

Older Women's Long-term Survival Program: Resisting a lifetime of abuse

Calgary Women's Emergency Shelter (CWES)

By Lissa Samantaraya-Shivji, Nora Habafy



ABSTRACT

This study examines the ways older, abused women have resisted violence and abuse throughout their lives and the impact of a group counselling program designed specifically for older women who have experienced domestic violence. Nineteen women were interviewed about their experience in the program, personal changes they made, and how they resisted the abuse. The women discussed the covert and overt ways they resisted abuse, becoming more aware of their resistance through the program. As a result, the women felt stronger, more confident, and developed healthier boundaries for themselves and their relationships. This research validates the utility of the response-based approach in group counselling for older victims of violence.

INTRODUCTION

The long-term consequences of domestic violence may manifest physically, sexually, and/or psychologically. This may include broken bones, permanent injury or illness, and chronic pain; sexually transmitted diseases and gynaecological or urinary infection and pain; low self-esteem, anxiety, depression, flashbacks, chronic stress, lack of appropriate boundaries, suicidal thoughts, and dissociation. These effects persist even after the abuse ends. Abuse and its impacts, however, often go unnoticed, as victims encounter barriers when disclosing abuse, seeking support, and making choices. The Calgary Women's Emergency Shelter's Older Women's Long-term Survival (OWLS) program is a psycho-educational, counselling, and support group specifically designed to address and meet the needs of abused women 50 years and over who are struggling with the long-term effects of abuse. The OWLS program is a 4-level subsequent group covering topics such as safety planning, storytelling, setting and respecting boundaries, communication, and resistance to violence. In discussing resistance to violence, OWLS facilitators use the response-based approach.

The response-based approach focuses on the ways victims respond to violence and abuse, rather than how they are affected. It is strengths-based, highlighting how victims resist abuse, rejecting stereotypes of the helpless, passive victim. Introducing the response-based approach

to participants in the OWLS program illustrated how these women resisted abuse in covert and overt ways in their abusive relationships throughout their life, reinforcing their personal strength.

METHODOLOGY

Nineteen past and present clients of the OWLS program participated in the research. Each woman completed a minimum of one level (20 weeks) and up to all four levels of the program. The researchers employed an open-ended qualitative interview design. Questions included whether clients felt they had made any changes as a result of the program, their personal acts of resistance, how they felt about their resistance, and their overall experience in the program. Demographics were collected for each individual as well as a brief history of the participants' experiences of domestic violence over their life span. Qualitative data was transcribed and analyzed for content analysis. Quantitative data was entered into SPSS and analyzed with frequency distributions.

RESULTS

More than half the participants reported their abuse began in early childhood and continued into their adult life in their intimate relationship(s). The most commonly experienced types of abuse among the women included emotional and verbal abuse, followed by physical, financial, and sexual abuse, property destruction, neglect, and threats of abuse. With the exception of one woman, the primary abuser was identified as being a partner or husband; parents and/or other family members were also identified as abusers.

Most of the participants sought out help from the OWLS program because they felt ashamed and responsible for the abuse, feelings that had been reinforced by their abuser(s). They wanted to gain self-esteem, confidence, and "move on" with their life. They wanted practical skills they could use to recognize the signs of an abusive relationship, and felt that a program, such as OWLS, would help them to stay focused on achieving their personal goals. The information they received about domestic violence and the safe and confidential nature of the group encouraged women to share their personal histories of

abuse. For many of these women, this was the first opportunity they had to speak honestly about their experience without being judged or blamed, or having to worry that they would not be believed.

When asked specifically about resistance, most of the women identified their past behaviours as resisting abuse. Some of these behaviours or acts included dissociating or detaching from the situation; not paying attention to detail; and developing social supports outside the relationship without the abuser's knowledge. Women's resistance ranged from overt displays to covert acts. One woman emotionally distanced herself from her husband; "I didn't feel anything. I just kind of existed on a daily basis, as to what the rules were. I thought of how to get out of there. And that went on for a long time."

Another woman talked about the use of sarcasm as a way of resisting. "I wouldn't say anything you know but I would find the opportunity just to verbally say something in return sarcastically... it's very subtle. And then as I put it, go around the back door instead of the front door." Another woman shared how she avoided her partner altogether in attempts to reduce the incidence of abuse. "I watched for when he was coming into the house. And when he was coming into the house, I was going out of the house. I got out and I would just walk the neighbourhood for hours until I thought he was asleep and then I'd go home."

DISCUSSION

The lifelong abuse experienced by many of the women in this program differs from the conventional definition of elder abuse to which many of these women had been prescribed based on their age rather than their continuous experiences with abuse. This narrow view of elder abuse disregards victims' long histories of emotional, verbal, and physical abuse; in fact, for many of the women, telling the 'story' of their abuse in the OWLS program was the first opportunity they had to speak openly and honestly about the abuse.

When asked specifically about resistance, most women identified their past behaviours as resisting abuse. While outwardly these behaviours appear to be "effects" of enduring abuse, such as

dissociating or displaying symptoms associated with depression and anxiety, their thoughts and actions demonstrated resistance clearly based on their knowledge of their abuser and what they needed to do to maintain their safety and dignity. One woman explained how she resisted the abuse from her father; "When he did call on me...I just stuck to "I don't know", "I don't know"...whatever his question I'd say "I don't know". And he said to my mother once, "You know, I don't know if she's that stupid or that smart but if I ever find out that she is that smart, I'm gonna kill her". And I got away with it, he never did catch on...but it was my way of dealing with it."

Several women, however, had difficulty distinguishing their behaviour as resistance. These cases were often associated with covert acts of resistance with no obvious display of resistance. According to the response-based approach, this form of resistance maintains the victim's agency while ensuring her safety. Because direct behaviours challenge perpetrators' dominance and control over their victims, overt defiance is the least common form of resistance.

Consistent with the response-based approach, the women felt empowered and more competent after recognizing the ways they resisted the abuse. However, several women did not feel this way; in fact, they were upset that they had not responded more overtly toward their abuser(s). In our opinion, had these women openly defied their abuser, they would be at risk of further abuse. The response-based theory also asserts that as clients become aware of the ways they resisted the abuse, these defences become unnecessary and are often abandoned. The research found that this was also true; none of the women continued to use these same behaviours in any of their current relationships.

The OWLS program facilitated the women's healing process not only through the introduction of response-based discourse, but by raising women's awareness about the types of abuse that exist, identifying and eliminating self-defeating behaviours and dysfunctional beliefs, establishing appropriate boundaries, developing assertiveness, and focusing on safety planning. Women also benefited from connecting and interacting with other same-aged women with similar experiences, sharing their story in a safe, supportive environment.

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REFERENCES

- Abuse of older adults. (2006). *Department of Justice Canada*. Retrieved December 1, 2006 from <http://www.justice.gc.ca/en/ps/fm/adultsfs.html>.
- Canada's aging population. (2002). *Health Canada*. Ottawa, Ontario: Health Canada.
- Coates, L., Todd, N., & Wade, A. (n.d.). An interactional and discursive view of violence and resistance. Unpublished manuscript.
- Family violence in Canada: A statistical profile. (2006). *Statistics Canada*.
- Gardiner, L. & Maclean, H. (2006). Older women's long-term survival (OWLS) manual. Unpublished manuscript.
- Hart, L. & Jamieson, W. (2002). Woman abuse: Overview paper. National Clearinghouse on Family Violence. Ottawa, Ontario: Health Canada.
- Lukawiecki, T. (1993). Financial abuse of seniors. *National Clearinghouse on Family Violence*. Ottawa, Ontario: Health Canada.
- Stevens, L. E. (1996). What is emotional abuse? *National Clearinghouse on Family Violence*. Ottawa, Ontario: Health Canada.
- Wade, A. (2004). Small acts of living: Everyday resistance to violence and other forms of oppression. *Contemporary Family Therapy*, 19(1), 23-29.
- WHO/INPEA. (2002). Missing voices: views of older persons on elder abuse. Geneva, World Health Organization.

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Healthy Relationships: Helping adolescents develop non-abusive futures



Calgary Women's Emergency Shelter (CWES)

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ABSTRACT

Healthy Relationships, a school-based violence prevention/early intervention program works with adolescents at risk of being victimized and/or perpetrating abuse within their significant relationships, and experiencing conflict in their dating, school and family situations. Outcomes for this program are measured using the Teen Abusive Behaviour Scale (TABS), the Teen Attitude and Knowledge Scale (TAKS), and satisfaction surveys. A 3-year analysis of the program revealed 83% of students experienced a statistically significant decrease in the perpetration of abusive behaviours (TABS) and 67% demonstrated a statistically significant change in knowledge and attitudes towards abuse (TAKS). Satisfaction surveys revealed a positive impact on participants; students felt less isolated, more connected, and developed healthy relationships with their peers, family, and at school.

INTRODUCTION

Children exposed to family violence are more likely to experience and/or engage in violence as an adolescent and adult (Wolfe et al., 1997). This may be visible in a number of domains, including family, school, the community, and in peer and intimate relationships. Studies on dating violence show a strong correlation between the incidence of violence in dating relationships and experience of domestic violence in the home (Smith & Williams, 1992). Prevention/early intervention programs aimed at addressing abusive behaviours, developing healthy relationships, and altering gender-biased stereotypes hope to achieve both short and long-term goals. Adolescence is an opportune time to address healthy relationship development and non-violent conflict resolution (Wekerle et al., 1999), and studies show that schools are consistently proficient at reaching at-risk youth (Withers & Russell, 2001).

The Healthy Relationships program is a process group where format is responsive and flexible to client/group needs. Some of the topics covered in the program include conflict resolution, peer relationships, communication, and abuse and violence. The program is offered to adolescents ages 13 to 18 at risk of being victimized and/or perpetrating abuse within their significant relationships, and have a known or suspected history of conflict or abuse in their dating, school, or family relationships. The program is offered onsite at schools during school hours. Each school group runs for 10 weeks and is facilitated by a female/male facilitator team with

extensive experience working with adolescents at risk. Adolescents may be referred to the program by teachers, school counsellors, or through self-referral.

METHODOLOGY

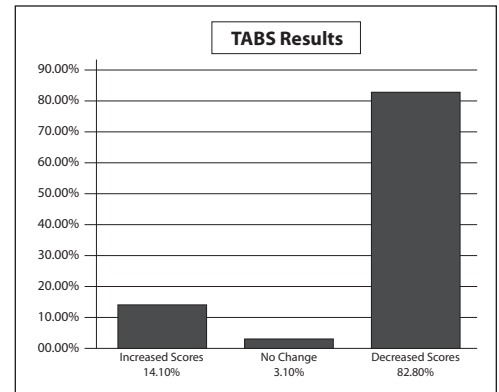
All participants in the Healthy Relationships program are asked to participate in evaluation of the program and provide feedback. Program Evaluation consists of completing a short demographics form, the Teen Abusive Behaviour Scale (TABS) at pre and post intervention, the Teen Attitudes and Knowledge Scale (TAKS) at pre and post intervention, and a three-part client satisfaction survey. The TABS is a 40-item issue severity assessment created by staff at the Calgary Women's Emergency Shelter (CWES) that examines the perpetration and experience of abusive behaviours from both victim and perpetrator roles. It has a minimum score of zero and a maximum score of 160. The TAKS is a 22-item questionnaire measuring attitudes and knowledge about domestic violence and dating violence. It was adapted from several measures, including the "Violence in Relationships: Inventory of knowledge and attitudes" by Foshee, Fothergill, and Stuart (1992/1998); "Acceptance of Couple Violence" scale by Foshee, Fothergill, and Stuart (1992/1998); and "Control-Individual Protective Factors Index" by Philips and Springer (1992/1998). The minimum score is 22 and maximum score is 110. A decrease in scores from pre to post testing on the TABS and TAKS indicates positive outcomes. The client satisfaction survey, also created by CWES, measures participants' satisfaction with the facilitators, other group members, and the program overall.

The three-year analysis includes data collected from the fall and winter semesters for the 2004, 2005, and 2006 school years. Only complete pre-post TABS and TAKS were used in the analysis, for a total of 489 and 504 complete cases, respectively. TABS and TAKS data was analyzed using independent and paired t-tests.

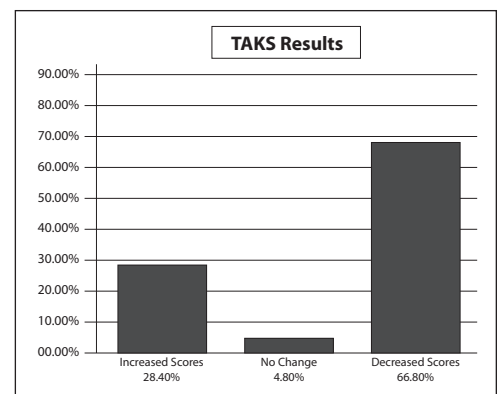
RESULTS

The average age of students in the Healthy Relationships program was 15.6 years old. Sixty-four percent of the participants were female and 36% were male. The primary language spoken by participants was English. Almost 75% of students self-identified as Caucasian and 25% self-identified as being either First Nations or belonging to a minority ethnic group.

Results from the TABS showed an 83% decrease in scores from pre to post intervention for both males and females, indicating a decrease in perpetration of abusive behaviours. The decrease in scores from pre to post testing was statistically significant ($p < 0.001$). Participants reporting decreased scores dropped an average of 15 points. Just over 14% showed an increase in scores from pre to post intervention, with an average increase of six points. Three percent of participants showed no change over the course of the program. When analyzed by gender, there was no statistically significant difference between males and females TABS scores at pre-testing ($p = 0.952$) or at post-testing ($p = 0.915$).



Results from the TAKS revealed 67% of participants had decreased scores from pre to post intervention for both males and females, indicating a positive change in attitude and knowledge about domestic and dating violence. The difference between pre and post-testing was also statistically significant ($p < 0.001$). Approximately 28% of participants' scores, however, increased from pre to post testing; 5% of participants showed no changes. When analyzed by gender, there was a statistically significant difference between males and females TABS scores at pre-testing ($p < 0.001$) or at post-testing ($p < 0.001$).



Feedback on the client satisfaction survey illustrated the impact of the program. Ninety-four percent of participants felt they learned skills that would help them to make healthy relationships choices. Eighty-six percent of participants said the group helped them to understand that abuse is a choice; 97% of participants said being in the Healthy Relationships group was helpful for them.

DISCUSSION

Analysis of the TABS and TAKS illustrated the impact of the program on reducing adolescents' use of abusive behaviours, increasing their knowledge of abuse and challenging their attitudes about domestic and dating violence. This includes recognizing certain behaviours as abusive and developing healthier interpersonal skills. More participants reported positive changes in behaviour (via the TABS) than in knowledge/attitude (via the TAKS). This is contrary to the trans-theoretical model of change (Prochaska, Norcross, and DiClemente, 1995), which would suggest changes in knowledge and attitude precede changes in behaviour.

A number of participants self-reported increases on the TABS (14% increase) and TAKS (28% increase) from pre to post testing. This increase may be due to a lack of pre-existing knowledge of abuse and its many forms and recognition of their own behaviours as abusive. Through the course of the program, participants are exposed to new ideas of what abuse is, and therefore may be able to report on their use of abuse in their relationships more accurately at post intervention. Also, participants may not feel safe to disclose the true nature of their abusive behaviours at the beginning of the program before developing relationships with the group facilitators and other group members. There may also have been changes in the participants' current situations that could affect their attitudes or behaviours and negatively impact their scores at post intervention.

Interestingly, participants who showed no change on the TABS and TAKS from pre to post intervention had lower scores on average (both pre and post) than either the pre or post scores of participants whose TABS scores decreased or increased. It is possible these participants had exposure to this program or other violence prevention programs previously that may have mediated their scores on these measures. Similarly, students are referred to the Healthy Relationships program for a variety of reasons, ranging from moderate to severe conflict in their relationships and would not necessarily place in the higher ranges on the TABS or TAKS. However, this diversity within the group adds complexity that strengthens the group dynamic.

Qualitative feedback from participants in the program was overwhelmingly positive; participants reported feeling less isolated and more connected, understanding they are not the only ones who deal with these difficult issues, and having more positive relationships with

friends, at school and at home. A participant commented on the relationship she formed with facilitators and other group members; "I really liked how they didn't force me to do anything or think a certain way, but they pointed out things to change or gave suggestions and gave a lot of positive support". Another participant talked about how she connected with other students in the program; "The group was a very strong help for me, to view things in other ways than I used to, and it helps me as a person to be a helper to others". When asked to comment on the group experience, one student shared, "What I liked best about the experience was knowing that there are other people going through what I go through and that there's always someone out there to talk to."

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REFERENCES

- Foshee, V., Fothergill, K., & Stuart, J. (1998). Acceptance of Couple Violence. In Dahlberg, L., Toal, S., & Behrens, C. (Eds.), *Measuring Violence-Related Attitudes, Beliefs and Behaviors among Youths: A compendium of assessment tools*. Atlanta, Georgia: Centers for Disease Control and Prevention. (Original work published 1992).
- Foshee, V., Fothergill, K., & Stuart, J. (1998). Violence in Relationships: Inventory of knowledge and attitudes. In Dahlberg, L., Toal, S., & Behrens, C. (Eds.), *Measuring Violence-Related Attitudes, Beliefs and Behaviors among Youths: A compendium of assessment tools*. Atlanta, Georgia: Centers for Disease Control and Prevention. (Original work published 1992).
- Phillips, J. & Springer, F. (1998). Control-Individual Protective Factors Index. In Dahlberg, L., Toal, S., & Behrens, C. (Eds.), *Measuring Violence-Related Attitudes, Beliefs and Behaviors among Youths: A compendium of assessment tools*. Atlanta, Georgia: Centers for Disease Control and Prevention. (Original work published 1992).
- Prochaska, J., Norcross, J., & DiClemente, C. (1995). *Changing for Good*. New York, New York: Avon Books Inc.
- Smith, J. P., & Williams, J. G. (1992). From abusive household to dating violence. *Journal of Family Violence*, 7(2), 153-165.
- Wekerle, C. et al. (1999). Empowering youth to end relationship violence. *Children's Services: Social Policy, Research, and Practice*, 2(4), 209-223.
- Withers, G., & Russell, J. (2001). *Educating for Resilience: Prevention and Intervention Strategies for Young People at Risk*. Camberwell, Australia: ACER Press.
- Wolfe, D. A. et al. (1997). Interrupting the cycle of violence: empowering youth to promote healthy relationships. In Wolfe, D., McMahon, R., & Peters, R. (Eds.), *Child Abuse: New Directions in Prevention and Treatment across the Lifespan*. Thousand Oaks, CA: Sage Publications.

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