

“No More Trapping Me!”: Communication Scholarship in the Service of Women Experiencing Domestic Violence and Substance Abuse

Jennifer A. Guthrie & Adrienne Kunkel

Domestic violence (DV) and substance abuse (SA) are correlated issues that should be addressed simultaneously. However, many agencies do not address the simultaneous issues and there tends to be little interaction between DV and SA agencies for numerous reasons, including general procedural and philosophical differences. This study examined the efforts of a DV center and a SA center to collaborate. Findings indicate that the competing discourses can function dialectically in ways that survivors find empowering and that inter-agency support groups may be effective for simultaneously addressing DV and SA.

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There is a great deal that researchers do not know regarding the complex relationship between domestic violence (DV) and substance abuse (SA), although there is a correlation between the two issues (see, e.g., Chase, O’Farrell, Murphy, Fals-Stewart, & Murphy, 2003; Coker, Smith, McKeown, & King, 2000; Fals-Stewart & Kennedy, 2005; Logan, Walker, & Leukefeld, 2001; Stuart et al., 2006; Testa, Livingston, & Leonard, 2003). Whereas some batterers abuse drugs and alcohol, Stark and Flitcraft’s (1996) review of clinical histories also reports that women who have experienced DV, as compared to those who have not, are 15 times likelier to abuse alcohol

Jennifer A. Guthrie (Ph.D., University of Kansas, 2013) is an Assistant Professor in the Department of Communication Studies at the University of Nevada, Las Vegas. Adrienne Kunkel (Ph.D., Purdue University, 2000) is a Professor in the Department of Communication Studies at the University of Kansas. This manuscript is based on the first author’s dissertation, which was directed by the second author. *Correspondence:* Adrienne Kunkel, Department of Communication Studies, University of Kansas, 102 Bailey Hall, 1440 Jayhawk Blvd., Lawrence, KS 66045. Email: adkunkel@ku.edu

and 9 times likelier to abuse drugs. Given the inclination of some DV survivors to use alcohol or drugs to self-soothe and cope (Dutton, 1992), the two issues may “interact and exacerbate each other” (Engelmann, 1992, p. 6) and, thus, should be addressed simultaneously (Fazzone, Holton, & Reed, 1997).

Despite the linkage of DV and SA, DV agencies and SA treatment programs “do not usually address the complementary problem” (Collins & Spencer, 2002, p. 1), and there tends to be little interaction between the agencies that focus on each issue (Fals-Stewart & Kennedy, 2005). Though many DV agencies and SA treatment centers desire to integrate their services and address the issues simultaneously (see Collins & Spencer, 2002), there are inherent challenges to doing so. According to the U.S. Department of Health and Human Services’ official report on the connection between DV and SA, despite a clear overlap in the issues and shared clientele, the two fields mostly work in isolation from each other for various reasons, including (but not limited to) a lack of training and resources, as well as “basic differences in philosophy” that can hinder collaboration (Fazzone et al., 1997, p. 7). For example, DV advocates convey clear, strong messages that the abuse is/was not the woman’s fault; however, SA treatment providers encourage women to “look for your part in your problems” (Bland & Edmund, 2008, Handout section, *Sorting Out Messages*, para. 2).

The Domestic Violence/Substance Abuse Interdisciplinary Task Force of the Illinois Department of Human Services (DVSAITF, 2005) provided recommendations for integrating or coordinating services between DV agencies and SA centers. One such tactic is to use a “group-based service approach,” in which DV experts provide services for people in SA treatment and SA experts provide services at DV agencies (DVSAITF, 2005, p. 9). Given the need for more research about the effective “bridging” of agencies in communities and the concern regarding competing philosophies impeding such collaboration (see Fazzone et al., 1997), the current study examines the efforts of a DV center and a SA treatment center to bridge their services by providing a DV-based support group at a SA treatment center. To take further steps to achieve safety and wellness for all, researchers and practitioners must continue to examine how to move forward with the most informed methods for education, prevention, and intervention.

Although this important societal issue is inherently interdisciplinary¹, scholars from the communication studies discipline are well positioned to examine collaborative efforts between agencies, as well as the consequential communicative effects for DV survivors. The field of communication studies has a rich history of feminist communication scholarship (see Dow & Condit, 2005 for a review), as well as recent scholarship that focuses on DV survivors’ narratives in order to give them voice, reduce victim blaming, and challenge dominant patriarchal discourses that perpetuate gendered violence and women’s silence (see, e.g., Montalbano-Phelps, 2003, 2004; Olson, 2001, 2004; Stern, 2014; Tamas, 2011; Wood, 2001).

Grounded in survivors’ accounts of their sense making regarding their experiences with DV, the current research project describes, and its results illuminate, how—in practice—the “competing discourses” of DV and SA fields can function dialectically in ways the women found empowering. By first acknowledging former

adherence to patriarchal discourses that normalize violence (see, e.g., Wood, 2001), blame victims of DV for their abuse (see, e.g., Olson, 2004; Stern, 2014), and reinforce traditional gender roles (e.g., men are dominant, it is the woman's responsibility to "fix" the relationship; see, e.g., Montalbano-Phelps, 2003; Olson, 2001), women were able to reject these notions and gain a more empowered stance, in which they achieved confidence to break the cycle of violence (see, e.g., Montalbano-Phelps, 2003, 2004). We first review literature about the relationship between DV and SA, as well as the importance of addressing these issues simultaneously. Then, we address the obstacles agencies may have when attempting to bridge their services—specifically philosophical differences between the fields of DV and SA intervention. We then describe the first author's efforts to further facilitate the coordination between a DV agency (Harbor Safe House) and a SA treatment center (New Day)² through a DV-based support group. Data collected from participant observation (17 months) and interviews with 20 women who attended the DV group at New Day reinforce the need to address DV and SA simultaneously. Moreover, the DV group participants exemplified through their narratives that the dynamic interplay of "competing philosophies" can actually facilitate sense making and empowerment.

Review of Literature

Many studies focus, in particular, on the connection between SA and DV for batterers. Researchers have found, for instance, that one fourth to one half of men who are violent in their relationships also have SA problems (see, e.g., Gondolf, 1995; Kantor & Straus, 1989; Leonard & Jacob, 1988). Additionally, Bennett and Lawson (1994) reported that the SA treatment providers in their survey estimated that about half of the men entering SA treatment engaged in DV with their partners. Furthermore, the U.S. Department of Justice (1994) found that "Over half of the defendants accused of murdering their spouse had been drinking alcohol at the time of the offense" (Alcohol Use at the Time of the Incident section, para. 1). Obviously, the dangerous connection between *batterers* and SA cannot be ignored when the consequences for victims, literally, can be life or death.

Of equal importance, researchers have found a connection between SA and *victims* of DV. For example, Collins and Spencer (2002) found that program directors estimated that 36% of victims in DV programs also had SA problems, and 33% of people in SA treatment were DV victims. Moreover, The National Center on Addiction and Substance Abuse found that 69% of women receiving services for SA reported being sexually abused as children (as cited by the National Coalition Against Domestic Violence [NCADV], 2011). Further, as formerly noted, Stark and Flitcraft (1996) reported that women who have experienced DV, as compared to those who have not, are far more likely to abuse alcohol and drugs.

Not only are DV and SA correlated, it is clear that these issues can "interact and exacerbate each other" (Engelmann, 1992, p. 6). For example, DV increases the

probability that victims will use alcohol and illegal drugs to cope with abuse (Dutton, 1992), and some batterers use their own SA or that of their partner as an excuse for their violence (NCADV, 2011). Additionally, for both male and female physical assault victims, the risk of injury *increased* if the perpetrator or victim “used drugs and/or alcohol at the time of the incident” (Tjaden & Thoennes, 2000, pp. 51–52). Given the increased probability for DV survivors to use alcohol or drugs to deal with abuse, and the increased likelihood for injury when substances are involved during violent incidents, it makes sense that the two issues should be addressed simultaneously (Fazzone et al., 1997).

The connection between DV and SA has important consequences regarding social norms as well. Fazzone et al. (1997) explained that societal misunderstandings and stigmas regarding the connection between DV and SA might result in blaming victims if those survivors also are abusers of substances. Fazzone et al. argued that it is more socially accepted for men, rather than women, to have a SA problem and that people may blame female survivors for the abuse if they also attach negative SA stigmas to them (Fazzone et al., 1997). Moreover, Western society tends to view addiction as a moral failure rather than as a health problem; thus, feelings of guilt and isolation of those dealing with SA might be compounded when DV occurs as well (Bland & Edmund, 2008). Because DV and SA are significantly correlated, can exacerbate each other, and are often stigmatized by society, agencies should address these issues simultaneously to better promote safety and wellness in their communities (see, e.g., Bland & Edmund, 2008; Fazzone et al., 1997).

The Challenges of Bridging Domestic Violence and Substance Abuse Services

Although it is a worthy and important pursuit for DV and SA agencies to bridge their services to better promote safety and wellness for those seeking their services, there are inherent tangible and conceptual challenges in doing so. First, agencies may have difficulties bridging their services because of a lack of funding and training (Fazzone et al., 1997). In addition, successfully bridging DV and SA agencies requires time, people, and resources. Because many agencies are operating with nonprofit budgets, finding resources to bridge the agencies can be a struggle. In addition, as Fals-Stewart and Kennedy (2005) argued:

Substance abuse treatment providers and programs have not raised [intimate partner violence; IPV] as a primary concern because they believe their plate is full. They are being asked not only to address substance use, but also psychiatric comorbidity, legal issues, medical problems, educational and vocational deficiencies, and so forth. Adding an issue as complex and controversial as IPV appears overwhelming. (p. 15)

Fazzone et al. (1997) also argued that even if adequate resources are available and agencies are willing to address the co-occurring issues of DV and SA, there might be a considerable lack of training from those fields in each other's areas. This training deficit may lead to consequences ranging from not even noticing the other issue because of

poor screening, to not knowing how the issues relate, to not knowing enough about either issue to properly provide support and information (Fazzone et al., 1997).

Besides practical obstacles in bridging services, DV and SA treatment agencies tend to have basic differences in their philosophies and messages. According to the Alaska Network on Domestic Violence and Sexual Assault (Bland & Edmund, 2008), those basic differences in philosophy may present conflicting messages from representatives of those agencies, which can be confusing for those receiving those messages. Here are some examples of conflicting messages from Bland and Edmund's (2008) handbook regarding multitrauma support groups:

Substance abuse counselor: You have a disease. You need treatment.

Women's advocate: You are a victim of a crime. You need justice.

Substance abuse counselor: Your priority must be sobriety.

Women's advocate: Our priority is your safety.

Substance abuse counselor: You must accept your powerlessness.

Women's advocate: You need to be empowered.

Substance abuse counselor: You need to look for your part in your problems.

Women's advocate: You are not responsible for what happened. The perpetrator must be held accountable. (Handout section, *Sorting Out Messages*, para. 2)

These conflicting messages can be reconciled to show that they all are valid, but it can be problematic or confusing for women receiving such inconsistent messages when those presenting such messages are not aware of their basic differences. Although bridging services between DV and SA agencies presents communicative challenges, should communities *not* attempt to help people who experience such issues that co-occur? According to Fals-Stewart and Kennedy (2005), research regarding integrating DV and SA treatment services lags for numerous reasons but perhaps most importantly because of the controversial and high-risk nature of implementing such changes (e.g., interventions affect clients, their families, and the greater community). However, "there are risks in this effort—but no more so than the status quo" (Fals-Stewart & Kennedy, p. 15). Then, more research is needed regarding these issues, so that advocates, counselors, and communities can move forward in informed and productive ways. As discussed in the following sections, the outcomes of this study point to several arguments and strategies regarding why and how DV and SA agencies should bridge their services in ways that survivors find empowering. Our overarching research question for this project was:

What are helpful (and unhelpful) aspects of the bridging process between a DV agency (Harbor Safe House) and a SA treatment center (New Day)?

Methods

Some applied communication scholars go beyond observation and description to intervene and affect positive change. In such *intervention-oriented applied communication research*, a “first-person perspective” is adopted to intervene with and for the people, groups, and/or organizations that are studied (Frey & Carragee, 2007) in order to “solve communication problems and to promote needed social change” (Frey & SunWolf, 2009, p. 39). This intervention-oriented study is also grounded in feminist standpoint epistemology, which “uses marginalized lives as the *starting point* from which to frame research questions and concepts, develop designs, define what counts as data, and interpret findings” (Wood, 1992, p. 12). Throughout our interaction with the DV center and the first author’s interaction with the DV and SA centers, participants were aware that a study was being conducted, and we consistently requested their feedback regarding questions to ask, analysis, and interpretation. Furthermore, according to Olson (2004), “we must remember that power comes in speaking of women’s voices and women’s experiences, and through this dialogue, we are resisting the patriarchal structures (Pinar, 1997) that continue to repress women and perpetuate our silence” (p. 9). Throughout this study, we ground interpretations in survivors’ experiences and *their* interpretation of their sense-making processes as we worked together to challenge—and resist—dominant patriarchal discourses.

Our study began after we each completed over 40 hours of training from a DV center (Harbor Safe House) and then volunteered intermittently at its shelter for approximately three years. We also attended relevant volunteer and staff meetings. After serving as a shelter advocate, the first author volunteered to facilitate a DV support group, as a Harbor Safe House representative, at a SA treatment center, New Day.³ During the first author’s facilitation training for the SA group, a New Day staff member told her that the DV group, as it was currently structured, was not helpful for the women and thus should be changed. After being asked to intervene, the first and second author created a plan to: (a) improve the DV support group at New Day, and (b) facilitate better relationships and further coordination between the involved agencies (i.e., New Day and Harbor Safe House). Additional details regarding changes made to the DV group can be found in Guthrie (2013).

Participant Observation

The first and second author immersed themselves in the cultural settings (Denzin & Lincoln, 2008) of Harbor Safe House. Then, the first and second author met with key staff from Harbor Safe House and New Day in order to enhance further collaboration between the agencies. The first author started facilitating the DV-based support group at New Day in April 2011. Then, in October 2012, the first author trained another Harbor Safe House advocate, Sam, to facilitate the DV group, and subsequently observed her performance until May 2013. The first author continuously checked her assumptions about findings as she collaborated with DV group

participants, agency organizers, the second author, and Sam to produce multivocal analyses (see, e.g., Lindlof & Taylor, 2011).

Data Collected from Participant Observation and Participant Information

Attending the DV group at New Day was mandatory (according to agency policy) for all women in SA treatment during their first 28 days and optional thereafter. DV group attendees were asked to fill out demographic forms but in a voluntary and confidential manner. Accordingly, the information reported here underrepresents the actual number of women who participated in the DV group. From January 2012 to October 2012, the time period when the first author facilitated the group (after securing IRB approval), 153 women attended. Additionally, 110 women attended when Sam facilitated (total $n = 263$). Approximately 16–18 women attended on any given day. The women's average age was 31 years (age range = 18–60+ years). The women's ethnic composition was 81% Caucasian, 9% Multiracial, 6% African American, 2% Native American, and 2% Unknown/Other.

During the time that the first author facilitated the DV group at New Day, she completed approximately 118 hours of participant observation with the group and at relevant meetings with staff and residents. The first author completed 89 pages of single-spaced, typed pages of field notes, and filled two small notebooks with handwritten field notes. During the time that Sam facilitated the group, the first author completed approximately 45 hours of participant observation and recorded 80 pages of handwritten field notes in one small notebook.

Interviews

The first author conducted interviews to check her observations of the group and to generate descriptive data. Both authors constructed a semi-structured interview protocol to foster “guided” conversation with the women (Lindlof & Taylor, 2011). Interview questions revolved around: (a) what life was like before, during, and after their experience at New Day; (b) the kinds of messages they perceived as helpful or unhelpful within the DV group at New Day; and (c) their perceptions regarding the bridging process between New Day and Harbor Safe House.

Interview Data Collection and Participant Information

In total, 20 women who attended the DV group participated in semi-structured interviews, totaling 30 hours and 6 minutes. The average interview length was 1 hour and 30 minutes, and interviews ranged from 33 minutes to 2 hours and 35 minutes. Single-spaced transcriptions resulted in 743 pages.

The average age of the 20 interviewees was 31.63 years (age range = 21–48). The women's ethnic composition was 15 (75%) Caucasian, 1 (5%) African American, 1 (5%) Multiracial, and 1 (5%) Hispanic; 1 participant identified as “spotted” and another as “human.” Thirteen (65%) of the women identified as heterosexual,

3 (15%) as bisexual, and 2 as gay (10%). Two women (10%) did not provide their sexuality. Six (30%) of the women were in intensive short-term residential stay (28 days); 6 (30%) currently were in extended residential stay (ERS), 6 (30%) were transitioning into ERS, 1 (5%) completed intensive short-term care and was receiving outpatient services, and 1 (5%) was a past resident. The women had varying education levels, from 10th grade to college degrees, and they held various occupations (e.g., professional medical aid, nurse, painter, unemployed, cosmetologist, exotic dancer, stay-at-home mom, welder, and teacher). Every participant had experienced some type of DV; their experiences ranged from experiencing situational couple violence to rape to severe intimate partner terrorism (i.e., violence grounded in control, such as mental, emotional, physical, sexual, economic, and/or spiritual abuse; Johnson, 2008).

Data Analysis

The authors used inductive and iterative data analytic techniques to analyze the interview transcripts. Open and axial coding was used to identify reoccurring and patterned themes within the data (Miles & Huberman, 1994). To begin, the first author developed substantive codes (codes derived primarily from participants' words; see Charmaz, 2006). The first author also wrote memos throughout the process to document thoughts and reactions during the coding process. The first author then compared and contrasted the preliminary codes and generated a codebook for more general codes from the substantive coding, using further constant comparison methods (Charmaz, 2006). Both authors then separately coded the data, and the open coding process required multiple passes through the data. The authors had multiple conversations about coding decisions, and the coding process was ongoing until initial themes were further collapsed into finalized categories through the constant comparison process (Charmaz, 2006; Miles & Huberman, 1994).

Results and Interpretation

The staff at New Day approach SA treatment holistically; thus, they recognized the importance of helping women to cope with various issues that might contribute to or exacerbate their SA, including DV. Although SA counselors and staff at New Day had basic knowledge about DV, New Day sought DV experts to provide DV support for the women in treatment. Accordingly, representatives from Harbor Safe House, a DV agency, facilitated a weekly DV group at New Day so that DV experts and SA counselors could address issues of DV and SA simultaneously. This approach aligns with one of the Domestic Violence and Substance Abuse Interdisciplinary Task Force of the Illinois Department of Human Services' (2005) tactics for coordinating services between DV agencies and SA centers: using a "group-based service approach" in which DV experts provide services for people in SA treatment, and

SA experts provide services at DV agencies (p. 9). Using this tactic alleviates pressure from the different agencies to be thoroughly trained in the other area.

As part of the intervention, the first author collaborated with key staff from Harbor Safe House and New Day in a small community in an effort to more effectively bridge their services. The group, composed of members from the two organizations, held monthly meetings. The early meetings centered around building relationships among staff members; clarifying each agency's philosophies, goals, and mission; and planning how to most effectively move forward. Planning involved: fostering improved screening and referrals for complementary issues; sharing resources and information; conducting joint trainings in which each field learns about the other; and soliciting feedback from staff, volunteers, and clients about their hopes and fears regarding the bridging effort. Additionally, the agencies gave the authors permission to conduct a study soliciting feedback from clients in order to gain preliminary insights regarding the DV group at New Day, one specific aspect of the bridging process. Overall, interviews with 20 of the women who attended the DV group at New Day illustrate the importance of addressing DV in SA treatment, as well as the strengths, obstacles, and opportunities in Harbor Safe House and New Day's efforts.

The Importance of Bridging Services

The DV group was a place where women supported each other about an issue that was currently not their "main concern" (i.e., SA recovery); however, as numerous women explained, some believed that the DV group was a necessary part of their recovery from SA. At the beginning of every group session, Sam (the other DV group facilitator) said, "You don't have to raise your hand if you don't want to, but who in here has experienced physical or emotional abuse?" In almost every group, every week, every woman raised her hand—and the average group size was between 16–18 women. The correlation between DV and SA, thus, was evident in the DV group at New Day. Furthermore, every woman interviewed expressed that it was important to address DV and SA issues simultaneously. For example, Birdy never sought services for her experiences with DV or sexual assault because "life got in the way." When asked if she thought that the DV group at New Day was necessary, she replied:

I do. Because I think it goes hand in hand with addiction. It's too intertwined to not be addressed. It's too common to not be addressed. And I think it needs a safe place to be addressed. And I think that people are more open too. And I think outside of here, it's not going to happen. Inside here is a good place—because when we're out there, we're not going to go to some DV group. You know what I'm saying? And life gets in the way. And in here, life is here.

Further, as Kathy explained:

There's such a huge correlation between domestic violence and addiction. I like the fact that it's interrelated [here] and it needs to be interrelated. And if you're going

to be in substance abuse treatment you need to have domestic violence as part of that therapy, and vice versa. I think that as part of what Harbor Safe House offers is part of a comprehensive treatment. I mean if women are willing to go through the addiction process and further treatment for that part of it, I think it needs to be holistic.

Sidney said:

I do think a lot of my problems stem from just having my whole life having to keep secrets in domestic violence issues, or violence in the family. It does make it difficult because it affects your coping mechanism and you use alcohol or drugs as a coping mechanism instead of what you really should do. So it just masks the pain, that's all it is it's just a mask.

Moreover, some women reported that they felt the DV group at New Day was important because they did not realize that such behavior could be considered unhealthy; in fact, for some, it was "all they knew." As Ann explained, "I kind of grew up with it. It was normal. I never knew any different." Stephanie said, "Honestly, being violated is all we really know. So to us that's normal. It's normal for you to crack my skull open and break my jaw and for me to still love you and want to be with you." Additionally, Joyce said, "That's why I think it's so important for you guys to go [to New Day] because the education is just priceless. We need that. If we can't get it while we're in treatment we're not going to get it." Overwhelmingly, the women reported that it was important to address DV and SA simultaneously.

Perceptions about the Bridging Process: Synchronized Philosophies

As previously discussed, a possible, yet major, reason that DV and SA agencies do not collaborate more often is that "basic differences in philosophy and messages of the two fields have...blocked the collaborative care that is critical for treating substance abusing clients who are survivors or perpetrators of violence" (Fazzone et al., 1997, p. 7), and vice versa. However, as part of the interview protocol, the first author asked the women from New Day about their perceptions regarding any conflicting ideas or approaches between the DV advocates and SA counselors and staff. Besides a few women who explained that their SA counselors are more "heavy-handed" in helping them to make decisions (whereas DV advocates are trained to not give advice), the women overwhelmingly reported that the DV advocates and SA counselors seemed to have similar approaches and definitions of DV and SA, although each group of experts stuck closely to the issues relevant to their field. At the time of the interviews, the agencies had participated in a "joint discussion" where advocates, volunteers, interns, and staff from the two agencies (Harbor Safe House and New Day) discussed possible differences in philosophies as well as their hopes, fears, and concerns about collaboration.

Accordingly, perhaps some basic training about conflicting philosophies and increased awareness regarding being sensitive to those possible conflicts mitigates any potential communicative clashes of ideas. In short, we do not believe that "basic differences in

philosophies and messages” (Fazzone et al., 1997, p. 7) should hinder any DV agency or SA treatment center from working together, especially when the demand for addressing co-occurring issues is so paramount and when knowing about these differences and acting in sensitive ways regarding them seems to help alleviate the issue.

Numerous participants did report that the issues of DV and SA were handled separately in the groups; thus, perhaps the best way to ensure that experts from each field are providing support for the respective issues is to have traveling advocates, or members from one agency who travel to the other in order to provide support, services, or facilitate support groups. As Kathy explained:

What I really like is that the substance abuse counselors are not trying to teach the DV group. Because that’s your specialty. You don’t have an English teacher teaching a math class even though it’s all education and you’re all in one school and it’s all part of the same program, you don’t have the English teachers teaching the math class.

Kathy later explained the similarities between the agencies’ messages, though: “It sounds like everybody wants the same thing, which is independence, empowerment, self-esteem.”

Similarly, Lily reported how, even though each agency stuck closely to their expertise and “referred out” when discussing areas beyond their expertise, she believed that the messages all related. She said: “You guys pretty much have given us the same information. Maybe we word it differently, but it’s all tied together.” Based on participant responses, it appears that inter-agency support groups may be an effective way to simultaneously address the co-occurring issues of DV and SA (and three interviewees mentioned that they would like to have a DV group more than once a week).

Numerous participants also recommended that individual meetings with a DV advocate would be beneficial as well. Although Sam (the other support group facilitator) mentioned that she could meet individually with anyone upon request, women might not choose to ask for a meeting for numerous reasons (e.g., anxiety and timing issues). During the time that the first author observed the DV group, very few women ever requested an individual meeting. However, when conducting interviews, she often spent quite a bit of time in the lobby of New Day waiting for or recruiting participants. During those times, numerous women spoke with her about their experiences or asked questions. Accordingly, we think it would also be beneficial for advocates or staff from each agency to have something similar to a professor’s “office hours” at the other agencies in which women could drop by to talk or ask questions because this scenario may be less intimidating for some than setting up an appointment.

Perceptions About the Bridging Process: (Un)synchronized Philosophies

Initially, none of the 20 women interviewed believed that New Day and Harbor Safe House had different definitions or approaches in regard to DV and SA; however, further analysis and member checks with six interviewees revealed a possible consequence of opposing philosophical approaches. As mentioned previously, SA counselors often encourage those in treatment to “find their place in their problems”

whereas DV advocates want survivors to understand that experiencing DV is never their fault (Bland & Edmund, 2008). Hence, the first author was very surprised to find that, at New Day, some counselors encouraged the women to complete homework assignments that answered prompts such as “Why I allow people to control me” or that focused on their codependence on their romantic partner (including those who have been abusive). Moreover, whether it is a function of the 12 Steps (Alcoholics Anonymous, 2014), SA counselors’ philosophies, or self-blame from DV, many of the women spoke about their experiences in terms of “putting up” with abuse or “allowing” someone to control them. The aforementioned issues regarding working with women in SA treatment who are survivors of DV are complex, and, as feminists and advocates against DV, we never want to venture into blaming the victim. However, as the first author learned from observations, interviews, and member checks, some women reported that it was empowering to think of their experiences as “once letting” someone control them. Although this view may seem harmful from the standpoint of a DV advocate, the question is whether the women should be convinced that they should *not* think this way when they find it empowering to say, “and I will never let someone control me again.”

For example, in Olson’s (2004) analysis and autoethnography about DV experiences, she asks if important others in a woman’s life are “co-conspirators in the perpetuation of the violence by reinforcing the abuser’s message that it is ‘her fault’” or are these important others “voices of freedom, providing the battered woman refuge from the abuser’s rhetoric and violence and empowering her to believe she deserves better?” (p. 4). In this messy sense-making process of DV experiences (see, e.g., Tamas, 2011), it can be empowering for women to acknowledge their previous adherence to notions that were disempowering and normalize violence so that they can then reject those notions in order to have a more empowered stance for the future (see, e.g., Montalbano-Phelps, 2003, 2004; Olson, 2001, 2004; Wood, 2001).

Accordingly, numerous women the first author interviewed spoke about how it was beneficial to make sense of their experiences; in doing so, they often revealed how it was helpful to shift blame to external attributions (i.e., beyond their control) for the time during the abuse but then focus on internal attributions (i.e., within their control) for the future (see, e.g., Manusov & Spitzberg, 2008). In other words, women tended to express more positive emotions and progression in coping when they could identify why the abuse was not their fault (e.g., they didn’t “know better,” they were “codependent,” and/or their “picker was broken,” meaning that their ability to choose a healthy relationship was compromised), as well as how they had changed as a result. Conversely, a woman who reported being confused or upset about her situation typically began speaking about her story in terms of internal attributions for the time of the abuse (e.g., “It was my fault” or “I made him do it”). Later, as the attribution shifted to external reasons for the abuse, the story made more sense and she typically felt better about her situation.

An example of this tension between fault/not-fault is when Sidney said:

Just because you were naïve or fed into this, that wasn't your fault; it was part of the control, it was—like me I would stay because I just wanted to be loved, and being grown up in that kind of environment sometimes you have a negative outlook on what love really is. So I stayed just because I thought I was in love. And they clarify with everything that's not love; you don't have to deserve to be like this. You deserve to be happy. That's great.

Similarly, Echo explained that she would like to tell other survivors in the DV group:

“Oh my goodness, you don't have to put up with that.” I know what they're doing, I see it because I did that. But I didn't know any better. They don't know any better. They really don't...I always thought it would stop. There were a couple times I thought it was my fault. I was young, stupid, but I always thought it would stop. “I won't do it no more,” he would say he won't do it no more. Give it a day or two, he'd do it...like that honeymoon, he'd say, “I'll never do it again,” and you believed what he said.

Allison, who attended the DV group at New Day during two separate stays, and whose partner sex-trafficked her, said:

I'm a lot stronger now than what I was then, since the last time I was in here compared to now, yeah...I'm my own person now. I don't let other people control the way I think, the way I act, the way I feel, just pretty much me.

Whether rejecting discourses that normalize violence (see, e.g., Wood, 2001), blame victims for their abuse (see, e.g., Olson, 2004; Stern, 2014), or reinforce traditional gender roles that subordinate women (see, e.g., Montalbano-Phelps, 2003, 2004; Olson, 2001), the women's articulation of fault/not-fault was navigated so that societal norms were examined and discarded in order to have a more hopeful future—one without dominance, control, and violence.

Other women expressed that learning that the abuse was not their fault was helpful because DV was all they had ever known. Numerous times during the DV group, women earnestly—sometimes in tears—asked if healthy relationships based in equality “really exist” and if there are “nice men out there.” Others reported “seeking” abusive relationships because it was what they were “comfortable” with, or they adhered to the negative notion of the “dark romance”—one that normalizes violence as part of love (Wood, 2001). Penelope said:

I think it was a habit of mine to find somebody because that's what I was used to. My dad did it to my mom. And then it's not that I wanted it to happen to me, it's just—and it's not—this may sound wrong—it felt comfortable just because it's what I put up with since I was 18. But I mean—and every time I would find somebody that was too nice I would break up with them thinking, “Oh” because if I thought it was too good in the beginning then I just didn't stay with them because I figured it was just going to be even worse...Yeah, they were just being too nice because later they were going to be complete assholes. Yeah, it just felt like they were really showing their true colors in the beginning. But it always ended up really bad.

As Nancy also explained:

Then I just started thinking it must have affected me because normal people don't do that. I never—I seem to—when I get some guy that's real safe he's never really

very safe but at least it's somebody I like to spend every day with. Then that gets boring and really I just want to go off with some bad guy for a while but didn't actually want to be with him. That might be really common...Yeah. I think especially girls in here have a hard time with—if it's a nice guy, "there's got to be something wrong with him in order to be with me because I'm fucked up. I don't have a lot to offer because I've got this big crutch that I'm leaning on with my alcoholism or drug addiction." Like who would want to be with somebody like that unless there's something wrong with them.

When the first author asked Julie if she had experienced unhealthy or abusive relationships in the past, she replied:

Oh yeah, like all of them. Because if I met a guy who was healthy I didn't like him. He made me feel uncomfortable...I don't know. I would think either he's a dweeb or he's a loser or he's an idiot or he's a wimp. Of course I don't think that way anymore.

As illustrated above and during the DV group, women would often talk about their experiences in terms of attribution (see, e.g., Kelly, 1972; Manusov & Spitzberg, 2008; Nisbett & Valins, 1972; Sillars, 1982). During the group, one woman's statement contained both messages of self-blame and other-blame: "I allowed him to control me for years, but I mean, I know it's not my fault and all."⁴ Another woman said, "I realized it was his fault and all—the abuse—but I didn't have the self-esteem, the self-worth, to realize I deserved better. Once I figured that out, it was easier to—quit loving him I guess—and leave." Further, a woman said:

I'm sorry ladies, but I used to only go out with gangstas. You know, tattoos, dealers, real thugs. And I always got the shit beat out of me. So, I started dating nice guys. They're boring, but I'm the happiest I've ever been. Sometimes you gotta think about your own standards and what you're willing to allow.

Overall, participants' narratives about their experiences often included messages of *both* "fault" and "not fault." This construction of narrative has implications for the dialogic perspective (see, e.g., Baxter, 2011). Griffin (2008) described how a single utterance that includes *both* opposing forces of a phenomenon is rare; however, the women in the DV group often talked about the opposing forces of "fault" within the same utterance. As Loseke (2001) indicated, some women may not want to adopt an identity as the "helpless victim" because they may not "want to embrace the status of victim with its accompanying images of weakness" (p. 123). Thus, by saying that they "know better now" or "won't let someone control me again," it is helpful perhaps because they feel a sense of empowerment or that they have control over their future (see, e.g., Montalbano-Phelps, 2003, 2004). In addition, questioning why they "allowed" someone to abuse them may also make them feel like they have agency over their situation.

Theoretical Implications

Appraisal Theory and Attribution Theory

The women's sense-making processes have implications for appraisal theory (Lazarus, 1991). Social support from others may help people to reappraise stressful

situations in different ways, and that reappraisal may help them to feel less stressed and more positive about their situations (see Bureson & Goldsmith, 1998; Lazarus & Lazarus, 1994). By framing their DV experiences as something that was “not their fault” for various reasons, but now something that they have control to prevent from occurring again, the reappraisal seems to make them feel “stronger” (e.g., as demonstrated by Allison and Sidney).

This reappraisal seemed to also be intertwined with attribution theory (see, e.g., Kelly, 1972; Manusov & Spitzberg, 2008; Nisbett & Valins, 1972; Sillars, 1982). As Manusov and Spitzberg (2008) explained, an attribution is “the internal (thinking) and external (talking) process of interpreting and understanding what is behind our own and others’ behaviors” (p. 38). Attributions are based on numerous dimensions, but the one that is most relevant to the findings from this study is that of *locus of control*, which is “whether or not we think a person was able to alter the cause”; internal attributions assign personal responsibility, whereas external attributions assign responsibility as beyond a person’s control (Manusov & Spitzberg, 2008, p. 39).

Numerous women who were interviewed (and six women with whom the first author conducted member checks; see Lindlof & Taylor, 2011) discussed how they experienced more positive emotions and generally “felt better” when they made external attributions (i.e., the abuse being *beyond* their control) for the time during the abuse but then focused on internal attributions (i.e., removing themselves from the abuse being *within* their control) and personal responsibility for the future. Generally, the first author observed that many women tended to voice more positive emotions regarding how they dealt with their experiences when they learned that the abuse was not their fault and instead focused on how they had changed as a result. Ironically, as they were “finding their place in their problems,” they were simultaneously finding a reason for why the abuse was not their fault—which is clearly a dialectical process. For example, although saying “I was trying to fix them,” is at face value an internal attribution, it nonetheless served as an external attribution because the message conveys the meaning that, at the time of the abuse, the woman was “trying to fix” something that was actually beyond her control. Accordingly, many women felt better by reframing their attributions from internal/external to external/internal. In this sense, a woman experienced more negative emotions when she thought that the abuse was her fault (internal) and that there was nothing she could do in the future to stop the cycle (external). Conversely, when the attributions changed, she felt better when she viewed the abuse was not her fault for various reasons (external) but that she had the knowledge, strength, or self-worth to stop the cycle of abuse in the future (internal).

Because the DV group is interdependent with its larger environment, the discourses of New Day and 12 Step programs may influence the women’s sense-making processes within the DV group as well. Whereas the competing philosophies of “find your place in your problems” (SA) and “it’s not your fault” (DV) initially seemed concerning to DV staff, based on participant reports, it appears that reassuring women that the abuse was not their fault, yet encouraging them to be empowered

for the future (“find your place in your problems”) was actually considered very helpful. Thus, based on participant reports, it appears that this “competing philosophy” can actually be beneficial when DV and SA staff are sensitive regarding how they listen, affirm experiences, and help make sense of experience.

Habituation Model

Moreover, participants’ reports of “being used” to violence and feeling “uncomfortable” with “nice guys” provide implications regarding a habituation model (see, e.g., Kowalski, 2009; Vangelisti, Maguire, Alexander, & Clark, 2007). According to Vangelisti et al. (2007), the habituation model posits that, “with repeated exposure to hurtful stimuli, people become accustomed to feeling hurt. As a consequence, when they encounter hurtful stimuli, their feelings are less intense than they might be otherwise” (p. 358). Part of how women explained their revictimization (being in numerous abusive relationships or only experiencing abusive romantic relationships throughout their lives) was that they were “used” to violence because it was “normal” and they “didn’t know any better.” Many women who reported being “used” to DV also had experienced rather severe violence (e.g., being punched or “beat up”), but they did not conceptualize their experiences as DV before attending the group. Moreover, in the DV group, women who often explained that they did not date nice guys said that the reason was because they either: (1) feared that a “worse monster” would appear later because the men they “usually date are assholes upfront. I know what to expect,” or (2) expressed that they felt there must be “something really wrong with a nice guy. Like how fucked up are YOU if you like ME?”

This notion has important implications for a habituation model (see, e.g., Kowalski, 2009; Vangelisti et al., 2007). As the women are constantly exposed to emotional and physical abuse, they become more accustomed to it and perhaps less hurt (or at least surprised) by those actions. However, this model may trivialize other women’s experiences. Those who are experiencing severe violence may experience effects from prolonged stress, complex trauma, or even post-traumatic stress disorder (PTSD). In fact, women’s perceptions of themselves and others become skewed to the dysfunction of self-criticism and/or self-loathing. Further, in such cases, the “habituation” is more than a desensitization of hurtful communication—it is changes in brain chemistry that can result in: avoidance, numbing and disassociation; intrusive thoughts and flashbacks; an “inability to modulate arousal” (van der Kolk & McFarlane, 1996, p. 13); “compulsive reexposure to the trauma” (van der Kolk & McFarlane, 1996, p. 10); and revictimization (van der Kolk & McFarlane, 1996). Although we are absolutely not qualified to diagnose someone with PTSD or complex trauma, this might explain why many women throughout the first author’s time observing and facilitating the DV support group reported how “nice guys” and healthy relationships were either too boring (e.g., compulsive reexposure to the trauma because chemicals in the brain adjust to the trauma and become addictive; van der Kolk & McFarlane, 1996) or made them feel uncomfortable (e.g., an inability to modulate arousal and thus feel “unsafe” when “safe”; van der Kolk & McFarlane,

1996). Accordingly, it can potentially be helpful for support providers to be aware of the effects of prolonged revictimization and trauma for DV survivors in order to communicate with them in sensitive and informed ways—especially when they are recovering from SA.

Conclusion

The findings from 17 months of participant observation, coupled with 20 interviews conducted with DV support group members, illuminated the importance of continued efforts to address co-occurring issues of DV and SA simultaneously. Group members generally reported that participating in the DV support group was a necessary component of their SA treatment and that the group provided a comfortable atmosphere in which to discuss their experiences of DV. Indeed, participation in the DV group helped members to make sense of their experiences and to prepare for the future in order to prevent, or break, the cycle of DV. Although much research remains to be conducted in this area, this study provides a preliminary analysis that can hopefully inform other agencies that wish to bridge their services.

Overall, the women's reports illustrated the importance of bridging SA and DV services. In addition, this study provides support to Fals-Stewart and Kennedy's (2005) claim that doing *anything* beyond the status quo (i.e., not bridging services) can be helpful. New Day provided the space and time for Harbor Safe House representatives to facilitate a DV-based support group, and Harbor Safe House provided staff or volunteers and their time to do so. In terms of these possible tangible obstacles (e.g., providing the time, space, and staff to facilitate a group), this was relatively easy to overcome. Moreover, women at New Day (and one who received services from both Harbor Safe House and New Day) agreed that they did not feel that New Day and Harbor Safe House have conflicting—or competing—philosophies or communicative messages. Further, the potential competing message that initially worried the first author and Harbor Safe House staff—"find your place in your problems" (SA) and "it's not your fault" (DV)—reportedly ended up benefiting the women. Thus, we believe that the fear of competing philosophies should not obstruct DV and SA agencies from attempting to bridge their services.

Whereas the findings from this study cannot be guaranteed to illuminate advocacy for all communities, we hope that our results can at least inspire hope so that opportunities to simultaneously address DV and SA will be embraced. When the first author asked Rachel about how she would describe herself "before" and "after" attending the DV group at New Day, she said, "I became like a flower that dried up...No more trapping me! I'm free as a bird."

Notes

- [1] The Affordable Care Act also encourages collaborative, interdisciplinary teams to address health issues in communities. The Act includes substance abuse and domestic violence

- screening, prevention, and intervention. For more information, see <http://housedocs.house.gov/energycommerce/ppacacon.pdf>
- [2] Pseudonyms are used for all participants and organizations in this study.
- [3] It should be noted that, at that time, although both agencies provided services for men, the DV shelter and the SA treatment residence center only housed women.
- [4] Messages communicated during the DV group (rather than within interviews) are only reported if the first author gained explicit consent from the DV group attendee to include the quote in reports.

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