometimes there is a big event that the woman needs to share before she can go back further into the relationship to something that may have been much less traumatic. This exercise can feel like peeling layers of an onion:

*We once had a woman in group who had sworn that the relationship was fine until the third child (a child with a disability) came into the family, and then her partner suddenly became abusive. During this exercise, the woman started to tell what happened the day they brought the child home from the hospital. This event was nightmarish to the woman and she had not had a chance to share it with anyone before. Once she shared this story, we were able to ask her if there was ever anything that happened earlier that did not feel okay with her. The woman answered by telling a story of something that happened on the very first date. Her partner's behaviour on the date was not okay with her but she had never had a chance to process it and she had not seen it as abusive.*

—Group facilitator, *Making Connections*

One of the great gifts of this exercise is helping women see that their abuse has been present much longer than they recognize. They may have begun to see the big events as abusive, but this exercise helps women see the more subtle forms of abuse and begin to trust their gut as the expert.

**My Voice:** Ask the woman what her gut reaction was, to his behaviour. Begin to talk about this “gut reaction” as “her voice.”

A woman's gut almost always tell her “this is not okay.” Try to get this gut reaction down on paper, naming it as her voice:

- » Wow, that hurt! (emotionally or physically)
- » I do not deserve that
- » He is overreacting
- » That is not fair
- » What the hell was that?

**Dominant Voice:** This is the voice that serves to silence the woman's voice. It may come from her partner, a friend or family member, the culture, or ideas she was raised with:

- » Boys will be boys
- » You need to protect a man's ego
- » He is under a lot of stress
- » I am his wife, it is my job
- » He is struggling with mental health concerns
- » My expectations are too high
- » I am overreacting
- » I am too sensitive
- » I am difficult to live with
- » I shouldn't have... (questioned him, worn that dress, had so many drinks, kept the kids up late)

Women can find it difficult to tell her voice and the dominant voice apart. Sometimes, women have heard, or thought, the dominant voice for so long, they have come to see it as their own voice. A good guide is that her voice (or gut) opposes the abuse, while the dominant voice justifies it. If the woman says her voice said the abuse was okay, encourage her to think back to her first gut reaction. Another voice, may have spoken very quickly and tried to overpower her voice.

When a woman has finished the exercise, thank her for her courage and ask if another woman is willing to try.

Once a few women have done the exercise, start making some observations.

In this session, the central themes we examine are:

Myth	Reality
Women are attracted to the abuse	➤ Women are attracted to positive qualities and outwardly abusive behaviour is rarely shown in the beginning stages of a relationship
Women are responsible for staying in an abusive relationship	➤ Women stay for a multitude of complex reasons
Women believe that abusive behaviour is normal	➤ Women's intuition is minimised, dismissed and silenced
Women have low expectations of relationships and accept abusive treatment	➤ Abuse gradually erodes women's expectations of relationships

This exercise helps discredit the notion that some women are attracted to men who are abusive. Women are always able to come up with a long list of things they were first attracted to in their partner. They were not attracted to abuse. The abuse was disguised until they were committed, to some extent, and they could no longer walk away easily.

Take plenty of time with each woman to do the first column of qualities the woman was attracted to, as it helps remind the woman that the first incidents of abuse happened in the context of lots of positive things. Step back and look at the list, after a woman has completed the first column. Most of the time we can say, “this is what any woman would be looking for in a partner.” Sometimes a woman is attracted to a man because he can help meet some of her needs (a place to stay) or can protect her (for women using street drugs). Understanding this helps reassure women that their instincts are healthy and that they tried to make a good choice for themselves.

***Learning to trust her voice and her wisdom is one of the single most valuable things a woman can take away from a Making Connections support group.*** This exercise helps women see the wisdom and gift of their “voice” and to trust it more. The *dominant voice* may seek to silence a woman’s voice, and the woman may have turned down the volume on her voice, but the it is still there.

It is a big step for women to trust their voice. Suggest to women that they can experiment with trusting their voice in situations that feel safe. The group is a good place for women to try to hear

their voice and even express it. Learning to listen to and trust their voice is a process that takes time for women. Abuse has made them doubt their voice and their instincts.

Take a moment to notice how the first column and the fourth column work together to silence the woman’s voice (third column). Women may have thought the first column represented “the real guy” and have been hoping their partners would return to behaving the way they used to behave. The dominant voice has been telling women to disregard her voice or “gut.” Women are just beginning to see the first column as manipulative kindness/honeymoon behaviour, and not the true nature of their partners. Point out that the dominant voice is very strong and very hard to ignore. It can come from many sources—the partner, media, friends, family and service providers. Terrible consequences may have resulted in women resisting the dominant voice. Beside the dominant voice, her voice may sound like a soft whisper and is easy to ignore. Women can spend an enormous amount of time and emotional energy trying to make the dominant voice “okay” for them when it is really not okay.

Suggest to women that when their partners do something that is not okay with them, they may want to take some time to process the experience using this exercise and interpret the new event through this lens. They do not need to fill out the first column again; they can just remember that they were attracted to good qualities. Emphasize that women try to figure out what *her voice* says about the incident, what the *dominant voice* says, and that they turn up the volume on their voice and trust it more. Be clear you are not suggesting women become more vocal with their partners, as this may not be safe. But they can begin to raise the volume in their own heads, and begin to trust their voice.

This exercise helps women hear *her voice* and see the *dominant voice* for what it is: a voice determined to silence them and cut them off from their true selves. This exercise is an opportunity for the women in the group to rewrite their history. This is particularly powerful for women who have had their experiences and history defined by their abusive partner. Suggest to women they may want to use this exercise on a regular basis. Give women the choice of taking their chart with them to remind them of their voice, or leaving them in their folders.

## Making the Links

### Women's Mental Health

In the beginning, abusive partners may have told women they would protect them or take care of them. The abusive partners may have said they understand the women's diagnosis and accept them as they are. These are all appealing, attractive qualities. Abusive partners may say things that are hurtful in terms of her mental health only later in the relationship, insisting that the women are "hard to deal with" or "need to be medicated." At this point, the partners may blame their abuse on the women's "mental illness." Women struggle with the opposite ideas and opinions of *her voice* vs. the *dominant voice* of their partner and others. Living in an abusive relationship is in fact "crazy-making."

Note that while a woman's mental health concerns may be used to blame her for the abuse, the partner's mental health may be used to relieve him of responsibility. A woman may say "he seemed to just go crazy"; "he'd been struggling with unemployment and was really depressed"; "he'd been under a lot of pressure"; "he must be bi-polar—one minute he was himself, the next he had turned into a monster."

### Women's Substance Use

Women's partners may also present themselves in the beginning as someone understanding of their substance use. Perhaps they share the experience of being "in recovery" together, or he is able to supply the woman with drugs or alcohol.

Look at the role of substance use in the *First Incident* of Abuse. Men often use substance use to explain, excuse or minimize their abusive behaviour: "he's trying to stay sober"; "he was high"; "he drank too much"; "he gets violent when he uses meth." Women hold themselves responsible (or others hold them responsible) for the abuse if they were using at the time of the *First Incident*: "she was just as drunk as he was"; "she shouldn't have been using."

Help women see that these statements are not true. They are part of the *dominant voice* and are not acceptable excuses for abuse.

## 3. Closing and Check-Out

End this week's group with check-out and closing. If needed, refer to page 44 in *Module Two* for a reminder of what this should look like.



# PHASE III

## PHASE III: REBUILDING AND FINDING HOPE

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**Module 9: Grief, Loss and Rebuilding**

**Module 10: Hope, Healing and Support**

**Module 11: Next Steps and Closing**



# Module 9: Grief, Loss and Rebuilding

## Core Learning Activity: Grief and Loss and Rebuilding Cycle

\*\*\* Plan to take two weeks to cover this material\*\*\*

### Preparation for Group:

- Make reminder phone calls
- Review material
- Prepare handouts
  - » Making a Support Plan (extra copies)
- Prepare snack
- Set up room
  - » Flip chart
  - » Flip chart paper
  - » Markers
  - » Name tags
  - » Tissue
  - » Women's folders

### 1. Check-In

One facilitator leads the group through check-in, when the group has gathered. If needed, refer to page 40 in *Module Two* for examples of check-in phrases you may wish to use.

### 2. Core Learning Activity: Grief and Loss and Rebuilding

The healing process is complex and lengthy for women who have experienced abuse, are healing from mental health concerns or substance use, and other impacts of abuse. Healing involves both grieving and rebuilding. We offer women a diagram<sup>xiv</sup> to help give them language to describe their healing process.

Draw a figure 8 on the flip chart, with a small gap on the top and bottom of the figure 8. Write “rebuilding” on the top and “grieving” on the bottom:



### Grieving

Explain to the women that healing from abuse involves both periods of intense grief and sadness as well as periods of rebuilding and hope. For this exercise, invite the women to explore grieving and rebuilding as they both relate to the process of healing.

Lots of great discussion comes out of this module, so plan to take two weeks. Focus the first week of this module on grief, and focus the second week on rebuilding. The group can also move between these two aspects of healing throughout the two sessions.

Begin with mentioning that a woman leaving, or contemplating leaving, an abusive partner experiences a great deal of grief:

*“I grieve the loss of who I thought my husband was.”*

*“I no longer trust the person I thought I could trust the most.”*

*“I grieve the loss of my hopes and dreams.”*

*“My life is not at all how I wanted it to be.”*

*“My family, as I knew it, is gone.”*

*“I only have my children 50% of the time.”*

*“I now have a substance use problem.”*

*“I lost custody of my children.”*

*“I lost the opportunity to be a ‘stay at home mom.’”*

xiv. Used with permission from *When Love Hurts: A Women's Guide to Understanding Abuse in Relationships*

*"My children turned against me."*

*"I lost my home."*

*"I lost most of my friends and my community."*

*"I lost social status."*

*"I feel labeled ("single mom," "mentally ill," "addict")."*

*"I lost all sense of financial security."*

*"I feel like I've lost the best years of my life."*

*"I'm feeling the loss of opportunities (education, career)."*

*"I lost everything!"*

Now ask the women to name what happens to them when they are grieving. What do they feel? Ask women how this process impacts their substance use and mental health. Does it affect their frequency or quantity of use? How do they feel? How do her feelings affect her habits and moods, i.e. how does it "show up" for her (sleeps more, can't eat, heightened anxiety, increased sense of isolation)?

List what they say on the bottom half of the flip chart next to the word "grieving."

If women express they find it hard to grieve or that they did not experience feelings of grief until they had been separated for a while, offer some explanation for this "delayed" or "complex grief."

## Loss of Relationship

Even though an enormous amount of grief comes from living with or separating from an abusive partner, society makes it very difficult to grieve these losses.

Divorce and separation, especially from an abusive partner, are not recognized as a cause for grief. There is no societal recognition of how difficult it is and how much strength it takes to live in, or leave, an abusive relationship. This form of grief is complicated as women often still love their partner but know their leaving might be best for their safety. When women lose their partners due to death, they receive a great deal of support including time off work, life insurance, childcare and gifts of food. When a woman loses a partner due to leaving an abusive relationship, she is subject to judgment, stigma and often a loss in income. Society believes women should be happy that they are finally free from the abuse, but their feelings of grief may be linked to loss—the loss of a

relationship that they put a great deal of time and energy into, loss of financial stability, or loss of the family unit.

Women are often "frozen" in their grief:

- » The abuse continues and so the woman has to remain emotionally tough so she can fight to protect herself, her children and her financial security.
- » She is overwhelmed with practical concerns (i.e. finding a job, finding a home, court etc.)
- » She needs to focus on her children's emotional needs and may end up not paying attention to her own.
- » Friends, family and professionals do not understand that it is normal for women separating from an abusive partner to experience grief and so women are discouraged from expressing grief.
- » Women still living with an abusive partner often do not have the opportunity to grieve the loss of the relationship or the man they thought they had committed to. They are focusing on the immediate crisis. Support people may also judge women for staying (i.e. "he must not be that bad if she stays").

Sometimes, a long time after separation, unexpected feelings of sadness sweep over a woman. Suddenly she can feel quite overwhelmed by her losses. The feeling or recognition of loss often comes over a series of years, or even decades. By this time some family, friends and service providers/professionals think she should be "over it." This can make her feel ashamed or that there is something wrong with her because she continues to feel sadness, or because of her inability to "get over it." This can lead women to self-medicate to escape the retraumatization, or may cause her mental health to decrease.

## Loss of Children

Some women have lost children due to custody battles, child welfare involvement or even death. Women often feel a great deal of grief and loss related to their experiences with child welfare involvement and the removal of their children, either temporarily or long term, and they also carry a great deal of shame and blame.

When women lose their children they often also lose other relationships and social networks that were connected to caring for their children. Both women and their children find this experience of multiple and compounding losses traumatic, and can take a long time to work through the emotions associated with this

loss. This is further compounded for women who had their own experiences of child protection removal and institutional abuse (i.e. residential schools) as children.

Substance use plays a large role as a coping mechanism for many women who have lost their children. Women who are actively using when their children are apprehended often continue to use, or increase their use of substances, to numb the pain and shame associated with the loss. This negatively impacts the likelihood that their children will be returned to them, which further feeds the desire to use. Some women may have had multiple experiences of loss associated with child apprehension and/or death. The silence around women's experiences of abuse, and their loss of children, helps perpetuate this cycle.

*My life was just starting to get good. And then they ripped my kids away. It literally threw me down the darkest hole I've ever been in, even after being raped and tortured. This was almost worse, because I was fighting my way back, and they literally kicked me in the face. I went straight to the crack dealer's house and he handed me the pipe and a big pile of dope and I was gone for a week. I never slept for a week. I was a mess. And then they ended up giving my little guy to my ex-husband who is worse than me. Meanwhile he walks in, "Oh yah, she's had a crack problem before."*

—Beth, *Building Bridges*

Sharing experiences of child removal and apprehension can be overwhelming and can bring up a lot of difficult feelings, especially for women who are talking openly about it for the first time. Be sensitive to this and offer the space for women to share their stories. Remind women that you are available after the group and during the week if they wish to discuss the loss of their children further. It is important that women know that there is no timeline for grief and loss. It is also important for women to know that the supportive people around them can help them manage their grief. Ask the women if there is anything else they see as part of the grieving process that they would like to write on the flip chart.

## Rebuilding

This is a good time to establish that grief and rebuilding are both part of the healing process.

Most women find the first few years after separation to be a roller coaster of emotions. Sometimes they feel all of the losses of the relationship (bottom part of the figure 8) while at other times they are relieved and happy to have left (top part of the figure 8). As time passes, many women begin to feel excited and even joyful in their newfound freedom and independence. It is normal to have a mixture of emotions. In fact, moving through various thoughts and feelings is a key component to healing.

Ask the women to explore the top part of the figure 8, titled "rebuilding," the part of the healing process when women are moving forward and feeling more hopeful about their future. The abuse destroys so much, that a great deal of rebuilding needs to happen. Ask the women what they do or feel when they are in the rebuilding part of the healing process and write what they say on the flip chart.

Try to get as many examples of rebuilding on the paper as possible, large or small:

- » "I had a hot bath"
- » "I phoned a friend"
- » "I went to a meeting"
- » "I do yoga or meditate"
- » "I talk to my counsellor"
- » "I watched a funny movie"
- » "I took my child to the park"

Ask women how this process impacts their substance use and mental health: "Does it affect frequency or quantity of use?" "How does it feel?" "How does it manifest?" (i.e. do the women feel positive and engaged in life, able to participate in daily activities better, less anxious).

Rebuilding is linked to supportive social networks and community, including participating in a support group where women can share their experiences with other women in a safe and supportive environment. Support groups, like *Making Connections* groups, are a powerful tool for helping women heal and rebuild from their losses. Take some time to ask women what other support they have accessed for themselves and what support they are still looking for.

Once there is a good list of both grieving and rebuilding behaviours and feelings, speak more about the interplay between grieving and rebuilding.

For many women, the healing process is a process of “cycling” through the figure 8: sometimes feeling and naming all of the losses they have experienced, at other times moving forward with their lives. A woman may spend hours and even days in the rebuilding part of the process, then suddenly find herself swept back into grief. Similarly, she may be spending a great deal of time in grief, feeling many powerful and uncomfortable emotions, then without warning feel joy or hope at the smallest event or accomplishment.

Remind women of some of the reasons that make both the grieving and rebuilding part of this process difficult. Many women are afraid there is “something wrong” with them because they are still grieving years after separation. The “opening” at the top and bottom of the figure 8 is a reminder that this intense emotional process does come to an end, although it is normal for it to be a long process.

Ask the women what shape the figure 8 takes for them now, and if it has been different in the past. The shape of the figure 8 changes over time for each woman. While still in the relationship or immediately after a separation, a woman may spend the majority of her time in the grieving part of the process and only get glimpses of the rebuilding part. After being separated for a long time or getting some support while still in the relationship, the woman may be focused almost exclusively on rebuilding and be surprised when grief comes up again, perhaps because of some significant event like a holiday or family wedding.

Be clear that while this module focuses a lot on grief and rebuilding after leaving an abusive relationship, you are not pressuring women currently with abusive partners to leave, or expecting them to leave. The module encourages women to share examples of grief and loss (loss of children or social networks) as well as rebuilding (gaining insight into her partner’s abusive tactics and relieving herself of blame) that may resonate with women currently in abusive situations. This module is also an opportunity for women to perhaps look forward to a time when they are no longer with their abusive partner, if they plan to one day leave.

In this session, the central themes we examine are:

Myth	Reality
Women should “get over” the relationship and “move on” quickly	➤ The healing process related to the end of an abusive relationship is complicated and lengthy
Women should just be glad to be out of an abusive relationship	➤ It is normal to grieve the end of a significant relationship
Women should be able to rebuild quickly	➤ Many reasons, both emotional and practical, make rebuilding a slow process

Now take a moment to have the women look at the diagram and say what it has been like to draw this diagram: “*Is it validating or overwhelming or both to see how difficult this healing process is?*” Note that grief is an important part of this process, even though it is a lot more enjoyable to be in the rebuilding part of the process. Friends, family and service providers will likely be more supportive of women when they are rebuilding, as they may not fully understand the necessity of grief in this context—but grief work is just as important as rebuilding work, for the overall process of healing. Encourage the women that wherever they are in the process (including if they are frozen in their grief), that they are doing important work to move through it, and that they will not always feel the intense and uncomfortable feelings they have now.

Women often despair at how long the rebuilding process takes. Our society often makes women feel that it should happen quickly, but it does not. Women are often hard on themselves because they do not think they are accomplishing “enough.” The group is a place to name the enormity of the rebuilding process, and to celebrate women’s “baby steps” forward.

## **Making the Links**

### **Women’s Mental Health**

All women who have lived with abusive men face a period of grief and rebuilding after the relationship ends. Women with mental health concerns encounter even more challenges as they seek to heal from abuse. The heightened anxiety, depression, insomnia or other distress normally associated with grief, worsens women’s already existing mental health conditions. If a woman is already seen as “mentally unstable” in her community, she may be judged for grieving the end of her abusive relationship, which can make the grieving and rebuilding process more difficult. Allow group to be a safe place for women to express their grief and to understand that grief is natural and healthy.

Talk about how the rebuilding part of the figure 8 affects women’s mental well-being. When do they feel less overwhelmed, less anxious, happy or hopeful? When do they feel able to engage more in life and participate in daily activities? What or who helps to improve their mental wellness? Do they require less medication at certain times or situations?

### **Women’s Substance Use**

Making the link between abuse, mental health and/or substance use, helps make women’s losses clearer. When women start to use substances, they may lose friends and family—people who disapprove of their use. When women stop using substances, they also lose friends and family—a network of others who are using. Women may find that to stay sober, they need to cut people out of their lives. Sometimes a woman’s experiences of abuse and substance use intersect in a way that results in her child(ren) being apprehended by child protection services. The loss is devastating and can lead to an increase in her use of substances to cope.

Ask women how their grief affects their substance use: Does it affect their frequency or quantity of use? If they are “in recovery”, does it make it harder to stay sober? Does it affect their need for prescription drugs to manage their mental distress? What role does substance use play in rebuilding?

## **3. Closing and Check-Out**

End this week’s group with check-out and closing. If needed, refer to page 44 in *Module Two* for a reminder of what this should look like.



# Module 10: Hope, Healing and Support

## Core Learning Activity: Art Project

\*\*\*Plan to take two weeks to cover this module\*\*\*

### Preparation for Group:

- Make reminder phone calls
- Review material
  - » Prepare handouts
  - » Making a Support Plan (extra copies)
- Prepare snack
- Set up room
  - » Flip chart
  - » Flip chart paper
  - » Markers
  - » Name tags
  - » Tissue
  - » Women's folders
- Gather together art supplies
  - » Paper
  - » Pencil crayons, pastels, markers, crayons
  - » Magazines, scissors, glue (for the option to make collages)
  - » Sound equipment to play music (optional)
  - » Note cards or coloured pieces of paper

### 1. Check-In

One facilitator leads the group through check-in, when the group has gathered. If needed, refer to page 40 in *Module Two* for examples of check-in phrases you may wish to use

### 2. Core Learning Activity: Art Project

The sixteen weeks of *Making Connections* support group is a significant time of important changes for women, although it is just a small part of their overall process. In the art work exercise, invite them to think about what life was like for them at the beginning of group, what their life is like now, and what they hope for the future for themselves and for their children. Facilitators also actively take part in the art work exercise—you might explore what led you into the work, how you do this work now and where

you hope to go with this work in the future. Your willingness to be vulnerable and creative helps women do likewise.

Women may tend to focus on what has happened to them externally (I am still living with him, I still do not have custody of my kids), but we want them to explore what has happened to them internally as well. Do they feel stronger or clearer? Do they have a more accurate understanding of abuse, how it works in their lives, and its impact?

Assure women no one is judged on their ability as an artist. There is an opportunity at the end of the sessions for the women to share their work, but no one is pressured to do so.

Encourage the women to think about drawing or collaging three different pictures. The first is how they were, or how they felt when they first joined the group. The second is how they see themselves now. The third is what they hope for in the future for themselves (and for their children, if applicable). Women may want to use three different pieces of paper or may want to draw it all on one piece of paper.

The internal process is very significant for a woman's healing and this exercise gives women an opportunity to express, through art, where they have come from, where they are now and where they hope to be in the future. This is an emotionally ambitious undertaking for women, so we take two weeks. Invite the women to relax into it and not feel rushed. Play quiet music if you can. This may help women access their creativity.

Sometimes women find the third picture particularly challenging. If a woman is just trying to survive the day, how can she think about her future in any significant way? If a woman expresses this concern, invite her to make it manageable for herself. The picture might just be one or two positive things she would like to be part of her future some day. Women need not have their futures all sorted out, but we are inviting them to dream and to open themselves up to the possibility of a brighter future—a future they deserve.

At the close of the week 14 session, ask the women what it was like to start the art work. Gather up the women's work so you can keep it for the final week of group. Let the women know they will have time to complete the project the following week.

After check-in the following week (week 15), invite the women to continue with their art work. Let them know the group will gather back together again about 45 minutes before the end of group and



that women are invited to share their art if they feel comfortable. As facilitators, share your work as well.

## Preparation for Final Week

Before you end week 15, remind the women that week 16 is the final week of group. You may decide to invite women to bring some food to share, or order in food for this last session, as you celebrate the hard work you have done together.

Before women leave the week 15 session, hand out small note cards or small coloured pieces of paper and ask them to take some time during the week to write a short note (a sentence or two) about each woman in the group (including the facilitators if desired). The sentiments can be simple, something that is admired or appreciated about each individual woman. Ensure each woman has enough note cards to write a note to each member of the group, including the facilitators. If you are concerned about the level of literacy in your group, you can include some starter phrases on pieces of paper (e.g. “I admire you because...”, “Thank you for...” “You are strong because...”).

During the week 16 session, as you come to the end of group, women will give their notes out to each other.

## Making the Links

### Women’s Mental Health

This exercise allows women to explore how their partners’ abuse has affected their mental health. In their art work, women may want to include:

- » What was my mental health like before I met my partner?
- » How is my mental health now?
- » What do I hope for, in terms of mental health, for the future?

### Women’s Substance Use

Women may want to include in their picture what their substance use was like before they met their partner, what it is now, and what they hope it will be in the future.

## 3. Closing and Check-Out

End this week’s group with check-out and closing. If needed, refer to page 44 in *Module Two* for a reminder of what this should look like.



# Module 11: Next Steps and Closing

## Core Learning Activities: Next Steps and Closing

### Preparation for Group:

- Make reminder phone calls
- Review material
- Prepare handouts
  - » Making a Support Plan (extra copies)
- Prepare snack/order in/women to bring food to share
- Set up room
  - » Flip chart
  - » Flip chart paper
  - » Markers
  - » Name tags
  - » Tissue
  - » Note cards/coloured pieces of paper
  - » Envelopes/Tins
- Note cards facilitators have written for each woman

### 1. Check-In

One facilitator leads the group through check-in, when the group has gathered. If needed, refer to page 40 in *Module Two* for examples of check-in phrases you may wish to use.

### 2. Next Steps

Take some time to talk about next steps, as this is the last group session. Women with experiences of abuse, substance use and/or mental health concerns need ongoing support as they rebuild their lives. Sixteen weeks of group is only a short piece of the overall healing process. Encourage women to continue to seek out appropriate support. Share any resources you know of that may be helpful to women. The main message is that it is normal to want support for a long time. The end of group does not mean the end of the healing process. Some women may feel they are just getting started.

If it seems appropriate, suggest that the women continue to get together to offer one another peer support. This can be very helpful. Perhaps one woman will volunteer to be in touch and organize a gathering. If you or your organization can help in terms

of providing space, snacks or childcare, let the women know this. If you are not able to provide this, simply encourage women to gather together in coffee shops, parks or each other's homes.

If the women have not already done so, make sure they have each other's email addresses and/or phone numbers. Keep in mind that it may not be safe for all women to give out this kind of information.

Throughout the weeks, women will have collected handouts and notes in their folders. Let women choose if they would like to take their folders home with them, or if they would like you to shred them. If feasible, you may also offer to continue to store women's folders in a safe place so they can access them again in the future, even if they cannot take them home.

### 3. Note Cards

Have women share the note cards they wrote for each other. (Facilitators should also write cards for each woman.) Hand out envelopes or small tins for women to store their cards. The notes will not be read during group but will be taken home where they can be read in privacy. Also, the notes can be kept in a safe place so that they can be taken out and read on challenging days as a source of encouragement. This is a good opportunity for facilitators and participants to thank one another for the connections they have made.

### 4. Closing and Check-Out

Go around the circle one last time, and invite women to "check out": How do they feel to be at the end of group? What was helpful for them? What have they most appreciated? What was most challenging? What is the most significant thing they will take with them?



# Appendices

# Appendix A: Making Connections Weekly Agenda

## **Making Connections Support Groups**

### **Linking women's experiences of abuse and substance use and/or mental health**

#### **Weekly Agenda**

##### **Week 1—Welcome**

- » Introduction to facilitators and other participants
- » Overview of group

##### **Week 2—Understanding Men's Use of Abuse in Relationships**

- » Cycle of Abuse—abuser's behaviour

##### **Week 3—Understanding Women's Experiences of Abuse**

- » Cycle of Abuse—women's experience
- » How is women's mental health and substance use affected by the cycle of abuse?

##### **Week 4 & 5—Understanding the Many Forms of Abuse**

- » Power and Control Wheel—Affirming women's experiences of power and control
- » How is women's mental health affected by the various forms of abuse?
- » How is women's substance use affected by the various forms of abuse?

##### **Week 6 & 7—Shifting from Blame to Impacts of Abuse**

- » Identifying the impacts of abuse on women
- » Health and social impacts
- » How do you understand the links between women's experiences of abuse and mental health and/or substance use?

##### **Week 8—Shifting from Blame to Impacts of Abuse (Continued)**

- » Reframing women's response to abuse: Safety, Strength and Impacts
- » How can women's use of substances be a safety strategy and/or a strength?

##### **Week 9—Why is My Partner Abusive?**

- » Central, Superior and Deserving: Looking through the lens of the abuser

##### **Week 10 and 11—Am I Responsible for the Abuse?**

- » First incident of abuse
- » Reclaiming women's voices

##### **Week 12 & 13—Grief, Loss and Rebuilding**

- » Grief, loss and rebuilding cycle
- » How do women use substances to cope with their experiences of grief and loss?
- » How does grief and loss affect women's mental health?

##### **Week 14 & 15—Hope, Healing and Support**

- » Art Work

##### **Week 16—Closing**

- » Next steps and Affirmations

# Appendix B: Confidentiality Agreement

## ***Making Connections* Support Group Confidentiality Agreement**

One of the most important rights women seeking group support have involves confidentiality. Information revealed by you during group sessions and related conversations will be kept strictly confidential and will not be revealed to any other person without your permission.

There are two exceptions to this:

The facilitators of the group, \_\_\_\_\_ and \_\_\_\_\_ may consult with other colleagues in order to gain assistance and insight in providing helpful, relevant support. Facilitators will always do this anonymously, unless they get your permission to reveal any personal or identifying information.

There are also a few circumstances in which, according to the law, the group facilitator is required to reveal information obtained during group sessions or related conversations to other persons or agencies. These situations include if facilitators have concerns about:

- » a woman being a potential danger to herself or others;
- » possible child abuse or neglect

If these concerns should arise, facilitators will speak with you privately about their concerns. No action will be taken without your full knowledge.

Facilitators encourage all participants to refrain from disclosing the contents of the group discussions outside of the support group; however, we cannot control what other participants do with the information discussed.

- » I acknowledge these exceptions to the confidentiality rule.
- » I agree that I will keep my knowledge of other group participants confidential without exception.

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Participant Signature

Date

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Participant Name (Please Print)

Contact Information (Optional)



# Appendix C: Making a Support Plan

## Making a Support Plan

Acknowledging our experiences of violence and its impact on our lives takes strength and is a sign of courage. Sometimes the hard work of sharing experiences can be overwhelming. When this happens, a support plan can help sort out what you can do to feel better. This handout helps you think about the ways you can support yourself through this process. It also helps you think about whom else may be able to support you while you are attending group.

What are some signs that you are feeling overwhelmed, anxious and/or might use substances when you hadn't planned to?

- Racing thoughts?
- Overwhelming hopelessness or sadness?
- Overwhelming anger?
- Feeling restless or agitated?
- Being preoccupied with thoughts of using?
- \_\_\_\_\_
- \_\_\_\_\_

Sometimes listening to other women's experiences can bring up emotions that are difficult and unexpected. This might make some women feel upset, overwhelmed, anxious, like they want to use when they hadn't planned to, or like they are going into a crisis. What can you do if you feel stressed or unsafe while you are in the group?

- Leave the room for a few minutes? (When out of the room it might help to take some deep breaths; think about some positive benefits of healing.)
- Ask one of the facilitators to talk?
- Leave for that group session? (Please try to check in with one of the facilitators so we know you will be okay.)
- Write down (or draw a picture about) your thoughts?
- \_\_\_\_\_
- \_\_\_\_\_

Some women might find it helpful to have a plan for what they are going to do when they leave the group each week, especially if you are worried about feeling like using when you hadn't planned to, are feeling overwhelmed, or that you are having mental health symptoms. What might you do when you leave the group to help you feel safer?

- Always leave the group with a friend? (Some women might want to think about having a "buddy system" for themselves.)

- Go for a coffee?
- Make an appointment to be somewhere directly after the group is over?
- Take a few minutes to write down (or draw a picture about) your thoughts?
- Check out with a group facilitator?
- \_\_\_\_\_
- \_\_\_\_\_

You might find it helpful to have a plan for what you are going to do during the week in between groups. What might you do during the week to get additional support if you need it? Are there people in your life that you can set up a plan with in case you are feeling overwhelmed or in need of some additional support?

- Call the facilitator who is available during the week?
- Connect with another service provider you like and feel comfortable with?
- Make a plan to get support from a peer?
- Call VictimLink, a 24-hour/ toll-free support and crisis line: 1-800-563-0808
- \_\_\_\_\_
- \_\_\_\_\_

**For women who are still involved with their abusive partner: they may interrogate you about where you were today. As many abusive partners try to sabotage women’s efforts to get support, it’s important to think about whether you are going to tell your partner that you are in a support group. You may want to take a moment to think about what you will tell them about the group or where you were today.**

- Talk to one of the facilitators to create a bit of a “script” about where you were or what you were doing?
- Tell your partner you were at a class, a book club, yoga, or getting mental health support, etc?
- Think about your own situation and decide what is best for you.
- \_\_\_\_\_
- \_\_\_\_\_

\*Adapted from “Healing Ourselves: Mothers Recovering from Grief and Loss in Vancouver’s Downtown Eastside” study. Investigators: A. Salmon, D. Badry, D. Rutman, S. Payne, D. Clifford, S. Lockhart, M. Van Bibber

# Appendix D: Weekly Feedback Form

## Feedback Form

Week \_\_\_\_\_

1. Overall, how useful did you find the sessions so far?

- Very useful       Somewhat useful       Not sure       Not very useful       Not useful at all

2. What was the most valuable aspect?

3. How could the sessions have been better for you?

4. What are the two things that you will take away with you from the sessions so far?

5. Other comments?

# Appendix E: Problem Solving for Facilitators

## Problem Solving for Facilitators

Facilitating a *Making Connections* support group is very rewarding, but not without challenges. Although we have called this section “problem solving,” we want to be clear that the women are not problematic: they simply come with their complex needs.

The following suggestions are based on what we have learned from other facilitators. You know your context and the women in your group best. You and your co-facilitator will need to talk together on a case-by-case basis to figure out how best to address any challenges that come up.

### If You Have to Cancel a Session

Try to never cancel a session. Women come to count on the support they receive at group. They have perhaps been thinking all week about what they want to share in the session. Women tell us they are extremely disappointed if group is canceled.

It is better to go ahead with one facilitator if one of you is sick or needs to be away. For the most part, substitute facilitators do not work since trust and established relationships are essential for facilitating a *Making Connections* support group.

If you find yourself as the lone facilitator for one week and are feeling a bit overwhelmed, tell the women that. You might also consider simplifying the session by covering less material than you thought you would.

If you must cancel a session, give the women as much notice as possible and let them know what support you or your co-facilitator can offer them that week. If you know before the start of group that one of the weekly sessions needs to be cancelled, let women know this on the first night. Also make sure to make up the week at the end.

### If the Facilitators Need a Break

When planning a *Making Connections* support group, do your best to find sixteen weeks in a row that will not be interrupted by either facilitator taking a holiday. If at all possible, plan your holidays around when you will be running these groups. A scheduled break for a significant holiday, such as Christmas or Spring Break, works fine. In our experience, it is best to only have a one-week scheduled break, as two weeks seems to disrupt the flow of group too much. Keep in mind that holidays are usually very difficult

times for women in abusive relationships. Women in our groups need even more support during these times of year.

### If Only One or Two Women Show Up for a Group

This isn't actually a problem. Assuming this is happening only occasionally, you can think about this situation as an opportunity for good individual support. The women who are present can do a lengthy check-in and talk about any questions or concerns they may have with the material up to this point. You may decide to end group early if this seems appropriate. Sometimes, if there are just two women present, a lot of sharing can happen as women feel more comfortable talking about very personal and difficult experiences.

### If the Group Numbers Go Down

Group can continue to run even with quite small numbers. Facilitators should do their best to prevent the group numbers from going down too much. Make sure you have enough women to start a group in the first place, and make reminder phone calls each week. You can also check in with women who have missed group (perhaps there is something keeping a woman from group that you can help her address). If your group drops to no one or only one woman regularly attending, you may have to decide to suspend group for the time being. Perhaps, the one woman who is still interested could meet for one-on-one support with a facilitator, as you work to recruit more women and start again.

### If a Woman Misses a Lot of Group

Women in these support groups have a lot of chaos in their lives. They may not even know where they are living from month to month. They also may have serious health concerns, or children with high needs. Group tries to meet women where they are at, so perfect attendance is not the goal. We do tell women that we want them to do their best to be there every week. We can then assume that a woman is doing her best, so if she needs to miss several sessions it is most likely because her life is chaotic. The women have already experienced plenty of judgment and exclusion; we are trying to offer something different. If a woman has missed important material, you can see if she can come early to the next group or meet with you another time to catch up. This will help her feel more able to fully engage in the group.

### **If Women Come Very Early to Group or Stay Very Late**

As facilitators, you need to be clear about how much time you have to commit to group. Some women show up as much as one hour before the beginning of group. This speaks to how valuable this support is in women's lives. In this situation, you may want to provide a space for women to gather before the facilitators arrive. Perhaps there is a comfortable space where women can wait, have a cup of coffee and something to eat. This can be a great opportunity to create community. You always want to allow some time before group and after group for women to approach you individually, but it is fine to let women know your time restrictions. It is very common for women to hang around after group. If you need to lock up the building and get going, you can invite women to take their conversations outside. Over the years we have witnessed some great support happening in the parking lot after groups.

### **If a Woman is Really Disruptive**

We are by nature social creatures and we want to fit in and belong in a group. Keep this in mind when relating with a woman who seems disruptive to the group process. Remember that she is doing the best that she can. Ask her what she needs and what the group can offer to her. Often when we engage a woman in this way, she will feel calmer because she will feel listened to and cared for.

Remind yourself and the whole group, if necessary, that *Making Connections* support groups are always as inclusive as possible. Women with the most life challenges, also need the most support and understanding.

### **If English is a Second Language for Women or there are Hearing Impaired Women in Group**

If a woman doesn't share the dominant language of the group or has a hearing barrier but wants to come to group, encourage her to come. In an ideal world, we would have *Making Connections* support groups for women in different languages and in ways that are fully accessible to women with disabilities, but for now such programs do not always exist. Try to ensure that the woman knows what the group is about, who will be participating, and whether she has needs that could be met (and that she wants to be met) through the group. If she believes the group is right for her, she should be welcome. At your first meeting with her, find out how best to meet her needs. Does she need the lights bright enough so

she can read lips? Does she want you to speak slower when you are speaking to her directly? Ask her what she wants the group to know about her particular needs, and how the group can help her to engage as much as possible. Some women for whom English is a second language, will listen but not speak a lot. Usually a person's comprehension is higher than their ability or comfort to speak the language. Check in with a woman with special language needs on a regular basis, to make sure all is being done to help her be part of the group. Perhaps you can occasionally have an interpreter to "catch up" in an individual session.

### **If Women Come to Group But Do Not Share**

Make sure all the participants know that sharing is not a required part of group. Being an active listener is a wonderful thing to offer to the other group members. Some of us learn better by simply listening. Some of us learn better by talking out loud to process our thoughts. If a woman says she is shy or expresses anxiety about speaking in public, we let her know she will never be forced to speak in group. Focus on how great it is that she is coming to group and that you are glad to have her there. Different learning styles are always welcome in group. It is quite rare for a woman to be silent for all sixteen weeks of group. It is common, however, for a woman to say at the beginning of group that she will not be able to share. Before a woman gets to know the facilitators and the other members of group, it may seem too much to share personal thoughts and experiences. Most women start to share when they feel they can trust the group and they are comfortable with the group dynamics. Remember that for women who are experiencing abuse, being cautious about where and when to speak may be a safety strategy and strength, not a weakness.

### **If a Woman Asks About a Resource or Service You Know Nothing About**

Do you feel able to do a little bit of research for a woman as to what services might be available to her or do you know someone who might know the answers to her questions? As a service provider in your community, you want to be acquainted and connected to other services and resources as much as possible. Try to have a list of other support services available along with their contact information. There may be an opportunity to facilitate connecting women with other services or providers that they have not accessed, or have been denied access.



## Reflection #2: Am I Abusive Too?

Sometimes women wonder and worry about whether they are abusive, like their partner. Maybe you have fought back, yelled at or hit your partner. Abusive men, family members, the police or other “helping professionals” sometimes tell women they are also abusive. The idea that it “takes two to tango” and that relationships are 50/50 is a predominant one in our culture. When considering whether you are abusive, it is important to ask yourself a few questions about the situation, and the intentions behind your behaviour.

The first thing to consider is what has happened over time in your relationship. Ask yourself what your partner was doing before you behaved in a way that you thought might be abusive. Was he verbally attacking you? Was he stopping you from doing something? Was he harassing you? Most of the time, women report to us that their seemingly abusive behaviour happens in the midst of a lot of different types of abuse from their partner.

A woman yells and smashes a dish on the floor after her partner has been berating her for hours. Her partner latches on to her “bad behaviour,” calling her “crazy” and “abusive” while dismissing or rationalizing his treatment of her. The abusive partner may also say that their behaviours are the same, but they are not: the woman’s behaviour is not equal in severity or impact, to the partner’s behaviour. She is *reacting* to his abuse.

The second thing to consider is your motive. What is your motive when you do things that you think might be abusive? Are you trying to dominate your partner, control him, or get your own way even if it hurts him? Or, is **your motive self-protection**? Are you just trying to protect yourself physically and emotionally? Perhaps, you just want to be heard and respected?

As we explore motives with women, it becomes clear that most women we work with are not interested in dominating or controlling their partners. Their actions are in response to being silenced, controlled and humiliated.

Women may also behave in ways that seem to be an explosion, in an attempt to end the *tension-building* phase. You may, or may not, be aware of doing this yourself. If your partner has been increasing the tension for days or is building it to a level that you can no longer tolerate, you may do something to break it and move into the inevitable *explosion* phase. Often women will choose to stand up for themselves, or yell. Perhaps a woman will do it when the kids are at school. Some women also say that they choose to do so while they are drinking or using, so the physical abuse doesn’t hurt as much.

Lastly, consider the role of fear in your relationship. Are you afraid of your partner’s reactions? Most women will say that they are afraid of their partner. However, usually in the same relationship where the male partner is abusive, he is not afraid of his partner.

Although you may have behaved in ways that feel uncomfortable to you, it is important to remember that your partner is in control of the cycle. No matter what you do, your partner will find a reason to be abusive. He will try to use your behaviour to justify his *explosion*, but it does not. He will try to compare your “bad” behaviour to his abusive behaviour, but they are not equal. Your motives are not the same. He is trying to regain control and is using abusive tactics to do that. You are attempting to protect the physical and emotional wellbeing of yourself and your children. You may also be attempting to be heard, or to have some say in your relationship.

## Reflections on Who is Abusive in My Relationship?

Who is initiating the abuse?

- Me     My partner

Who is responding to the abuse?

- Me     My partner

Who is trying to have power and control?

- Me     My partner

Who is defending themselves?

- Me     My partner

Am I afraid of my partner?

- Yes     No     I don't know

Is my partner afraid of me?

- Yes     No     I don't know

Does my partner control his actions because he worries that I will hurt him?

- Yes     No     I don't know

Do I control my actions because I worry that he will hurt me?

- Yes     No     I don't know

What are my intentions when I am arguing with my partner? Do I want...

- control?  
 to be heard?  
 respect?  
 power?  
 to defend myself?

**Additional thoughts:**

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## Reflections #4: Is the Problem My Low Self-Esteem?

Some women have been told that if they “work” on their self-esteem, their relationship will improve. If your partner is abusive, this is not the case. It is extremely difficult to hold onto a positive image of yourself while you are with an abusive partner.

Sometimes women who are abused by their partners wonder if the problem is low self-esteem. A woman may wonder if this is why she has “put up with abuse” for so long; she does not think she deserves better. No one, independently, develops a solid sense of self. Humans are, by nature, social beings. All of us have our self-image shaped by the people around us, especially those we are close to. People in our lives act as mirrors, reflecting information back to us. The problem is, if you are with an abusive partner, you have had one huge mirror dominating your life—your partner—and that mirror is sending back false information to you. Your partner is like one of those distorted mirrors you might find at a circus. Those mirrors are designed to distort reality. They distort your image so much that you can hardly recognize yourself. He says things like you are “lazy,” “stupid” or a “bad mother.” These things are not true.

Abusive men want to dominate a woman’s life and push out other people in your life: your partner has perhaps discouraged your friendships with people who might reflect a more positive and more accurate picture back to you.

You can see your problem is not “poor self-esteem.” You may not feel like you have much self-worth, but this is the result of how your partner has treated you and manipulated your idea of yourself, not because of an inherent weakness or problem that you have.

Over the years, women have shown us that once they get some positive support and/or get some distance from their partner’s control, they start to feel better about themselves. They finally have the freedom to invite people into their lives who will tell them about their strengths and positive qualities, people who will reflect back to women an accurate picture of themselves. A women’s support group is a great place for this part of the healing process to begin. The facilitators and other group participants help women see themselves in a more accurate way.

Some women say that they entered their relationship with a poor sense of self. If you have had negative experiences previously in your life, you might have a difficult time seeing your good qualities. This is not a reason or an explanation for abuse. A loving, respectful partner helps us to see the best in ourselves and is protective and kind about our vulnerabilities. Your partner likely presented himself as a kind and affirming person in the beginning of your relationship

but ultimately he took advantage of the negative ideas that you had about yourself. They became fuel for his abuse.

Sometimes, helping professionals may suggest that women with “poor self-esteem” take an assertiveness training course. We think this is dangerous advice. Your partner is not abusive because you lack assertiveness. An abusive partner sees any effort to assert yourself as a challenge to his power and control, and could become more abusive. You are cautious and accommodating to your partner because he is dangerous, and you are doing your best to keep safe. When women are told that the “problem” is their “poor self-esteem” or “lack of assertiveness,” the focus is on blaming women and expecting women to change instead of on the real problem—their partner’s abuse.

It is hard to trust yourself and disagree with a professional, but women know if it is safe to try some of the suggestions providers give them. The best way of deciding if suggestions are worth trying, is to figure out whether the provider is thinking about how to change something in you, or how to increase your safety. If they are trying to change you, they might not really understand your experiences of abuse and how important it is that you keep your focus on your safety.

### Reflections on “Self-Esteem”

How did you feel about yourself when you entered into your relationship?

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How has your partner changed how you feel about yourself?

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## Reflections #5: Am I Suffering from Post Traumatic Stress Disorder (PTSD)?

Perhaps a health care professional or support person has suggested to you that you are experiencing Post Traumatic Stress Disorder (PTSD). You may, or may not, have found this helpful, depending on how you understand PTSD. PTSD may occur when a person has experienced one, or multiple, traumatic situations. The idea behind PTSD is that a person who has experienced a traumatic event in the past (at least one month ago) still responds as though this event is putting them in danger. The person's body and mind behaves like the trauma is ongoing and that danger still exists when in fact the danger has passed and the person is now safe. This leads to various physical and mental responses while trying to cope with this fear, including flashbacks, nightmares, and heightened anxiety. The word “**Post**” in PTSD speaks to the idea that these symptoms or reactions are happening after the traumatic event and doesn't necessarily recognize situations like abusive relationships where there may be current, ongoing harm and/or threats.

A common example of a traumatic event that may lead to PTSD is a bad car accident, which is one single traumatic event. Women who have lived with an abusive partner have not suffered just one traumatic event, but many frightening events, sometimes over a long period of time. While someone who is rescued after a car accident is no longer in jeopardy, women dealing with an abusive partner may still be in danger and have a legitimate reason to be fearful. Even after separation, women continue to be at great risk for injury and other forms of violence, abuse, and intimidation. Abusive partners often continue to stalk, harass and threaten women after they have left. In fact, the most dangerous time for women can be the weeks and months after separation. For these reasons, the use of PTSD to describe women who have experienced abuse by a partner is not always accurate.

The reactions that people have to trauma are natural human responses. These responses are how our brains try to deal with the stressful sensations that occur during traumatic events. They are also the brain's way of trying to keep you safe from further harm: they are your brain saying “be careful,” “be on guard,” “be alert.” It is normal to be more cautious, on guard, or to experience nightmares or flashbacks after a traumatic event. In fact, in the case of women with abusive current or ex-partners, these are reasonable and, often helpful, responses to harm or threats. Women are dealing with current trauma or fear, not just **past** trauma. Some experts call these responses **survival-based fear reactions** that women use to keep themselves safe.<sup>27</sup>

It might be helpful to rename PTSD for yourself, and call it Post Traumatic Stress *Response* or *survival-based fear reactions*, instead of

Post Traumatic Stress *Disorder*. You may or may not be experiencing post traumatic stress response or having survival-based fear reactions. If you think that you are, it might be helpful to think of it as a way that helps describe *what has happened to you*, instead of a label that describes *what is wrong with you*. You have experienced abuse. This abuse has left you feeling overwhelmed, afraid, confused and exhausted. These are normal responses to what your partner has done to you. This is just another impact of the abuse.

If you are still with your partner, or if he continues to make you feel unsafe, these reactions are your body and mind's way of trying to keep you safe. Some intensive therapies and counselling techniques used to treat PTSD may suggest you change your behaviour to improve your situation. These therapies and techniques may not recognize the legitimate fear you continue to live with and the control your partner has over you—they may even be unsafe for you. Support from someone that understands the complexity of your situation may be helpful as it can give you an opportunity to talk about your experiences of abuse and its impacts.

### Reflections on Post Traumatic Stress Disorder

The concept of Post Traumatic Stress Disorder (or Response) is **helpful** to me because...

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The concept of Post Traumatic Stress Disorder (or Response) is **unhelpful** to me because...

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## Reflections #6: Am I Codependent?

The term “codependent” has its origin in the Alcoholics Anonymous (A.A.) movement. The concept of codependency was first applied to couples in which a partner had an alcohol or drug problem. The other partner, the ‘codependent one’, works hard to try to “fix” the problem. The term has also been used for people in relationships with individuals with chronic mental health concerns. Today, however, the term codependency is broadly used to describe any ‘dysfunctional’ family or partnership. The term is sometimes used to define women in abusive relationships.

It is important to note that the word “codependent” is not a medical term. It is simply a label that some people have come to use to describe what they see in the behaviour of those who live with addicts. What is it they see? Codependency, as defined by Codependence Anonymous, is:

*...a tendency to behave in overly passive or excessively caretaking ways...It also often involves putting one’s needs at a lower priority than others while being excessively preoccupied with the needs of others.... Codependency may also be characterized by denial, low self-esteem, excessive compliance and/or control patterns.<sup>67</sup>*

If your partner is abusive, this is going to have a hugely negative impact on your life. You are going to have to pay a great deal of attention to his needs and demands in order to keep you and your children as safe as possible. You will have to put your needs at a lower priority than his if you are to try to avoid explosions. We believe that what some people describe as codependent behaviour can be better understood as the impact of living with an abusive person.

The A.A. movement encourages people to emotionally “detach” from the addict’s behavior, but this assumes a number of things. It assumes that that you have choices you may not actually have and that “detaching” is an option. If you try to detach, your partner may become angrier and more abusive. It may not be safe to “detach.”

The term codependent suggests that something is wrong with *you* and that *you* need to change.

If a woman is told she is codependent, this puts the focus on her behaviour and leaves her working hard (once again) to try to improve things in the relationship. This does nothing to promote your safety and well being. The problem is your partner’s abuse. You are not to blame and you do not need to change. Furthermore, there is nothing you can do to change him.

### Reflections on “Codependency”

How can you reframe the idea of “codependency” to a safety strategy, or impact of abuse?

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How has your partner’s abuse forced you to be more attentive to his needs or reactions?

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How has your partner’s abuse forced you to ignore or minimize your own needs?

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## Reflections #7: Why Don't the 12 Steps Work for Me?

Some challenges posed by the 12 Step model for women with experiences of abuse may include:

- » It requires buy-in to the idea that you are powerless over unwanted substance use.
- » Abstinence from all drugs and alcohol is understood as the ultimate goal.
- » Expertise is situated outside of the woman.
- » The model is prescriptive and generic.
- » The tone of support is directive.
- » Groups are white, male, and heterosexual dominated.
- » “Higher Power” and “God” are often used interchangeably.
- » Support falls away during periods of substance use or relapse.<sup>74</sup>

The 12 Steps have their origin in Alcoholics Anonymous (A.A.), which was started by two men, Bill Wilson and Robert Smith, in 1935. Wilson and Smith based the 12 Steps on their experience of working with 100 white men and one woman. Wilson, who wrote the “Big Book”, based his definition of an alcoholic personality on this group of mostly men. He described alcoholics as egocentric, arrogant, resentful, controlling and violent.<sup>75</sup> Although this definition may describe your partner, it likely does not describe you.

The first clients Wilson worked with were privileged white men, men of power and influence. Wilson saw the need to deflate the “overblown egos” of these men, which is part of what he created the 12 Steps to do. Generally, this worked for the white, upper-middle-class men that Wilson worked with. But this approach does not fit the needs of most women who have experienced abuse. Women who have experiences of abuse or oppression need to be encouraged and affirmed, not degraded and devalued further.

A.A. was also first developed in a Christian context and makes reference to a male God. Some groups have worked to take away this male language, but for some, any language about God is a barrier to healing. This may be especially true if you have experienced spiritual abuse from your partner or your religious community. As well, you may want to draw on your own spiritual beliefs. Indigenous people often want to approach their healing in a way that honours their spirituality.

The 12 Steps is one model of recovery. It has its strengths but also its limitations. Many women have expressed discomfort with the way that men seem to often dominate A.A. meetings. Perhaps being in a mixed group with both men and women does not work for you. Some women have found it preferable to find a group that is for women only.

Some women have found the 16 Steps that are outlined in Charlotte Kasl’s book *Many Roads, One Journey* very helpful. The 16 Steps were developed with women and their experiences in mind. She identifies that women often start using substances as a coping and survival strategy. She looks at women’s use of substances in the wider context of their lives.

If you are seeking to reduce your use of street drugs, alcohol, or prescription medications, you are doing a very courageous thing. You deserve support that recognizes all of the challenges in your life, and that especially recognizes the impacts of abuse in your life.

### Reflections on the 12 Steps

Have you tried the 12 Steps?

- Yes    No    I don't know

The 12 Steps were **useful** to me because...

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The 12 Steps were **not useful** to me because...

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## Reflection #8: Recognizing Helpful Support

*"...they gave me my counsellor....And I love her. She's been my rock for two years... they gave me a counsellor that I trusted and connected with and [who knew] every little detail about my life. They have given me that one person."*

*- Lenora*

Many women who have experienced abuse have sought help through a variety of counsellors and other helping professionals. Sometimes counselling or other support is helpful, and sometimes it is not. Counselling or advice from others can be dangerous if it disconnects you from your voice, your wisdom and your experience.

For women who are currently in an abusive situation, helpful counselling or support has your physical and emotional safety as its main priority. It is hard to trust yourself and disagree with a professional, but remember that you are the expert on your own safety and life. The best way to decide if a service provider's suggestions are worth trying is to determine whether the service provider is thinking about how to change something in you, or

how to increase your safety and well-being. If they are asking you to make changes in yourself, they might not really understand your experiences of abuse and how important it is that you keep your focus on your safety. They may not understand that your choices and freedom to make changes are extremely limited. Some women describe being given advice that would have put them at risk in their relationship. Some women who have chosen not to follow the counsellor's advice, have lost the support of the service provider.

Helpful counselling or support encourages you to hear your own voice and your own wisdom more clearly. Hopefully you come away from a counseling session or other appointments feeling listened to, affirmed and clearer about the negative impacts your partner's abuse is having on you. If you come away more confused, doubting yourself or feeling weighed down, you may question whether this counsellor is right for you.

It may be helpful to know that some service providers are not generally trained about the dynamics and realities of abuse. Contact your local transition house or women's centre to find a counsellor who has specific training in woman abuse.

What qualities are you looking for in a service provider or support person?

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What is NOT helpful for you in a service provider or support person?

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## Reflection #9: Am I in Denial?

Women who are living with abusive men sometimes get accused of being in denial. However, your situation is probably too overwhelming to think about all the time. Most of your attention and energy likely goes to trying to keep yourself (and your children) emotionally and physically safe. You may be focusing on just trying to get through the day. It is very hard to have the mental energy to step back and look at the bigger picture.

Additionally, sometimes your partner may be in the manipulative kindness phase and things might seem manageable. When you see the more positive behaviour of the manipulative kindness/honeymoon phase, you want to hope for the best—that this time, it will last.

For most women, there are also many concerns and issues to think through. If you separate, where will you live? How will you have enough money? What about the children? Thinking about what the future would look like and how you would financially provide for your family can be overwhelming, given the stressed financial realities for most women when they leave abusive partners.

Many women find their way forward by taking “baby steps.” Women rarely change everything in their life all at once. Rather, they try to make a better life for themselves and their children

one small step at a time. If you are in a support group for women who have experienced abuse, that is a positive step forward. You are looking for the support and understanding that you need and deserve. Trust that you are coping and managing the best you can. Try to feel good about the positive things—even if they are very small—that you are doing for yourself or your children.

### Reflections on “Denial”

What are some small steps that you are taking to support your own mental and physical well-being? What small steps are you taking to support your children?

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## Reflection #10: Why Do I Still Feel Scared If He Isn't Hitting Me Anymore?

Sometimes women report that their partners have stopped some of the more obvious forms of abuse, like physical abuse, but the women find that they still feel fearful and distrustful. Sometimes the abusive partner faces negative consequences from society for acts of physical abuse. He may then stop physically attacking his partner but instead increase his verbal attacks, or become more financially controlling, as there are usually few negative social consequences for these types of abusive behaviours.

Remember: abuse is about wanting to maintain power and control. Your partner is still seeking to have power and control over you even if he is not using physical abuse to achieve this goal. This is probably one of the reasons you are feeling so scared: he is still controlling you, he is just using different tactics to do it. Perhaps, because you are not being physically abused, you feel (or your partner wants you to feel) like you should be happy and grateful. Remember that physical abuse is only one form of abuse. Look at the Power and Control Wheel: it names many abusive tactics, and it might help you identify what other types of abuse you are experiencing.

As you try to make sense of how you are feeling, consider the role of trust in your relationship. If a relationship is going to work, there has to be a high level of trust. Abuse destroys trust. Violence, even if it only happens once, it can make trust impossible.

The person who was supposed to love and protect you has profoundly hurt you and broken your trust. Of course you feel awful. If your partner is not working towards change, then you may continue to experience abuse in your relationship. If your partner is genuinely working to change, it will take time and a lot of work on his part to rebuild trust. You are not going to feel okay about the relationship until after he has done this hard work and shown you that he is a safe person all of the time and in all circumstances.

### Reflections on Why You Still Feel Scared

What are some of the **physically abusive** tactics that your partner is still using to maintain control in your relationship?

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What are some of the **non-physically abusive** tactics that your partner is still using to maintain control in your relationship?

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## Reflection #11: Is Change Possible for my Partner?

*Note: This article should not be given to women until you have covered the material in Module 7.*

Women often want their relationships to last and are willing to do just about anything if they think it will help. Even when women give up on the relationship, they still hope their partner will change—for the sake of their children, or so that he will not hurt other women. The desire to see real, lasting change is very strong, so the question comes: “Is change possible for my partner?”

By now, you have looked at the two belief systems in *Module Seven*. You have begun to consider if you and your partner have the same goals when it comes to your relationship. Perhaps while you are seeking to be Connected, Equal, and Mutual, he is seeking to be Central, Superior and Deserving. It is very painful to consider that his motives and intentions, when it comes to you, are very different from your motives and intentions in regards to him.

When we consider how deeply entrenched abusive men are into their belief system, it becomes clear that while change is possible, it is very difficult and requires hard work. To be Central, Superior and Deserving is to stand in a position of power and privilege. Human beings do not give up their power and privilege easily. An abusive man has to really want to change and has to be willing to do the hard work over many months, even years. He has to be willing to take full responsibility for his actions and be willing to see the profoundly negative impact his actions have had. He needs to make himself accountable to others to truly change his behaviour over the long haul. The question is not really “Is change possible?” but rather “Is my partner willing to do what is needed to make change possible? “

Lundy Bancroft is an author who has written about his experience of working with abusive men for over 15 years. His book *Why Does He Do That? Inside the Minds of Angry and Controlling Men* is written to the partners of abusive men to help them understand the belief system of abusers, and what is needed for genuine lasting change. If you are interested in exploring this further, this book may be of interest.

### Reflections on Your Partner’s Capacity for Change

Are there signs that your partner is capable and willing to change?  
 Are there signs that your partner is not changing?

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## Reflection #12: Why Do I Still Love Him?

Women often struggle with their feelings of love for their partner. Perhaps others have suggested that you are “crazy” for still loving your partner. When you first met your partner, he demonstrated a lot of positive behaviour and it was this depiction of himself that you fell in love with. You have now seen him do very hurtful and self-centred things but you still remember the person you first thought he was. On top of this, the more positive looking behaviours keep coming back around. This has to do with the Cycle of Abuse—Manipulative Kindness, Tension, Explosion. He first presented you with manipulative kindness and he returns, at times, to that more positive looking behaviour. If all you ever saw from him was explosion, it would probably be easier to stop loving him but the manipulative kindness sparks hope in you—that is the intention of this behaviour.

Also, women have taught us that love is not an emotion that can easily be turned off. If you have been in relationship for a long time with your partner and have loved him for many years, you will not likely lose those emotions over night.

If you know your relationship needs to end and you want to be able to let go of your feelings of love, keeping a journal might help. Sometimes seeing the negative things in black and white helps women see just how devastating the abuse can be. Some women have reported that when they feel they are being ‘manipulated by his kindness’ they look back over their journal and that helps them to see things more clearly. For many women, journals have helped them to see that the “bad” greatly outweighs the “good.” (If you

keep a journal, be sure to keep it well hidden from your partner. If there is no safe place to hide it, journaling is probably not a good idea for now.)

The fact that you are a loving person is not a shortcoming in you. But maybe your partner is not worthy of your kind and open heart, and maybe you want to begin to shift your love, care and concern away from him and towards people who deserve it. One person who certainly deserves your love, care and concern, is you!

### Reflections on Why You Still Love Him

What first attracted you to your partner? What are the some of the ways your partner ‘manipulates you by his kindness’ to draw you back into the relationship?

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## Feedback about the Making Connections curriculum

"I found it really supportive. Like you have all of these horrible things that happen to you during the week but then you have this group of wonderful women that you can come and share it with and they all support you and they all really care. It's a really nice feeling."  
– Making Connections participant

"But that was so exciting to come here and meet all these beautiful women that have had these same experiences. We think no one else in the world would live like this. But... for me it does take away that crazy-making, like I'm insane? Did this really happen? And it's very valuable." – Making Connections participant

"This group is about cultivating acceptance for the women and explaining why they responded the way they did – it's not just about the women, it's about institutions, societal norms and other factors."  
– Making Connections facilitator

## About the Woman Abuse Response Program, BC Women's Hospital & Health Centre

Since 1997, the provincial outreach program has supported communities across BC to improve health services for women impacted by abuse and to develop integrated and coordinated multi-sectoral responses between health, mental health, addictions, justice, social and community services. The Woman Abuse Response Program is recognized as the provincial training program in violence against women for the health care sector. We provide education and training to health care providers and others working with women who may be impacted by abuse. Other program activities include research; consultation; program development and the development of resource materials related to practices, policies and guidelines to respond to the health and social impacts of violence against women. <http://www.bcwomens.ca/Services/HealthServices/WomanAbuseResponse>